

# **BIRMINGHAM CITY COUNCIL**

## **BIRMINGHAM HEALTH AND WELLBEING BOARD**

**TUESDAY, 18 JUNE 2019 AT 15:00 HOURS**  
**IN INFORMAL MEETING IN COMMITTEE ROOMS 3&4, COUNCIL**  
**HOUSE, [VENUE ADDRESS]**

### **A G E N D A**

1 **WELCOME**

To receive opening remarks from the Chair

2 **APOLOGIES**

To receive any apologies.

3 **DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

4 **MINUTES AND MATTERS ARISING**

To note that the Minutes of the previous meeting on the 30th April 2019 will be submitted at the next formal Board meeting on the 30th July 2019.

5 **CHAIR'S UPDATE**

To receive an oral update.

6 **PUBLIC QUESTIONS**

Members of the Board to consider questions submitted by members of the public.

The deadline for receipt of public questions is 3:00pm, Wednesday 12th June 2019. Questions should be sent to:

HealthyBrum@Birmingham.gov.uk

(No person may submit more than one question)

Questions will be addressed in correlation to the agenda items and within the timescales allocated.

- 3 - 68**
- 7 **AIR QUALITY UPDATE REPORT (1515 - 1530)**
- Duncan Vernon, Acting Assistant Director and Kyle Stott, Service Manager Public Health Division will present the item
- 69 - 74**
- 8 **ACTIVE TRAVEL UPDATE REPORT (1530 - 1545)**
- Duncan Vernon, Acting Assistant Director and Kyle Stott, Service Manager Public Health Division will present the item
- 75 - 80**
- 9 **CHANGING PLACES (1545 - 1600)**
- Graeme Betts, Director of Adult Social Care will present this item
- 81 - 126**
- 10 **DEVELOPERS TOOLKIT UPDATE REPORT (1600 - 1610)**
- Kyle Stott, Service Manager, Public Health Division will present this item
- 127 - 130**
- 11 **LIVE HEALTHY LIVE HAPPY STP UPDATE (1610 - 1620)**
- Paul Jennings, Chief Executive NHS Birmingham CCG will present the item
- 131 - 162**
- 12 **FEEDBACK ON THE HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION**
- (1620 – 1630) *Health Inequalities Workshop Feedback*  
Elizabeth Griffiths, Acting  
Assistant Director, Public Health will  
present this item
- (1630 - 1640) *Childhood Obesity Workshop Feedback*  
Kyle Stott, Service  
Manager, Public Health will present this item.
- 13 **BETTER CARE FUND GOVERNANCE AGREEMENT REPORT**
- This item has been withdrawn.
- 14 **OTHER URGENT BUSINESS**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.
- 15 **DATE, TIME AND VENUE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING**
- To note that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 30 July 2019 from 1300 hours to 1700 hours, Council House, Victoria Square, Birmingham B1 1BB

|                           |  |
|---------------------------|--|
|                           | <b><u>Agenda Item: 7</u></b>                                   |
| <b>Report to:</b>         | <b>BIRMINGHAM HEALTH &amp; WELLBEING BOARD</b>                 |
| <b>Date:</b>              | <b>18<sup>th</sup> June 2019</b>                               |
| <b>TITLE:</b>             | <b>AIR QUALITY UPDATE REPORT</b>                               |
| <b>Organisation</b>       | <b>Birmingham City Council</b>                                 |
| <b>Presenting Officer</b> | <b>Duncan Vernon , Acting Assistant Director Public Health</b> |

|                     |                   |
|---------------------|-------------------|
| <b>Report Type:</b> | <b>Discussion</b> |
|---------------------|-------------------|

**1. Purpose:**

1.1 The purpose of this report is to inform the Board of the recent Clean Air Strategy consultation and priority areas to improve air quality in the city.

**2. Implications:**

|  |                     |   |
|--|---------------------|---|
| BHWB Strategy Priorities                       | Health Inequalities | ✓ |
|  | Childhood Obesity   |   |
| Joint Strategic Needs Assessment               |                     |   |
| Joint Commissioning and Service Integration    |                     |   |
| Maximising transfer of Public Health functions |                     |   |
| Financial                                      |                     |   |
| Patient and Public Involvement                 |                     |   |
| Early Intervention                             |                     |   |
| Prevention                                     |                     | ✓ |
| Homelessness                                   |                     |   |

### 3. Recommendations

3.1 The Health and Wellbeing Board is asked to note:

- Current action to improve air quality in the city and set the strategic direction

3.2 The Health and Wellbeing Board is asked to discuss:

- The priority areas set out in the draft Clean Air Strategy, and opportunities to connect with and enhance the actions taken by other organisations to improve air quality

### 4. Background

#### Air quality and health

4.1 There are several types of pollutant in outdoor air, but because of their concentration in the air in Birmingham and known harm to health, the two most important locally are Nitrogen Dioxide and fine particulate matter.

- **Particulate matter (PM)** is made of tiny particles in the air that can be breathed in. Smaller particles go through the lungs and into the blood stream.
- **Nitrogen dioxide (NO<sub>2</sub>)** is a gas that is created during combustion. In higher concentrations it can enflame the lungs.

4.2 In Birmingham, it has been estimated that air pollution contributes to 900 deaths, where an individual has died earlier than they would have if there was no man-made air pollution.

4.3 Children are particularly at risk of harm, and evidence shows how air pollution is linked to infant deaths, low birth weight births, the development and exacerbation of asthma as well as delayed mental and physical development.

4.4 In adulthood, air pollution can increase the risk of coronary heart disease, stroke and lung cancer, and there is developing evidence linking it to COPD, diabetes and dementia.

4.5 In Birmingham, some of the areas with the poorest air quality close to and around the city centre are also some of the more deprived. In this way, poor air quality contributes towards health inequalities in Birmingham.

#### **Birmingham City Council Response and Clean Air Strategy**

4.6 The BrumBreathes air quality programme is the overarching Council programme



to direct air quality interventions with the aim being to deliver health improvements to citizens, workers and visitors to Birmingham, all within the context of sustainable growth. A specific project within the AQ Policy Environment sub-programme is that of the Clean Air Strategy.

4.7 The purpose of the Clean Air Strategy is to overarch all clean air related workstreams across all City Council Directorates to ensure air quality considerations are contained within decision making processes, and to provide a roadmap to deliver cleaner air across all communities in Birmingham to and ultimately beyond 2030. In terms of timeline this aligns with the Government's national Clean Air Strategy.

4.8 An important aspect of the Clean Air Strategy is that of partnership working. The desire is to have a Strategy which is owned by the City of Birmingham as opposed to Birmingham City Council, although we will likely have a strong leadership role to play.

4.9 The Clean Air Strategy was consulted on between February and April 2019 and is attached to this report, alongside the presentation from the Public Health Green Paper consultation on air quality, to give further background.

## **5. Discussion**

5.1 The Clean Air Strategy for the City of Birmingham outlines broad priorities for the city and from these develop a series of pledges. The priorities are

1. A reduction in the number of dirty journeys by reducing the most polluting vehicles whilst improving the infrastructure for electric and low emission vehicles to support cleaner vehicle journeys
2. Improving the wider transport network to support smoother and faster journeys, whilst increasing the range of cleaner and environmentally/health-friendly journey options available to travellers e.g. cycling networks, walking schemes
3. Continuing to invest in our public transport network to produce services which the city can be proud of and which encourage more people to shift from private vehicle journeys
4. Ensuring that reducing emissions and exposure to air pollution are key considerations for decision making when planning development of buildings and public space
5. Embedding behaviour change as a golden thread that runs through and supports all of our conversations with residents of Birmingham, As we make physical changes to the infrastructure and transport of the city to make it easier to travel in ways that don't contribute to poor air quality, it is important that we support citizens to respond.
6. Building support for the agenda at a local, regional and national level.

## **6. Future development**

6.1 The University of Birmingham are currently analysing responses over the summer. Following this, the necessary amendments will be made to the Clean Air Strategy and it will be put to Cabinet with an action plan.

## **7. Compliance Issues**

### **7.1 Strategy Implications**

The Clean Air Strategy and resulting action plan will impact on the Health and Wellbeing Board's strategic priority around health inequalities.

**7.2 Homelessness Implications:** - Report authors must note in this policy section, any positive or negative implications of the recommendations for homelessness in the City, in relation to meeting the requirements of the Homelessness Prevention Strategy.

No direct impacts on homelessness prevention, although the city centre has a large population of rough sleepers in areas of poor air quality.

### **7.3 Governance & Delivery**

The final strategy will be put to Cabinet for approval and then resulting action plan likely overseen under the existing Brum Breathes programme.

### **7.4 Management Responsibility**

Management responsibility for the Clean Air Strategy is Environmental Health, within the Brum Breathes governance framework.

### **7.5 Diversity & Inclusion**

Previous research in Birmingham has identified that BAME groups in the city are exposed to poorer air quality.

Small audits of patient experience of air pollution at UHB have highlighted that some people with long term respiratory conditions avoid the city centre due to high pollution levels.

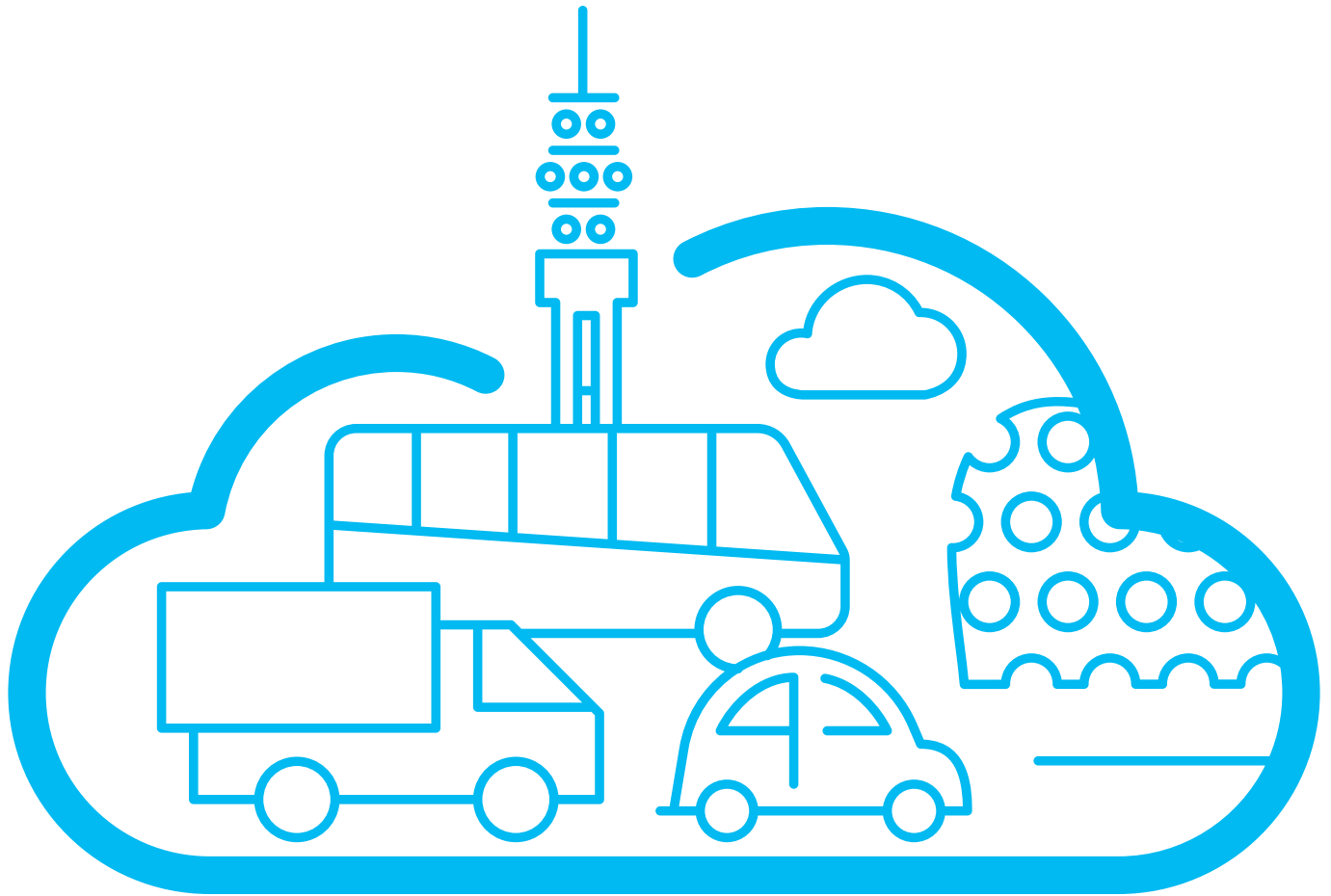
## **Signatures**

|   |  |
|---|--|
| <b>Chair of Health &amp; Wellbeing Board<br/>(Councillor Paulette Hamilton)</b> |  |
| <b>Date:</b>  |  |



A city wide  
approach to  
tackling air  
pollution

#brum**breathes**

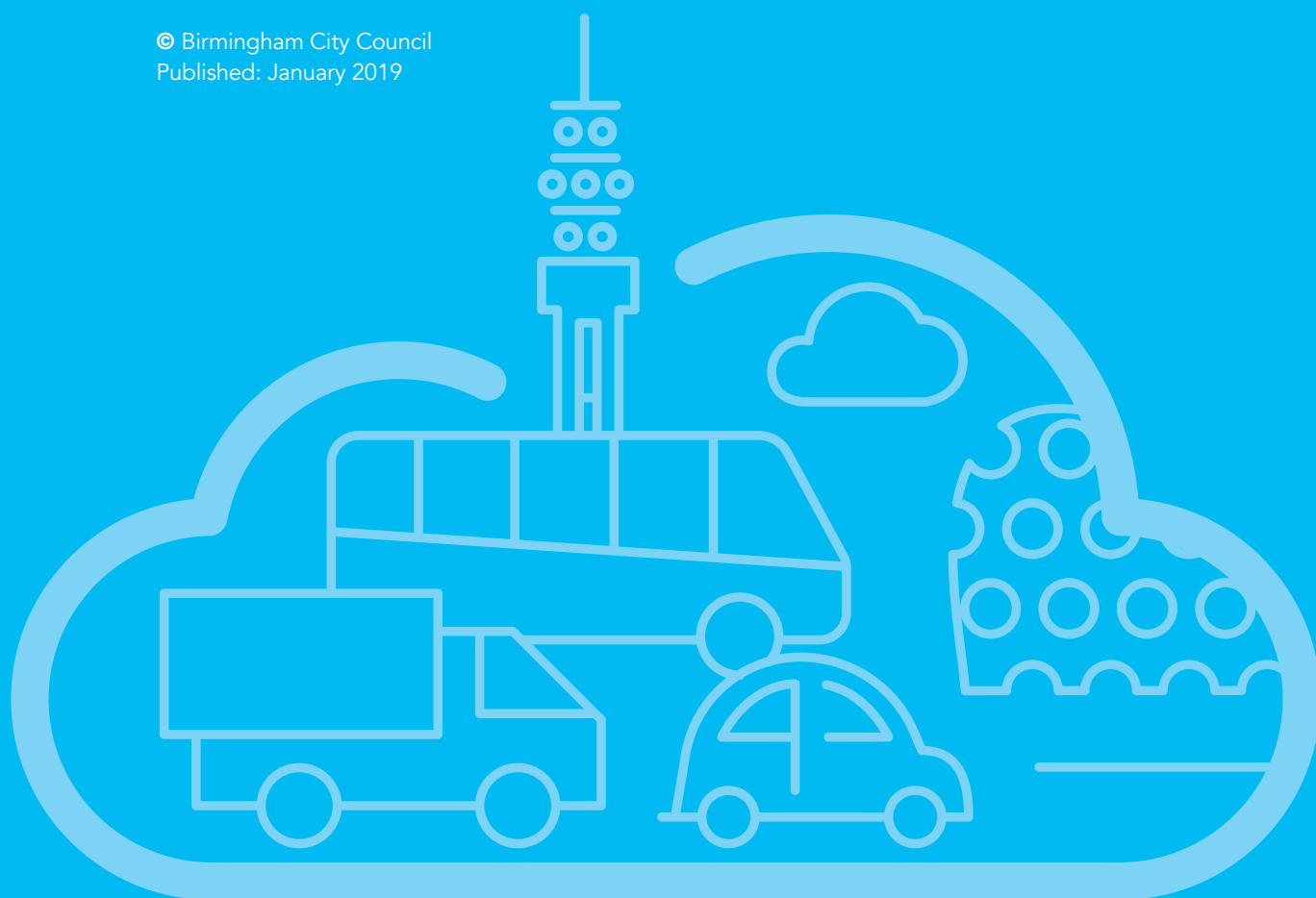


**brum**  
**breathes**

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- 4.** What are the causes of poor air quality?
- 6.** Vehicular emissions in Birmingham
- 7.** What are the health effects of poor air quality?
- 9.** What are we doing to tackle poor air quality?
- 10.** Route map to cleaner air in Birmingham
- 13.** Ways to improve air quality
- 14.** Pledges
- 24.** Framing the clean air strategy and next steps
- 26.** Reduce air pollution – 5 simple things
- 27.** Appendix 1

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Published: January 2019



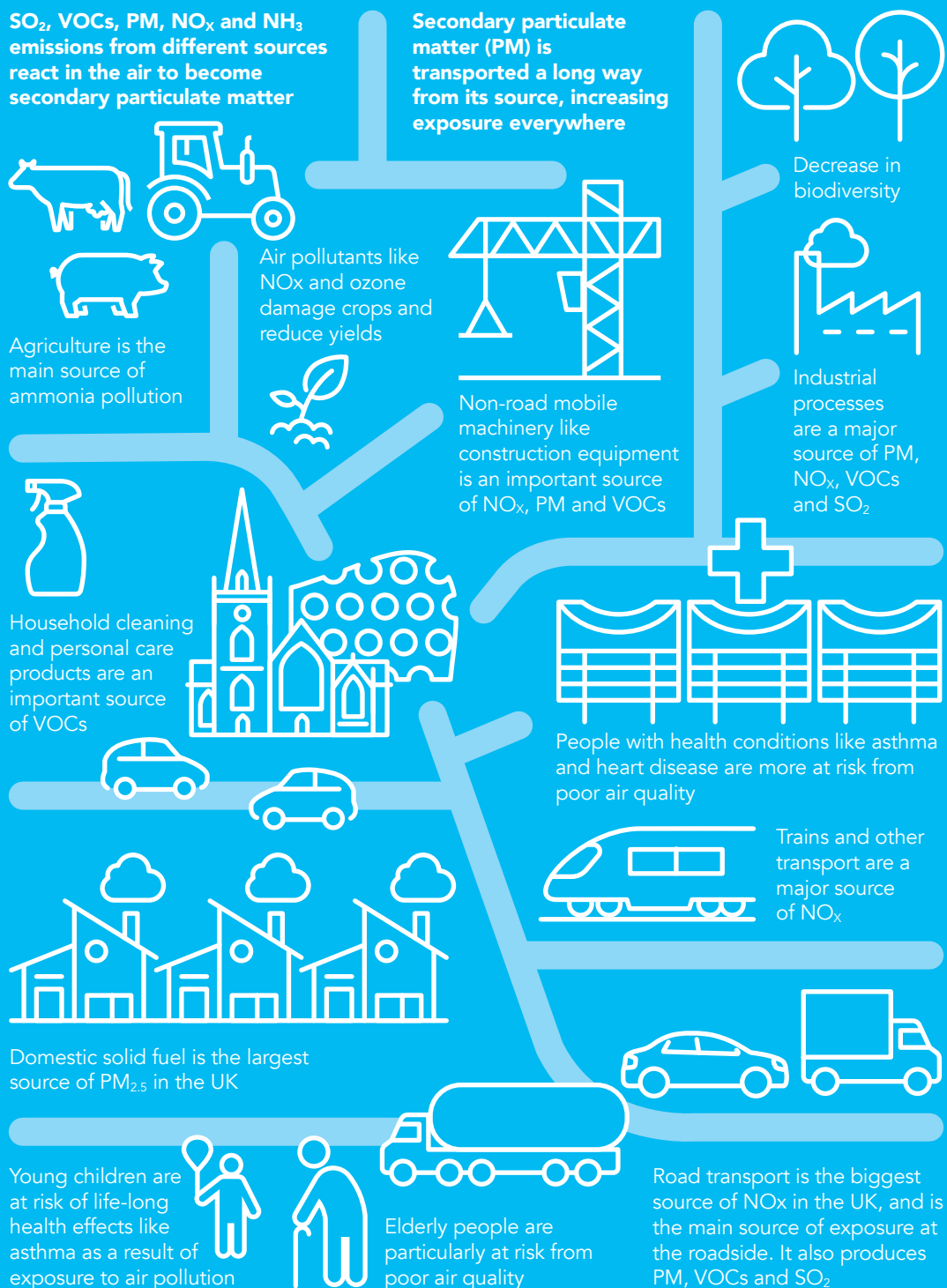
# Introduction

Birmingham City Council believes that every person who lives and works in Birmingham has the right to clean air and that visitors to our city should also benefit from this clean air. But poor air quality in the city is contributing to hundreds of early, preventable deaths and making many existing health conditions worse. Poor air quality disproportionately affects the poorest and most vulnerable in our communities, including children. Furthermore, we have to recognise that many air pollutants have no known safe limits and although our efforts to date have rightly focused on the city centre we must ensure that all neighbourhoods of our city benefit from future interventions to improve air quality.

As well as tackling the health impacts from poor air quality we need to consider how improving air quality can be linked into economic growth for both the city and the wider region. This 'clean growth' means growing our income whilst tackling air pollution, protecting the natural environment, and cutting greenhouse gas emissions, thereby future-proofing our city as we look ahead to the middle of the century.

Birmingham is home to the largest local authority in western Europe and as the centre of the West Midlands conurbation is well placed geographically with well-developed businesses and academic institutions and a centralised transport network. This existing infrastructure, married to an ambition to be a 'first mover' within the region makes Birmingham perfectly placed to actively encourage change and enable regional discussion on the wider implications of clean growth. Working with partners across the region we can use this focus to maximise development in new technologies to encourage regional growth in world-class industries, such as the electric taxi production in Coventry. By embracing the air quality agenda as a positive challenge we can position the region, with Birmingham at the centre, as a centre of excellence which has the health of its citizens and improved air quality at the heart of decision making.

# 1. What are the causes of poor air quality?



**Types of pollution: Nitrogen oxides (NO<sub>x</sub>), Ammonia (NH<sub>3</sub>), Sulphur dioxide (SO<sub>2</sub>), Primary Particulate Matter (PM<sub>2.5</sub>) and Volatile Organic Compounds (NMVOCs)**



**There are a range of pollutants which affect air quality and Government have identified five key pollutants to address within their National Clean Air Strategy<sup>1</sup>. The preceding infographic taken from the Government's draft strategy explains the sources of the pollutants and how they interact in the environment.**

As part of our on-going duty under Local Air Quality Management the City Council has reviewed and assessed the state of the air over two decades and considered the impact arising from a wide range of pollutants. Our experience tells us that in Birmingham the only pollutant which is found at concentrations above legal limits is nitrogen dioxide (NO<sub>2</sub>), and that this has a measurable impact on health.

We also know from health studies that fine particulate matter (PM<sub>2.5</sub>) has a significant health burden, contributing to a range of adverse health outcomes, and whilst we are presently compliant with legal limits, given the harm we know it causes, we believe more must be done to reduce emissions and lower concentrations; vehicular traffic will always generate particulate matter from both exhaust and non-exhaust sources (friction and wear from tyres and brakes), whilst the increasing lifestyle trend for wood burning stoves / boilers creates an increasing new source of pollution. Despite this we know that there remain many unknowns around PM<sub>2.5</sub>, specifically around the sources and how they interact and seeking answers to these questions will better enable focused action to address pollutant concentrations.

We accept that other pollutants are important but due to the way they are formed and react in the environment we feel that a focus on NO<sub>2</sub> and PM<sub>2.5</sub> will allow us to have the greatest impact on health in the city of Birmingham at this point in time.

We are conscious that a majority of local sources of NO<sub>2</sub> and PM<sub>2.5</sub> are combustion based e.g. from vehicle engines, and that present solutions seek to provide alternative technologies to reduce the emissions. We acknowledge that there is a risk that this will result in a shift in the pollutants being emitted and/or a rise in carbon emissions. We will maintain a review on the evidence base surrounding all key pollutants to ensure they do not emerge as environmental risks to the population of the city.

<sup>1</sup> <https://consult.defra.gov.uk/environmental-quality/clean-air-strategy-consultation/>

## Vehicular emissions in Birmingham

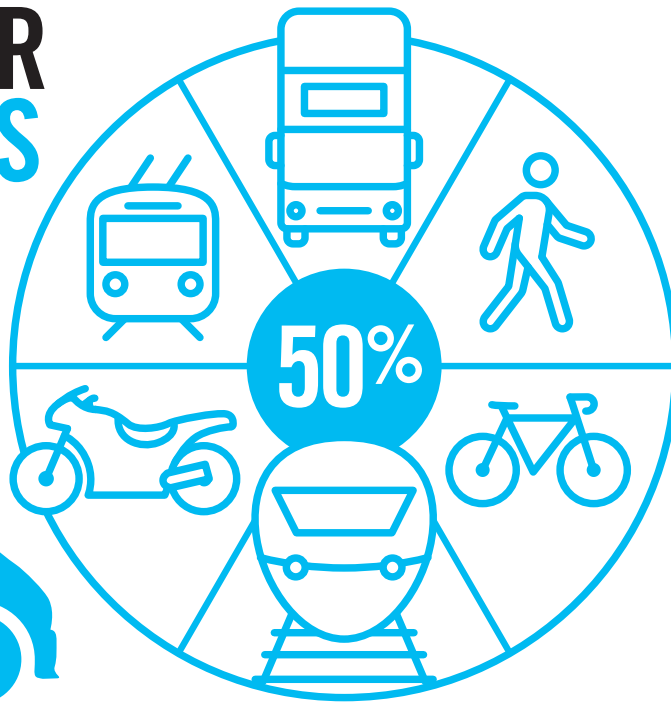
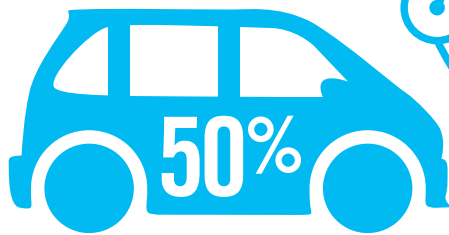
We know that vehicular emissions comprise the majority of local emissions to which people are exposed. Source apportionment undertaken for the Clean Air Zone study suggested that in 2016 road traffic accounted for 66% of nitrogen oxide emissions at key sites.

Clearly, a reduction in car usage will have a corresponding benefit in terms of reduced emissions and large health co-benefits, through increases in cycling, walking and other active transport.

# VEHICULAR EMISSIONS

## 2.8m

The number of journeys made by the residents of Birmingham each day comprises 50% by car and 50% by all other forms of travel combined.\*



## 0.5m

The number of car journeys made into Birmingham by people from outside of the city.

## 250k

The number of car journeys made by Birmingham residents that are less than one mile.

## 3.8

The average number of journeys per weekday in car-using households.

#brumbreathes

\* West Midlands Household Travel Survey (HHTS)

## Other emissions in Birmingham

Although the focus will initially be on vehicular trips we should not lose sight of the fact that there are other emissions sources, such as from industrial and commercial premises e.g. from factories and businesses, domestic emissions in the form of boilers such as older gas boilers and wood burning stoves, emissions from the rail network in the form of diesel trains, construction plant and other non-road mobile machinery, as well as emissions from outside the city such as from agriculture and from regional and trans-boundary sources.

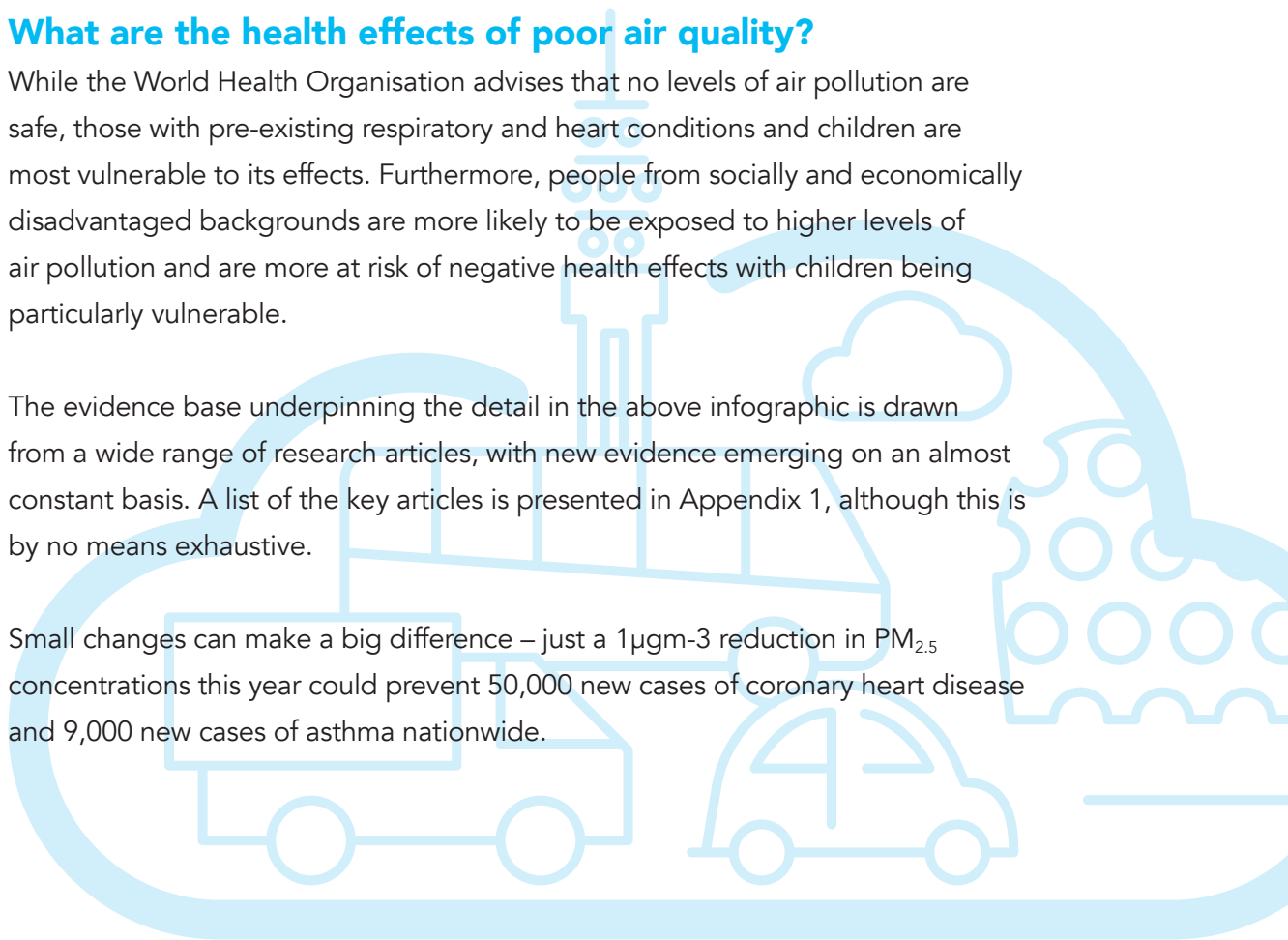
Given this wide range of sources we will do what is within our power to control these emissions; for instance those industries with the greatest potential to pollute are regulated through an environmental permitting scheme by both the Council and the Environment Agency. The environmental permitting scheme is a successful example of pro-active regulation to protect the public from harmful emissions. Other emissions sources are also regulated predominantly on a by-complaint basis.

## What are the health effects of poor air quality?

While the World Health Organisation advises that no levels of air pollution are safe, those with pre-existing respiratory and heart conditions and children are most vulnerable to its effects. Furthermore, people from socially and economically disadvantaged backgrounds are more likely to be exposed to higher levels of air pollution and are more at risk of negative health effects with children being particularly vulnerable.

The evidence base underpinning the detail in the above infographic is drawn from a wide range of research articles, with new evidence emerging on an almost constant basis. A list of the key articles is presented in Appendix 1, although this is by no means exhaustive.

Small changes can make a big difference – just a  $1\mu\text{gm}-3$  reduction in  $\text{PM}_{2.5}$  concentrations this year could prevent 50,000 new cases of coronary heart disease and 9,000 new cases of asthma nationwide.



## THE EFFECTS OF

# AIR POLLUTION

UP TO

**900**  
**DEATHS**  
**IN BIRMINGHAM**

per year linked to man-made air pollution.



**61%**

**OF JOURNEYS  
TO WORK  
ARE BY CAR  
OR VAN**



Exposed to  
**21%** higher levels  
of pollution.

CHILDREN IN

**HIGH POLLUTION  
AREAS**

**4**

more likely to  
have reduced  
lung function  
when they  
become adults.



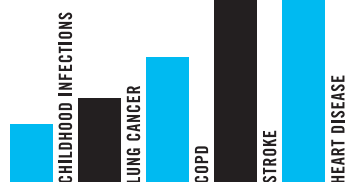
LINKED TO

**Still births**  
**Infant deaths**  
**Low birth weight**  
**Organ damage**  
**Premature deaths**



LINKED TO

**Heart disease**  
**Diabetes**  
**Asthma**  
**Obesity**  
**Cancer**  
**Dementia**



Deaths due to air pollution worldwide per year.

AFFECTS THE

**VULNERABLE  
& DEPRIVED  
AREAS MOST**



## BUS & TAXI DRIVERS

are exposed to...



**x3**

...more pollution than anyone else.

#brum**breathes**

## What are we doing to tackle poor air quality?

Earlier this year we announced plans to introduce a Clean Air Zone and ran an extensive consultation with the citizens and businesses of Birmingham. Through this consultation we have been able to talk to a wide range of business leaders, health experts, academics and, importantly, our community – inviting them to share their ideas for improving the air we breathe.

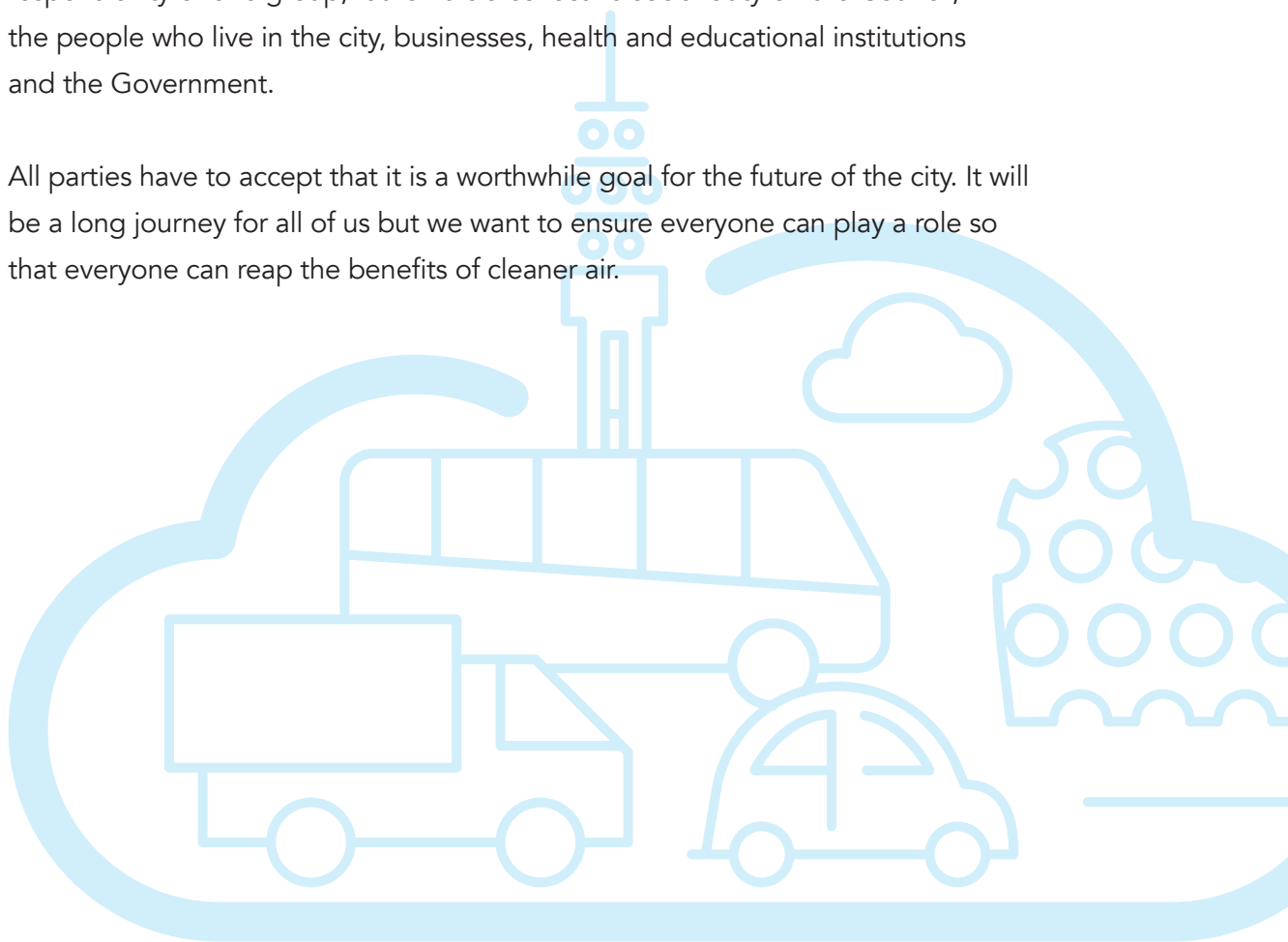


We now know that clean, green and healthy environments in urban and rural areas are an essential component of progress, not a barrier to economic development”

**National Clean Air Strategy, Defra, 2018**

Cleaning up our air and allowing Birmingham to breathe is not the sole responsibility of one group, rather it is a collective social duty on the Council, the people who live in the city, businesses, health and educational institutions and the Government.

All parties have to accept that it is a worthwhile goal for the future of the city. It will be a long journey for all of us but we want to ensure everyone can play a role so that everyone can reap the benefits of cleaner air.



## ROUTE MAP TO

#brumbreathes

# CLEANER AIR IN BIRMINGHAM

Encouraging transport behaviour change

2018

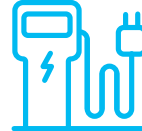


Consultation into Clean Air Zone proposals begins

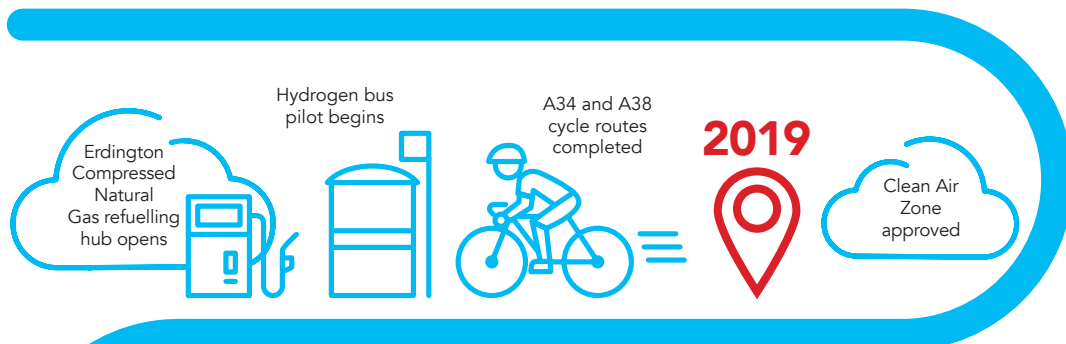


Tyseley Energy Park opens

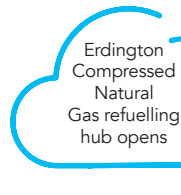
Electric vehicle charge point network partner appointed



Taxi and public electric vehicle charge points installed



Hydrogen bus pilot begins



Erdington Compressed Natural Gas refuelling hub opens

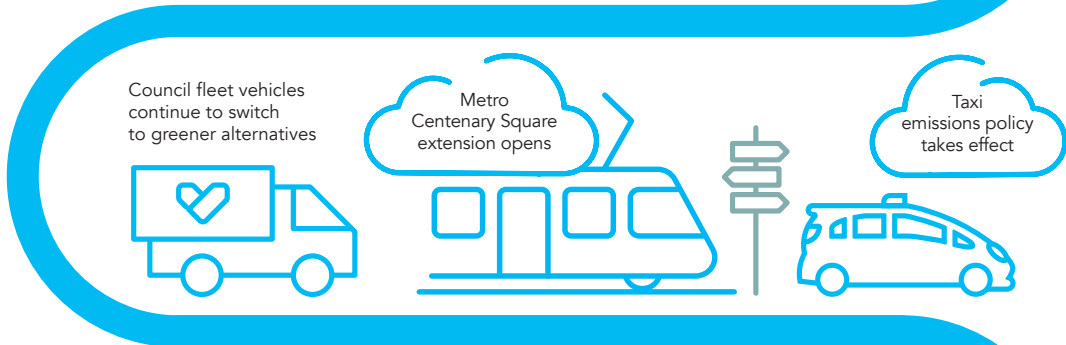


A34 and A38 cycle routes completed

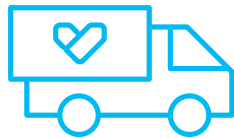
2019



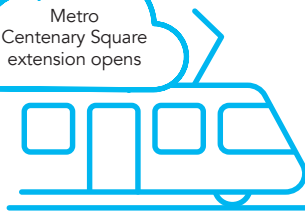
Clean Air Zone approved



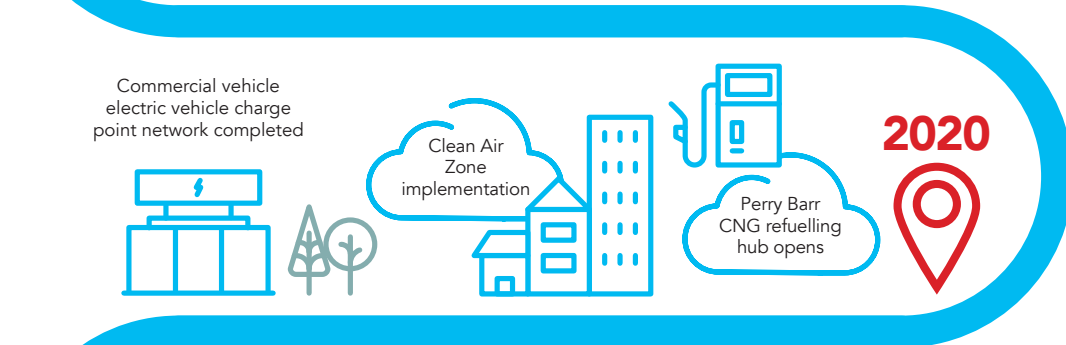
Council fleet vehicles continue to switch to greener alternatives



Metro Centenary Square extension opens



Taxi emissions policy takes effect



Commercial vehicle electric vehicle charge point network completed

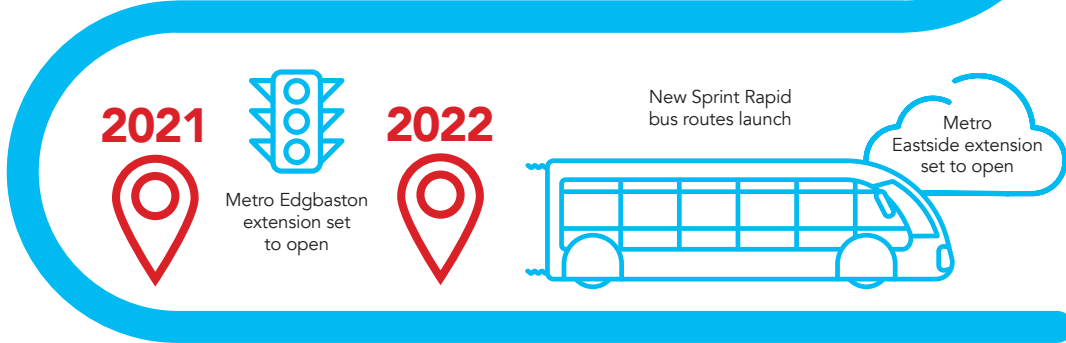


Clean Air Zone implementation



Perry Barr CNG refuelling hub opens

2020



2021



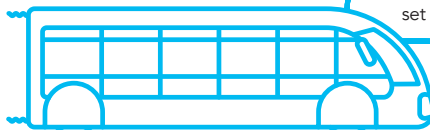
Metro Edgbaston extension set to open



2022



New Sprint Rapid bus routes launch



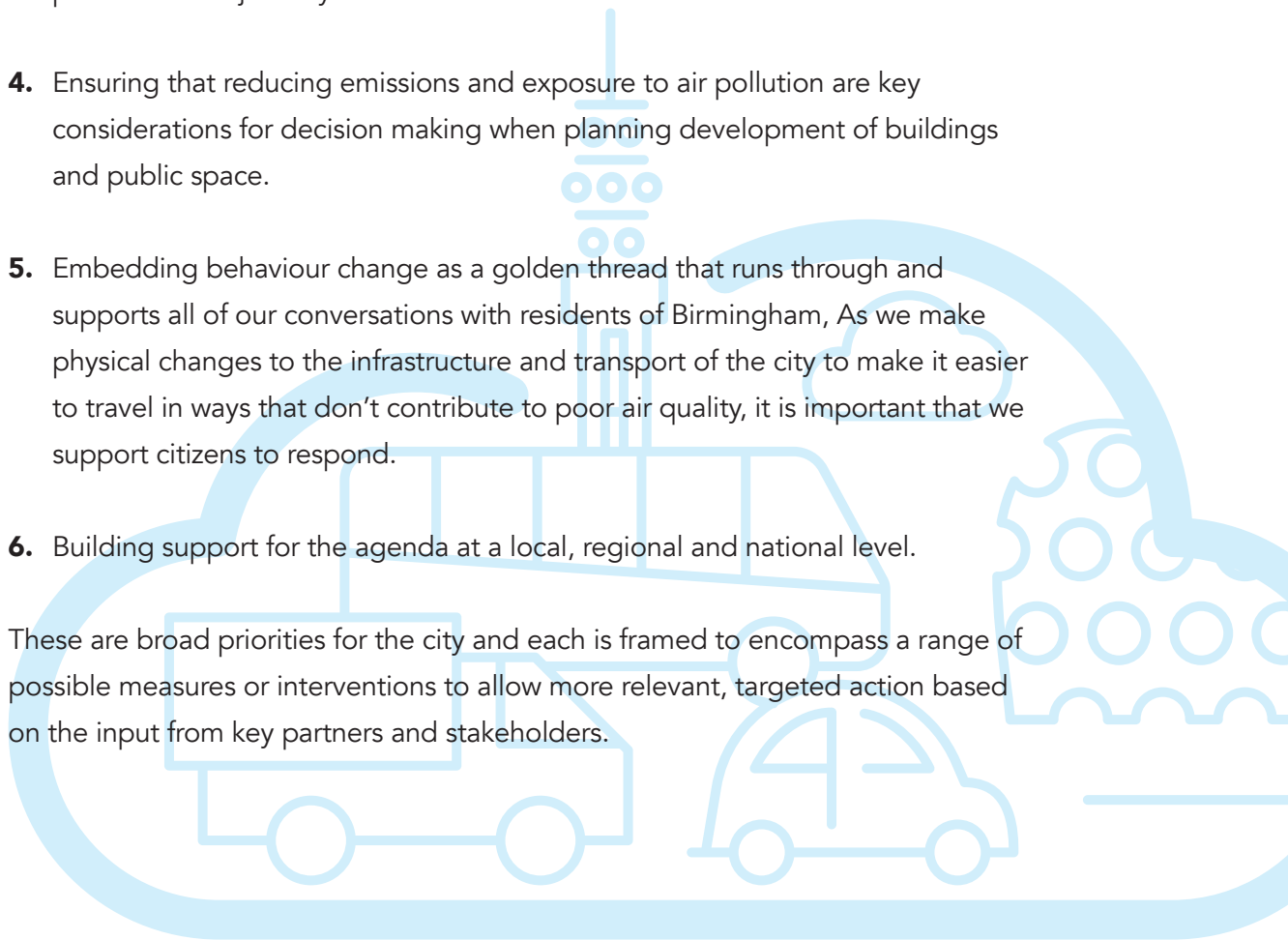
Metro Eastside extension set to open



Based on these conversations we believe that the most effective way to clean up our air is to focus on transportation sources as these have the greatest impact, however other sources should not be overlooked. Accordingly, we believe the priorities for cleaning up our air are:

- 1.** A reduction in the number of dirty journeys by reducing the most polluting vehicles whilst improving the infrastructure for electric and low emission vehicles to support cleaner vehicle journeys.
- 2.** Improving the wider transport network to support smoother and faster journeys, whilst increasing the range of cleaner and environmentally/health-friendly journey options available to travellers e.g. cycling networks, walking schemes.
- 3.** Continuing to invest in our public transport network to produce services which the city can be proud of and which encourage more people to shift from private vehicle journeys.
- 4.** Ensuring that reducing emissions and exposure to air pollution are key considerations for decision making when planning development of buildings and public space.
- 5.** Embedding behaviour change as a golden thread that runs through and supports all of our conversations with residents of Birmingham, As we make physical changes to the infrastructure and transport of the city to make it easier to travel in ways that don't contribute to poor air quality, it is important that we support citizens to respond.
- 6.** Building support for the agenda at a local, regional and national level.

These are broad priorities for the city and each is framed to encompass a range of possible measures or interventions to allow more relevant, targeted action based on the input from key partners and stakeholders.



We also believe that a focus of our approach should be in maximising the synergies between the clean air (air quality) and carbon (global warming) agendas so as to avoid or mitigate any disbenefits arising from the result of actions. The most obvious example of this was the push to diesel fuelled cars to reduce carbon emissions without the accompanying appreciation of the adverse public health impacts that have contributed to our current position. Our decisions have to be joined up and have to future proof our city.

Based on these priorities we have made a series of pledges which outline our commitment to make Birmingham a cleaner, greener and healthier city, a place where businesses will thrive and where people are happy to grow up and live fulfilling lives.

These pledges will explain the broad approach we intend to take to deliver on our commitment. However, because air quality is an issue that affects everyone we want to build a consensus with others around the city. We want to foster a real spirit of collaboration and partnership working and this Strategy is the first step and with your support will form the basis for developing actions to improve air quality across the City of Birmingham, incorporating your views and opinions and a set of common goals.

It is not possible to detail all the interventions that could be undertaken to improve air quality within this strategy and although the pledges are more focused than the priorities some still encompass a mix of actual actions to bring together thematic approaches and maximise the impact from the pledge. Just because an approach is not specifically stated does not mean it is excluded as many different interventions will come together to provide the maximum benefit.

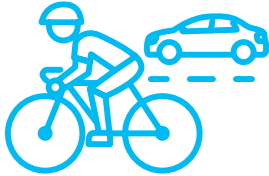
Many other approaches can be taken to improve air quality as shown in the following infographic:



## WAYS TO IMPROVE

#brumbreathes

# AIR QUALITY



CYCLING & CYCLE LANES



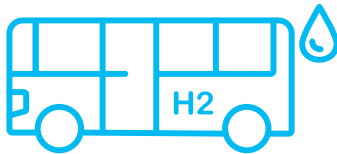
E-BIKES



WALKING



ELECTRIC VEHICLES



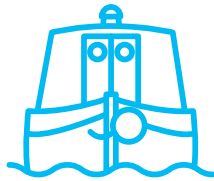
HYDROGEN BUSES



TREES & SHRUBS



TRAINS



CANAL BARGES



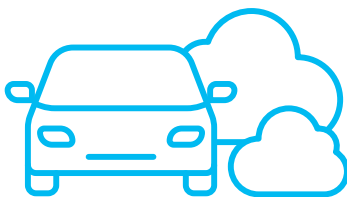
AIR MONITORING



CLEAN AIR DAY



CLEANER INDUSTRY



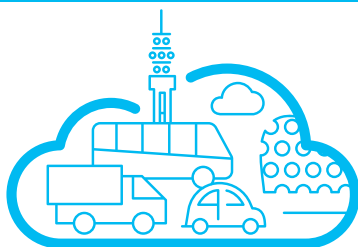
ANTI-IDLING



PARK & RIDE



LOCAL COMMERCE



CLEAN AIR ZONES



OUTCOME:  
BETTER  
HEALTH

FOR  
ALL

## 2. Pledges

**Each pledge comprises the actions to be considered within the broad approach. Given the breadth of the pledges there can be a number of different, albeit related, actions within each. The commentary explains what we have done to date, what is within our power to change and be accountable for, what else we intend to do and, importantly, what we need others to do and what individuals can do to support the pledge.**

The Council's commitments are framed within the City Council's model of "lead – support – communicate – collaborate";

### **Lead**

The City Council will take responsibility for its own actions and provide a lead for the city. We will invest the appropriate resources into becoming a clean, sustainable and inclusive city. We will set the standard and ensure that the Council's wider policies contribute to tackling air quality.

### **Support**

We will support and encourage our communities and businesses to make healthy and active choices that result in clean air, focussing support on those most affected by poor air quality.

### **Communicate**

We will communicate a clear and consistent message on air quality which acknowledges and accepts the challenge we have. We will raise awareness of the impact of poor air quality making it clear why action is needed.

### **Collaborate**

Improving air quality is our shared responsibility. We will work in partnership with the West Midlands Mayor and the Combined Authority, neighbouring districts, educational institutions, transport operators and the communities and business of Birmingham.

## **PLEDGE 1:**

### **We will introduce a Clean Air Zone in Birmingham city centre**

In order to provide the singular greatest reduction in pollution Birmingham City Council will implement a Clean Air Zone (CAZ) covering the most polluted area of the city. The CAZ will target the dirtiest vehicles, seeking to encourage their owners to replace them or to avoid entering the area covered by the zone. The aim is to reduce concentrations of nitrogen dioxide (an oxide of nitrogen) to under health based legal limits in the shortest possible time and reducing public exposure to this harmful pollutant.

### **Principle priorities supported**

1, 2, 6.

### **Lead**

The City Council has already undertaken detailed traffic and air quality modelling to identify the most polluted area and which vehicles contribute to that poor air quality. Our data suggests that the area within the A4540 ring-road will need to be included within the CAZ, whilst the ring-road will become the cordon. Our data further suggests that all vehicles types will need to be affected in order to reduce pollution concentrations and public exposure in the shortest possible time (a Class D CAZ).

We will continue to progress the CAZ by submitting our business case to Government and accessing appropriate funds to deliver the required infrastructure to enable the CAZ to go live at the beginning of 2020.

### **Support**

We accept that the CAZ will have an impact on citizens and businesses and to help we will consider exemptions and mitigation where appropriate and we will seek to leverage monies from Government funds to support affected businesses in changing or retrofitting their affected vehicles. We will look at how we reach out to organisations and community groups who want to work with us to help support their travel planning and encourage behaviour change, where this is feasible.

## Communicate

We have undertaken a six week public consultation in which we have presented all our work to date, including the detailed models which underpin the requirement for a class D CAZ.

## Collaborate

We will work with businesses and residents to mitigate the impacts arising from the CAZ where we can do so.

## What can others do to support this pledge?

We would like to see businesses and citizens consider their future journeys in the light of whether they are necessary or whether they can be undertaken by a different route or mode.

We would like to see businesses and citizens continue to engage with the Council to ensure the maximum benefit is gained from the CAZ.

### PLEDGE 2:

## **We will continue to deliver a world class transport system, which prioritises public transport, cycling and walking**

Birmingham has ambitious plans for sustainable and inclusive economic growth and the Birmingham Development Plan 2031 sets out how this will be achieved. If Birmingham is to deliver its growth agenda and attract investment it must provide the necessary infrastructure to support the projected growth levels.

Population is projected to grow by an additional 150,000 people by 2031 and in order to provide employment for the city's growing population, an additional 100,000 jobs need to be created. It is estimated that the growth in the city's population will result in 1.2 million additional daily trips across the network by 2031 (by all transport modes within Birmingham). It is not possible or indeed desirable to accommodate these by private car.

The aim is to deliver world class transport system to support a world class city. We are committed to creating a cleaner, greener, go-anywhere, integrated transport system that puts people first and delivers better connections and will

work with partner organisations and key stakeholders to make this happen. This includes: rebalancing the network (in favour of sustainable modes), managing demand for travel, transformational investment and maximising efficiency.

## Principle priorities supported

1, 2, 3.

### Lead

Building on the foundations of the Birmingham Connected Transport Strategy, the City Council will bring forward an updated Birmingham Transport Plan to reenergise established strategic principles and set out a series of Big Moves to accelerate the transformation of the city's transport networks. The 2022 Birmingham Commonwealth Games is a focal point for much of this work, and we will make the most of this synergy to encourage healthier and less polluting travel on the network.

The Birmingham Walking and Cycling Strategy sets out a long-term plan to ensure that active travel becomes the popular choice for short journeys and to increase the opportunities for recreational cycling and walking with a particular focus on short journeys and linked trips. The Strategy aims to raise levels of cycling to 5% of all trips by 2023 and 10% of all trips by 2033.

### Support

We will support our partners, businesses and communities to fundamentally change the way they travel, and keep the city moving during periods of transition, construction and disruption.

We will support Network Rail in improving the air quality at New Street Station through the provision of expert advice on reducing pollution and passenger exposure and the lobbying of Government to shift from diesel to cleaner trains.

### Communicate

We will ensure that the vision for the future of transport in our city, and need for and pace of change, is widely communicated and understood.

## Collaborate

We will work with our delivery partners, in particular Transport for West Midlands, to secure additional investment needed to transform our transport network and deliver the highest standard of service.

## What can others do to support this pledge?

Individual citizens can help by considering the use of modes other than the car for some journeys, even just one or two changes a week make a difference.

Businesses and schools can support through implementing travel plans. Longer term, planning now for the way that transport networks will operate in the future.

### PLEDGE 3:

## We will identify schools which are exposed to air pollution problems and work with the school to identify intervention strategies to reduce the exposure of the children

We know that air pollution has a disproportionate effect on certain members of our society. Evidence has shown that children in areas of higher pollution are four times more likely to have reduced lung function when they reach adulthood as a consequence of their exposure during their formative years.

Using our monitoring and modelling expertise we can determine which schools are most likely to be affected by air pollution. We can follow the principle of Clean Air Zones (CAZ) to either restrict traffic in full or in part, or take alternate action at key times. A one size fits all approach may not be appropriate and the CAZ concept allows for targeted interventions (not necessarily involving restricting vehicles or charging) based on the relevant evidence.

## Principle Priorities Supported

1, 5.

## Lead

The City Council will take the lead in devising a programme to identify those schools most exposed to pollution. We will share this information with citizens so that the real impact of poor air quality can be seen, and will encourage changes in behaviour.

## Support

The Council will support schools who are seeking to reduce the exposure of their children through the use of a range of interventions from education and engagement campaigns, utilising enforcement policy, leveraging funding for infrastructure and energy efficiency improvements, through to the sensible and targeted use of green infrastructure.

## Communicate

We will ensure adequate consultation takes place with schools and parents on the issues arising and on options available to reduce the exposure to children attending school. Furthermore we will build on existing engagements including 'Modeshift STARS' and the 'Clean Air Cops' programmes.

## Collaborate

We will work in partnership with schools and parents to identify the most suitable intervention(s) for their particular school.

## What can others do to support this pledge?

Schools who are flagged as being affected by poor air quality can help by assisting the Council in engaging with parents to help determine the most appropriate intervention for the school to deliver air pollution reductions.

### PLEDGE 4:

#### **We will expand our air quality monitoring network, incorporating new technologies and through partnership working with educational institutions and citizen science projects we will make the results readily available to all**

Birmingham City Council monitor air pollution at a number of sites across the city under the Local Air Quality Monitoring (LAQM) regime and publish these annually in the Annual Status Report. There is an increasing demand for environmental information and newer technologies are being developed which can help deliver greater levels of information at a cheaper rate.

By working with partners, including supporting citizen science projects, we can build a more detailed picture of pollution concentrations across the city and not

just in areas where we have exceedence of legal limits to both inform policy and guide local action.

## **Principle Priorities Supported**

5, 6.

### **Lead**

The City Council will continue to monitor air pollution under LAQM and will expand the network where resources permit to ensure that the network enables the Council to deliver on its legal duties.

### **Support**

We will support action to monitor air quality through citizen science projects by the provision of advice and, where possible, monitoring equipment to enable pollution concentrations to be determined at local sites, with the results coordinated with the wider network.

### **Communicate**

The City Council will develop a website to hold all air quality monitoring data from the range of sources and permit the easy identification of pollutant concentrations at a local level.

### **Collaborate**

The City Council work in partnership with Universities and developers of monitoring technologies to field test emerging equipment alongside the Council's own stations with a view to gaining better understanding of the use to which alternate technologies can be put and to aid in their further development.

### **What can others do to support this pledge?**

Key partners will be educational institutions who will be asked to maintain their close working relationship with the Council to both test new technologies and to undertake joint funding bids to develop new tools to assist the monitoring and modelling processes.

Citizen groups will be key in supporting the Council by deploying monitoring



equipment (diffusion tubes) in local areas to provide data that can be used by the Council to help better target future interventions.

### **PLEDGE 5:**

#### **We will further develop our approaches to tackling emissions from both existing buildings and proposed developments**

The Birmingham Development Plan (BDP) 2031 sets out a spatial vision and strategy for the sustainable growth of Birmingham for the period 2011 to 2031, and will be used to guide decisions on planning, development and regeneration. We will use this plan to form policy to guide developers on reducing emissions from their development or preventing new development from being affected by existing pollution sources. Our officers will utilise this plan when responding to planning applications to ensure that developers are properly guided in progressing their developments.

The increasing trend for wood burning stoves in the domestic setting presents an increasing risk to urban air quality. Domestic solid fuel burning is the largest source of particulate matter in the UK (38%) and is estimated to contribute to between 23 and 31% of the urban derived fine particulate matter (PM<sub>2.5</sub>) in Birmingham with certain other emissions being known carcinogens e.g. benzo(a)pyrene.

#### **Principle Priorities Supported**

4, 5.

#### **Lead**

The City Council will ensure appropriate regulatory framework is in place to guide new and existing developments to minimise air pollution emissions. We will develop policy to ensure that development proposals consider air quality and are accompanied by an appropriate scheme of mitigation where negative impacts are identified. We will continue to lobby Government to ensure that future policy e.g. National Clean Air Strategy, review of air quality legislation, revisions to the National Planning Policy Framework, are fit and appropriate for the 21st century and that they deal with emerging risks.

## Support

The City Council will provide guidance to enable people wishing to undertake development or introduce new appliances e.g. wood burning stoves, to do so in line with the regulatory framework.

## Communicate

We will consult on the development of planning policies in relation to air quality.

## Collaborate

We will collaborate with a range of stakeholders to develop appropriate planning policies in relation to air quality.

## What can others do to support this pledge?

We need Government to review and tighten the legislation around the use of both domestic and commercial wood burning stoves in urban areas.

### PLEDGE 6:

#### **We will work with key partners and stakeholders throughout the West Midlands region to help inform our own work and provide leadership where required**

There are many organisations within the city of Birmingham and the wider region who wish to either take direct action to improve air quality or who simply wish to ensure it is incorporated in their day to day business operations. For many organisations identifying the right or proper action to take may not always be clear given the requirements of the business.

The correct action to improve air quality is often delivered through legislation, but there are many optional actions that may be taken which organisations may either be unaware of, or require additional support in developing. By ensuring that legislation is correctly framed and that key organisations are able to identify one another to enable effective and targeted communications, as well as being aware of what support is available and how to access that support, organisations can be reassured that the actions they take are the most effective and are consistently applied within the city and across the region.

## Principle Priorities Supported

5, 6.

### Lead

The City Council will push Government to develop air quality legislation that is fit for the 21st century and that considers the risks to health and climate. The City Council also calls on the Combined Authority to lead in coordinating business engagement and investment in the region.

### Support

Working in conjunction with key partners we will support businesses to transition to a cleaner and greener economic and business base by identifying funding streams and providing the expertise to assist them in making successful bids.

### Communicate

We will communicate our knowledge around air quality and how it can be best applied across all sectors through regular channels e.g. internet, business engagement, as well as through a series of workshops and directed events e.g. Clean Air Day.

### Collaborate

The City Council will support joint ventures which have a focus on improving air quality and the environment as an active partner. The City Council is a key partner in the University of Birmingham led NERC RISE Project "WM-Air" which seeks to provide a series of joint work-streams designed to inform air quality decisions across a range of public and private sector organisations.

### What can others do to support this pledge?

We need organisations and businesses to recognise what they can do to improve air quality, from single actions to policies which span entire organisations, and internalise air quality decisions in their business models in a constructive method to achieve clear and defined positive outcomes.



# 3. Framing the clean air strategy and next steps

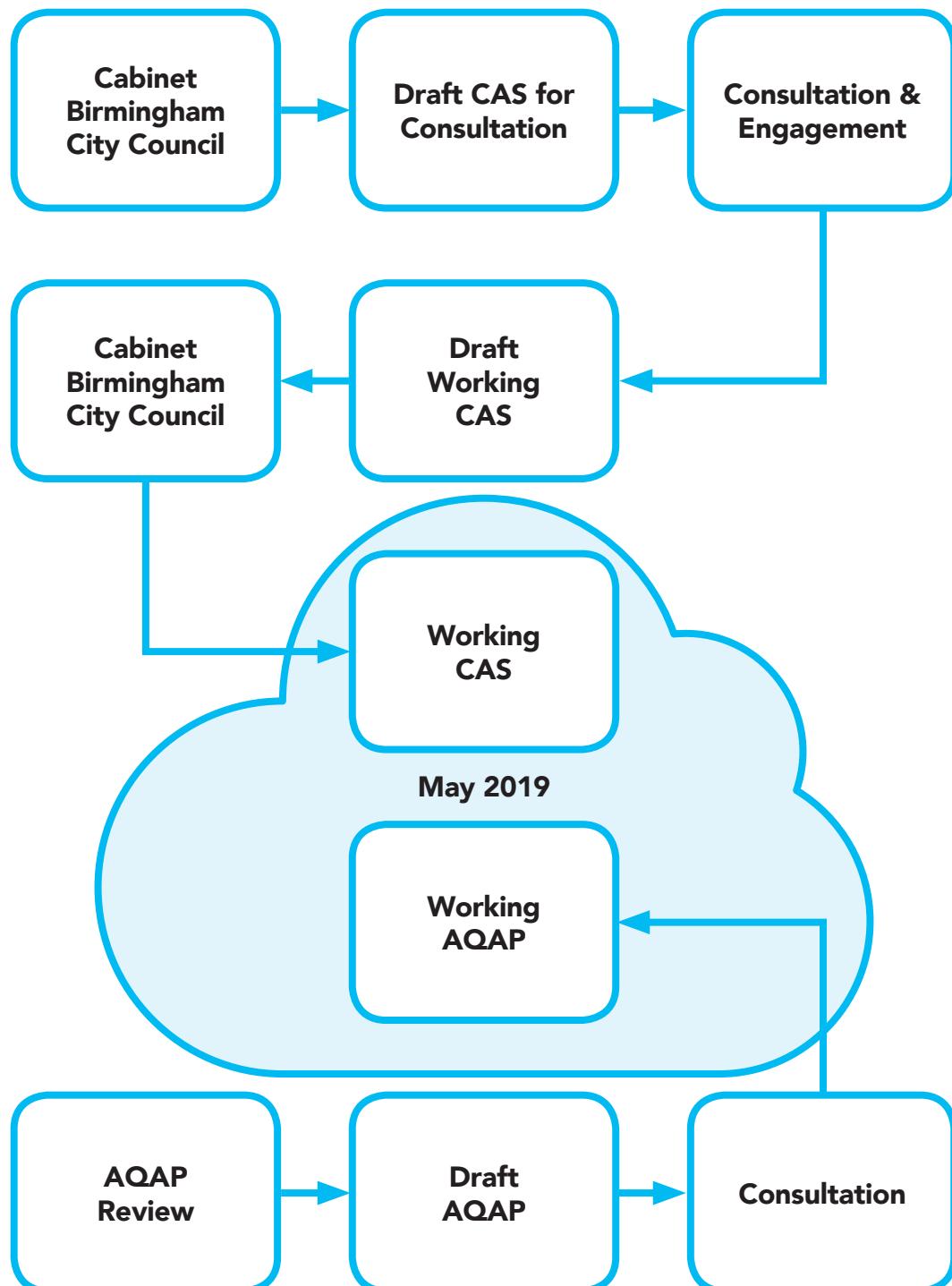
**This Clean Air Strategy forms the first stage in a wider engagement process with key stakeholders and partner organisations including the citizens of Birmingham to ensure that items that matter to organisations or individuals are identified and considered and where appropriate built into the strategy and taken forward as actions.**

This developing Clean Air Strategy is not a stand-alone document, rather it is a key component in the wider City Council BrumBreathes air quality programme. The strategy overarches all City Council functions where air quality is or may be a factor, ensuring that the City Council embeds air quality into the decision making process.

Furthermore, the strategy links into the Air Quality Action Plan (AQAP), a statutory document required under the Local Air Quality Management (LAQM) regulatory regime. The AQAP is presently being updated and the intention is to have a document which identifies those actions which need to be undertaken to improve air quality to the legal level and also actions which go beyond our legal duties; to consider pollutants for which we have no direct legal duty under LAQM e.g. PM<sub>2.5</sub>, to consider action in areas of the city that presently comply with legal limits but where air quality could nevertheless be improved, such as local centres, to focus action to benefit the more vulnerable members of our society, e.g. around schools, and to identify and deliver cross cutting measures that benefit both air quality and climate change.

The AQAP will also include a mechanism for the rapid review, addition or removal of actions which are additional to our legal requirements so as to ensure that changes to the Clean Air Strategy can be progressed without the need to wait for a formal review of the AQAP. In this way the Clean Air Strategy will remain a live document and have a structured delivery framework in the form of the AQAP.

The process flow and estimated completion date are presented in the diagram below.



## REDUCE AIR POLLUTION

# 5 SIMPLE THINGS

### 1 CHANGE THE WAY YOU TRAVEL

By leaving your car at home and choosing to cycle, walk or use public transport, you can help reduce air pollution by 20%.



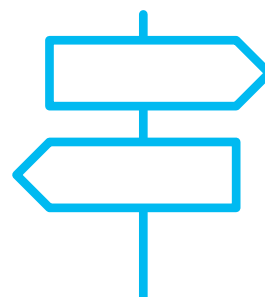
### 2 CHANGE THE TIME YOU TRAVEL

If you must use your car, avoid morning and evening rush hours – this will reduce congestion and produce less pollution as a result of not idling in traffic jams.



### 3 CHANGE THE ROUTES YOU TRAVEL

If you are cycling or walking, avoid main roads and choose routes using quieter back streets, parks or canals. Even walking on the side of the pavement furthest from the road can help reduce your exposure to air pollution.



### 4 CHANGE THE WAY YOU DRIVE

Driving economically – such as accelerating gently and sticking to speed limits – uses less fuel, saves money, reduces the risk of having an accident and reduces air pollution.



### 5 THE SCHOOL RUN

Cycling or walking to school with your children will help reduce the impact of air pollution. If you do have to drive then turn your engine off when waiting by the school gates.



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# Appendix 1

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Published: January 2019



# Improving Air Quality #BrumBreathes

Public Health Priorities Overview  
June 2019



# Birmingham Public Health Priorities

The Public Health Priorities Green Paper set out some of the significant health issues affecting individuals, families and communities in Birmingham. This draws on analysis of the data and sets out some of the evidence based opportunities for action by individuals, organisations and strategic partnerships.

This presentation is part of a suite of resources supporting the Green Paper, providing background information in each of the proposed priority areas.

The Green Paper was consulted on in Spring 2019 and this consultation is informing the development of a new health inequalities framework for the city.

# Birmingham Public Health: Priorities on a Page

Addressing health inequalities because every child, citizen and place matters

## Priority 1: Child health

- Reducing infant mortality
- Taking a whole systems approach to childhood obesity
- Supporting the mental and physical health of our most vulnerable children

## Priority 2: Working age adults

- Supporting workplaces to improve their employee wellbeing offer
- Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity
- Supporting the mental and physical health of our most vulnerable adults

## Priority 3: Ageing well

- Reducing social isolation
- Providing system wide information, advice and support to enable self-management
- Developing community assets
- Supporting the mental and physical health of our most vulnerable older people

## Priority 4: Healthy environment

- Improving air quality
- Increasing the health gains of new developments and transport schemes
- Health protection assurance and response including screening, immunisation and communicable diseases

Maximising the public health gains from hosting the Commonwealth Games

## Our vision:

To improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves

## Our values:

- Equity
- Prevention
- Evidence based practice

## Our approach:

- Population based
- Proportionate universalism
- Intelligence led
- Strategic influence
- Communication
- Joint working
- Health in all policies



# Birmingham City Council Plan: 2018-2022

## Challenges and opportunities

**BIRMINGHAM HAS**  
**1,141,000**  
**CITIZENS**  
**46%**  
**UNDER 30**



Our population is expected to rise to 1.31million by 2039 (15% rise from now) and 24% predicted rise in adults aged 85+ by 2028.

**90**  
**A**  
**DIFFERENT**  
**LANGUAGES**  
**ARE SPOKEN**

Birmingham has a young and richly diverse population with 25% of the population under-18 and 42% from Black and Minority Ethnic communities.

**OUTSIDE OF LONDON**  
**OUR CITY IS THE**  
**MOST**  
**ETHNICALLY &**



**CULTURALLY**  
**DIVERSE**




**1,789**  
**CHILDREN**  
**IN CARE**  
**(UNDER 18)**

1 in 3 children live in poverty and there is a gap in life expectancy between the wealthiest and poorest wards. English is not the first language for 42% of school children.

**1,836**  
**FAMILIES**  
**SUPPORTED BY**  
**FAMILY SERVICES\***

(\*THINK FAMILY)

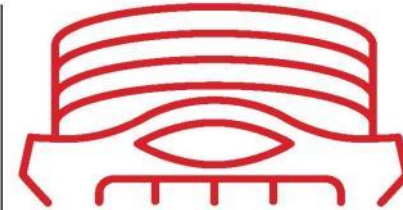


Unemployment is higher than the UK average – 6.4% in Birmingham compared to 2.6% in the UK. Unequal employment rates across Birmingham – e.g. Hodge Hill at 46% compared to 78% in Sutton Coldfield. Air pollution causes up to 900 premature deaths (deaths before the age of 75) per year.



**61,818**  
**COUNCIL HOUSES**

89,000 new homes are needed by 2023: street homelessness is on the rise and 1 in 88 people (12,785) are homeless.



**MOST RAPIDLY**  
**IMPROVING CITY**

to live and work in with exciting new developments in Birmingham city centre, delivering almost 13,000 new homes, over 40,000 jobs and adding £2billion to the local economy.

**COMMONWEALTH**  
**GAMES**

will reposition Birmingham globally,

**GENERATING**  
**£526m**

for the regional economy and creating 1,000 new homes.



Wide ranging lively cultural offer, including world class theatres, Town Hall and Symphony Hall and a rich tapestry of festivals.

**CITIZENS'**  
**TOP PRIORITIES**

- #1** Clean Streets (57%) 
- #2** Refuse Collection (55%) 
- #3** Child Protection and Safeguarding (37%) 
- #4** Road and Pavement Repairs (37%) 
- #5** Care and Support for Older and Disabled People (36%) 

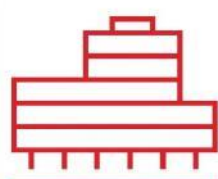
**HOME TO OVER**  
**20**  
**MUSEUMS**



**571**  
**PARKS**



More than any other European city.

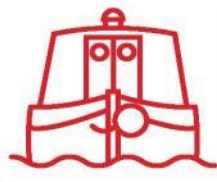


**4 MILLION VISITORS TO**  
**CITY'S 37**  
**LIBRARIES**  
**ANNUALLY**



**12,373**  
**ADULTS (18+)**  
**RECEIVING**  
**LONG-TERM SUPPORT**

**35 MILES**  
**OF WATERWAYS**  
**MORE CANALS**  
**THAN VENICE**



**HOME TO**  
**5**  
**UNIVERSITIES**  
with 87,400 students (aged 16-64).





### BIRMINGHAM POPULATION

1,137,123

Birmingham  
Population

Est. Population 2017

1,073,045

Census 2011

56.3%

of Birmingham  
residents live in the  
20% most deprived  
areas in England

### LIFE AT THE BOTTOM

People who live in the  
most deprived 10% are:

3x

MORE LIKELY TO

be ADMITTED  
for PREVENTABLE  
CONDITIONS

DIE  
PREMATURELY  
from PREVENTABLE  
CONDITIONS

### AT RISK & VULNERABLE

8%

OF ALL IN-PATIENTS  
are of  
BLACK ETHNICITY

more than expected

BLACK ETHNICITY

12% IN-PATIENTS  
with MENTAL  
ILLNESS

9% A&E  
PSYCHIATRIC  
ATTENDANCES

2x more than expected

### LIFE EXPECTANCY

84.6 MOST AFFLUENT 86.4



years less lived in  
the most deprived  
areas



74.7 MOST DEPRIVED 80.2

People who live in the  
most deprived 10% are:

3x

MORE LIKELY TO

be IN CONTACT  
WITH MENTAL  
HEALTH  
SERVICES

have a  
LONG TERM  
CONDITION

SEVERE  
MULTIPLE  
DISADVANTAGE  
measured as

Substance Misuse  
Homelessness  
Offenders

6,700

affected by 2 SMD

B'ham & S'hull

2,000

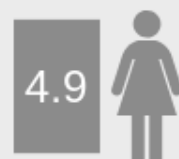
affected by 3 SMD

### HEALTHY LIFE EXPECTANCY

59.9 BIRMINGHAM 58.9



years less lived in  
good health



63.4 ENGLAND 63.8

128,655

CHILDREN LIVE  
IN THE MOST  
DEPRIVED 10%

aged 0-15 years

1 IN 4

CHILDREN LIVE  
IN POVERTY



Supported Adults with learning disabilities

1%

are in  
paid employment

64.1%

live in stable  
accommodation

Improving Air Quality

## **WHAT IS AIR POLLUTION?**



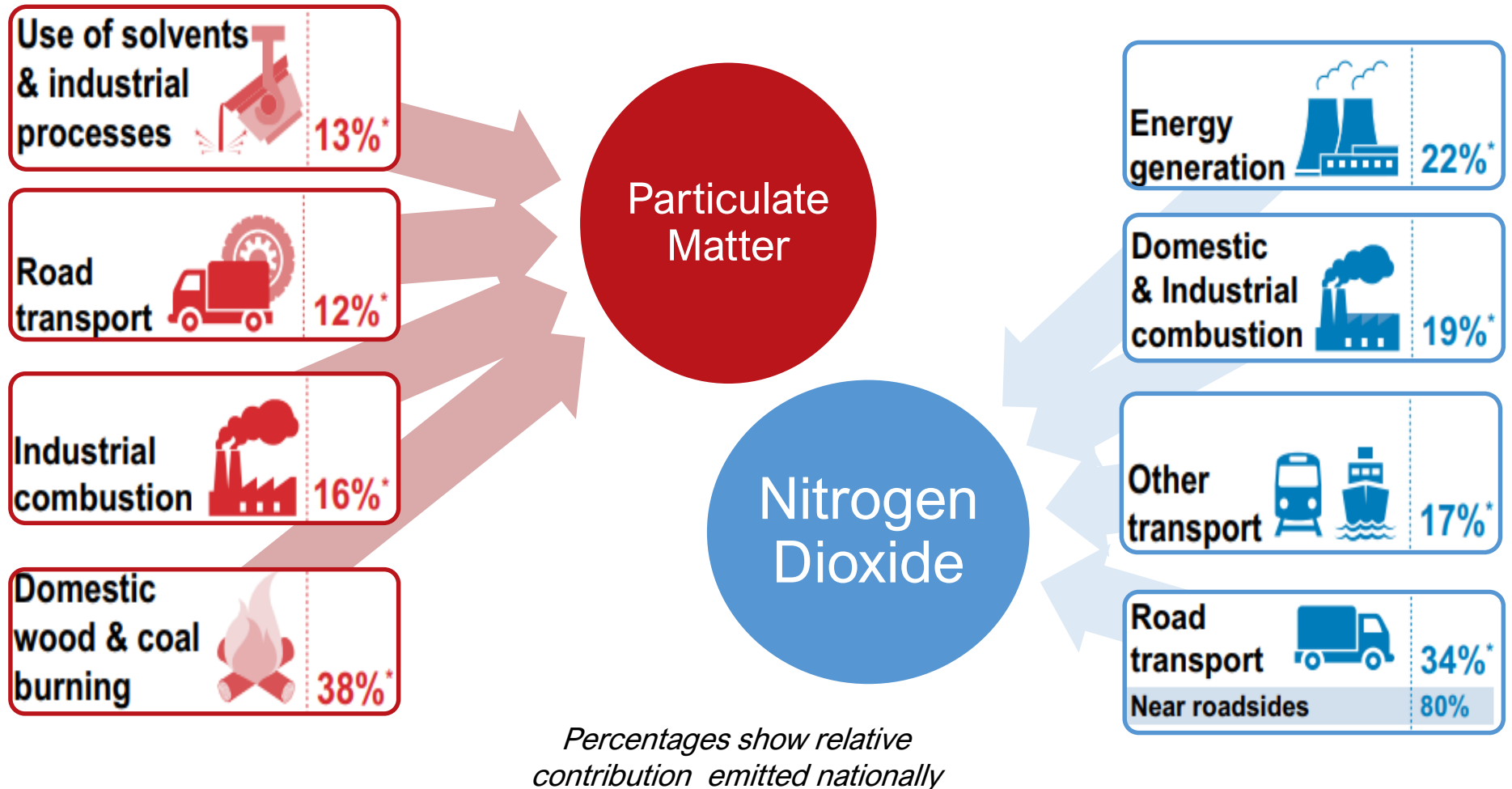
# What pollutes the air in Birmingham

- There are several types of pollutant in the air.
- The two most important in terms of health impact are:
  - **Nitrogen Dioxide**
  - **Fine particulate matter**

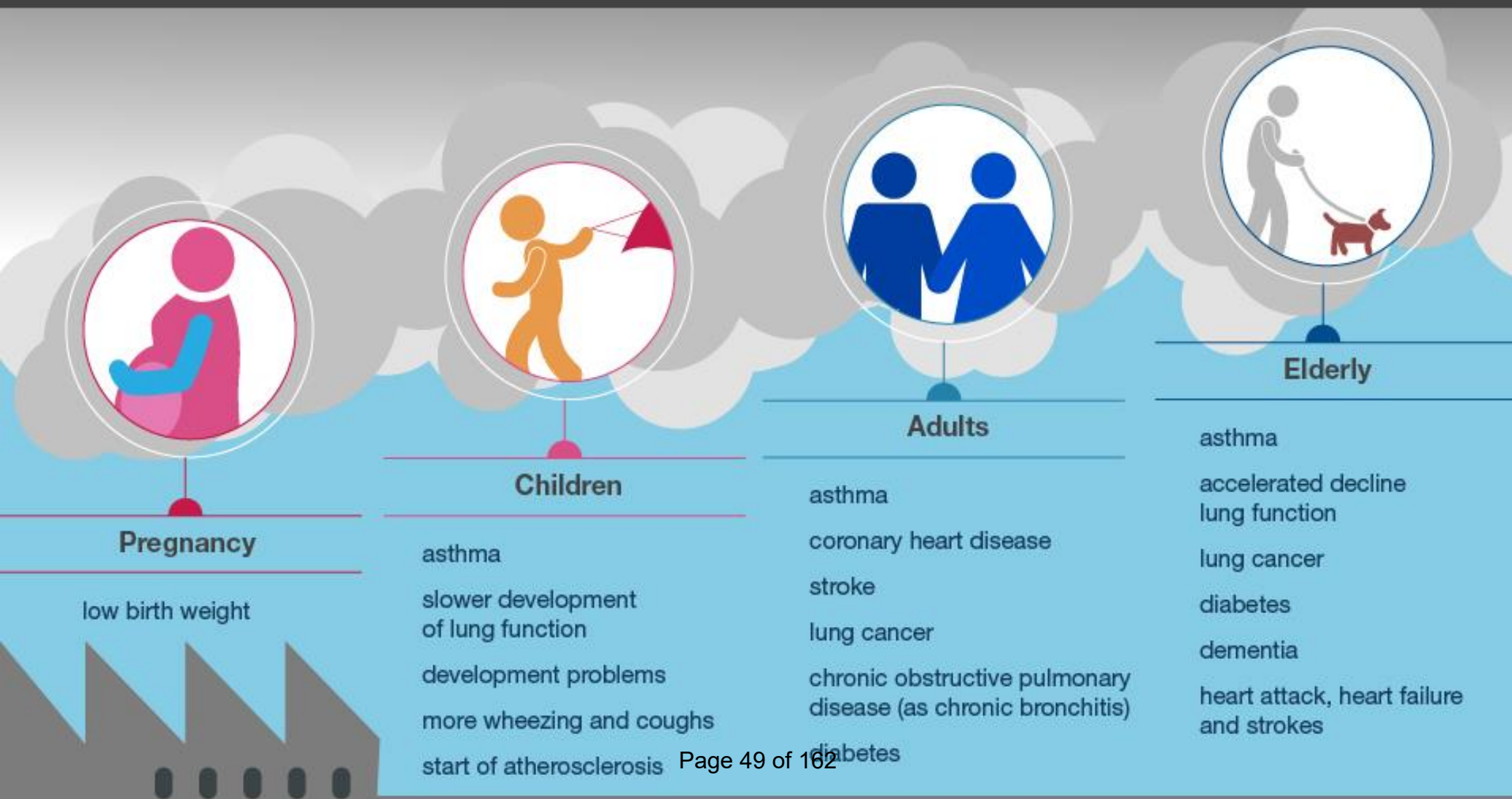
**Particulate matter (PM)** is made of tiny particles in the air that can be breathed in. Smaller particles go through the lungs and into the blood stream.

**Nitrogen dioxide (NO<sub>2</sub>)** is a gas that is created during combustion. In higher concentrations it can enflame the lungs.

# How does pollution get into the air?



# Air pollution affects people throughout their lifetime



Improving Air Quality

## **WHAT IS THE PICTURE IN BIRMINGHAM?**



# Air pollution in Birmingham

- Levels of particulate matter and Nitrogen Dioxide are highest around the city centre
- Some parts of Birmingham are in the most polluted 10% of areas in England
- On some roads in the city centre, levels of Nitrogen Dioxide are above the legal limit





# Air pollution harms Birmingham's residents

UP TO

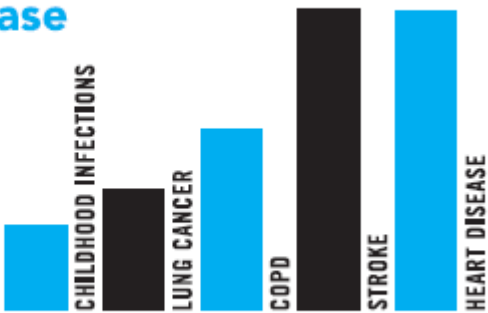
**900**  
**DEATHS**  
IN BIRMINGHAM

per year linked to man-made air pollution.



LINKED TO

Heart disease  
Diabetes  
Asthma  
Obesity  
Cancer  
Dementia



Deaths due to air pollution worldwide per year.

LINKED TO

Still births  
Infant deaths  
Low birth weight  
Organ damage  
Premature deaths



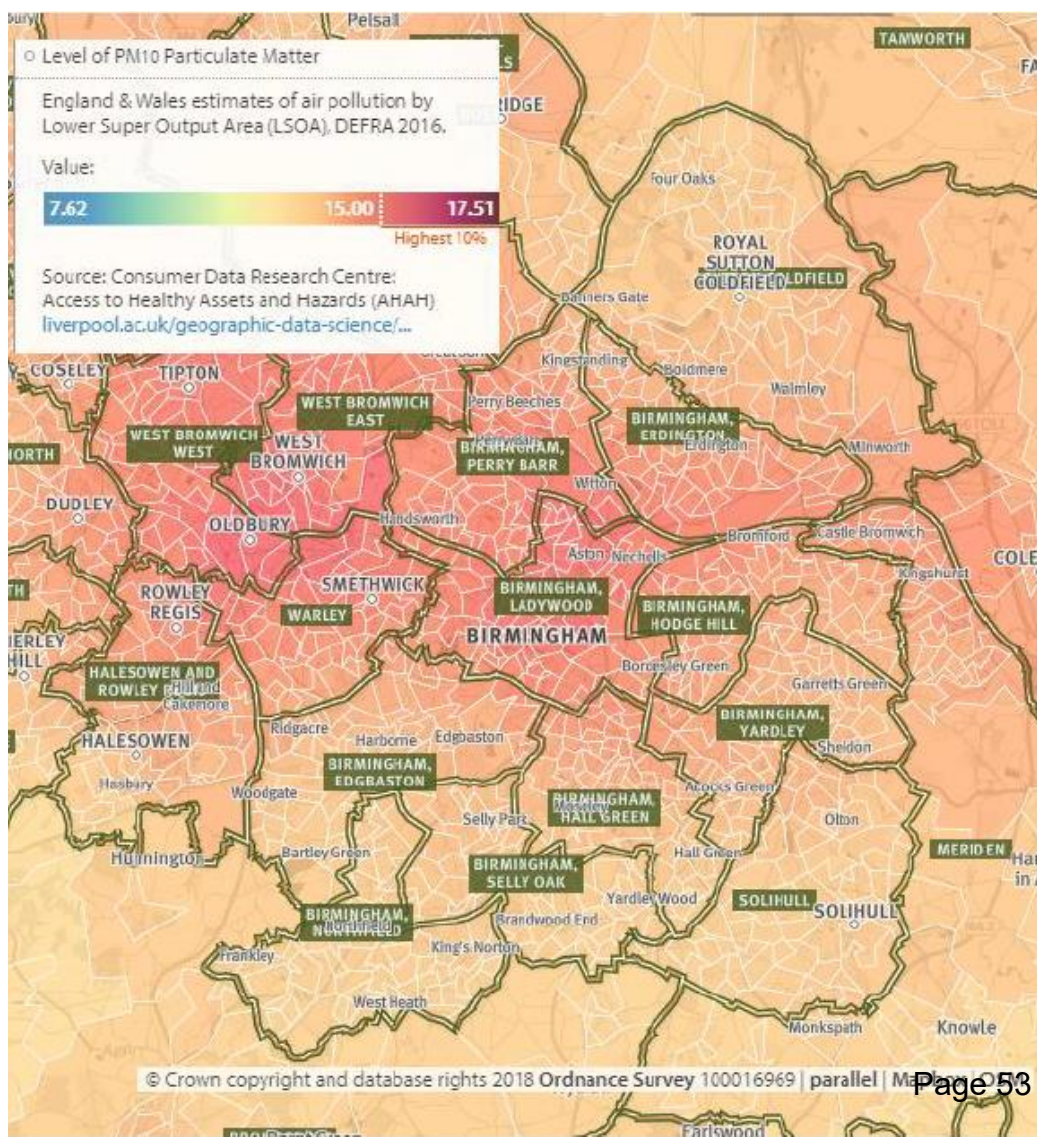
AFFECTS THE

**VULNERABLE**  
**& DEPRIVED**  
**AREAS MOST**





# Air pollution mapped

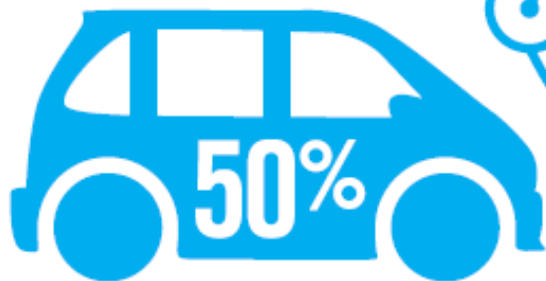


# Transport is a major source of Birmingham's pollution

## VEHICULAR EMISSIONS

2.8m

The number of journeys made by the residents of Birmingham each day comprises 50% by car and 50% by all other forms of travel combined.\*



3.8

The average number of journeys per weekday in car-using households.

0.5m

The number of car journeys made into Birmingham by people from outside of the city.

250k

The number of car journeys made by Birmingham residents that are less than one mile.



Improving Air Quality

## **WHAT WILL MAKE IT BETTER?**



# The approach to changing the way we travel

## Reduce

- The amount of journeys that need to be made – or at least that travel through locations with the poorest air quality

## Shift

- Journeys to public transport, walking and cycling.

## Improve

- Clean up the emissions of the trips which are essential – stimulating take up of cleaner vehicles

## Create opportunities and promote active travel

Addressing air pollution by providing **good quality infrastructure** and **public transport** and encouraging people **to walk** and **cycle** rather than drive can help people to become fitter and healthier.



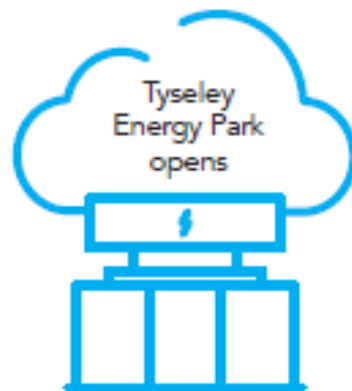
# CLEANER AIR IN BIRMINGHAM

Encouraging transport behaviour change

2018

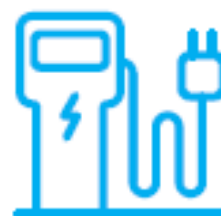


Consultation  
into Clean Air Zone  
proposals begins

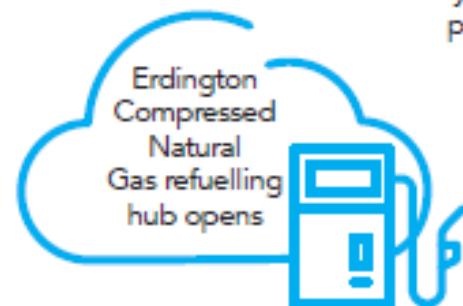
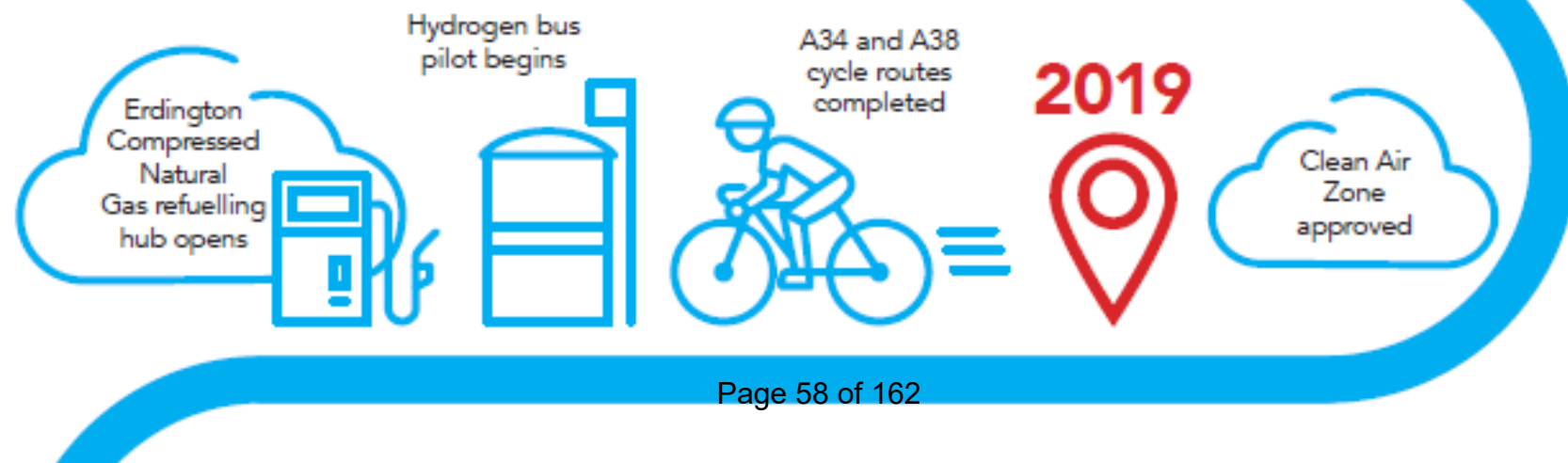


Tyseley  
Energy Park  
opens

Electric vehicle charge point  
network partner appointed



Taxi and public  
electric vehicle charge  
points installed



Erdington  
Compressed  
Natural  
Gas refuelling  
hub opens

Hydrogen bus  
pilot begins



A34 and A38  
cycle routes  
completed

2019



Clean Air  
Zone  
approved

Council fleet vehicles  
continue to switch  
to greener alternatives



Metro  
Centenary Square  
extension opens



Taxi  
emissions policy  
takes effect



Commercial vehicle  
electric vehicle charge  
point network completed



Clean Air  
Zone  
implementation



Perry Barr  
CNG refuelling  
hub opens



**2020**



**2021**



Metro Edgbaston  
extension set  
to open



**2022**



New Sprint Rapid  
bus routes launch



Metro  
Eastside extension  
set to open

Improving Air Quality

## **WHAT ARE WE DOING AT THE MOMENT?**



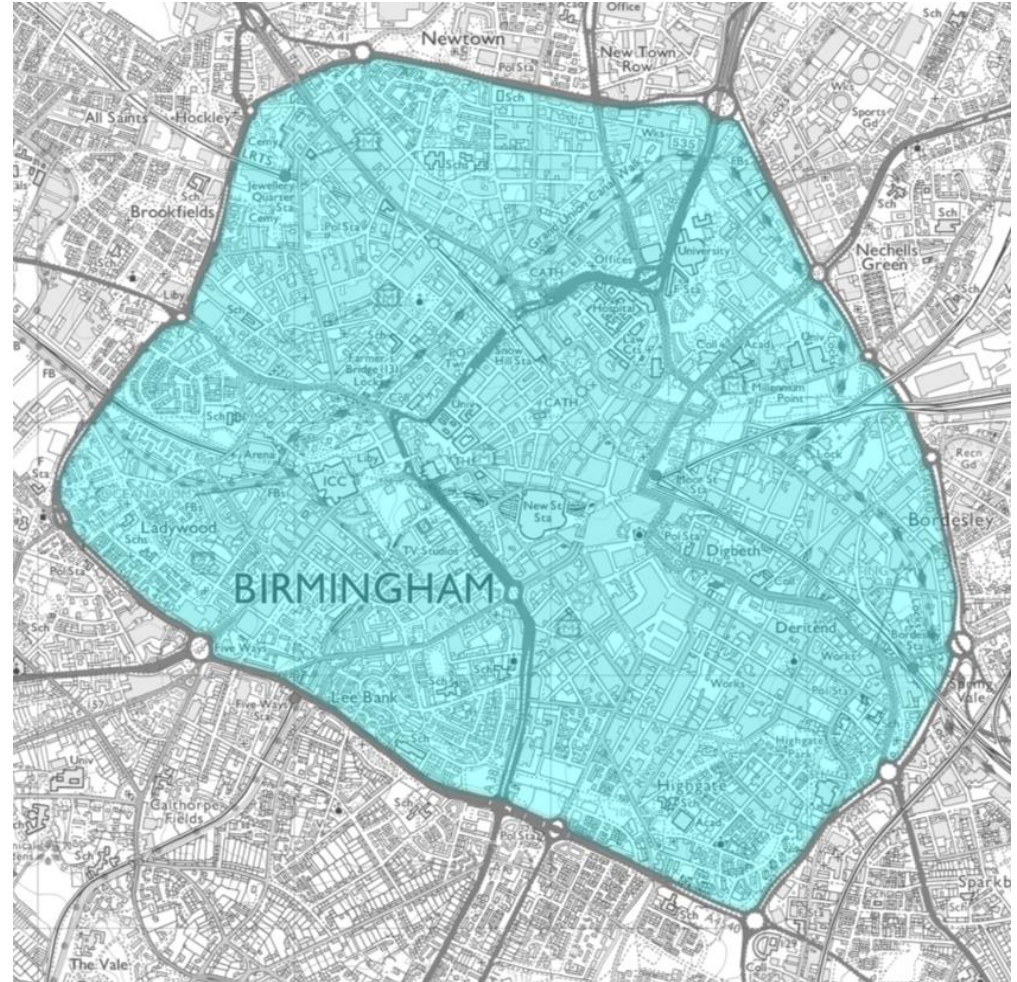


# Introducing a Clean Air Zone (CAZ)

| Cause/Risk Factor  | Targeted Interventions   | Universal Actions   |
|--|--|---|
| High concentrations of NO <sub>2</sub> and particulate matter PM <sub>10</sub> & PM <sub>2.5</sub> | Introduction of a geographically targeting zone  | Work across local authority boundaries to address regional air pollution and cleaner ways to travel into Birmingham from outside the area |
|  | Target high traffic congestion areas by supporting more frequent and reliable public transport | Support zero- and low emission travel – e.g. walking/cycling, zero- low emission vehicles, integrated transport system                    |

# Introducing a Clean Air Zone (CAZ)

- The aim to is to reduce the levels of Nitrogen Dioxide in the city center
- To include all the roads within the Middleway Ring Road (A4540), **but not the Middleway itself**
- To be introduced in January 2020



# Involving others in the challenge

| Cause/Risk Factor  | Targeted Interventions  | Universal Interventions   |
|--|---|---|
| New developments and housing increases car travel  | Show how <b>planning decisions</b> can have a better impact on air quality                          | Include air pollution in 'plan making' by all tiers of local government                         |
| Low awareness of road traffic related air pollution  | Ensure <b>healthcare professionals</b> are aware of what it means for patients                      | Base actions to raise awareness through <b>behaviour change</b> and <b>community engagement</b> |
| High concentrations of NO <sub>2</sub> and particulate matter PM <sub>10</sub> & PM <sub>2.5</sub> | <b>Work with schools</b> and areas with vulnerable individuals to measure pollution and take action | Provide support for all citizens to walk and cycle more   |

# How individuals can make a difference

## REDUCE AIR POLLUTION

# 5 SIMPLE THINGS

### 1 CHANGE THE WAY YOU TRAVEL

By leaving your car at home and choosing to cycle, walk or use public transport, you can help reduce air pollution by 20%.



### 2 CHANGE THE TIME YOU TRAVEL

If you must use your car, avoid morning and evening rush hours – this will reduce congestion and produce less pollution as a result of not idling in traffic jams.



### 3 CHANGE THE ROUTES YOU TRAVEL

If you are cycling or walking, avoid main roads and choose routes using quieter back streets, parks or canals. Even walking on the side of the pavement furthest from the road can help reduce your exposure to air pollution.



### 4 CHANGE THE WAY YOU DRIVE

Driving economically – such as accelerating gently and sticking to speed limits – uses less fuel, saves money, reduces the risk of having an accident and reduces air pollution.



### 5 THE SCHOOL RUN

Cycling or walking to school with your children will help reduce the impact of air pollution. If you do have to drive then turn your engine off when waiting by the school gates.



# Tell Us What You Think

- This presentation is one of a group of slides that sets out the priorities for the public's health in the city of Birmingham.
- The Public Health team are keen to hear what you think about the slides and whether they have helped understand the challenges facing the city.
- If you would like to give us feedback please email:





**@BhamCityCouncil**



**@birminghamcitycouncil**



**@bhamcitycouncil**







|                           |  |
|---------------------------|--|
|                           | <b><u>Agenda Item: 8</u></b>                               |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>             |
| <b>Date:</b>              | <b>18<sup>th</sup> June 2019</b>                           |
| <b>TITLE:</b>             | <b>ACTIVE TRAVEL UPDATE REPORT</b>                         |
| <b>Organisation</b>       | <b>Birmingham City Council</b>                             |
| <b>Presenting Officer</b> | <b>Kyle Stott, Service Manager, Public Health Division</b> |

|                     |                   |
|---------------------|-------------------|
| <b>Report Type:</b> | <b>Discussion</b> |
|---------------------|-------------------|

|   |
|---|
| <b>1. Purpose:</b>  |
| 1.1 The purpose of this report is to inform the Board of a consultation on a cycling and walking strategy in Birmingham, and the new infrastructure on the A34 and A38. |

| 2. Implications:                               |                     |     |
|--|---------------------|-----|
| BHWB Strategy Priorities                       | Health Inequalities | Yes |
|  | Childhood Obesity   | Yes |
| Joint Strategic Needs Assessment               |                     |     |
| Joint Commissioning and Service Integration    |                     |     |
| Maximising transfer of Public Health functions |                     |     |
| Financial                                      |                     |     |
| Patient and Public Involvement                 |                     |     |
| Early Intervention                             |                     | Yes |
| Prevention                                     |                     | Yes |
| Homelessness                                   |                     |     |

### **3. Recommendations**

3.1 The Health and Wellbeing Board is asked to note:

- Current action to improve active travel in the city and the opportunities for linkages to other Board priorities

3.2 The Health and Wellbeing Board is asked to discuss:

- The priority areas set out in the draft walking and cycling strategy, and opportunities to connect to other priorities for example a physically active city.
- Opportunities for member organisations to encourage the use of the new cycle infrastructure on the A34 and A38

### **4. Background**

#### **Physical Activity and Health**

4.1 Motor dominated streets restrict opportunities for active travel and impact the least advantaged (in terms of traffic injuries, deaths and poor air quality)

4.2 Short car journeys - under 1 mile - can be undertaken by walking and cycling. And getting rid of those journeys would greatly improve the local environment and support people to get 150 minutes of moderately intensive physical activity each week, which is the Chief Medical Officer's advised level.

4.3 Currently Birmingham has low levels of physical activity. The Sport England 'Active Lives' survey highlights that in 2017/18, over 1 in 4 of Birmingham's adults (26.4%) is inactive, and gets less than 30 minutes of physical activity a week. This is higher than the average across England, which is 22.2%, and the trend has not improved over the last 3 years of survey data.

4.4 The more intensive or longer the physical activity is for, the greater the protective effect is against developing health conditions such as stroke, heart disease, type 2 diabetes, colon cancer and breast cancer. Physical activity also improves mental health. The greatest benefits are gained when an inactive individual becomes active.

4.5 Although local estimates are not currently available showing which groups are more or less physically active, nationally and regionally, older groups are less physically active, as are people with impairments or long term health conditions.

### **Encouraging active travel**

4.6 In Birmingham, around 1.65% of commuting trips are made by bike. More promotion and improved infrastructure for cycling and walking, including routes, crossings and low traffic neighbourhoods, can provide cost effective solutions to improving the health of individuals, as well as addressing problems of congestion and air quality.

4.7 The city already has a surprisingly varied and extensive network of paths, pavements, towpaths and tracks connecting people with places to live, work and enjoy.

4.8 There is considerable scope to improve this network by making it easier, safer and better-connected so that more people will choose to walk and cycle, regardless of age, gender, fitness level or income.

4.9 The Birmingham Walking and Cycling Strategy sets out a long-term plan to ensure that active travel becomes the popular choice for short journeys and to increase the opportunities for recreational cycling and walking. It includes three key objectives with linked policies and actions. It is closely aligned with other regional and local strategies. Outline proposals and priorities for network investment are set out in the Local Cycling and Walking Infrastructure Plan (LCWIP) and Rights of Way Improvement Plan (ROWIP).

### **New segregated cycling infrastructure**

4.10 On the A38, a new 4km of two-way, fully segregated cycleway along the links Selly Oak and the University of Birmingham with the city centre. The route will connect with the existing cycle facilities on Hurst Street, running along the A38 and then linking to existing cycle facilities on Selly Oak New Road.

4.11 A new cycle lane links Perry Barr with the city centre along the A34. This scheme is 3.3km long and will cross two major traffic junctions (Newtown Middleway and Newbury Road), which have been realigned and upgraded to include signals for cyclists.

## 5. Discussion

5.1 The Walking and Cycling Strategy for the City of Birmingham has a key aim, to Increase walking and cycling in Birmingham, for transport, leisure and health, *particularly for short journeys and in combination with public transport*. A copy of the policy can be found in appendix A.

5.2 The Strategy has three key objectives, all of which are essential requirements to success:

- Enable walking and cycling in Birmingham
  - providing training, improving access to bikes and seeking funding
- Develop a great city for walking and cycling
  - improving infrastructure: paths, parking and public transport, managing traffic, maintaining streets
- Inspire walking and cycling
  - organising events, distributing information and evaluating outcomes

5.3 The strategy also takes into consideration the other supporting national and regional drivers:

- The Government's first statutory Cycling and Walking Investment Strategy was published in April 2017. The Strategy details the Government's high-level aspirations for cycling and walking up to 2040 and the ambition to make cycling and walking the natural choices for shorter journeys, or as part of a longer journey.
- Movement for Growth: the West Midlands Strategic Transport Plan. The West Midlands Strategic Cycle Network plan was revised as part of the, 'Common Approach to Cycling and Walking in the West Midlands' (2019), setting out regional priority routes.
- The West Midlands Cycle Charter (2015) provides the strategic context for cycling in the West Midlands and is fully endorsed by Birmingham City Council. The Charter identifies targets to raise levels of cycling across the West Midlands Metropolitan Area to 5% of all trips by 2023 from the 1% baseline and to raise cycling levels to 10% of all trips by 2033
- The West Midlands on the Move: Physical Activity Strategic Framework (2017) sets out four ambitions; making it easier and more desirable to move around the West Midlands; making it easier and more enjoyable to be outdoors in our green and blue spaces and urban environments; improving how it feels to live in our streets and communities; and improving people's life chances, wellbeing, employability and access to work.

## **6. Future development**

6.1 The strategy is in draft format for consultation. The adoption of the Birmingham Walking and Cycling Strategy, alongside the emerging Birmingham Transport Plan and new policies on air quality, public health and design, will enable much better integration and improve forward planning for walking and cycling initiatives and facilities both within the city, and the wider West Midlands region.

6.2 It is expected that the adopted strategy will contribute to developing a healthy food city and a physically active city through a whole system approach to obesity.

## **7. Compliance Issues**

### **7.1 Strategy Implications**

The Walking and Cycling Strategy and resulting action plan will impact on the Health and Wellbeing Board's strategic priority around obesity.

Depending on the targeting and uptake of cycling interventions it may also have a positive or negative impact on health inequalities.

**7.2 Homelessness Implications:** - Report authors must note in this policy section, any positive or negative implications of the recommendations for homelessness in the City, in relation to meeting the requirements of the Homelessness Prevention Strategy.

No direct impacts on homelessness prevention.

### **7.3 Governance & Delivery**

### **7.4 Management Responsibility**

Management responsibility for the Walking and Cycling Strategy is Transport and Environment, under Transport Policy within the Inclusive Growth Directorate.

### **7.5 Diversity & Inclusion**

The draft strategy acknowledges through its policies the need to address diversity and inclusion.

|   |  |
|---|--|
| <b>Signatures</b>   |  |
| <b>Chair of Health &amp; Wellbeing Board<br/>(Councillor Paulette Hamilton)</b> |  |
| <b>Date:</b>  |  |

|                           |   |
|---------------------------|---|
|                           | <b><u>Agenda Item: 9</u></b>                                |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>              |
| <b>Date:</b>              | <b>18<sup>th</sup> June 2019</b>                            |
| <b>TITLE:</b>             | <b>CHANGING PLACES</b>                                      |
| <b>Organisation</b>       | <b>BIRMINGHAM CITY COUNCIL</b>                              |
| <b>Presenting Officer</b> | <b>Professor Graeme Betts – Director, Adult Social Care</b> |

|                     |                                      |
|---------------------|--------------------------------------|
| <b>Report Type:</b> | <b>Information &amp; Endorsement</b> |
|---------------------|--------------------------------------|

**1. Purpose:** To provide Health and Wellbeing Board with an understanding of Changing Places, and the important role they play in supporting the outcome of increased accessibility for citizens of and visitors to Birmingham.

**2. Implications:**

|                          |   |            |
|--------------------------|---|------------|
| BHWB Strategy Priorities | Detect and Prevent Adverse Childhood Experiences  |            |
|                          | All children in permanent housing   |            |
|                          | Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments) |            |
|                          | Increasing employment/ meaningful activity and stable accommodation for those with mental health problems                                   |            |
|                          | Improving stable and independent accommodation for those learning disability  |            |
|                          | Improve the wellbeing of those with multiple complex needs  | <b>Yes</b> |
|                          | Improve air quality   |            |

|  |   |  |
|--|---|--|
|  | Increased mental wellbeing in the workplace |  |
| Joint Strategic Needs Assessment               |   |  |
| Joint Commissioning and Service Integration    |   |  |
| Maximising transfer of Public Health functions |   |  |
| Financial                                      |   |  |
| Patient and Public Involvement                 |   |  |
| Early Intervention                             |   |  |
| Prevention                                     |   |  |

### 3. Recommendations

- For Health and Wellbeing Board members to understand the importance of Changing Places.
- For a partnership group to be established to increase the availability of Changing Places.
- For a future report to be brought to the Health and Wellbeing Board on the Government's consultation to provide £2 million funding for Changing Places in NHS hospitals.

### 4. Background

"Changing Places are needed because 'one size' doesn't fit all.

"Standard disabled toilets only cater for people who are able to get out of their wheelchairs. People like my son who are totally wheelchair-bound are unable to do this unless we have a Changing Place: a large room with an overhead hoist, shower, sink, toilet, mirror and a moveable changing bed so carers can get either side of the bed to change him.

"Without Changing Places, I have to lift my 25 year old son out of his chair and put him on the floor to change him. This is unhygienic, unsafe and undignified – our kids deserve so much better.

"My ambition for the future is that wherever there is a toilet there are also Changing Places. It is a basic human right, so why shouldn't it be the same for people with severe disabilities?" - *Gina (Carer)*

Thousands of people with profound and multiple learning disabilities, as well as other disabilities that severely limit mobility, cannot use standard accessible toilets. People may be limited in their own mobility so need equipment to help them or may need support from one or two carers to either get on the toilet or to have their continence pad changed.



Standard accessible toilets (or "disabled toilets") do not provide changing benches or hoists and most are too small to accommodate more than one person. Without Changing Places toilets, the person with disabilities is put at risk, and families are forced to risk their own health and safety by changing their loved one on a toilet floor.

People with disabilities and their carers say Changing Places in public can be life changing and allow them to go out in the public without fear or stress. Providing Changing Places toilets in public places would make a dramatic difference to the lives of thousands of people who need these facilities.

### What are Changing Places?<sup>1</sup>

Changing Places toilets provide:

The right equipment:


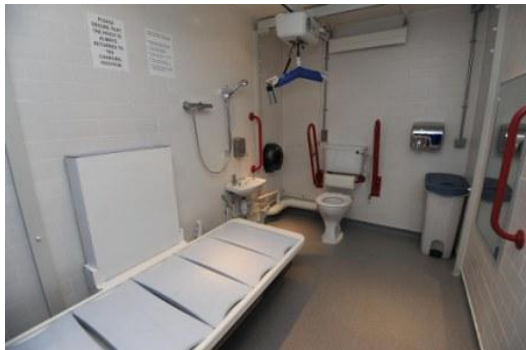
- A height adjustable adult-sized changing bench
- A tracking hoist system, or mobile hoist if this is not possible

Enough space:

- Adequate space in the changing area for the disabled person and up to two carers
- A centrally placed toilet with room either side
- A screen or curtain to allow some privacy

A safe and clean environment:

- Wide tear-off paper roll to cover the bench
- A large waste bin for disposable pads
- A non-slip floor

| Changing Places   | Changing Places (U)  |
|---|--|
| <p><i>Mandatory size for new build, complies with space and equipment fit out standards set out in BS8300<sup>2</sup> (shower optional):</i></p> <p>Facilities with a peninsular toilet, full 12 sqm space, ceiling tracking hoist, adult sized height adjustable bench (wall mounted or free standing), public access.</p>  | <p><i>Undersized unit that does not fully meet BS8300<sup>1</sup>, when the only option in an existing building:</i></p> <p>Peninsular toilet, smaller than recommended 12 sqm, ceiling tracking hoist or mobile hoist, adult sized height adjustable bench (wall mounted or free standing), public access.</p>  |

<sup>1</sup> Information obtained from <http://www.changing-places.org/>.

<sup>2</sup> British Standard 8300:2009, February 2009: *Design of buildings and their approaches to meet the needs of disabled people. Code of Practice.*

[‘Changing Places: the practical guide’](#)<sup>3</sup>, produced by the Changing Places Consortium, provides full details of the criteria, including the specialist equipment required.

### **Where are there Changing Places in Birmingham?**

- Birmingham Library, Broad Street, B1 2ND
- BBC Birmingham, The Mailbox, B1 1RF (Not to full Changing Places specification)
- Birmingham New Street Station, Station Street, B5 4AH
- Bullring Shopping Centre, Middle East Mall, B5 4BU
- TouchBase Pears, 750 Bristol Road, Selly Oak, B29 6NA
- Sainsbury’s Selly Oak, Aston Webb Boulevard, Birmingham, B29 6SJ
- Cadbury World, Linden Road, Bourneville, B30 2LU
- South Birmingham College, Hall Green Campus, Cole Road, Hall Green, B28 8ES

Nationally, the number of facilities has increased from 140 in 2007 to more than 1,200 today.

### **How do you find a Changing Place toilet?**

The website <https://www.changingplacesmap.org/> provides an interactive map with the locations of Changing Places near you. This website indicates if a RADAR key is required, or if you have to pay or purchase from the business to enter the facility. Changing Places can also be located using <https://www.accessible.co.uk>, which allows users to filter their search results using ‘accessibility symbols’.

### **Who should have a Changing Place toilet?**

Changing Places toilets are different to standard accessible toilets (or "disabled toilets") and should be provided in addition to accessible toilets. British Standard 8300:2009: *Design of buildings and their approaches to meet the needs of disabled people* was published on the 27<sup>th</sup> February 2009, and recommends that Changing Places should be provided in larger buildings and complexes, such as:

- Major transport termini or interchanges, e.g. large railway stations and airports
- Motorway services
- Sport and leisure facilities, including large hotels
- Cultural centres, such as museums, concert halls and art galleries
- Stadia and large auditoria
- Shopping centres and shopmobility centres
- Key buildings within town centres, e.g. town halls, civic centres and main public libraries
- Educational establishments
- Health facilities, such as hospitals, health centres and community practices.

Ministers will launch a consultation during 2019 on proposals that the essential facilities are included in all new large publicly-accessible buildings and significant redevelopments. Currently, building regulations guidance only recommends Changing Places to be provided.

The Department of Health and Social Care has announced £2 million funding to

<sup>3</sup> <http://www.changing-places.org/LinkClick.aspx?fileticket=YEDKVYyX8TE%3d&tabid=81>  
www.bhwbb.net

install over 100 Changing Places toilets in NHS hospitals throughout England. This announcement followed a recent £2 million investment by the Department for Transport to increase Changing Places facilities in motorway service stations (for which funding applications are open until the 12<sup>th</sup> July 2019). The cost to install a changing places facility in a hospital is usually between £27,000 and £35,000. The funding will be allocated on the principles of matched funding, with Trusts contributing to the cost. There are currently only around 30 to 40 Changing Places on the NHS England estate, and this investment will enable Trusts to increase accessibility. The government intends to consult during 2019.

## **5. Future development**

- Partnership group to be established to increase the availability of Changing Places.
- Update report to be brought to the Health and Wellbeing Board which will provide guidance on the timescales and requirements for funding applications for the recently announced £2 million funding for Changing Places in NHS hospitals.

## **6. Compliance Issues**

### **6.1 Strategy Implications**

### **6.2 Homelessness Implications**

### **6.3 Governance & Delivery**

### **6.4 Management Responsibility**

## **Signatures**

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**



|                           |   |
|---------------------------|---|
|                           | <b><u>Agenda Item: 10</u></b>                               |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>              |
| <b>Date:</b>              | <b>18<sup>th</sup> June 2019</b>                            |
| <b>TITLE:</b>             | <b>DEVELOPERS TOOLKIT UPDATE REPORT</b>                     |
| <b>Organisation</b>       | <b>Birmingham City Council</b>                              |
| <b>Presenting Officer</b> | <b>Kyle Stott, Service Manager , Public Health Division</b> |

|                     |                   |
|---------------------|-------------------|
| <b>Report Type:</b> | <b>Discussion</b> |
|---------------------|-------------------|

|   |
|---|
| <b>1. Purpose:</b>  |
| 1.1 To inform the Board of the Birmingham Developers Toolkit and identify opportunities to embed its use in practice. |

| 2. Implications:                               |                     |     |
|--|---------------------|-----|
| BHWB Strategy Priorities                       | Health Inequalities | Yes |
|  | Childhood Obesity   | Yes |
| Joint Strategic Needs Assessment               |                     |     |
| Joint Commissioning and Service Integration    |                     |     |
| Maximising transfer of Public Health functions |                     |     |
| Financial                                      |                     |     |
| Patient and Public Involvement                 |                     |     |
| Early Intervention                             |                     | Yes |
| Prevention                                     |                     | Yes |
| Homelessness                                   |                     | Yes |

### 3. Recommendations

3.1 The Board is asked to:

- Note the indicators which make up the tool and the linkages to other teams both within the council and externally
- Consider partner organisations that may feed into any Health Impact Assessments relating to major planning proposals
- Note the opportunities for assisting the development of a healthy food city and a physically active city

### 4. Background

4.1 The Birmingham Developers Toolkit is in a working draft form and has been created by Public Health for use by developers to:

- assess the health impact of planning proposals across twelve indicators
- support the creation of healthy environments and communities in the city

4.2 How and where we live can have a huge impact on our health. The relationship between our lifestyle choices and our health (such as smoking and drinking) are widely recognised, however the connections between our health and where we live are less visible and often overlooked.

4.3 It is important to identify and understand these connections and consider their impact on the health of Birmingham citizens. Some examples of these links are

- **Poor quality or inappropriate housing.** In Birmingham, 9.1% of households are overcrowded, compared with the England average of 4.8%. Similarly 16.8% of households are at risk of poverty due to fuel and heating costs compared with 11.1% across England.
- **Neighbourhoods.** 9.5% of households in Birmingham are exposed to levels of night time transport noise that are considered above a threshold level critical for human health (55dB). There is a greater use of outdoor space for exercise and health reasons in Birmingham than across England however.
- **Transport.** As well as issues around air quality and active travel, 40.4 people in every 100,000 of Birmingham residents are killed or seriously injured on the roads each year. Whilst this is around the national average, Birmingham has higher rates of child deaths and serious injuries.

4.4 The toolkit is based on the London Healthy Urban Development Unit assessment tool and related documents, and includes a Health Impact Assessment (HIA) template, and a guide to cross-reference local, regional and national policy for each indicator.

4.5 The tool is broken down into twelve indicators as follows:

- Housing quality and design
- Access to healthcare services and other social infrastructure
- Access to open space and nature
- Air quality, noise and neighbourhood amenity
- Accessibility and active travel
- Crime reduction and community safety
- Access to healthy food
- Access to work and training
- Social cohesion and lifetime neighbourhoods
- Minimising the use of resources
- Climate change
- Digital and technology

4.6 Whilst the tool may not pick up on all health issues, it focuses on the built environment and issues directly or indirectly influenced by planning decisions.

#### **Example uses**

4.7 The most recent example of this was the HIA of the draft Supplementary Planning Document (SPD) for the new Langley development in Sutton Coldfield.

4.8 A working group was formed and experts were identified for each indicator and were asked to assess the SPD against their indicator using the template and the guide within the toolkit. Experts were also asked to comment on the draft toolkit to suggest changes

4.9 The HIA report highlighted wider health considerations for the writing of the final Langley SPD.

## **5. Discussion**

5.1 Health Impact Assessments are part of the planning pre-application validation checklist for all major applications.

5.2 Using the toolkit can be used to carry out comprehensive Health Impact Assessments on both redevelopment and regeneration projects. The toolkit also allows HIAs of major planning documents, strategies and plans.

5.3 Developers are encouraged to liaise with Public Health at the earliest opportunity to ensure that health is considered as early on in the process as possible.

5.4 This also provides an opportunity for Public Health to introduce the developers to local experts and organisations that should be able to assist developers in term of

local knowledge.

5.5 The draft toolkit is attached for the Boards information along with the Health Impact Assessment report for the Langley development in Sutton Coldfield.

## 6. Future development

6.1 The toolkit has recently undergone a thorough refresh by the respective experts for each indicator. The feedback gathered is currently being considered and reflected in a revised version that will be available for circulation by the end of July.

6.2 Short term: The Developers Toolkit will soon be in its final draft and the intention is that it will sit on the Planning Portal as part of the pre-validation checklist.

6.3 Long term: The toolkit will require regular updates to ensure that the guide refers to the most up to date policies and guidance. As well as a panel of technical experts, it is hoped that people with lived experience of protected characteristics, such as disabilities, can be recruited to give early views on new developments.

## 7. Compliance Issues

### 7.1 Strategy Implications

It is anticipated that the toolkit will assist in shaping future (and refreshed) policies and strategies with reference to planning and development in the city.

**7.2 Homelessness Implications:** - Report authors must note in this policy section, any positive or negative implications of the recommendations for homelessness in the City, in relation to meeting the requirements of the Homelessness Prevention Strategy.

The toolkit addresses the supply of appropriate housing.

### 7.3 Governance & Delivery

It is anticipated that the toolkit will be formally acknowledged and adopted within planning policy in Birmingham as an integral tool within the pre-application process.

### 7.4 Management Responsibility

The toolkit is produced and administered by Public Health.



### **7.5 Diversity & Inclusion**

The toolkit directly references opportunities for creating inclusion and promoting diversity. It is designed to reduce inequalities and exclusion.

#### **Signatures**

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**



**Birmingham Public Health**

# Planning Toolkit for Developers

**Guide for the Health Impact Assessment**

November 2018  
[www.birminghampublichealth.gov.uk](http://www.birminghampublichealth.gov.uk)

Draft V5

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# Planning Toolkit for Developers

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## *Guide to the Health Impact Assessment*

### **Introduction**

The Planning Tool for Developers consists of three main documents:

- Summary for the Planning Tool for Developers
- Health Impact Assessment (including a planning tool model)
- Guide for the Health Impact Assessment

It also references the natural capital tool, which is complementary to this planning toolkit.

Together these documents and associated resources form a toolkit to aid developers in assessing the potential health impacts, identifying recommendations for mitigation and enhancement measures for their developments.

### **How to use this guide**

This Guide forms part of Birmingham's Planning Toolkit for Developers and aims to promote healthy urban planning by ensuring that health and wellbeing implications of local plans and major planning are consistently taken into account. It is designed to assist the planning and development process to "*design in*" salutogenic environments (health giving environments), and *design out* negative health impacts, it is fundamentally aimed at prevention as opposed to having to intervene in future health and wellbeing issues that can arise as the result of poor planning, for example Obesogenic environments.

It is designed to be used to help with preparing a local or neighbourhood plan, or to screen possible health impacts for a rapid or full HIA to identify risks, areas for consideration and opportunity for mitigation.

This guide can also be used on its own as a comprehensive desktop assessment, applied to larger (but not strategic scale) development proposals, aiming to 'mainstream' health into the planning process. The guide poses a series of questions based on Birmingham and National policy requirements and standards which if met can positively influence health and wellbeing.

Developers are encouraged to consider all themes and questions raised in this guide and Health Impact Assessment. However, it is recognised that some issues may not be wholly relevant, whilst other may (or may not) be directly related to an individual development, or at a neighbourhood level where the cumulative impact of development can contribute to a healthy neighbourhood.

The Guide can stimulate discussions and negotiations on planning applications, supported by internal and external consultation and supporting information, for example from public health officers, and signposts to additional tools and resources where appropriate (e.g. the National Capital Tool).

## **The importance of healthy urban planning and design**

Healthy urban planning means good planning and high quality urban design.

Healthy urban planning aims to promote healthy, successful places for people to live and work in. This can be achieved by providing the homes, jobs and services that people need, reducing environmental risks and delivering well designed buildings and urban spaces which will create the conditions for healthy, active lifestyles. In addition to access to healthcare services, a number of other factors are known to influence a person's health status and lifestyle, including economic, environmental and social conditions. These factors are referred to as the wider or social determinants of health.

A well designed 'healthy' development will add economic value by increasing sales and lettings of residential units and producing higher returns on investment.

'Active Design' is a key element of healthy urban planning. Design has a crucial role to support activity in buildings and places in response to rising levels of obesity and related chronic diseases. New York City has produced Active Design Guidelines, which provides guidance on creating healthier buildings, streets, and urban spaces. The Guidelines demonstrate that active design will help to reduce energy consumption, increase sustainability, and be cost effective. It is recognised that active design can also address mental health and wellbeing.

## **Bio-diversity and Natural Capital**

In January 2018 the Government released "A Green Future: Our 25 Year Plan to Improve the Environment". This plan sets out what the Government will do to improve the environment, within a generation. The goals outlined in the plan focus on action needed improve the UK's air and water quality and protect our many threatened plants, trees and wildlife species. This can only be achieved through working with communities and businesses, including housing developments. It is imperative, therefore, that developers consider the impact their site will have on the environment, both short and long term, and measure its natural capital in real terms.

Natural capital is the sum of our ecosystems, species, freshwater, land, soils, minerals, our air and our seas. These are all elements of nature that either directly or indirectly brings value to people and the country at large. They do this in many ways but chiefly by providing us with food, clean air and water, wildlife, energy, wood, recreation and protection from hazards.

By taking a natural capital approach to developments, we are more likely to take better and more efficient decisions that can support environmental enhancement and help deliver benefits such as reduced long-term flood risk, increases in wildlife, and a boost to long-term prosperity. In turn, by factoring in accessible walking routes, green spaces, tree coverage, natural boundaries such as hedging, etc., we can improve the bio-diversity of an area and attract new wildlife, create sustainable outdoor spaces and promote positive health benefits such as improved mental health, physical activity and social networks.

The Natural Capital Tool has been developed to help measure the natural capital of a development and has been referenced within this guide.

## Indicator 1. Housing Quality and Design

| Overview   | Issues for consideration  | National Policies and Documents   | Regional and local Policies   |
|--|---|---|---|
| Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing. | Does the proposal seek to meet all the health and wellbeing credits contained in the Code for Sustainable Homes?  | <ul style="list-style-type: none"><li>Office of the Deputy Prime Minister (2004) The Impact of Overcrowding on Health and Education</li><li>BRE Trust (2010) The Real Cost of Poor Housing</li><li>World Health Organization (2011) Environmental burden of disease associated with inadequate housing</li><li>Report of the Marmot Review Built Environment Task Group (2010)</li><li>Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty</li><li>Department for Communities and Local Government Code for Sustainable Homes</li><li>Department for Communities and Local Government (2012) Investigation into overheating in homes: Literature review and Analysis of gaps and recommendations</li><li>Lifetime Homes Foundation, Lifetime Homes Standards</li><li>Department for Communities and Local Government (2008) Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society</li></ul> | <ul style="list-style-type: none"><li>BDP: policy PG3, policy TP27, TP30</li><li>Supplementary planning documents and guidance:</li><li>Places for Living: pg. 8, pg. 9,</li><li>Places for All: pg. 7, pg. 8pg 27, pg. 28</li><li>Specific Needs Residential Uses: Supplementary Planning Guidance: paragraph 4, paragraph 5</li><li>SPD SUDS guide for Birmingham (2016)</li><li>Birmingham Green Living Spaces Plan (2013); 7 principles</li></ul> |
|  | Does the proposal address the housing needs of older people, i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?  |   |   |
|  | Does the proposal include homes that can be adapted to support independent living for older and disabled people?  |   |   |
|  | Does the proposal promote good design through layout and orientation, meeting internal space standards?   |   |   |
|  | Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?   |   |   |
|  | Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?  |   |   |
| Potential Health Impacts   | Affordable housing; housing quality; noise insulation; energy efficiency; accessible; adaptable; well orientated; sufficient range of housing tenures; good basic services; adaptable buildings for community use such as health, education and leisure to create sustainable communities<br><br>Providing lifetime homes (outlined in the code for sustainable homes) – allow residents to remain in their home despite changing accommodation requirements, creating adaptable housing to more easily permit care to be provided in the community |   |   |

## Indicator 2. Access to healthcare services and other social infrastructure

| Overview   | Issues for consideration  | National Policies and Documents  | Regional and local Policies   |
|--|---|--|---|
| <p>Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health &amp; social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.</p> | Does the proposal retain or re-provide existing social infrastructure?  | <ul style="list-style-type: none"> <li>National Planning Policy Framework (March 2012) <ul style="list-style-type: none"> <li>Promoting healthy communities</li> </ul> </li> <li>Paragraph 162 Infrastructure planning</li> <li>Paragraph 204 Planning obligations</li> <li>Report of the Marmot Review Social Inclusion and Social Mobility Task Group (2010)</li> <li>NHS London Healthy Urban Development Unit Planning Contributions Tool (the HUDU Model)</li> <li>Institute of Public Health in Ireland (2008) Health Impacts of Education: a review</li> <li>Environmental Audit Committee inquiry into Transport and the Accessibility of Public Services</li> <li>Building Research Establishment Environmental Assessment Method (BREEAM)</li> <li>Sport England, Accessing schools for community use</li> </ul> | <ul style="list-style-type: none"> <li>BDP, policy TP37, policy TP28, TP45</li> <li>Non-policy- BDP, section 9.60</li> <li>Supplementary planning documents and guidance:</li> <li>Access for People with Disabilities SPD 2006: paragraph</li> </ul> |
|  | Does the proposal assess the demand for healthcare services and identify requirements and costs using the HUDU model?   |  |   |
|  | Does the proposal provide for healthcare services either in the form of a financial contribution or in-kind? Does a health facility provided as part of the development match NHS requirements and plans?   |  |   |
|  | Does the proposal assess the capacity, location and accessibility (by foot, bicycle and public transport) of other social infrastructure, e.g. schools, social care and community facilities?   |  |   |
|  | Does the proposal explore opportunities for shared community use and co-location of services?   |  |   |
|  | Does the proposal contribute to meeting primary, secondary and post 19 education needs?   |  |   |
| Potential Health Impacts   | <p>Provision of accessible healthcare services and other social infrastructure – supporting population growth and change to create sustainable, healthy communities; modernise and improve quality of facilities and services; co-locating some services – improving effectiveness and efficiency of service delivery – e.g. primary health, social care, dentistry and pharmacies. Siting facilities locally allows for active travel and reduce car travel – bringing health benefits from increased activity and improved air quality.</p> |  |   |



### Indicator 3. Access to open space and nature

| Overview   | Issues for consideration   | National Policies and Documents   | Regional and local Policies   |
|--|--|---|---|
| <p>Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health.</p> <p>The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children are missing out on regular exercise, and an increasing number of children are being diagnosed as obese. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation</p> | Does the proposal retain and enhance existing open and natural spaces?   | <ul style="list-style-type: none"> <li>• National Planning Policy Framework (March 2012) <ul style="list-style-type: none"> <li>• Promoting healthy communities; 9 Protecting Green Belt land; 11 Conserving and enhancing the natural environment</li> </ul> </li> <li>• Department of Health (2011) Healthy Lives, Healthy People: A Call to Action on Obesity in England</li> <li>• Department for Environment Food and Rural Affairs (2011) Natural Environment White Paper: Natural Choice securing the value of nature</li> <li>• UK National Ecosystem Assessment (2011)</li> <li>• Foresight Report (2007) Tackling Obesities: future choices</li> <li>• NICE (2008) Guidance on the promotion and creation of physical environments that support increased levels of physical activity (PH8)</li> <li>• Report of the Marmot Review Built Environment Task Group (2010)</li> <li>• Faculty of Public Health (2010) Great Outdoors: How Our Natural Health Service Uses Green Space To Improve Wellbeing</li> <li>• Sustainable Development Commission (2008) Health, Place and Nature</li> </ul> | <ul style="list-style-type: none"> <li>• BDP: policy TP7, TP8, TP9, T1, T2, T27, T39, T40</li> <li>• Supplementary planning documents and guidance:</li> <li>• Access for People with Disabilities SPD 2006: paragraph 9.4,9.6, 9.7, 9.10, 9.14, 9.15,</li> <li>• Public Open Space in New Residential Development 2007: paragraph 3.2, paragraph 3.3</li> <li>• Places for living 2001, pg. 11</li> <li>• Birmingham and Black Country Nature Improvement Area Strategy 2017-2022</li> <li>• Natural Capital Tool</li> <li>• Birmingham and Black Country Biodiversity Action Plan (2010)</li> <li>• Birmingham City Council Green Living Spaces Plan</li> <li>• Birmingham Green Commission Carbon Roadmap</li> </ul> |
|  | Does the proposal improve the green infrastructure of the city (in line with the expectations of the 25 year environment plan)?                            |   |   |
|  | In areas of deficiency, does the proposal provide new open or natural space, or improve access (by foot, bicycle and public transport) to existing spaces? |   |   |
|  | Does the proposal provide a range of play spaces for children and young people?  |   |   |
|  | Does the proposal provide safe, walkable links between open and natural spaces and the public realm?   |   |   |
|  | Are the open and natural spaces welcoming and safe and accessible for all?   |   |   |

|                                 |  |   |  |
|---------------------------------|--|---|--|
|                                 | Does the proposal set out how new open space will be managed and maintained?   | <ul style="list-style-type: none"> <li>• Sport England Active Design</li> <li>• HM Government, Greener Space 25 year environment plan 2018</li> <li>• Natural England, Access to Green Spaces standards (2014)</li> <li>• NIA Ecological Strategy</li> <li>• LNP State of the Environment dashboard</li> <li>• LNP Health &amp; Wellbeing Progress Report</li> <li>• Green Cities Good Global evidence archive</li> <li>• Natural England (2009), Our Natural Health Service role of the natural environment in maintaining healthy lives</li> <li>• Biodiversity 2020: A strategy for England Wildlife and Ecosystem Services</li> </ul> |  |
| <b>Potential Health Impacts</b> | Publicly accessible green space and play spaces can encourage physical activity and maintain or improve positive mental health. A range of formal and informal play spaces and equipment will need to reflect growing populations, particularly an increase in children. Natural spaces and tree cover provide areas of shade and can improve air quality. Opportunities to integrate space with other related health and environmental programmes such as food growing and biodiversity. Improving connectivity between green space and the public realm, allows greater access to both spaces and adds value for residents and wildlife. |   |  |

## Indicator 4. Air quality, noise and neighbourhood amenity

| Overview   | Issues for consideration  | National Policies and Documents   | Regional and local Policies   |
|--|---|---|---|
| The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts. | Does the proposal minimise construction impacts such as construction traffic, dust, noise, vibration and odours? (Where appropriate a construction management plan should be produced)  | <ul style="list-style-type: none"><li>• National Planning Policy Framework (March 2012)<ul style="list-style-type: none"><li>• Protecting Green Belt land</li><li>• Conserving and enhancing the natural environment</li></ul></li><li>• Paragraph 200 Tailoring planning controls to local circumstances</li><li>• Supporting information</li><li>• Report of the Marmot Review Built Environment Task Group (2010)</li><li>• Environmental Protection UK (2010) Development Control: Planning for Air Quality</li><li>• British Medical Association (July 2012) Healthy transport = Healthy lives</li><li>• Health Protection Agency (2010) Environmental Noise and Health in the UK</li><li>• European Environment Agency (2010) Good practice guide on noise exposure and potential health effects, EEA Technical report No 11/2010</li><li>• HM Government, Greener Space 25 year environment plan 2018</li><li>• Trees Design Action Group: First steps in urban air quality (2018)</li></ul> | <ul style="list-style-type: none"><li>• BDP: Policy PG3, TP1, TP7, TP8, TP9, TP15, TP27, TP28, TP37, TP38, TP43, TP44, TP45</li><li>• Supplementary planning documents and guidance:</li><li>• UDP: paragraph 8.27 8.29, 8.32</li><li>• Places for worship SPD may 2011: paragraph 5.6.1</li><li>• Birmingham and Black Country Nature Improvement Area Strategy 2017-2022</li><li>• Natural Capital Tool</li><li>• Planning consultation guidance note noise and vibration (?source)</li><li>• Birmingham City Council guidance on mitigating the impact from construction activities</li><li>• Air Quality Plan??</li></ul> |
|  | Does the proposal minimise air pollution caused by traffic, industrial uses and energy facilities (by provided ULEV infrastructure, for example)?   |   |   |
|  | Does the proposal minimise noise pollution caused by traffic and commercial uses through insulation, engineering, site layout, landscaping and cycling and walking infrastructure?  |   |   |
| Potential Health Impacts   | The use of construction management plans can lessen construction impacts, particularly hours of working and construction traffic movements. Reduced levels of car parking and travel plans which encourage the use of public transport, cycling and walking will result in better local environmental conditions. Good design and the sensitive location and orientation of residential units can lessen noise impacts, contribute to improved air quality and neighbourhood amenity and reduce noise pollution. Natural spaces and trees can improve the air quality in urban areas. |   |   |

## Indicator 5. Accessibility and active travel

| Overview   | Issues for consideration  | National Policies and Documents  | Regional and local Policies   |
|--|---|--|---|
| <p>Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health</p> | Does the proposal prioritise and encourage walking (such as through shared and natural spaces, good crossing facilitates well-lit and direct walking routes)?   | <ul style="list-style-type: none"> <li>National Planning Policy Framework (March 2012) <ul style="list-style-type: none"> <li>Promoting sustainable transport; 7</li> <li>Requiring good design; 8</li> <li>Promoting healthy communities</li> </ul> </li> <li>WHO (2011) Health economic assessment tools (HEAT) for walking and for cycling</li> <li>Marmot Review Built Environment Task Group (2010)</li> <li>Bristol Essential evidence – benefits of cycling &amp; walking</li> <li>Chartered Institution of Highways and Transportation (2010) Manual for Streets 2</li> <li>Department for Transport (2012) Guidance on the Appraisal of Walking and Cycling Schemes</li> <li>DfT Local Transport Note 1/11: Shared Space</li> <li>DfT (2012) Investigating the potential health benefits of increasing cycling in the Cycling City and Towns</li> <li>The City of New York Active (2010) Design Guidelines – Promoting physical activity and health in design</li> <li>Transport for London (2011) Transport planning for healthier lifestyles: A best practice guide</li> <li>HM Government, Greener Space 25 year environment plan 2018</li> <li>Transport for London Health Streets Guide</li> </ul> | <ul style="list-style-type: none"> <li>BDP: Policy TP7, TP21, TP22, TP24 TP27, TP28, TP38, TP39, TP40, TP41, TP44, TP45</li> <li>Non-policy- BDP, section 9.60, 9.61, 9.62</li> <li>UDP: paragraph 8.7</li> <li>Supplementary planning documents and guidance:</li> <li>Access for People with Disabilities SPD 2006: paragraph 9.4,9.6, 9.7, 9.8, 9.9, 9.10, 9.1, 9.14, 9.15, 9.16, 9.18</li> <li>Places for worship SPD may 2011: paragraph 5.2.1 , 5.2.2</li> <li>Places for living 2001, pg. 8, pg. 13, pg. 16, pg. 18</li> <li>Places for All: pg. 7, pg. 10, pg. 11, pg. 13, pg. 14</li> <li>Birmingham and Black Country Nature Improvement Area Strategy 2017-2022</li> <li>Natural Capital Tool</li> <li>Birmingham Connected</li> <li>Birmingham Road Safety Strategy</li> <li>West Midlands Movement for Growth</li> <li>West Midlands Health and Transport Strategy</li> <li>West Midlands Cycle Design Guidance's</li> </ul> |
|  | Does the proposal prioritise and encourage cycling (for example by providing secure, visible cycle parking, showers, cycling infrastructure, crossing facilities and good signposting)?   |  |   |
|  | Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks and provide streets with permeable access for cyclists and pedestrians?  |  |   |
|  | Does the proposal include traffic management and speed reduction measures to help reduce and minimise road injuries (for example crossing facilities, speed limits, etc.)?  |  |   |
|  | Is the proposal well connected to public transport, local services and facilities?  |  |   |
|  | Does the proposal minimise transport emissions and discourage car use through parking management measures, provision of sustainable transport infrastructure, ULEV charging provision, car clubs, service and delivery plans and construction management plans? |  |   |
|  | Does the proposal provide parking/charging facilities for low emissions?  |  |   |

|                                 |  |  |  |
|---------------------------------|--|--|--|
|                                 | Does the proposal allow people with mobility problems or a disability to access buildings and places?  | <ul style="list-style-type: none"> <li>• DfT DH, January 2011, Transport and Health Resource: Delivering Healthy Local Transport Plans</li> <li>• British Medical Association (July 2012) Healthy transport = Healthy lives</li> </ul> |  |
| <b>Potential Health Impacts</b> | Combining active travel and public transport options can help people achieve recommended daily physical activity levels. Inclusive design, access, orientation and streetscape planners can make it easier for people to access facilities using public transport, walking or cycling. Reduced levels of car parking and travel plans encourage the use of public transport, cycling and walking will result in increased active travel. Planning can promote cycling and walking by connecting routes and public to wider networks, providing safe junctions and calming traffic and providing secure cycle parking spaces. Improved accessibility and walking spaces supports the principles of Walkability outlined in the Birmingham Connected Report (Placing Pedestrians at the Top of the Transport Hierarchy). |  |  |

## Indicator 6. Crime reduction and community safety

| Overview   | Issues for consideration   | National Policies and Documents   | Regional and local Policies   |
|--|--|---|---|
| Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the ‘fear of crime’, both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns | Does the proposal incorporate elements to help design out crime (for example, well lit spaces and natural surveillance)?   | <ul style="list-style-type: none"><li>• National Planning Policy Framework (March 2012)<ul style="list-style-type: none"><li>• Requiring good design</li><li>• Promoting healthy communities</li></ul></li><li>• Supporting information<ul style="list-style-type: none"><li>• Report of the Marmot Review Built Environment Task Group (2010)</li><li>• Department of Health (2012) No health without mental health: implementation framework</li><li>• ODPM (2004) Safer Places – the planning system and crime prevention</li><li>• ‘Secured By Design’ Design Guides for; Homes, Commercial, Schools and Hospitals</li><li>• Design Council Guides: Design out Crime</li><li>• CABE (2009) This Way to Better Residential Streets</li><li>• Lighting Against Crime: A Guide for Crime Reduction Professionals</li><li>• Crime Prevention through Environmental Design (CPTED) and Housing in the UK - Armitage, Rachel (2017)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• BDP: policy PG3, TP11, TP27, TP37, TP39, UDP: paragraph 8.7</li><li>• Supplementary planning documents and guidance:</li><li>• Places for living 2001, pg. 20, pg. 21, pg. 25, pg. 27,</li><li>• Places for All: pg. 16, pg. 18</li></ul> |
|  | Does the proposal follow the five underlying principles of Crime Prevention Through Environmental Design (CPTED)?<br>i) physical security ii) surveillance; iii) movement control; iv) management and maintenance and v) defensible space  |   |   |
|  | Does the proposal incorporate design techniques to help people feel secure and avoid creating ‘gated communities’?   |   |   |
|  | Does the proposal include attractive, multi-use public spaces and buildings with clear indications of intended use?  |   |   |
|  | Has engagement and consultation been carried out with the local community?   |   |   |
| Potential Health Impacts   | The detailed design and layout of residential and commercial areas can ensure natural surveillance over public space. This can be assisted by creating places which enable possibilities for community interaction and avoiding social exclusion. Active use of streets and public spaces, combined with effective lighting and greenery, is likely to decrease opportunities for anti-social behaviour or criminal activity. Planners to work with the Designing Out Crime Officers to obtain their advice on making development proposals follow the principles within the Secure by Design guides. They can also involve communities to foster a sense of ownership and empowerment, which can also help to enhance community safety. |   |   |



## Indicator 7. Access to healthy food

| Overview  | Issues for consideration  | National Policies and Documents   | Regional and local Policies  |
|---|---|---|--|
| <p>Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar.</p> <p>Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.</p> | Does the proposal facilitate the supply, delivery and self-sufficiency growing of local food, within a safe and sustainable environment (allotments, community gardens and farms, access to water, compost, and farmers' markets, for example)?   | <p>National Planning Policy Framework (March 2012)</p> <ul style="list-style-type: none"><li>Ensuring the vitality of town centres</li><li>Requiring good design</li><li>Promoting healthy communities</li></ul> <p>Supporting information</p> <ul style="list-style-type: none"><li>Department of Health (2011) Healthy Lives, Healthy People: A Call to Action on Obesity in England</li><li>Mayor of London (2006) London Food Strategy - Healthy &amp; Sustainable Food for London</li><li>Foresight Report (2007) Tackling Obesities: future choices</li><li>Report of the Marmot Sustainable Development Task Group (2010)</li><li>Sustain (2011) Good planning for good food - using planning policy for local and sustainable food</li><li>HM Government 25 year Environment Plan</li></ul> | <ul style="list-style-type: none"><li>BDP, policy TP9, TP24, TP27,</li><li>Non-policy- BDP, section 9.60</li><li>Supplementary planning documents and guidance:</li><li>Shopping and Local Centres Supplementary Planning Guidance: policy 4, policy 6</li><li>Natural Capital Tool</li><li>Birmingham Green Living Spaces</li></ul> |
|   | Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?   |   |  |
|   | Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area in line with Birmingham policy?  |   |  |
|   | Does the proposal allow for large vehicle access to properties for the purpose of home deliveries and accessibility?  |   |  |
| <b>Potential Health Impacts</b>   | Consider food access, location and how to facilitate social enterprises planners can help to create the conditions that enable low income people to have better and affordable access to nutritious food. Planning can preserve and protect areas for small-scale community projects/local food production, including allotments. Planning can increase the diversity of shopping facilities in local centres, restrict large supermarkets, and limit concentrations of hot food takeaways. |   |  |



## Indicator 8. Access to work and training

| Overview   | Issues for consideration   | National Policies and Documents   | Regional and local Policies   |
|--|--|---|---|
| <p>Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses. Locating training and access to work experience, jobs and apprenticeships in inaccessible locations or failing to provide a diversity of local jobs or training opportunities can negatively affect health and mental wellbeing both directly and indirectly.</p> | Does the proposal provide access (by foot, bicycle or public transport) to local employment, training, work experience and apprenticeship opportunities, including temporary construction delivery phase and 'end-use' jobs? Does the proposed development place with accessible work experience, training, apprenticeships and job opportunities? | <ul style="list-style-type: none"> <li>National Planning Policy Framework (March 2012)</li> <li>Building a strong, competitive economy</li> <li>Ensuring the vitality of town centres</li> <li>Supporting a prosperous rural economy</li> <li>Supporting information</li> <li>Department for Work and Pensions Cross-Government initiative 'Health, Work and Well-being'</li> <li>Report of the Marmot Review Social Inclusion and Social Mobility Task Group (2010)</li> <li>Report of Marmot Review Employment and Work Task Group (2010)</li> <li>Leeds Metropolitan University (2010) Mental Health and Employment review</li> <li>Inclusive Growth strategy</li> <li>Industrial Strategy</li> <li>Government skills strategy</li> <li>HM Government 25 year environment plan</li> <li>Socail Value Act 2012</li> </ul> | <ul style="list-style-type: none"> <li>BDP: policy TP26, TP27, TP28, TP34,</li> <li>Birmingham Skills and Investment plan</li> <li>Greater Birmingham LEP skills for Growth Strategy</li> <li>Mental health commission: WMCA</li> <li>Skills and Productivity Commission. WMCA</li> <li>Birmingham Connected (Placing Pedestrians at the Top of the Transport Hierarchy)(2014)</li> <li>Birmingham Business Charter for Social Responsibility</li> <li>Birmingham Procurement Policy Framework for jobs and skills</li> <li>Birmingham Planning Protocol for jobs and skills</li> </ul> |
|  | Does the proposal link skills development with technology and services that will help manage our relationship with the natural environment into the future?  |   |   |
|  | Does the proposal provide childcare and training facilities?   |   |   |
|  | Does the proposal include managed and affordable workspace for local businesses?   |   |   |
|  | Does the proposal include access to training, work experience, apprenticeships and jobs for local people via local procurement arrangements?   |   |   |

|                                 |   |
|---------------------------------|---|
| <b>Potential Health Impacts</b> | <p>Urban planning linked to clear strategies for economic regeneration, allocation of appropriate sites and coordination of infrastructure provision can help to facilitate attractive opportunities for businesses, encourage diversity in employment and ensure that local jobs are created and retained. Equitable transport strategies can play an important part in providing access to job opportunities. The provision of local work can encourage shorter trip lengths, reduce emissions from transport and enable people to walk or cycle. Access to other support services, notably childcare, work experience and training can make employment opportunities easier to access.</p> |
|---------------------------------|---|

## Indicator 9. Social cohesion and lifetime neighbourhoods

| Overview   | Issues for consideration   | National Policies and Documents   | Regional and local Policies   |
|--|--|---|---|
| <p>Friendship and supportive networks in a community can reduce depression/ levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity. Building networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing.</p> <p>Lifetime Neighbourhoods places the design criteria of Lifetime Homes into a wider context, creating environments that people of all ages and abilities can access and enjoy, facilitating communities that people can participate in, interact and feel safe.</p> | Does the design of the public realm maximise opportunities for social interaction and connect the proposal with neighbouring communities by promoting physical activity (walking cycling etc) the use of public transport, social interactions, community activity and the use of public nature or green and blue) spaces?   | <ul style="list-style-type: none"><li>• National Planning Policy Framework (March 2012) 8 Promoting healthy communities</li><li>• NICE (2004) Social capital for health: Issues of definition, measurement and links to health</li><li>• Marmot Review Social Inclusion and Social Mobility Task Group (2010)</li><li>• Marmot Review Employment and Work Task Group (2010)</li><li>• Department for Communities and Local Government (2011) Lifetime Neighbourhoods</li><li>• National MWAH Collaborative (England) (2011) Mental Health Wellbeing Impact Assessment: A Toolkit for Well-being</li><li>• UK National Statistics: societal wellbeing theme</li><li>• Young Foundation (2010) Cohesive Communities</li></ul> | <ul style="list-style-type: none"><li>• BDP: policy PG3, TP27, TP30, UDP: Paragraph 3.14</li><li>• Supplementary planning documents and guidance:</li><li>• Birmingham Green Living Spaces Plan (2013)</li><li>• Places for living 2001, pg. 8, pg. 9</li><li>• THRIVE, West Midlands combined Authority</li><li>• Places for All</li></ul> |
|  | Does the proposal include a mix of uses and a range of community facilities appropriate to demographic need?   |   |   |
|  | Does the proposal include provision of communal areas facilities within multi-dwelling buildings (apartments, student accommodations, mixed dwellings, etc)?   |   |   |
|  | Does the proposal provide opportunities for the voluntary and community sectors?   |   |   |
|  | Does the proposal address the principles of Lifetime Neighbourhoods?   |   |   |
| <b>Potential Health Impacts</b>  | Urban planning can help to facilitate social cohesion by creating safe and permeable environments with places where people can meet informally. Mixed-use developments in town centres and residential neighbourhoods can help to widen social options for people. The provision of a range of diverse local employment opportunities (paid and unpaid) can also improve mental health, social cohesion and the creation of lifetime neighbourhoods. |   |   |

## Indicator 10. Minimising the use of resources

| Overview   | Issues for consideration   | National Policies and Documents  | Regional and local Policies   |
|--|--|--|---|
| Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution. | Does the proposal make best use of existing land, green and natural spaces, waterways and natural resources?   | <ul style="list-style-type: none"><li>• National Planning Policy Framework (March 2012)<ul style="list-style-type: none"><li>• Meeting the challenge of climate change, flooding and coastal change</li><li>• Conserving and enhancing the natural environment</li><li>• Facilitating the sustainable use of minerals</li></ul></li><li>• Supporting information<ul style="list-style-type: none"><li>• Report of the Marmot Sustainable Development Task Group (2010)</li><li>• Mayor of London and London Councils (2006) The Control of Dust and Emissions from Construction and Demolition: Best Practice Guidance</li><li>• Building Research Establishment Environmental Assessment Method (BREEAM)</li></ul></li></ul> <p>HM Government, Greener Space 25 year environment plan 2018</p> <p>BRE Green Code</p> <p>BRE BES6001:2008 Part G Building regulations</p> <p>WRAP guidance on designing out waster</p> | <ul style="list-style-type: none"><li>• BDP, policy TP3, TP5, TP13, TP14, TP27,</li><li>• Supplementary planning documents and guidance:</li><li>• Access for People with Disabilities SPD 2006: paragraph 9.4,9.6, 9.7, 9.8, 9.9, 9.10, 9.1, 9.14, 9.15, 9.16, 9.18</li><li>• Public Open Space in New Residential Development 2007: paragraph 3.2, paragraph 3.3</li><li>• Places for living 2001, pg. 31, pg. 34</li><li>• Places for All: pg. 23</li><li>• Birmingham and Black Country Nature Improvement Area Strategy 2017-2022</li><li>• Natural Capital Tool</li><li>•</li></ul> |
|  | Does the proposal encourage recycling (including building materials)?  |  |   |
|  | Does the proposal allow for future waste collection and promote minimisation on site?  |  |   |
|  | Does the proposal incorporate sustainable design and construction techniques?  |  |   |
|  | Does the proposal make effective use of water minimisation techniques, infrastructure and materials to reduce water waste during the development and into the future?  |  |   |
| Potential Health Impacts   | Planning can impose standards and criteria on hazardous waste disposal, recycling and domestic waste and that linked to development. It can ensure that hazardous waste is disposed of correctly, as well as ensure that local recycled and renewable materials are used whenever possible in the building construction process. Redevelopment on brownfield sites or derelict urban land also ensures that land is effectively used, recycled and enhanced. Through encouraging reduction, reuse and recycling, resource minimisation can be better realised and contribute towards a better environment. For larger scale developments, the impact on natural capital and its related health benefits can be measured through the National Capital Tool. |  |   |

## Indicator 11. Climate change

| Overview   | Issues for consideration  | National Policies and Documents  | Regional and local Policies   |
|--|---|--|---|
| <p>There is a clear link between climate change and health. The Marmot Review is clear that local areas should prioritise policies and interventions that ‘reduce both health inequalities and mitigate climate change’ because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change.</p> <p>Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments also have the potential to contribute towards mental wellbeing of residents</p> | Does the proposal incorporate renewable energy and encourage climate change mitigation measures (safe walking routes, cycling, public transport infrastructure, ULEV provision, for example)?   | <ul style="list-style-type: none"><li>• National Planning Policy Framework (March 2012) 10 Meeting the challenge of climate change, flooding and coastal change</li><li>• Department for Communities and Local Government (2012) Investigation into overheating in homes: Literature review</li><li>• Department for Communities and Local Government Code for Sustainable Homes</li><li>• Assessment Method (BREEAM)</li><li>• Marmot Sustainable Development Task Group (2010)</li><li>• Green and Blue Space Adaptation for Urban Areas and Eco Towns (GRaBS) project</li><li>• NHS Sustainable Development Unit (2009) Saving Carbon, Improving Health – NHS Carbon Reduction Strategy for England</li><li>• Lancet (2009) Health benefits of tackling climate change: evidence</li><li>• Department for Environment, Food and Rural Affairs (2012) UK Climate Change Risk Assessment</li><li>• HM Government, Greener Space 25 year environment plan 2018</li></ul> | <ul style="list-style-type: none"><li>• TP5, TP6, TP7, TP8, TP27, TP38, TP39, TP40, TP41</li><li>• Supplementary planning documents and guidance:</li><li>• Places for Living: pg. 30,</li><li>• Places for All: pg. 22, pg. 25</li><li>• BDP, policy TP1, TP2, TP3, TP4, TP13,</li><li>• Birmingham and Black Country Nature Improvement Area Strategy 2017-2022</li><li>• Natural Capital Tool</li><li>• SPD SUDS guide for Birmingham (2016)</li><li>• Birmingham Green Living Spaces Plan (2013)</li><li>• Air Quality Plan</li></ul> |
|  | Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?   |  |   |
|  | Does the proposal maintain or enhance nature conservation and biodiversity?   |  |   |
|  | Does the proposal reduce surface water flood risk through sustainable urban drainage systems?   |  |   |
| <b>Potential Health Impacts</b>  | Urban planning can help to reduce greenhouse gas emissions by requiring lower energy use in buildings and transport, and by encouraging renewable energy sources, contributing to the climate change mitigation. Planning can address sustainability and environmental considerations through the use of standards such as the Code for Sustainable Homes will help to reduce energy demands and increase the amount of renewable energy. For larger scale developments, the impact on natural capital and its related health benefits can be measured through the National Capital Tool. |  |   |

## Indicator 12. Digital and Technology

| Overview   | Issues for consideration  | National Policies and Documents   | Regional and local Policies  |
|--|---|---|--|
| <p>Understanding the role digital and technology have in the planning process is instrumental to ensure developments are able to adapt and evolve with changing technologies and digital advancements.</p> <p>As well as providing greater connectivity for a growing flexible workforce who are required to work from home or on the move, technology advancements also allow for improved healthcare provision at home via telecare, ability to introduce smarthome adaptations to better regulate environments, improved information points for transport infrastructure, and the opportunity to harness new energy provision and work smarter using existing infrastructure.</p> <p>The ability to move flexibly and stay connected is paramount to maintain both physical and mental health well-being.</p> | Is there a telecommunication/connectivity plan submitted as part of the proposals in a similar way as with other utilities?   | <ul style="list-style-type: none"> <li>• Future Telecoms Infrastructure Review, Department for Digital, Culture, Media &amp; Sport, July 2018.</li> <li>• BS ISO 37106:2018, Sustainable cities and communities. Guidance on establishing smart city operating models for sustainable communities</li> <li>• PAS 2016:2010: next generation access for new build homes guide</li> </ul> | <ul style="list-style-type: none"> <li>• Birmingham Big City Plan, Smithfield</li> </ul> |
|  | Does the proposal provide for a digital model or 3D visualisation of the development as part of the consultation, review and user engagement process?   |   |  |
|  | Does the proposal ensure that there is robust coverage of telecommunication cellular networks?  |   |  |
|  | Is there adequate provision of internet and broadband available within the proposal from multiple providers, encouraging consumer choice and preventing provider monopolies?  |   |  |
|  | Does the proposal provide for additional ducting to the premises to enable new telecommunication entrants to deliver competitive services and facilitate upgrading of technology through the lifespan of the building to avoid retrospective civil works? |   |  |
|  | Does the proposal require that all buildings are fully wired up with fibre to ensure digital services are easily deployable?  |   |  |
|  | build design minimised barriers to cellular network penetration?  |   |  |
|  | Does the technology embedded in this proposal enable users to control their environmental quality (ventilation, light, air quality etc)?  |   |  |
|  | Does the development maximise use of natural light, and use sustainable, low energy, low glare lighting?  |   |  |

|                          |  |  |  |
|--------------------------|--|--|--|
|                          | Does the proposal make provisions for street based assets to be digitally enabled e.g. smart lighting, remote monitoring, sensor deployment for environmental air quality, noise monitoring  |  |  |
|                          | Are there sufficient electrical and digital points within the buildings to enable easy deployment of IoT, other sensors and other digital devices for health and social care monitoring?   |  |  |
|                          | Does the proposal provide for the deployment of digital displays (bus shelters or public displays) that provide public services information about sustainable travel, carbon savings and other environmental monitoring services?  |  |  |
| Potential Health Impacts | Future planning for telecom infrastructure within the initial stages of planning can encourage the development of new technologies, promote competition and offer greater consumer choice, and ensure greater connectivity for those who work flexibility and those most vulnerable. Strategies such as the Future Telecoms Infrastructure Review offer insight on how planning now, through simple measures such as additional ducting or multi-purpose fibre cabling, can allow developments to evolve with technology into sustainable housing, with minimal disruptions to the public and encouraging communities to grow. |  |  |

## Next Steps

Once you have completed the HIA, it will be considered by a multidisciplinary team who will represent the indicators that are relevant to the proposal.

You will be notified within 14 days of submission as to the preliminary outcome of the detailed assessment.

You will be invited to a multidisciplinary team meeting to discuss the outcomes of the detailed assessment; this could be an opportunity to consider endorsing the proposal, or to offer advice and guidance with reference to mitigating opportunities.

The outcomes of the meeting and any agreed mitigations actions will be consolidated into ongoing real-time support to assist the proposal in maximising the positive health impacts available – this will continue until the development is complete. This is also the time to discuss further monitoring and evaluation of the impacts.



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# Rapid Health Impact Assessment

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## *Langley Sustainable Urban Extension*

### **1 Introduction**

The Langley Sustainable Urban Extension (SUE) is one of the largest single residential developments in the UK. It has been identified for approximately 6,000 homes, contributing to the City's delivery of 51,000 new homes over the next 13 years.

The draft Supplementary Planning Document (SPD) sets out an approach to create sustainable communities, supported by a wide range of infrastructure from new public transport connections, to a network of walking and cycling routes, extensive green infrastructure and public spaces, to education facilities and local amenities.

This document is a health impact assessment (HIA) of the draft SPD to identify, discuss, enhance and mitigate the potential impact of the Langley SUE, on the health of not only the future residents of Langley but also the residents in the existing surrounding neighbourhoods.

The aim of this health impact assessment is to show how the Langley SPD addresses health and wellbeing, and identify sections where it could be strengthened. The assessment makes a series of recommendations to this end.

### **2 Method**

The Birmingham Developer's Toolkit, based on the London Healthy Urban Design Unit model, was created to assist the HIA process.

Using this toolkit as a guide, the SPD was assessed by experts from across the Council, NHS, Police and other stakeholder organisations. The feedback was collated and cross referenced with relevant national and local policy and guidance (such as the National Planning and Policy Framework, the Town and Country Planning Associations Guide 8: Creating health promoting environments and the Birmingham Development Plan) and forms the basis of this report.

### **3 Overview of Health and Demographics for Sutton Coldfield**

Health in Birmingham is on average worse than England. Life expectancy at birth is a commonly used measure of health and indicates the average age of death for that group. In Birmingham the life expectancy for men is 77.2 and for women is 81.9. For men this is 2 years worse than England as a whole. Worryingly, whilst life expectancies historically increased year on year, life expectancy for both men and women in Birmingham has not increased since around 2010.

Healthy life expectancy at birth is also an important measure and describes the average age that people report they are in poor health. In this way it also encompasses the early onset of chronic

conditions and mental health issues. Again, Birmingham is in worse health than England on average and healthy life expectancies for men is 59.7 and for women is 59.3.

This is notably less than retirement age and illustrates the impact that poor health has on productivity and economic growth, as well as the potential demand for health and social care and other public services.

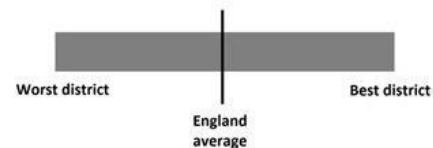
There are large inequalities in health and for the most deprived areas in Birmingham, healthy life expectancies are around 50 years, compared with over 70 years in the most affluent places.

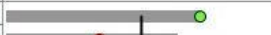











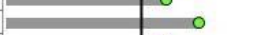

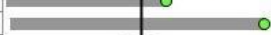






The Sutton Coldfield District is in relatively good health compared to Birmingham, although there are still areas of concern. The IMD2015 showed that 12.4% of Sutton Coldfield's population were in the most deprived 20% of areas in England. 22.1% of the district's population are over 65 (Birmingham 13%, England 18%). Infant mortality is one area of concern: the district rate was 4.6 per 1,000 live births during 2013/15; this compares to 3.9 nationally and 7.5 for Birmingham. More detail is presented in the spine chart below.

## Sutton Coldfield District 2017/18 Spine

### Key:

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated
- Significantly lower than the England average\*
- Significantly higher than the England average\*



| Indicator   | Sutton Coldfield Number | Sutton Coldfield Stat | B'ham Avg | Eng Avg | District Range  |
|---|-------------------------|-----------------------|-----------|---------|---|
| 1 Percentage of Children in Poverty 2014                    | 8,825                   | 8.6                   | 32.9      | 20.1    |  |
| 2 Adults with learning dis. in stable accommodation 2015/16 | 102                     | 68.5                  | 53.9      | 75.4    |  |
| 3 Violent Crime Admissions April 2012 - March 2015          | 81                      | 31.3                  | 58.2      | 45.8    |  |
| 4 Low Birth Weight (Percentage Live births (all) +) 2015    | 68                      | 7.2                   | 9.5       | 7.1     |  |
| 5 Excess weight 4-5 year olds 2015/16                       | 194                     | 19.3                  | 23.8      | 22.1    |  |
| 5 Excess weight 10-11 year olds 2015/16                     | 242                     | 27.7                  | 39.9      | 34.1    |  |
| 6 Injuries due to falls 65+ Persons 2014/15                 | 508                     | 2321.7                | 2311.1    | 2124.6  |  |
| 7 Infant Mortality 2013/15                                  | 13                      | 4.6                   | 7.5       | 3.9     |  |
| 8 Mortality from all causes U75 2013/15                     | 673                     | 76.1                  | 128.2     | 100.0   |  |
| 8 CVD Deaths U75 2013 -15                                   | 139                     | 70.2                  | 133.9     | 100.0   |  |
| 8 Cancer deaths preventable U75 2013-15                     | 180                     | 83.7                  | 117.2     | 100.0   |  |
| 8 Mortality from Coronary heart disease 2013/15             | 82                      | 76.1                  | 144.7     | 100.0   |  |
| 8 Respiratory disease deaths preventable U75 2013-15        | 28                      | 58.5                  | 133.0     | 100.0   |  |
| 8 Communicable disease deaths 2013 -15                      | 175                     | 85.3                  | 116.7     | 100.0   |  |
| 8 Diseases of the liver deaths preventable (U75) 2013 -15   | 26                      | 42.9                  | 100.0     | 100.0   |  |
| 9 Hip fractures 65+ emergency admissions 2015/16            | 141                     | 626.5                 | 666.5     | 590.1   |  |
| 9 Alcohol related admissions 2014/15 (narrow)               | 474                     | 490.6                 | 695.0     | 640.8   |  |
| 10 Diabetes Prevalence 2015/16 (QOF)                        | 5,386                   | 6.6%                  | 8.4%      | 6.6%    |  |
| 10 Mental Health Prevalence 2015/16 (QOF)                   | 768                     | 0.8%                  | 0.9%      | 1.1%    |  |
| 10 Dementia Prevalence 2015/16 (QOF)                        | 729                     | 0.7%                  | 0.6%      | 0.8%    |  |
| 10 Depression Prevalence 2015/16 (QOF)                      | 5,489                   | 6.9%                  | 7.5%      | 8.3%    |  |

It is difficult to determine who will eventually buy Langley property and live there. One way of attempting to predict the population is to use geodemographic classifications. By examining the profile of currently populated areas of Birmingham and nearby, we can take an educated guess as to the potential Langley population.

The '2011 Area Classification for Output Areas'<sup>1</sup> product is one such dataset. Here, various census data variables for small areas (output areas, OAs) have been combined in such a way to create clusters where the OAs are very similar. They are then classified and named in an attempt to summarise the socio-demographic make-up of that cluster of OAs. The following cluster classifications are available, termed as Supergroups.

- Rural residents
- Cosmopolitans
- Ethnicity central
- Multicultural metropolitans
- Urbanites
- Suburbanites
- Constrained city dwellers
- Hard-pressed living

The supergroup most likely to live in Langley, we suggest is 'Suburbanites'. The area immediately to the west of Langley is inhabited by this Supergroup. The pen portrait would describe this group as follows:

"The population of this supergroup is most likely to be located on the outskirts of urban areas. They are more likely to own their own home and to live in semi-detached or detached properties. The population tends to be a mixture of those above retirement age and middle-aged parents with school age children. The number of residents who are married or in civil-partnerships is above the national average. Individuals are likely to have higher-level qualifications than the national average, with the levels of unemployment in these areas being below the national average. All non-White ethnic groups have a lower representation when compared with the UK and the proportion of people born in the UK or Ireland is slightly higher. People are more likely to work in the information and communication, financial, public administration, and education sectors, and use private transport to get to work".<sup>1</sup>

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1

<https://www.ons.gov.uk/methodology/geography/geographicalproducts/areaclassifications/2011areaclassifications>

## **4 Assessment Indicators**

### ***4.1 Housing Quality and Design***

Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings, as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing.

The SPD does address the need for suitable housing for older and disabled people but focusses primarily on providing family housing. Family housing does not necessarily accommodate the needs of older and disabled people, but a shift of focus to building lifetime homes in place of family homes would benefit household members of all ages and needs. Lifetime homes provide the opportunity to adapt homes more easily in the future, should the needs of the household members change. This supports independent living for both older and disabled people, reducing the length of time or likelihood that people may need adult social care services, and in turn supports a mixed residential community.

The SPD does not directly reference design criteria such as the Lifetime Home standards or Building Regulation requirement M4(2). The design process will need to ensure that development comes forward with these appropriate standards.

The SPD confirms a mix of housing by size, tenure and affordability in each neighbourhood and will be subject to the relevant BDP policies as well as the housing market and demographics over the development period. This is important in terms of supporting a mixed community. With reference to 'affordable' homes, it might be useful to think about the context in which 'affordable' is used and include a reference to the costs of running and maintaining the household. For instance, the SPD does not make reference to SAP ratings and energy efficiency.

In terms of space, the SPD references The Technical Housing Standards – Nationally described space Standards as the benchmark. The SPD does not contain any further information with regard to layout and orientation.

#### **Key Recommendations from This Section**

1. The SPD includes positive sections on ensuring a mix of housing types to meet a range of needs and support a mixed community.
2. The SPD references family homes; this might not meet the longer term needs of those families. It should incorporate a reference about ensuring that this housing could also be made appropriate for families in the longer term.
3. The SPD should make reference to the importance of SAP rating and energy efficient homes as part of providing affordable housing.

## ***4.2 Access to Healthcare Services and other Social Infrastructure***

Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health & social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.

The SPD incorporates many positive references to some of the infrastructure that supports the development of the community. This includes a new District Centre for the whole site, which includes shops and restaurant, public space, and space for community uses such as arts and culture.

The sports hub in the District Centre also supports the development of community life through sports pitches and other recreation and leisure activities.

A secondary school and three primary schools are also anticipated. As well as an increase in pupil numbers overall, any potential required provision for children with special educational needs and disability should also be referenced.

Health care facilities are referenced but not expanded in detail. The reference to the needs of the local Sustainability and Transformation Partnership (STP) is positive but could be built on by highlighting the need to reference other NHS guidance documents. This will ensure that aspects such as the list size of proposed primary care facilities or developing models of care are addressed, and that the buildings are appropriate for this.

The SPD could also highlight the importance of ensuring a connection between the new social infrastructure and already existing communities.

### **Key Recommendations from This Section**

4. Given the size of the development, the SPD includes several different components that will help to strengthen the quality of community life.
5. As well as overall demand for community facilities, the SPD should include references to people with disabilities. This could include the accessibility of the sports hub to promote use by those with a range of abilities, and ensuring education provision for children with special educational needs and disabilities.
6. The section on health services could also include references to NHS guidance to ensure that it incorporates relevant guidance on GP list size and new models of care.

### **4.3 Access to Open Space and Nature**

Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health.

The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children are missing out on regular exercise, and an increasing number of children are being diagnosed as obese. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation

The SPD does protect the existing open and natural spaces and features, in retaining field boundary hedges, trees, ponds and conservation and heritage sites. This could be further improved by making more of the existing woodlands and ponds, better protecting and adding to the existing assets. Building in a circulation route around the whole site, incorporating a variety of green space would offer the greatest health returns

The proposal makes green space accessible from closed farmland. It can be made more effective with the combination of natural/drainage water features. The proposal needs to do more to provide more ponds and woodlands as representing the local natural character. The health benefit would be greatest if housing areas are no further than 400m from their local green space.

The SPD suggests a range of proposals which should connect people with nature. However noise could be as cause for concern as the site is relatively flat and open. This can be mitigated with green infrastructure and would encourage all year round use.

The SPD proposes a good circulation route encompassing open and natural spaces and transport routes beyond the site. Incorporating green space variety would create the right conditions for a healthy lifestyle.

A healthy environment really supports wellbeing and a variety of interconnected green infrastructure would provide the greatest benefit.

#### **Key Recommendations from This Section**

7. The focus on existing green assets on the site is positive, especially given the location and character of surrounding area, as well as the references to accessibility of the space and bio-diversity.
8. The role of green infrastructure in reducing noise pollution is an important aspect to draw out given how flat the site is.
9. The circulation route through the green space with connections beyond the site will help to support healthy life styles. This could be expanded to include on site circulation routes too. The proposal could say more about how green infrastructure will define the feel of the place. With very careful use of scale, the outer countryside feel could be brought into the heart of the development. If delivered well this could result in an exemplary scheme.
10. The document is unclear on the long term ownership and management of the green space.



#### ***4.4 Air Quality, Noise and Neighbourhood Amenity***

The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts.

Active travel is an important aspect of reducing emissions and this is dealt with in a later section.

The SPD includes reference to making a positive contribution to managing air quality. This would typically include understanding the traffic generated by the scheme and where it may contribute to increased concentrations of pollutants. Other documents are produced that may also contain important context or recommendations such as the emerging Clean Air Strategy or the Local Air Quality Management Plan.

One issue that isn't addressed is the changing nature of the vehicle fleet, especially given the proposals to phase out petrol and diesel engines. It is important that appropriate infrastructure is put in place for this change in new developments.

As well as reducing emissions and concentrations, reducing the exposure to pollution is also a way to improve health.

#### **Key Recommendations from This Section**

11. The SPD should make reference to statutory and non-statutory documents produced by BCC on air quality, as these will contain recommendations for new developments.
12. Given the proposals to phase out petrol and diesel engines, the SPD should include facilities for Ultra-Low Emission Vehicles, including recharging points
13. The framework should also specifically include references to reducing exposure to air pollution such as ensuring appropriate separation between pedestrians and roads and the risk of pollution being trapped in street canyons or similar tall features.



#### ***4.5 Accessibility and Active Travel (including severance and walkability)***

Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health.

The SPD references a network of walking and cycling routes that connect the development to the local area and link key destinations. These are supplemented in the SPD by pedestrian focussed streets similar in home zones. Pedestrian priority will be important in these spaces to encourage less able residents to walk.

The SPD should highlight that walking and cycling routes are also appropriately lit to enable cycling and walking trips in a greater variety of conditions.

Public transport is also more physically active than driving given the walk to and from stops at either end of the trip, and this level of physical activity routinely can have a positive impact on the health of people who would otherwise be inactive. Inclusion of the majority of homes within 400m of a SPRINT stop will enable that physical activity.

Cycle parking is also referenced and provided for in the document. Ensuring easy access to it from both residential properties and within the hubs will be essential to promoting its use.

#### **Key Recommendations from This Section**

14. The references to walking and cycling around the site and to district centres are positive and will hopefully reduce the number of shorter trips that may have been made by car. if these are followed through to the final design.
15. Pedestrian focussed streets open up opportunities for more community connections. The SPD should reiterate pedestrian priority in these spaces.
16. The accessibility of cycle parking for residents - and location to reduce the risk of crimes such as cycle theft - will be important to encouraging cycling.

#### ***4.6 Crime Reduction and Community Safety***

Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns

This is also re-enforced by the National Planning Policy Framework (NPPF), which sets out that "Planning policies and decisions should aim to achieve healthy, inclusive and safe places which are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas".

There is nothing specific in the SPD that references crime or the impact of perceptions and feeling of safety on how people will use the development. Developers should be encouraged to follow the underlying principles of 'Crime Prevention Through Environmental Design' (Armitage, Rachel) the Secured by Design Guides for Schools, Commercial and Homes and 'Lighting Against Crime: A Guide for Crime Reduction Professionals' (Association of Chief Police Officers, 2011).

WMP also recommend making reference to the Information Commissioners Office guides to the installation and maintenance of CCTV schemes.

The development should have clear indications as to the intended use for the public spaces and buildings so that ambiguity over how the space should be used does not allow conflicting interests to occur.

#### **Key Recommendations from This Section**

17. The development should include references to documentation produced by WMP and ICO that will support the provision of safe communities with lower risks of crime.

## **4.7 Access to Healthy Food**

Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.

The SPD highlights the provision of growing spaces such as allotments and community orchards as part of the overall network of public green spaces. The District centre serving the whole site will include restaurants, cafes and food stores. BCC already has policies in place about hot food takeaways.

Other options for the provision of healthy food, including farmers markets and the provision of potential space for market stalls close to community facilities, will help to provide fresh local produce as well as supporting businesses and promoting community cohesion. The closeness to community facilities will ensure that they are easily accessible by walking, cycling or using public transport.

The size of the retail units that are provided is not discussed. This is an important issue as some businesses that might support the community, such as social enterprises, may not have the ability to occupy larger retail spaces. There is guidance on this point in the Birmingham Development Plan (BDP) TP23/24.

The type of food offer is also not discussed and it is important to prevent an over-concentration of hot food takeaways. Local authority policies are in place to avoid over-concentration of hot-food takeaways and to restrict their proximity to schools, town centres or other facilities aimed at children, young people, and families. Shopping and Local Centres SPD Policy 6 sets out take away thresholds.

### **Key Recommendations from This Section**

18. Retail units and community space should also support a broader range of businesses such as social enterprises and farmer's markets that may support healthy food choices.
19. Existing local authority guidance should be followed to prevent any concentration of hot food takeaways.

#### ***4.8 Access to Work and Training***

Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Work aids recovery from physical and mental illnesses.

Locating employment in inaccessible locations or failing to provide a diversity of local jobs or training opportunities can negatively affect health and mental wellbeing both directly and indirectly.

In combination with Peddimore, the site is anticipated to bring significant new investment into the area. The Primary Movement Network (PMN) will be a key structuring element determining the built form and place-making requirements of Langley SUE. It will play an important role, integrating walking and cycle routes, prioritising accessibility for high quality public transport services, connecting centres and schools, and providing legible routes for traffic entering and exiting the site. The PMN will act as more than just conventional roads, and will include public space and street landscaping to a high specification.

Movement between the Langley and Peddimore sites is also important. The SPD highlights that the SPRINT route connects the two and this could be developed to show how cycling and walking infrastructure will also prevent severance from the A38.

The development could look further at jobs and skills. The Birmingham Business Charter for Social Responsibility, the Procurement Policy Framework and Planning Protocol for Jobs and Skills could be used to ensure that we maximise and capture jobs and skills opportunities from planning and design stage through the construction delivery phase and into end use employment opportunities. Work closely with the principal contractor and their supply chain to capture jobs, apprenticeships and work experience supporting local residents through progression pathways into training and employment.

All associated construction development contracts will be subject to the Procurement and Planning requirements associated with jobs and skills to ensure that appointed contractors and their supply chains understand the commitment required in creating opportunities for local residents

Early discussions with the principal contractor could ensure that the on-site facilities include a functional jobs and skills training hub. BCC would work with local training providers to bring forward skills development provision on to the construction development site and promote opportunities within the construction and built environment sector to new entrants. There would also be an opportunity to look at developing skills of the existing workforce. The provision developed during the construction phase could be retained and further supported post development through the community hub facilities bringing forward a legacy approach to jobs and skills.

### **Key Recommendations from This Section**

20. The references to local employment and jobs and skills are essential parts of this proposal and their inclusion is important to retain.
21. Walking and cycling links to local employment opportunities need to also address how they will deal with severance caused by the A38.
22. Local skills and job opportunities could be developed through the use of the Birmingham Business Charter for Social Responsibility, the Procurement Policy Framework and Planning Protocol for Jobs and Skills and as such would require dialogue with the principal developer/contractor.

## ***4.9 Social Cohesion and Lifetime Neighbourhoods***

Friendship and supportive networks in a community can reduce depression/ levels of chronic illness as well as speed up recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity. Building networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing.

Lifetime Neighbourhoods places the design criteria of Lifetime Homes into a wider context, creating environments that people of all ages and abilities can access and enjoy, facilitating communities that people can participate in, interact and feel safe.

The SPD highlights that each Neighbourhood will have a distinctive character that relates well to adjoining places, and well-defined gateways that help people to identify with their local area.

The SPD describes each new neighbourhood area including if, where and how it links to neighbouring residential areas such as Lindridge Road and Springfield Road. It references how the Primary Movement Network will assist in joining and integrating the new and existing neighbourhoods. Home Zone style areas where pedestrians have priority will also help to develop social connections where the flow and speed of traffic through residential areas can be reduced.

The SPD makes reference to schools, healthcare, open spaces, leisure and recreation amongst other things and that neighbourhoods will be supported by a lively mix of services and conveniences that are an essential part to creating new communities, and to ensure people have access to facilities for their day to day lives. The SPD also focusses on delivering a strong sense of place that puts the health and wellbeing of residents at its heart. However a criteria or framework for assessing this has not been referenced and the Lifetime Neighbourhoods components may help to strengthen the implementation of this idea.

Ensuring that these facilities are in place for early residents will help to establish social habits and cohesion from the start and this is an important aspect to consider.

### **Key Recommendations from This Section**

23. The neighbourhood characteristics in the SPD will help to create social cohesion through design and mix of facilities. It could be considered about how references to frameworks such as Lifetime Neighbourhoods will support the implementation of this vision,
24. The positive impact of home zones or similar environments on community connections should be referenced in the SPD.

## ***4.10 Minimising the use of Resources***

Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.

For this development, this area is covered under air quality and access to green space and nature.

### ***4.11 Climate Change***

There is a clear link between climate change and health. The Marmot Review is clear that local areas should prioritise policies and interventions that ‘reduce both health inequalities and mitigate climate change’ because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change.

Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments also have the potential to contribute towards mental wellbeing of residents.

Some aspects of this section are covered under active travel and access to space and nature.

New developments should be planned for in ways that avoid increased vulnerability to the range of impacts arising from climate change. When a new development is brought forward in areas which are vulnerable, care should be taken to ensure that risks can be managed through suitable adaptation measures, including through the planning of green infrastructure;

The SPD encompasses a wide range of climate change issues, these include: building design to reduce energy demand, technology to monitor energy use, and references to recycling and home composting. Sustainable Urban Drainage (SUDs) will be integral to development at Langley SUE as part of the approach to flood risk management (BDP policy TP6) and biodiversity enhancements with Langley Brook and Peddimore Brook on the site. It offers a long term sustainable solution which contributes towards the overall character of the site, including the green infrastructure and transport and movement networks. It will need to include flood risk assessment and flood risk modelling for the Langley Brook.

#### **Key Recommendations from This Section**

25. The integrated approach to sustainable urban drainage techniques is an important characteristic of the development.

## ***4.12 Digital and Technology***

Understanding the role digital and technology have in the planning process is instrumental to ensure developments are able to adapt and evolve with changing technologies and digital advancements.

As well as providing greater connectivity for a growing flexible workforce who are required to work from home or on the move, technology advancements also allow for improved healthcare provision at home via telecare, ability to introduce smarthome adaptations to better regulate environments, improved information points for transport infrastructure, and the opportunity to harness new energy provision and work smarter using existing infrastructure.

The ability to move flexibly and stay connected is paramount to maintain both physical and mental health wellbeing.

The SPD highlights how the development will need to accommodate wired and wireless infrastructure. There is the opportunity to develop this section in line with the NPPF and reference future support for next generation technologies such as 5G and full fibre broadband connections. Street based assets can also be digitally enabled to allow future technologies such as smart lighting or sensors to monitor air or noise pollution.

### **Key Recommendations from This Section**

26. The digital section of the SPD could be expanded to show the role of this technology in improving the quality of life for residents and how some of the assets on streets could be used.



## 5 Conclusion and Recommendations

The complete list of recommendations is set out below:

1. The SPD includes positive sections on ensuring a mix of housing types to meet a range of needs and support a mixed community.
2. The SPD references family homes; this might not meet the longer term needs of those families. It should incorporate a reference about ensuring that this housing could also be made appropriate for families in the longer term.
3. The SPD should make reference to the importance of SAP rating and energy efficient homes as part of providing affordable housing.
4. Given the size of the development, the SPD includes several different components that will help to strengthen the quality of community life.
5. As well as overall demand for community facilities, the SPD should include references to people with disabilities. This could include the accessibility of the sports hub to promote use by those with a range of abilities, and ensuring education provision for children with special educational needs and disabilities.
6. The section on health services could also include references to NHS guidance to ensure that it incorporates relevant guidance on GP list size and new models of care
7. The focus on existing green assets on the site is positive, especially given the location and character of surrounding area, as well as the references to accessibility of the space and bio-diversity.
8. The role of green infrastructure in reducing noise pollution is an important aspect to draw out given how flat the site is.
9. The circulation route through the green space with connections beyond the site will help to support healthy life styles. This could be expanded to include on site circulation routes too. The proposal could say more about how green infrastructure will define the feel of the place. With very careful use of scale, the outer countryside feel could be brought into the heart of the development. If delivered well this could result in an exemplary scheme.
10. The document is unclear on the long term ownership and management of the green space.
11. The SPD should make reference to statutory and non-statutory documents produced by BCC on air quality, as these will contain recommendations for new developments.
12. Given the proposals to phase out petrol and diesel engines, the SPD should include facilities for Ultra-Low Emission Vehicles including recharging points
13. The framework should also specifically include references to reducing exposure to air pollution such as ensuring appropriate separation between pedestrians and roads and the risk of pollution being trapped in street canyons or similar tall features.
14. The references to walking and cycling around the site and to district centres are positive and will hopefully reduce the number of shorter trips that may have been made by car. If these are followed through to the final design
15. Pedestrian focussed streets open up opportunities for more community connections. The SPD should reiterate pedestrian priority in these spaces.
16. The accessibility of cycle parking for residents, and location to reduce the risk of crimes such as cycle theft will be important to encouraging cycling.
17. The development should include references to documentation produced by WMP and ICO that will support the provision of safe communities with lower risks of crime.
18. Retail units and community space should also support a broader range of businesses such as social enterprises and farmer's markets that may support healthy food choices.
19. Existing local authority guidance should be followed to prevent any concentration of hot food takeaways.

20. The references to local employment and jobs and skills are essential parts of this proposal and their inclusion is important to retain.
21. Walking and cycling links to local employment opportunities need to also address how they will deal with severance caused by the A38.
22. Local skills and job opportunities could be developed through the use of the Birmingham Business Charter for Social Responsibility, the Procurement Policy Framework and Planning Protocol for Jobs and Skills
23. The neighbourhood characteristics in the SPD will help to create social cohesion through design and mix of facilities. It could be considered about how references to frameworks such as Lifetime Neighbourhoods will support the implementation of this vision,
24. The positive impact of home zones or similar environments on community connections should be referenced in the SPD.
25. The integrated approach to sustainable urban drainage techniques is an important characteristic of the development.
26. The digital section of the SPD could be expanded to show the role of this technology in improving the quality of life for residents and how some of the assets on streets could be used.

## 6 Acknowledgements

We would like to thank the following people for their input to this assessment process and report:

- Rosemary Coyne, SHAP
- Matthew Cloke, BCC
- Guy Carson, Bsol CCG
- Pip Mayo, Bsol CCG
- Carol Herity, Bsol CCG
- Nick Grayson, BCC
- Mark Wolstencroft, BCC
- Helen Jenkins, BCC
- Naomi Coleman, BCC
- Gareth Pemberton, WMP
- Sandra Passmore, Services for Education
- Andrew Barnes, BCC
- Kam Hundal, BCC
- Craig Rowbottom, BCC
- Raj Mac, BCC
- Duncan Vernon, BCC
- Kyle Stott, BCC
- Mel Coton, BCC
- Graham Lines, BCC

Due to the rapid nature of this health impact assessment, content from the following documents may have been used either wholly or in part:

- London HUDU Planning for Health Rapid Health Impact Assessment Tool
- TCPA Practical Guides - Guide 8: Creating health promoting environments
- National Planning Policy Framework July 2018
- Langley Sustainable Urban Extension Draft Supplementary Planning Document

The information contained in this document may contain restricted data or information which is not available to organisations outside of Birmingham City Council. This document and its contents may not be used, published or redistributed without the prior written consent of the author.

|                           |  |
|---------------------------|--|
|                           | <b><u>Agenda Item: 11</u></b>  |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>                           |
| <b>Date:</b>              | <b>18<sup>th</sup> June 2019</b>   |
| <b>TITLE:</b>             | <b>Health and Wellbeing Board<br/>Live healthy Live happy STP Update</b> |
| <b>Organisation</b>       | <b>Birmingham and Solihull STP</b>                                       |
| <b>Presenting Officer</b> | <b>Paul Jennings , Chief Executive NHS Bsol</b>                          |

|                     |                   |
|---------------------|-------------------|
| <b>Report Type:</b> | <b>Discussion</b> |
|---------------------|-------------------|

### 1. Purpose:

This paper is to provide HWBB members with an update of the work of the Birmingham and Solihull Sustainability and Transformation Partnership. We will shortly be issuing our next newsletter which will provide further updates on our work. Further information is also available on our website

<https://www.livehealthylivehappy.org.uk/>

### 2. Implications:

|  |                     |   |
|--|---------------------|---|
| BHWP Strategy Priorities                       | Health Inequalities | ✓ |
|  | Childhood Obesity   |   |
| Joint Strategic Needs Assessment               |                     | ✓ |
| Joint Commissioning and Service Integration    |                     | ✓ |
| Maximising transfer of Public Health functions |                     | ✓ |
| Financial                                      |                     |   |
| Patient and Public Involvement                 |                     | ✓ |
| Early Intervention                             |                     | ✓ |

|              |   |
|--------------|---|
| Prevention   | ✓ |
| Homelessness | ✓ |

### **3. Recommendations**

This report is for information only.

### **4. Background**

Birmingham and Solihull Sustainability and Transformation Partnership is a collaboration of partners across health and local government to improve the lives of local people. We have a joint strategy that focusses on reducing inequalities and tackling variation.

The delivery of our strategy is supported by all organisations within the partnership.

### **5. Discussion**

N/A

### **6. Future development**

N/A

### **7. Compliance Issues**

#### **7.1 *Strategy Implications***

|  |
|--|
|  |
| <b>7.2 Homelessness Implications:</b> - Report authors must note in this policy section, any positive or negative implications of the recommendations for homelessness in the City, in relation to meeting the requirements of the Homelessness Prevention Strategy. |
| Pls note the Population Health Management section of this report which has prioritised homelessness as its PHM proof of concept.   |
| <b>7.3 Governance &amp; Delivery</b>   |
| The STP Board and HWBBs assure the work and progress of the STP strategy and partnership. Delivery is through the life course portfolio boards and supporting subgroups  |
| <b>7.4 Management Responsibility</b>   |
| Across the partnership<br><br>Lead officer Rachel O'Connor Assistant CEO Birmingham and Solihull STP   |
| <b>7.5 Diversity &amp; Inclusion</b>   |
|  |

|   |  |
|---|--|
| <b>Signatures</b>   |  |
| <b>Chair of Health &amp; Wellbeing Board<br/>(Councillor Paulette Hamilton)</b> |  |
| <b>Date:</b>  |  |



| <b><u>Agenda item:11</u></b> |  |
|------------------------------|--|
| <b>Report to:</b>            | <b>BIRMINGHAM HEALTH AND WELLBEING BOARD</b>                               |
| <b>Date:</b>                 | <b>18<sup>th</sup> June 2019</b>   |
| <b>Title:</b>                | <b>MAY 2019 DEVELOPMENT SESSION FEEDBACK</b>                               |
| <b>Organisation:</b>         | <b>BIRMINGHAM CITY COUNCIL</b>   |
| <b>Presenting Officer:</b>   | <b>ELIZABETH GRIFFITHS, ACTING ASSISTANT<br/>DIRECTOR OF PUBLIC HEALTH</b> |

|                     |                   |
|---------------------|-------------------|
| <b>Report Type:</b> | <b>DISCUSSION</b> |
|---------------------|-------------------|

### **1.     Headline messages**

- It is proposed that the Health and Wellbeing Board adopt a health inequalities dashboard that breaks down health inequality indicators in a three by three table according to physical health, mental health and wellbeing and at a city level (macro), ward/GP practice level (micro) and special focus level (i.e. community of interest such as those with free school meal status).
- There should be consistency of measures; indicators should be shared across the health and wellbeing board, community safety partnership, education and skills and community cohesion wherever possible.
- A further paper will come back to the board suggesting the current position against the selected indicators and the desired trajectory. This will be used to inform the Board's development of an action plan to reduce health inequalities in Birmingham.

### **2.     Recommendations**

It is **RECOMMENDED** that the Board adopt the health inequality measures outlined in Table 2 for its health inequalities dashboard.

### **3.     Background**

On 15 May 2019 the Birmingham Health and Wellbeing Board had a development session. The session comprised two workshops, one for each of the Board's strategic



priorities – Health Inequalities and Childhood Obesity.

The aims of the health inequalities workshop were to: consider existing approaches to monitoring health inequalities; consider and prioritise health inequalities topics under macro, micro and special focus; and select specific measures for each topic to be included on a health inequalities dashboard.

The Board was shown existing city level health inequalities dashboards—such as the Marmot indicators for local authority areas—and were provided with a list of alternative measures, their strengths, weaknesses, methodology and frequency of reporting.

On tables, the Board discussed which indicators it should adopt for monitoring health inequalities on its health inequalities dashboard. Workshop groups fed back on the proposed indicators; each of the options was discussed in a plenary session.

#### **4. Group Discussions**

Table 1 outlines the indicators favoured by each workshop group. Please note macro level relates to city level data; micro level relates to small area data such as ward or constituency and special focus relates to specific groups such as those with free meal status.

Two of the groups proposed taking a life course approach to monitoring inequalities and suggested suitable proxy measures. One of the groups suggested a range of measures to cover wellbeing, physical health and mental health.

There was general support for breaking down health inequalities by physical health, mental health and wellbeing.

It was suggested that there should be consistency of measures and that indicators should be shared across the health and wellbeing board, community safety partnership, education and skills and community cohesion wherever possible.

The Public Health Division was asked to come back to the Board with a proposal for the Health Inequalities dashboard based upon the suggestions below.

**Table 1. Health inequalities workshop – group feedback on proposed health inequalities indicators**

|                        | <i>Group 1</i>                            | <i>Group 2</i>                                | <i>Group 3</i>  |
|------------------------|---|---|---|
| Suggested indicator(s) | School readiness (macro and micro levels) | Unemployment (macro, micro and special focus) | Wellbeing: unemployment; economic inactivity for health reason (macro level). |
|                        | Employment rates (macro and micro levels) | NEET (macro and micro levels)                 | Wellbeing: immunisation (micro level)   |
|                        | Life expectancy (macro and micro levels)  | School readiness                              | Physical Health: physical activity and inactivity (macro level)               |
|                        |   | Health visitor data                           | Physical health: chronic disease diabetes/CVD (micro level)                   |
|                        |   | Life expectancy                               | Smoking in pregnancy (special focus)  |
|                        |   | Healthy life expectancy                       | Mental Health: gap in employment for mental health and learning difficulties  |
|                        |   | Employment data relating to health            | Other measures relating to children and young people to be confirmed          |

## 5. Suggested health inequalities measures

It is suggested that the Board adopt the measures on Table 2 for the Health and Wellbeing Board's Health Inequalities dashboard; breaking down health inequalities by physical health, mental health and wellbeing.

The recommended indicators draw on the wider determinants of health – such as employment, education; health protection; chronic disease and lifestyles.

**Table 2. Suggested health inequalities indicators**

|                  | <i>Physical health</i>   | <i>Mental health</i>   | <i>Wellbeing</i>   |
|------------------|--|--|--|
| Micro level      | Chronic disease: Type 2 Diabetes and CVD (recorded prevalence) | Chronic disease: Depression (gap between recorded and modelled prevalence) | Immunisation rates (various)                                   |
| Macro level      | Physical activity and inactivity                               | Healthy life expectancy  | Unemployment: Economic inactivity for health reason.           |
| Special interest | Smoking in pregnancy   | Gap in employment rates for mental health and learning disabilities        | Gap in school readiness for those with free school meal status |

Further work will be required with the Board on the desired improvement needed on these indicators, for example the desired improvement for the Chronic disease: Depression would be to see a reduction in the gap of recorded prevalence and modelled prevalence of the disease as this would show that we are getting better at identifying, diagnosing and recording depression in Birmingham.

A paper setting out the current position against each of these measures, the desired trajectory and ambition will be presented to a future meeting of the Board; this will allow the Board to align actions to reduce health inequalities in the City.

|                           |   |
|---------------------------|---|
|                           | <b><u>Agenda Item:12</u></b>  |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>                              |
| <b>Date:</b>              | <b>18<sup>th</sup> June 2019</b>  |
| <b>TITLE:</b>             | <b>FEEDBACK ON THE DEVELOPMENT SESSION :<br/>CHILDHOOD OBESITY WORKSHOP</b> |
| <b>Organisation</b>       | <b>Birmingham City Council</b>  |
| <b>Presenting Officer</b> | <b>Kyle Stott , Service Manager, Public Health Division</b>                 |

|                     |                   |
|---------------------|-------------------|
| <b>Report Type:</b> | <b>Discussion</b> |
|---------------------|-------------------|

**1. Purpose:**

1.1 To provide feedback to the board on the outcomes from the recent Health and Wellbeing Board Childhood Obesity priorities workshop.

**2. Implications:**

|  |                     |     |
|--|---------------------|-----|
| BHWP Strategy Priorities                       | Health Inequalities | Yes |
|  | Childhood Obesity   | Yes |
| Joint Strategic Needs Assessment               |                     |     |
| Joint Commissioning and Service Integration    |                     |     |
| Maximising transfer of Public Health functions |                     |     |
| Financial                                      |                     |     |
| Patient and Public Involvement                 |                     |     |
| Early Intervention                             |                     | Yes |
| Prevention                                     |                     | Yes |
| Homelessness                                   |                     |     |

### **3. Recommendations**

3.1 The Health and Wellbeing Board is asked to note:

- that there is a commitment to a whole system approach to obesity
- That there is a need to move towards an upstream approach and consider the wider determinants

3.2 The Health and Wellbeing Board is asked to note the priorities identified by the group at the workshop, and opportunities to shift towards a wider approach to reducing obesity through improving food and nutrition and physical activity opportunities at a population level.

The Board is also asked to approve the development of two task and finish groups to move forward the strategic approach to physical activity and food and nutrition in the city.

### **4. Background**

4.1 In Birmingham, 23.5% of our children are carrying excess weight in reception year and 40.3% of our children are carrying excess weight by year 6. On both of these measures Birmingham is doing statistically worse than England as a whole.

4.2 There are large differences across the city, linked with deprivation. In the most deprived areas, 26.8% of children in year 6 and 12.4% of children in reception are obese, this is compared to the lower rates of 12.8% of children in year 6 and 5.3% of children in reception in the least deprived areas of the city.

4.3 There are over 1,000 hot food takeaways in the city (1,058), that is 96.1 per 100,000 population – or one for every thousand people.

4.4 Carrying excess weight has been proven to be inextricably linked to many lifestyle related diseases and conditions, including those that contribute to the main causes of premature mortality and limit healthy life expectancy in Birmingham.

4.4 The Health and Wellbeing Board was invited to participate in a childhood obesity priority setting workshop to assist in identifying opportunities for creating a healthy food city and an active city, the group was challenged to consider the need to adopt an upstream approach to prevention and early intervention and to consider what the big levers are that we can use to assist in shaping priorities.

4.5 The group was also introduced to the whole system approach to obesity and to consider what actions we need to take, and how we can create a dynamic local

system for obesity.

4.6 The presentation and the guide that supported this workshop can be found in supporting attachments.

## 5. Discussion

5.1 The outcomes of the event indicate a keenness to adopt the whole system approach. Encouragingly it is acknowledged that Birmingham is already at phase 4 of the system, which indicates that the local picture has been mapped and action can be initiated in response.

5.2 There is clear acknowledgement from the group that a step change from working downstream and focussing on late intervention, to rapidly moving upstream and considering how we create a truly healthy food city and a physically active city is necessary, and that this involves some radical thinking and moving away from traditional concepts and ideas.

5.3 The group agreed that it was important to acknowledge and act upon the guidance from the Foresight Review on Obesity, the recent NHS Plan for Action (childhood obesity) and the Foresight Indicators, and that the wider determinants played a critical part influencing unhealthy and healthy weights. Those indicators include:

- Societal Influences;
- Food Production;
- Food Consumption;
- Individual Psychology;
- Individual Activity;
- Activity Environment;
- Biology.

5.4 The group split into 3 tables, each table providing a robust, diverse and innovative set of responses to the room with reference to considering for priorities that would contribute to setting the scene for a healthy food and physically active city, including:

- 1) Working closer, routinely and innovatively with our partners CityServe
- 2) Considering using space to develop urban farming, local affordable and accessible produce
- 3) Maximising Safe by Design opportunities to create safer spaces for activity
- 4) Taking an asset based approach to hot food takeaways and incentivising healthy food options and choices
- 5) Increasing the uptake of healthy start vouchers
- 6) Working with employers to develop healthy workplaces and better work/life balance
- 7) Having robust public sector food procurement guidelines (targeted PQQs)

- 8) Focus on addressing overweight communities – prioritising
- 9) Planning/development focused on salutogenic (health giving) environments
- 10) Work with DWP and other education/skills/employment providers to build in lifestyle modules into on-programme opportunities
- 11) Local advertising – ensure healthy options and activities are being advertised
- 12) Maximise local physical activity opportunities (for example Velo/Owl/Bear trails)
- 13) Connecting Communities and other areas, increasing civic pride
- 14) Food and Physical Activity labelling – on food and in the environment
- 15) A move towards a more plant based diet (e.g. through CityServe)
- 16) Maximise core education opportunities to include lifestyle
- 17) Address inequalities in the city

## **6. Future development**

6.1 A future paper is coming to the Board to discuss establishing a sub-forum infrastructure for the Board.

In the interim the Board is asked to approve interim task and finish groups to develop structured approaches to the two areas identified from the development day. i.e.

- 1) Creating a healthy food city
- 2) Creating a physically active city

6.2 The information recorded from the Health and Wellbeing Board childhood obesity priority setting event will feed into both of these groups, it will also feed into the 2<sup>nd</sup> round of the citywide workshops with physical activity and food & nutrition experts to further pump-prime the work of the two sub-groups.

## **7. Compliance Issues**

### **7.1 Strategy Implications**

The outcomes of the Health and Wellbeing Board priority setting event will contribute to shaping the actions and outcomes that the sub-groups will be setting and working towards.

**7.2 Homelessness Implications:** - Report authors must note in this policy section, any positive or negative implications of the recommendations for homelessness in the City, in relation to meeting the requirements of the Homelessness Prevention Strategy.

### **7.3 Governance & Delivery**

The priorities of the sub-groups will be put to the health and wellbeing board for Birmingham for approval; it is likely that the priorities will also be put to CMT for approval. Any action plans will be reported to the Health and Wellbeing Board.

### **7.4 Management Responsibility**

The setting and administration of the sub-groups will sit with Public Health, the governance will sit with the Health and Wellbeing Board.

### **7.5 Diversity & Inclusion**

Previous research in Birmingham has identified that BAME groups in the city are more likely to carry excess weight and be less active.

It is recognised that tackling inequalities is a priority as part of a whole system approach to developing a healthy food and a physically active city.

### **Signatures**

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**





# Tackling Childhood Obesity

## Creating a Healthy Food City and an Active City Environment

An upstream approach



# OBESITY IN BIRMINGHAM

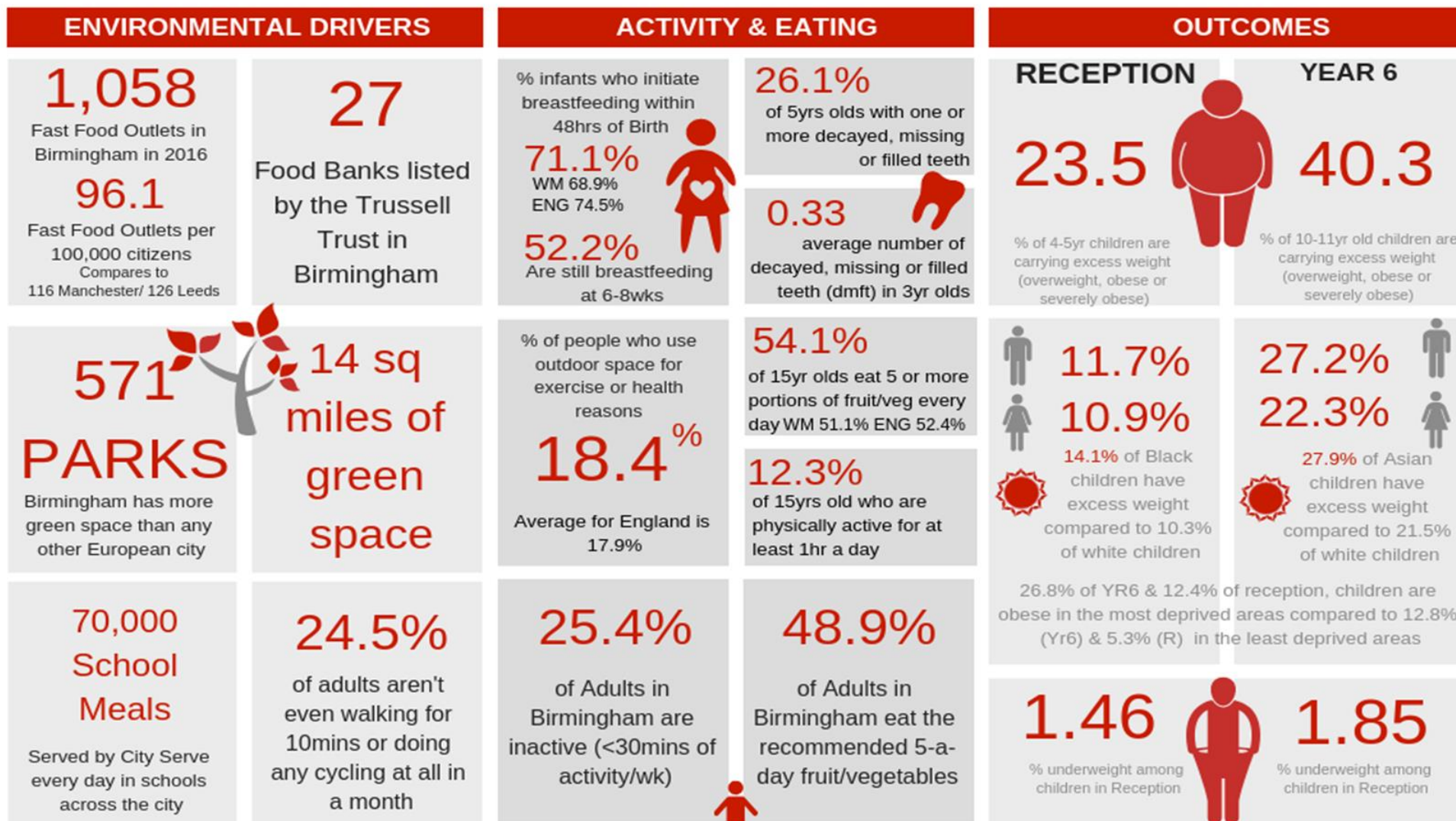


# Framing the Issue

## OBESITY IN BIRMINGHAM WORKING TOWARDS A HEALTHY CITY



Public Health, March 2019  
Not to be used without permission.  
Numbers have been rounded





# BIRMINGHAM

## WORKING TOWARDS A HEALTHY CITY: HEALTH INEQUALITIES

### BIRMINGHAM POPULATION

1,137,123

Birmingham  
Population  
Est. Population 2017  
1,073,045  
Census 2011

56.3%

of Birmingham  
residents live in the  
20% most deprived  
areas in England

### LIFE AT THE BOTTOM

People who live in the  
most deprived 10% are:

3x

MORE LIKELY TO



be ADMITTED  
for PREVENTABLE  
CONDITIONS



DIE  
PREMATURELY  
from PREVENTABLE  
CONDITIONS

### AT RISK & VULNERABLE

8%

OF ALL IN-PATIENTS  
are of  
BLACK ETHNICITY  
*more than expected*

BLACK ETHNICITY

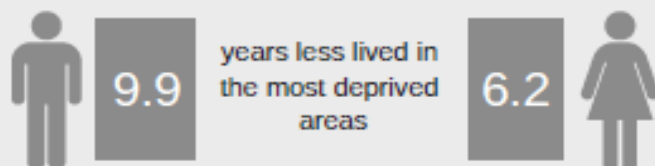
12% IN-PATIENTS  
with MENTAL  
ILLNESS

9% A&E  
PSYCHIATRIC  
ATTENDANCES

2x more than expected

### LIFE EXPECTANCY

84.6 MOST AFFLUENT 86.4



74.7 MOST DEPRIVED 80.2

People who live in the  
most deprived 10% are:

3x

MORE LIKELY TO



be IN CONTACT  
WITH MENTAL  
HEALTH  
SERVICES



have a  
LONG TERM  
CONDITION

SEVERE  
MULTIPLE  
DISADVANTAGE  
measured as

Substance Misuse  
Homelessness  
Offenders

6,700

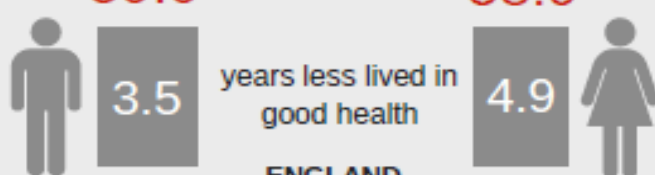
affected by 2 SMD  
B'ham & S'hull

2,000

affected by 3 SMD

### HEALTHY LIFE EXPECTANCY

59.9 BIRMINGHAM 58.9



63.4 ENGLAND 63.8

128,655

CHILDREN LIVE  
IN THE MOST  
DEPRIVED 10%

aged 0-15 years

1 IN 4

CHILDREN LIVE  
IN POVERTY



Supported Adults with learning disabilities

1%

are in  
paid employment

64.1%

live in stable  
accommodation

# BIRMINGHAM CHILDREN AND YOUNG PEOPLE

## POPULATION

**324,730**

Birmingham's  
under 20  
Population

**29 %**

of total population  
(England 24%)

Our population  
aged under 20 is  
expected to grow  
to 350,500 by 2029

0-4yrs

**85,190**

5-9yrs

**82,670**

10-14yrs

**76,680**

15-19yrs

**79,890**

Est. Population 2017 rounded

## DIVERSITY



Created by MIRA  
from Noun Project

Birmingham's 0  
- 15 Population  
from BAME  
background

**59 %**

(England 22 %)

## INEQUALITIES

**1 IN 4**

CHILDREN LIVE  
IN POVERTY



**9.2 %**

16-17yrs  
NOT IN  
EDUCATION,  
EMPLOYMENT OR  
TRAINING

(England 6%)

**67**

Per 10,000 0-18yr olds

CHILDREN  
IN CARE

WM: 78 Eng: 64

CHILDREN  
ACHIEVING A  
GOOD LEVEL OF  
DEVELOPMENT  
AT THE END OF  
RECEPTION

**68 %**

(England 72%)

## ASSETS

Number of  
schools

**297**

Primary

**87**

Secondary or  
all-through

**27**

Special



**73**

Children's  
centres and  
linked sites

THE CITY HAS

**5**

UNIVERSITIES  
HOUSING

**87,400**

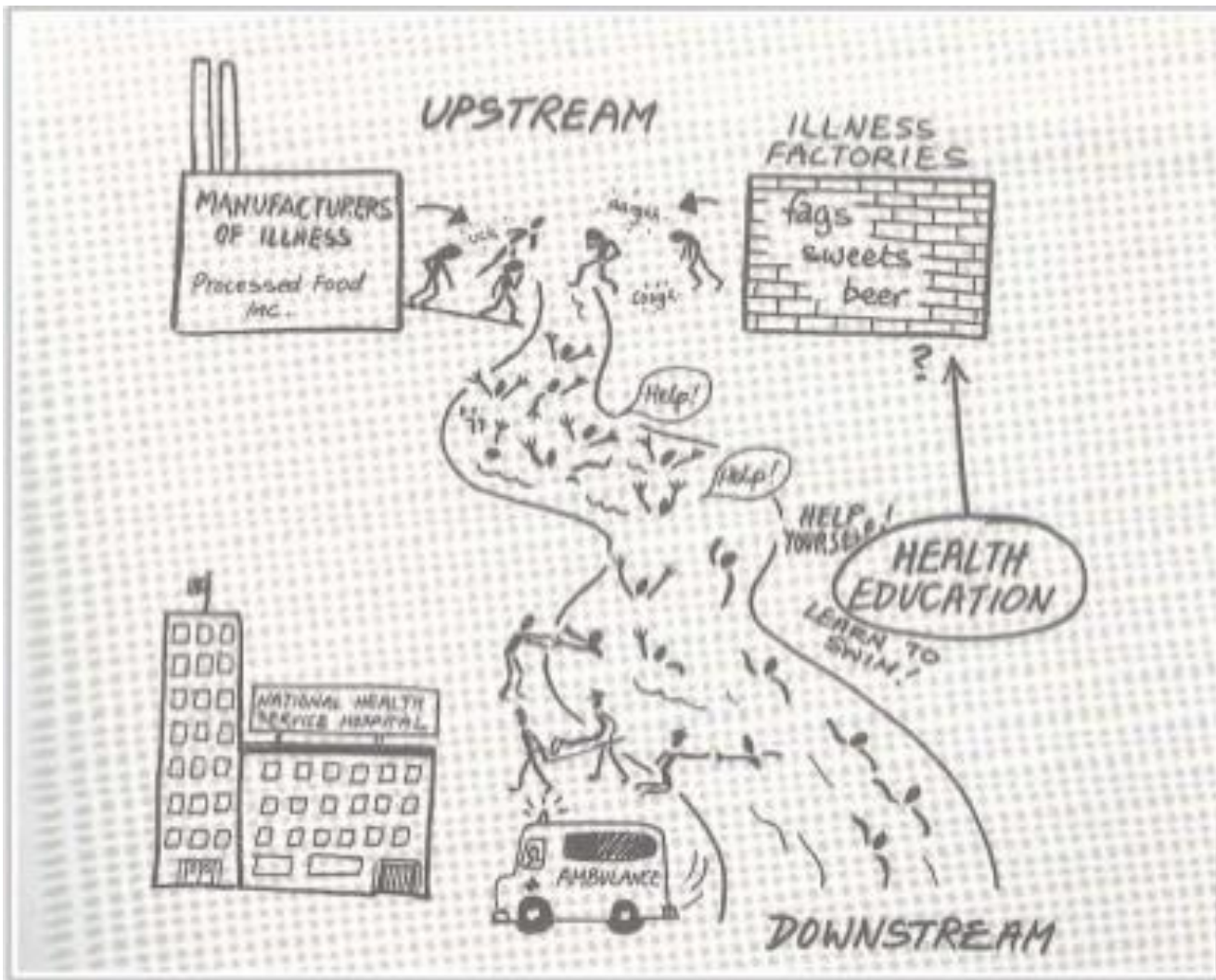
STUDENTS



# AN UPSTREAM APPROACH THE BIGGER PICTURE



# The need for an upstream approach

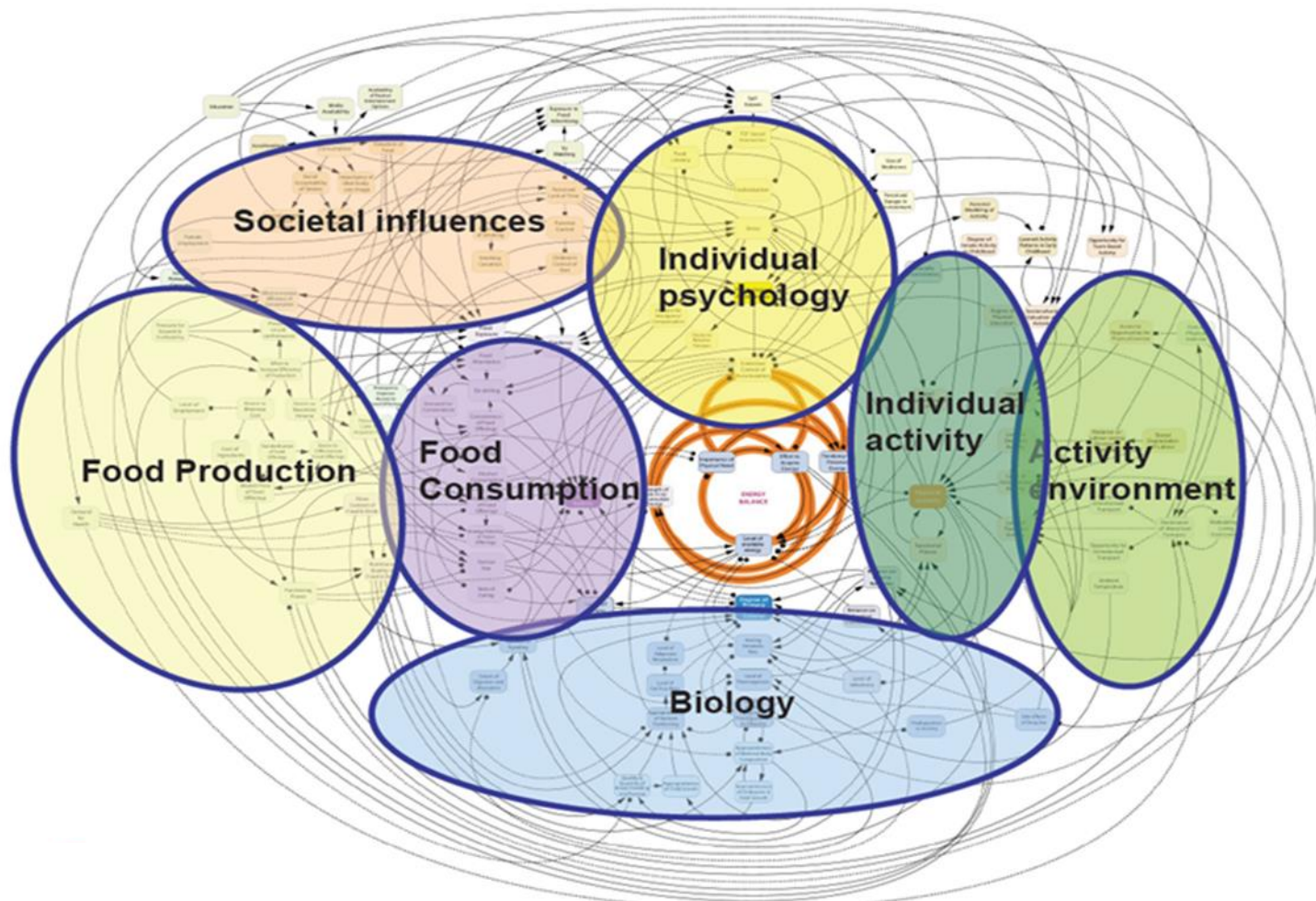


This is where we need to be



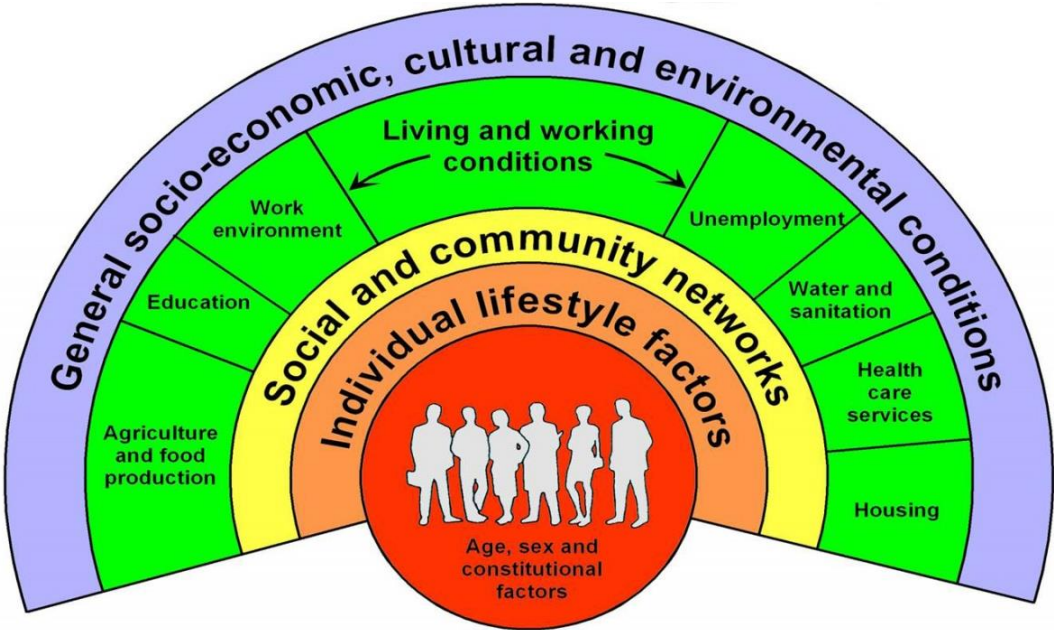
This is where we are





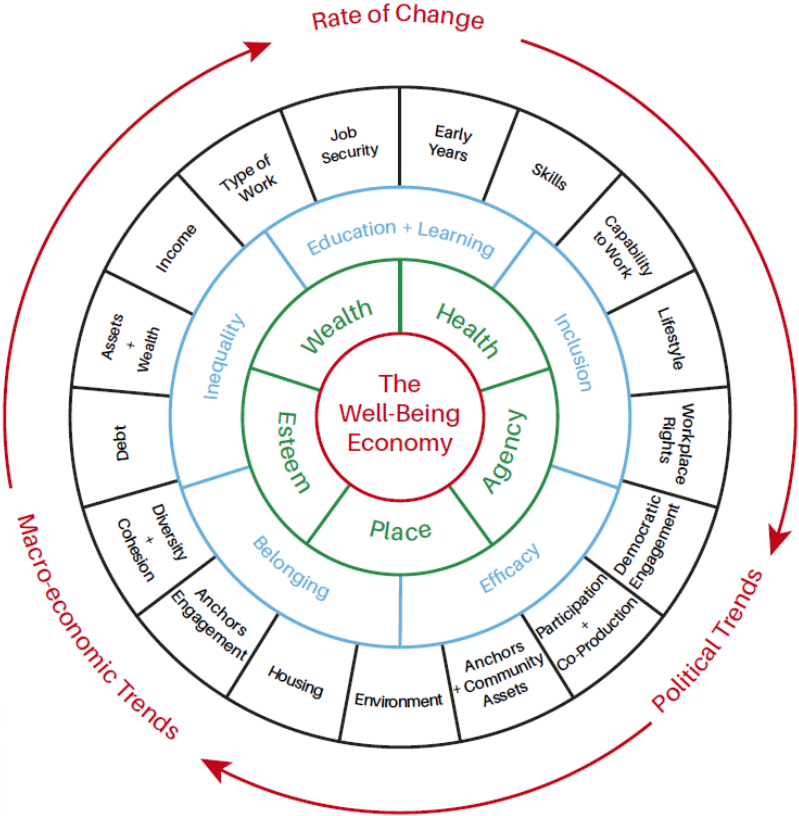
Foresight Map  
(2007)  
demonstrating  
the main  
influencing  
spheres that  
drive obesity.

Models such as the (1991) Dahlgren & Whitehead ‘Rainbow’, and the (2019) Reinhardt Model show how the wider determinants of health are inextricably linked to our health and wellbeing outcomes, this is reinforced by the (2007) Foresight Map, showing the 7 domains that are influencers of overweight and obesity.



Source: Dahlgren and Whitehead, 1991

The Reinhardt Model



[An economic thinker’s guide for health practitioners]

| Foresight Indicator   | Physical Activity | Food & Nutrition | Other | Impact Metrics |
|-----------------------|-------------------|------------------|-------|----------------|
| Societal Influences   |                   |                  |       |                |
| Food Production       |                   |                  |       |                |
| Food Consumption      |                   |                  |       |                |
| Individual Psychology |                   |                  |       |                |
| Individual Activity   |                   |                  |       |                |
| Activity Environment  |                   |                  |       |                |
| Biology               |                   |                  |       |                |

# A Shared Partnership Priority





Tackle upstream economic levers, including to create strong incentives for retailers to reduce foods HFSS and to offer healthier alternatives.

Consider how Section 106 money can be routinely allocated to contribute to the delivery of a healthy food city and an active environment

Focus on the health consequences of obesity, such as diabetes, rather than obesity itself

Incentivise the food sector and promote healthier options as 'norm' and develop skills and education to drive this approach in the local economy.

Ensuring that food/catering contracts reflect good nutrition and contribute to an energy balance

Introduce toolkits to evaluate the success of obesity interventions and policies throughout the whole of the delivery chain

### Getting Upstream At Scale

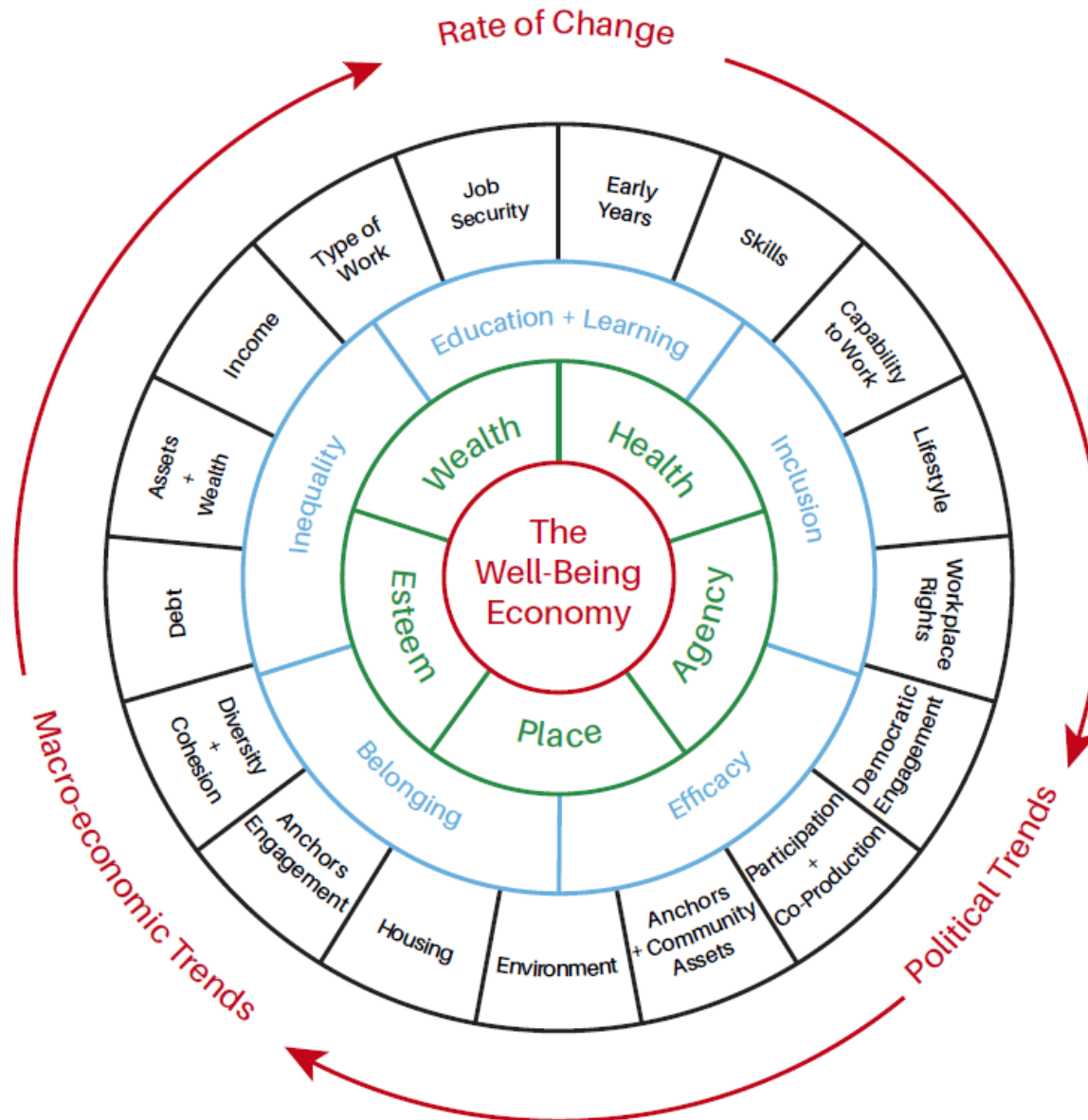
Work with communities to take an asset-driven approach to reduce the demand for foods high in fat, salt and sugar and increase habitual physical activity and planned activities and sports

Introduce health as a significant criterion in all planning procedures (including new build and upgrading of the current infrastructure)

Carefully consider the communication strategy of different policies to ensure a 'joined-up' approach to prevent unintended consequences.

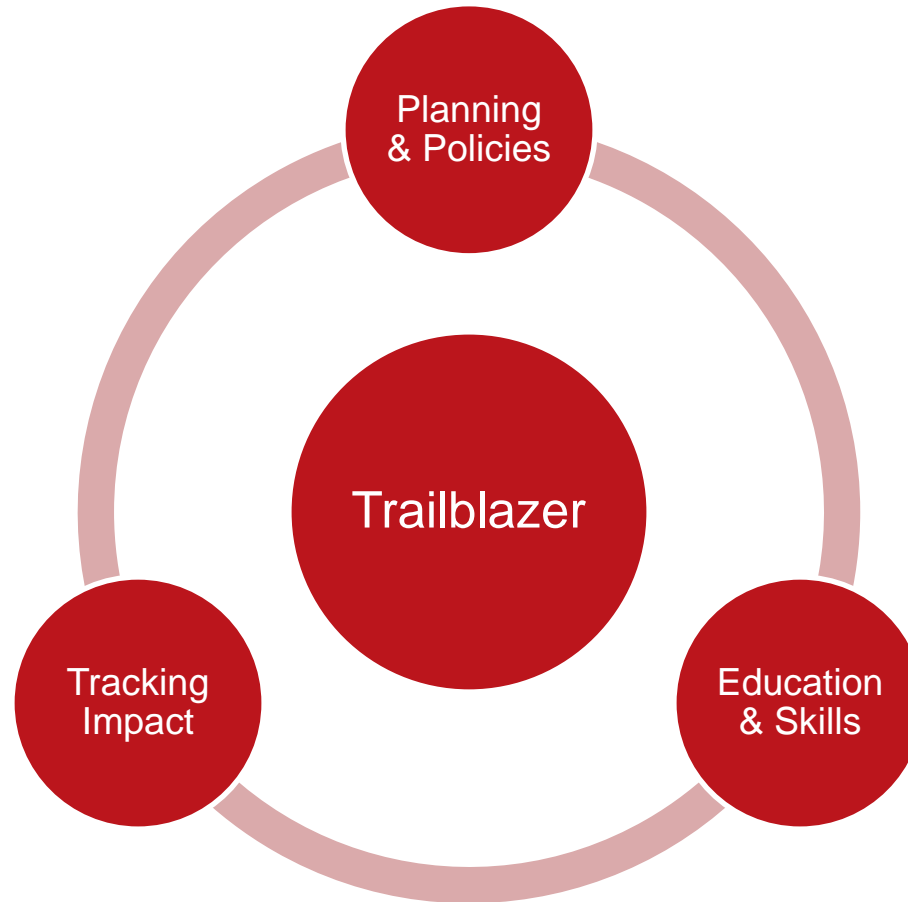
Work to implement nudge opportunities with retailers and employers (redistribution of healthy foods in substitute of unhealthy ones, at point of sale fixtures), including LA and NHS.

## The Reinhardt Model



# Creating a Healthy Food Economy At Scale

# A working example: Our Model *The Trailblazer*





**@BhamCityCouncil**



**@birminghamcitycouncil**



**@bhamcitycouncil**







# Tackling Childhood Obesity

## Creating a Healthy Food City and an Active City Environment

The aim of this session is to populate the table below with high level actions that will influence outcomes upstream at a universal and population level. Where necessary, these actions can be targeted at specific populations and areas of the city, but with the expectation that they are scalable as, when and where necessary.

To assist and shape your thinking for this session the pack contains the following information:

### 1) The 2017 Department of Health Publication: Childhood Obesity: A Plan for Action

This recent publication explicitly states that the burden is falling hardest on those children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas and this is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts and by age 11 they are three times as likely. It also reinforces the fact that obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. However, at its root obesity is caused by an energy imbalance: taking in more energy through food than we use through activity.

### 2) The 2007 Foresight Report: Reducing Obesity: Future Choices

The work reported here represents an independent scientific enquiry into the complex system of factors contributing to obesity – the system map, included in this report, is the first attempt to capture this complexity schematically. Guidance within this report includes considering policy options to:

target a diverse range of relevant areas of policy; target the obesity system map in different ways, acting on the key variables or levers within the map; to act at different levels of complexity, ranging from targeted and specific, to broad and cross-cutting; to provide insight on the more critical uncertainties such as the location of the fulcrum between obesity prevention and treatment, choices between targeted and population-wide interventions, and between enabling and more directive interventions. Within this report table 7.1 (below) shows the high level levers and options for consideration in an attempt to tackle the complexity of the issue.

### 3) Slides that will be used to frame the session, including a copy of the matrix that you are going to populate

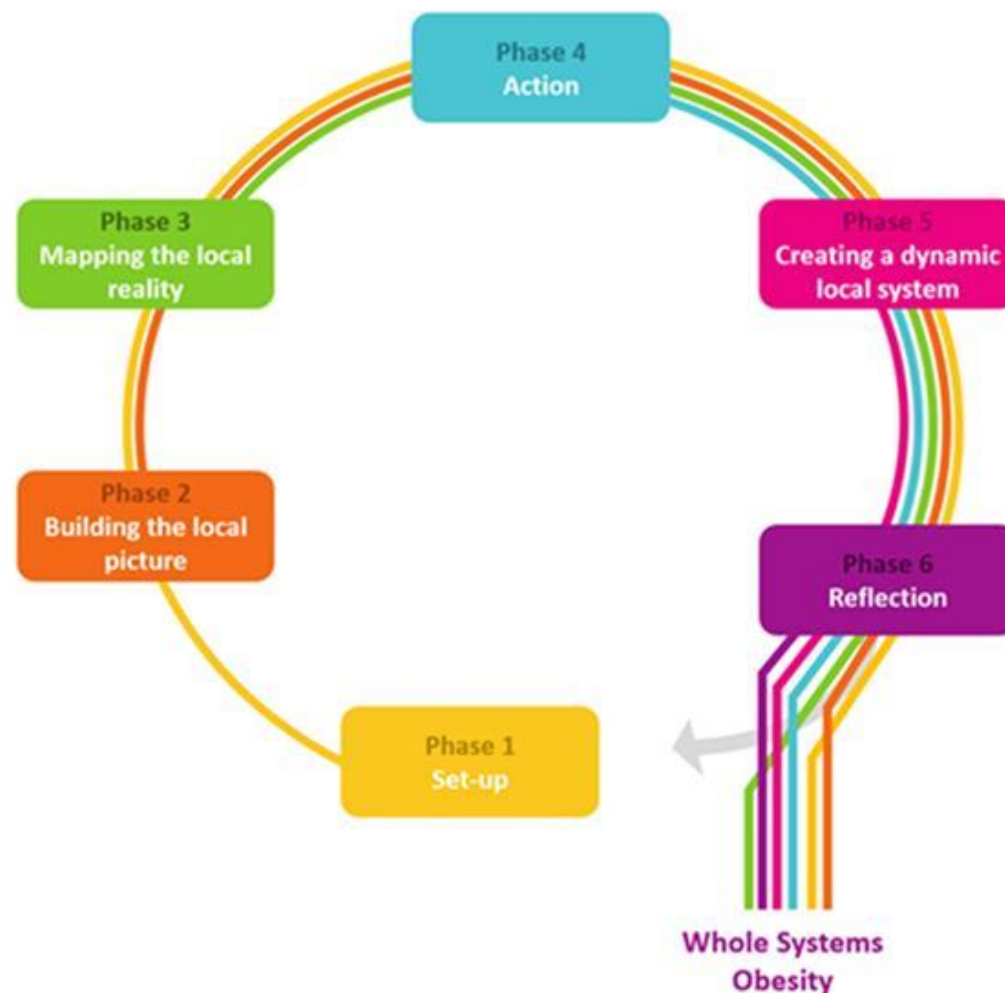
**Table 7.1 (Foresight Report) Options for policy responses used in the modelling exercise**

|     |  |
|-----|--|
| 1.  | Introduce health as a significant criterion in all planning procedures (including new build and upgrading of the current infrastructure)         |
| 2.  | Improve the perceptions of safety from the points of view of traffic and crime   |
| 3.  | Increase the 'walkability' and 'cyclability' of the built environment (urban and rural)  |
| 4.  | Focus on targeted interventions, such as when children are young, and targeting those most 'at risk'   |
| 5.  | Implement population-wide interventions i.e. focus on improving the health and well-being of the population as a whole                           |
| 6.  | Focus on the health consequences of obesity, such as diabetes, rather than obesity itself  |
| 7.  | Invest in the search for a highly effective post-hoc solution to obesity – a 'magic pill'  |
| 8.  | Introduce toolkits to evaluate the success of obesity interventions and policies throughout the whole of the delivery chain                      |
| 9.  | Introduce a tax on obesity-promoting foods   |
| 10. | Use fiscal levers to make all organisations/institutions take some responsibility for the health of their employees (public and private sectors) |
| 11. | Use individually targeted fiscal measures to promote healthier living  |
| 12. | Introduce programmes to increase food literacy and food skills   |
| 13. | Control availability of and exposure to obesogenic foods and drinks  |
| 14. | Take a directive approach to changing cultural norms in order to establish healthy living as the default within UK society                       |
| 15. | Invest in technology to support informed individual choice, including devices to help monitor diet and activity                                  |
| 16. | Promote/implement a programme of early interventions at birth or infant stages   |
| 17. | Penalise parents for the unhealthy lifestyles of their children  |

The session will follow the Whole Systems Approach to Obesity (WSO) programme, which aims to help local authorities deliver coordinated actions, involving stakeholders across the whole local system.

Health Matters partnered with Local Government Association (LGA) and Association of Directors of Public Health (ADPH) to develop the programme. Leeds Beckett University (LBU) was commissioned to work with four pilot areas, with the aim of learning from local practices and creating practical, tried-and-tested guidance that could be used by any local authority in England; seven other local authorities have since been welcomed into the programme.

Birmingham has already shown its commitment to phase 1 through the adoption of childhood obesity as a WMCA, CCG and LA priority. We have the local picture as demonstrated in the infographics, we have also mapped the reality (phases 2 and 3). This workshop is dedicated to phase 4; we need to



agree on SMART objectives and actions that are clearly owned with supporting impact metrics.

| Task   | time       | Owner                                |
|--|------------|--------------------------------------|
| Introduction to the task and framing the issue and opportunities | 15 minutes | Cllr Paulette Hamilton<br>Kyle Stott |
| Populating the columns   | 20 minutes | Group work                           |
| Peer to peer analysis  | 10 minutes | Group work                           |
| Reflection and refinement  | 20 minutes | Group work                           |
| 10 minutes to present your recommendations                       | 10 minutes | Group work                           |
| Close  |            |                                      |

| Foresight Indicator   | Physical Activity | Food & Nutrition | Other | Impact Metrics |
|-----------------------|-------------------|------------------|-------|----------------|
| Societal Influences   |                   |                  |       |                |
| Food Production       |                   |                  |       |                |
| Food Consumption      |                   |                  |       |                |
| Individual Psychology |                   |                  |       |                |
| Individual Activity   |                   |                  |       |                |
| Activity Environment  |                   |                  |       |                |
| Biology               |                   |                  |       |                |

