South Gloucestershire Public Health and Wellbeing Infrastructure Delivery Plan Topic Paper

1. Introduction to Public Health and Wellbeing

1.0 The purpose of the Public Health and Wellbeing (PHWB) Division is to promote and protect the health and wellbeing of the population of South Gloucestershire, reduce inequalities and improve population health outcomes.

1.1 The work of the PHWB Division is funded in the main through the Public Health Grant to local authorities which is ring-fenced for use on public health functions in line with national directives.

1.2 Statutory and non-statutory public health functions are delivered by the PHWB Division through a combination of direct service provision; the commissioning of services and programmes; and public health leadership and expertise to influence and inform strategies and work programmes across the Council, its partners and the local health and care system, supported by data and intelligence on local population health need and an evidence base for effective interventions.

1.3 The vision for the PHWB Division in South Gloucestershire is based on the principle that at the heart of good health and wellbeing are the settings, places and communities within which people live and grow. An understanding of the population and the communities they live in underpins all the work of the PHWB Division.

1.4 PHWB Division priorities are aligned and contribute to the delivery of priorities and actions in the South Gloucestershire Council Plan 2024-28[1], and strategic objectives in the South Gloucestershire Joint Health and Wellbeing Strategy 2021-25[2].

1.5 The PHWB Division overarching priorities for 2022-25 are to; reduce inequalities, enable the best start in life, support, enable and empower the communities within which people live and work in partnership. The two overarching population health outcomes are: Increased healthy life expectancy and Reduced differences in life expectancy and healthy life expectancy between communities. The current PHWB division programme areas are set out in appendix 2.

2. The built and natural environment as a determinant of health

2.0 The built and natural environment is a key environmental determinant of health and wellbeing. The 'built and natural environment' refers to the characteristics of a physical environment in which people live, work and play.

2.1 The Barton and Grant Health Map[3] emphasizes the connection between health and the built and natural environments, illustrating how factors such as urban design, green spaces, and access to amenities influence physical and mental well-being. It highlights the importance of creating environments that promote active living, social cohesion, and access to nature for better public health outcomes.

[1] Council Plan 2024-2028
[2] Joint Health and Wellbeing Strategy 2021-25 | BETA - South Gloucestershire Council
[3] A health map for the local human habitat - PubMed

2.2 The built environment plays a key role in determining health outcomes, including life expectancy, by shaping opportunities for physical activity, exposure to environmental hazards, and access to essential services such as housing, transport, and green spaces.

2.3 Planning Practice Guidance, states that planning and health need to be considered together in two ways[4]: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system (taking into account the changing needs of the population).

2.4 The creation of environments that support and encourage heathy lifestyles include factors such as access to green spaces and outdoor sports, good transport links, education, housing, employment and community development.

2.5 It is recognised that as part of a longer-term generational change and prevention approach, the creation of healthy environments can help to reduce demand on wider health and care system requirements. However, both are complimentary and essential to planning and health. The NHS Primary Care Infrastructure Position Statement is available as a separate topic paper.

3. Purpose of this paper

3.0 This topic paper considers the Public Health and Wellbeing needs of the population of South Gloucestershire, associated with the proposed Strategic Urban and Village Extensions (SUaVEs) (see appendix 1). Developments of these sizes have the potential to influence the health and wellbeing of many people. This may be both through the impact of a development on the existing population as well as the population that would be inhabiting the new development.

3.1 The topic paper takes a Rapid Health Impact Assessment[5] approach to the strategic development sites. Rapid Health Impact Assessment (HIA) is a relatively quick process, involving desk-top research and professional knowledge and expertise. It aims to support the planning system to assess the potential impacts of development on the social, psychological and physical health of communities, address local health and wellbeing needs and tackle inequalities though influencing the wider determinants of health. The health impact assessment goes beyond requirements of healthcare systems and healthcare infrastructure.

3.2 The paper will:

- Identify local health issues providing an overview of public health priorities in South Gloucestershire as a whole and within the geographical areas of interest.
- Produce a set of evidence-based practical recommendations that will inform local decision-makers on how best they can promote and protect the health and wellbeing of local communities.

4. Methodology

4.0 For each proposed Major Site, health and demographic data has been considered for the ward that the site is in, as well as its neighbouring wards. Data has been gathered for relevant health

[4] Healthy and safe communities - GOV.UK
[5] HUDU Rapid HIA Tool October 2019

and wellbeing indicators at local authority level and Ward level, using a combination of sources, including:

- The South Gloucestershire Population Intelligence Portal6 which is the new location for the Joint Strategic Needs Assessment (JSNA).
- Public Health Profiles - Fingertips[7].

5. National and local policy context

The National Planning Policy Framework

5.0 The National Planning Policy Framework[8] (NPPF, Dec 2023) paragraph sets out the governments planning policies for England and how these should be applied. It recognises that supporting strong, vibrant and healthy communities is part of the social role of planning in delivering sustainable development.

5.1 It states that:

- Planning policies and decisions should aim to achieve healthy, inclusive and safe places which enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs (paragraph 96).
- To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community (para 97).

The National Planning Practice Guidance

5.2 The national Planning Practice Guidance[9] (PPG) - Promoting healthy and safe communities[10]recognises that engagement between plan-making bodies and relevant organisations will help ensure that local strategies to improve health and wellbeing and the provision of the required health infrastructure are supported and considered in plans.

Local policies

5.3 Relevant Core Strategy policies relevant to health and wellbeing include:

- CS2 (Green infrastructure)
- CS4A (Presumption in favour of sustainable development)
- CS8 (Improving Accessibility)
- CS9 (Managing the Environment and Heritage)
- CS24 (Green Infrastructure, Sport and Recreation standards).

6. Health Impact Assessment (HIA)

6.0 A HIA provides a systematic way of identifying and analysing the health consequences of a development, so that the health benefits may be enhanced and risks to health may be minimised. It includes consideration of the social, psychological and physical health impacts of development on different groups within the existing local population and prospective new

[6] Population Health Intelligence Portal | BETA - South Gloucestershire Council

[7] Fingertips | Department of Health and Social Care

[8] National Planning Policy Framework - GOV.UK

[9] Planning practice guidance - GOV.UK

[10] Healthy and safe communities - GOV.UK

population. It particularly focusses on children, the elderly, disabled and more vulnerable groups within our communities.

6.1 Planning for large-scale new developments provides an opportunity to build in healthy development principles, such as; providing increased access to green space, opportunities for physical activity, appropriate transport infrastructure to address air quality and noise issues, high-quality homes and a sense of place to ensure that this new development contributes to improving our physical and mental health and diminishing inequalities in health.

6.2 In South Gloucestershire we specifically require an HIA for developments that are:

- for residential development, over 200 dwellings or a site area of over 4ha;
- for other development, over 10,000m2 floorspace or a site area of over 4ha;
- Significant Sites, as defined in the Council's Statement of Community Involvement.

This is set out at Policy PSP 9 Health Impact Assessments of the Policies Sites and Places Plan[11] adopted October 2017. A Planning Advice Note sets out the local policy context and provides guidance on undertaking a health impact assessment.

7. Key health challenges for South Gloucestershire

7.0 In South Gloucestershire, much of the inequality is hidden through relative affluence. Looking at data for the whole of South Gloucestershire can mask much of the inequality at a local community level. The South Gloucestershire health inequality gap is widening. This means that many people in our communities will have reduced opportunities for good economic, physical, mental health and wellbeing, and to thrive.

South Gloucestershire wide health challenges

7.1 The following table provides an overview of health and wellbeing challenges for the district as a whole.

[11] Policies, sites and places plan November 2017

Health profile area	Key points
Our population	
Population demographics	• 2020 data show that in South Gloucestershire, 18.9% of residents are aged 65+[12] and 18.7% are aged 0-15[13] which is similar to England as a whole. • As with many other districts, the population is seeing a growth in the 65 and over age bracket with a 22% increase from 44,409 in 2011 to 54,192 in 2021[14]. • It is projected that the over 65s will see the largest increase as a percentage of the population to 20.7% by 2040 in South Gloucestershire[15]. • The Children and Young People population is set to continue to increase with as many as 14,000 more children by 2043.
Life expectancy	• Healthy life expectancy[16] of living without disability or being in poor health is 65.3 years for males and 67.1 years for females. • Healthy life expectancy has seen a slight decrease since 2009 • There are large differences in life expectancy between different geographical areas.
Deprivation	• Approximately 1% of the South Gloucestershire residents live in the 20% most deprived areas of England. • Within each LSOA there can be vast inequalities, with small pockets of deprivation. The most deprived LSOAs tend to be within urban areas. • Over 5,500 children (10%) in South Gloucestershire live in poverty, based on income deprivation. Child poverty has been on the rise locally and nationally over the last decade.
Mortality and burden of disease	
Falls	• The rate of hospital admissions for those aged 65+ due to falls was higher than the South West and England averages[17].
Alcohol related conditions	• Higher rate of hospital admissions for alcohol-related conditions compared to regional and National averages[18].
Dementia	• Estimated Dementia diagnosis rate (age 65+) in South Gloucestershire is 61% which is slightly higher than the South West average (59%)[19].
Mental health and wellbeing	
	• 13% of people aged 18+ have depression which is higher than the South West and National averages[20]. • Emergency hospital admissions for intentional self-harm is higher than the South West and National averages[21].

[12] Fingertips | Department of Health and Social Care
[13] Fingertips | Department of Health and Social Care
[14] South Gloucestershire Council. Insights Hub.
[15] South Gloucestershire Council. Insights Hub.
[16] Fingertips | Department of Health and Social Care
[17] Fingertips | Department of Health and Social Care
[18] Fingertips | Department of Health and Social Care
[19] Fingertips | Department of Health and Social Care
[20] Fingertips | Department of Health and Social Care
[21] Fingertips | Department of Health and Social Care

	• Pupil Mental wellbeing scores (WEMWBS) have deteriorated in South Gloucestershire, with more pupils experiencing low or very low mental wellbeing[22]. • Survey data indicate that 17% of adults have high anxiety[23]. • The rate of hospital admission as a result of self-harm for young people ages 10-24 years is higher than the national average[24]. This disproportionately effects girls and those living in more deprived areas. • The proportion of children indicating that they felt unhappy most of the time has slowly increased from 3.8% in 2015 to 5.6% in 2023.
Wider determinants of health	
Social isolation and older people	• Social isolation is an ongoing issue amongst adult social care users aged 65+. Only 42% reported they had as much social contact as they would like[25].
Built and natural environment	• 5.7% of adults walk and 2.1% cycle to work in South Gloucestershire, which is lower than the regional averages of 9.2% and 2.4%. • In 2022, 5.7% of annual all cause adult mortality was attributable to particulate (PM 2.5) air pollution in South Gloucestershire which is higher than the regional average.
Overweight and obesity	• Adult overweight and obesity is at almost two thirds of the adult population, which is similar to the national average (61%/63%)[26]. • Child overweight and obesity rate in reception children was a fifth (20%) and a third in year 6 children (33%)[27]. • The proportions are higher in more deprived areas of South Gloucestershire.
Physical activity	• 69% of people are 'active' (at least 150 minutes a week), which is slightly lower than the regional average[28]. • In the UK we are on average 20% less active now than in the 1960s, and if current trends continue, will be 35% less active by 2030[29].
Smoking	• Smoking prevalence in adults[30] is similar (12.8%) to the South West and slightly lower than the national average. • About 7 in every 100 pregnant women smoke at the time of delivery[31]. • 2.8 x more mothers from the most deprived areas of South Gloucestershire smoke than those living in the least deprived areas[32].
Healthy eating	• 31.8% of adults meet the '5-a day' fruit and vegetable consumption recommendation[33], which is lower than the South West average.

Table 1: *Health and wellbeing challenges for South Gloucestershire*

[22] South Gloucestershire Council (Unpublished). Health and Wellbeing Online Pupil Survey 2023.
[23] South Gloucestershire Council (Unpublished). Health and Wellbeing Online Pupil Survey 2023.
[24] Fingertips | Department of Health and Social Care
[25] Our population | BETA - South Gloucestershire Council
[26] Fingertips | Department of Health and Social Care
[27] Fingertips | Department of Health and Social Care
[28] Fingertips | Department of Health and Social Care
[29] Health matters: getting every adult active every day - GOV.UK
Fingertips | Department of Health and Social Care
[31] Fingertips | Department of Health and Social Care
[32] Our population | BETA - South Gloucestershire Council
[33] Fingertips | Department of Health and Social Care

8. Area specific health data

8.0 Local health and wellbeing data are outlined below where performance is 'worse' than South Gloucestershire or England averages. Data are set out against each major site development cluster as Ward level data. Wards are included where a development location sits with or adjacent to the development location. A full list of indicator data is detailed in appendix 2.

Charfield

8.1 The major site development at Charfield, sits within the ward boundary of Charfield.

Housing site name	Number of dwellings	Relevant wards
Charfield	775	Charfield Ward

Category	Indicator Name & Sex	Ward	Value	Unit	Count	Time period	Compared to S.Glos value or percentiles	Compared to England value or percentiles
Mortality and burden of disease	Emergency hospital admissions for chronic obstructive pulmonary disease (COPD), standardised admission ratio (Persons)	Charfield	117.9	per 100		2016/17 - 20/21	Worse	Similar
	Emergency hospital admissions for coronary heart disease, standardised admission ratio (Persons)	Charfield	114.3	per 100		2016/17 - 20/21	Worse	Similar
Mental health and wellbeing	Emergency hospital admissions for intentional self harm, standardised admission ratio (Persons)	Charfield	156.4	per 100		2016/17 - 20/21	Similar	Worse

Almondsbury, Easter Compton & Woodlands

8.2 Information related to three major development sites (Almondsbury, Easter Compton and Woodlands). The relevant wards are detailed below.

Housing site name	**Number of dwellings**	**Relevant wards**
Almondsbury	350	Severn Vale
Easter Compton	260	Pilning & Severn Beach
Woodlands	2400	Bradley Stoke North
		Frampton Cotterell
		Severn Vale

Category	Indicator Name & Sex	Ward	Value	Unit	Count	Time period	Compared to S.Glos value or percentiles	Compared to England value or percentiles
Health behaviours and disease prevention	Reception prevalence of overweight (including obesity), 3 years data combined (Persons)	Pilning & Severn Beach	25.9	%	35	2021/22 - 23/24	Worse	Similar
	Year 6 prevalence of overweight (including obesity), 3 years data combined (Persons)	Pilning & Severn Beach	41.4	%	60	2021/22 - 23/24	Worse	Similar
Mental health and wellbeing	Emergency hospital admissions for intentional self harm, standardised admission ratio (Persons)	Pilning & Severn Beach	197.1	per 100		2016/17 - 20/21	Worse	Worse
Mortality and burden of disease	Hospital admissions for alcohol attributable conditions, narrow definition (Persons)	Pilning & Severn Beach	149.5	per 100	214	2016/17 - 20/21	Worse	Worse
	Percentage of people who reported having a limiting long term illness or disability (Persons)	Frampton Cotterell	16.7	%	2,014	2011	Worse	Better

North Lyde, North Warmley, & Carsons Green & Rockhouse Farm

8.3 Information related to three major development sites (Carsons Green/Rockhouse Farm, North Warmley and North Lyde). The relevant wards are detailed below.

Housing site name	Number of dwellings	Relevant wards
North Lyde	2050	Boyd Valley
		Emersons Green
		Frampton Cotterell
North Warmley	1060	Boyd Valley
		Parkwall and Warmley
Carsons Green & Rockhouse Farm	1950	Boyd Valley
		Emersons Green
		New Cheltenham

Category	Indicator Name & Sex	Ward	Value	Unit	Count	Time period	Compared to S.Glos value or percentiles	Compared to England value or percentiles
Mental health and wellbeing	Emergency hospital admissions for intentional self harm, standardised admission ratio (Persons)	New Cheltenham	179.8	per 100		2016/17 - 20/21	Worse	Worse
Mortality and burden of disease	Emergency hospital admissions for chronic obstructive pulmonary disease (COPD), standardised admission ratio (Persons)	Parkwall & Warmley	118.3	per 100		2016/17 - 20/21	Worse	Similar
	Emergency hospital admissions for coronary heart disease, standardised admission ratio (Persons)	Boyd Valley	108.4	per 100		2016/17 - 20/21	Worse	Similar
	Percentage of people who reported having a limiting long term illness or disability (Persons)	Frampton Cotterell	16.7	%	2,014	2011	Worse	Better
		New Cheltenham	17.1	%	1,555	2011	Worse	Similar
Our population	Income deprivation, English Indices of Deprivation (Persons)	New Cheltenham	8.7	%	741	2019	Worse	Better
		Parkwall & Warmley	8.5	%	736	2019	Worse	Better
	Life expectancy at birth, upper age band 90 and over (Female)	Parkwall & Warmley	81.5	Years		2016 - 20	Worse	Similar
Wider determinants of health	Child Poverty, Income deprivation affecting children index (IDACI) (Persons)	New Cheltenham	15.9	%	249	2019	Worse	Similar
	Older people in poverty, income deprivation affecting older people Index (IDAOPI) (Persons)	Parkwall & Warmley	12.8	%	225	2019	Worse	Similar
	Older people living alone, Percentage of people aged 65 and over who are living alone (Persons)	Parkwall & Warmley	33.5	%	449	2011	Worse	Similar

9. Creating healthy places

9.0 The Quality-of-Life Foundation[34] defines a healthy place, in their 'Creating Health and Wellbeing' guide for local authorities:

"A healthy place is one that is designed, developed or improved in ways that promote physical, mental and social health and wellbeing in an equitable way. This includes access to green space, walking and cycling, public transport, affordable quality housing, secure quality employment, community infrastructure and opportunities for social interaction."

[34] Creating Health and Wellbeing

9.1 To make recommendations for infrastructure requirements for the major site developments based on identified health data, this paper provides an overview of the characteristics that make up a healthy place.

The list below provides a summary of the diverse themes that make up a healthy environment, adapted from the following sources of heathy place-based information:

- Health Impact Assessment in spatial planning (PHE) guide[35].
- Planning for healthy places: a practical guide for local authorities on embedding health in Local Plans and planning policies in England[36].
- Creating Health and Wellbeing A partnership approach to evidence-led planning and design in our cities, towns and villages. A guide for local authorities[37].
- Sport England. Active design Guidance [38].

Natural environments and climate change

1. Good quality, inclusive and equitable green and blue infrastructure
2. Access to open space e.g. parks and open spaces
3. Improved air quality and reduced exposure to excessive noises
4. Adaptation and resilience to climate change

Healthy transport and movement

5. Improved neighbourhood walkability
6. Infrastructure to support active travel
7. Public transport accessibility
8. Improved street connectivity, and connectivity to services, facilities and leisure
9. Road safety

Neighbourhood design

10. Access to health and care services and other social infrastructure e.g. Spaces for social interaction such as public squares and mixed-use developments
11. Inclusive design
12. Opportunities for physical activity, recreation and play e.g. recreation areas
13. Skills education and employment opportunities
14. Crime reduction and community safety
15. Public realm improvements

Healthy food environment

16. Access to healthy and affordable foods e.g. access to retail outlets selling healthy food
17. Community food infrastructure, e.g. local food growing and provision of and access to allotments and garden spaces

Healthy Homes

18. Energy efficient homes
19. Fuel poverty
20. Improved quality of housing
21. Affordable and diverse housing that meet the needs of everyone

[35] Health Impact Assessment in spatial planning - GOV.UK

[36] Planning for healthy places: a practical guide for local authorities on embedding health in Local Plans and planning policies in England

[37] Creating Health and Wellbeing

[38] Active Design

Whilst it is acknowledged that planning policy and master planning approaches support the delivery of various features of a healthy environment such as green infrastructure, active travel connections and sports pitches, the following table emphasises the considerations which should be considered based on local health and wellbeing data.

Identified health consideration	Why this matters	Healthy environment principles for consideration
Ageing population	Ageing well is not just about ageing without ill health or disease, but about being able to remain independent, and contribute to and participate in society as desired. As people age, they are more likely to need health and social care services. It is important that people of all ages have access to the essentials such as good quality nutrition, good quality affordable housing, fuel to warm and cool homes and the ability to travel to access services. A successful place is one in which people can choose to live their whole lives because the needs of all age groups and life stages are accommodated. Enabling people to age in place helps create strong communities[39]. Age-friendly environments – whether housing, transport, outdoor spaces, health and social care and other aspects of the broader community – foster healthy ageing, enabling older people to be and do what they value[40].	**Neighbourhood design** • Inclusive design e.g. consider design principles that are accessible to older people and dementia friendly, including signage, shared space and low traffic speed (<20mph). • Opportunities for physical activity, recreation and play e.g. recreation areas **Healthy transport and movement** • Improved neighbourhood walkability • Infrastructure to support active travel • Public transport accessibility
Life expectancy	The impact of health deprivation across South Gloucestershire is reflected in its life expectancies. Healthy life expectancy (HLE) has been identified as a key outcome measure in assessing the extent to which health is improving, and disparities are narrowing. Deaths from cancer and cardiovascular disease make the largest contribution to years of life lost and therefore have the biggest impact on life expectancy[41].	
Deprivation and child poverty	Those in more deprived communities experienced a greater decline in health and wellbeing as a result of the pandemic. Some groups (young people,	

[39] FINAL-NP_20MN_Toolkit_14_Sep.pdf
[40] Age-friendly Environments
[41] Understanding the drivers of healthy life expectancy: report - GOV.UK

	disabled people, ethnic minority communities and care home residents) have been more affected than others (2). Growing up in poverty has been shown to have the strongest negative impacts on children's health, cognitive, mental, and social development, and educational attainment. Deprivation can be measured using the Index of Multiple Deprivation (IMD) which includes 7 domains of the wider determinants of health and can be used to identify the most and least deprived local areas. Area-level deprivation is strongly linked to health inequalities and increased risk of disease.	
Mental health and wellbeing	Poorer mental health is linked to poor social, economic and environmental conditions, including living in poverty, low quality/low paid work, unemployment and housing. Children who come from disadvantaged backgrounds are at greater risk of poor mental health than those from the least deprived settings. The mental health of individuals is influenced by social and environmental factors, such as having the ability to earn enough money, feeling part of a community, access to local services, housing and quality of places. Climate change is having a substantial impact on both physical and mental health and will continue to do so in the future as increased frequency and intensity of climate related events occur[42]. The South Gloucestershire JSNA sets out the various factors which play a role in an individual's mental health.	**Natural environments and climate change** • Good quality, inclusive and equitable green and blue infrastructure • Access to open space e.g. parks and open spaces • Improved air quality and reduced exposure to excessive noises • Adaptation and resilience to climate change **Neighbourhood design** • Access to health and care services and other social infrastructure e.g. Spaces for social interaction such as public squares and mixed-use developments • Opportunities for physical activity, recreation and play e.g. recreation areas • Skills education and employment opportunities • Crime reduction and community safety

[42] Mental health and climate change in the UK: call for evidence - GOV.UK

		• Public realm improvements
It is well documented that lifestyle behaviours can significantly affect the risk of developing non-communicable diseases, including cardiovascular disease, Type 2 Diabetes, respiratory conditions, kidney and liver disease and some cancers (WHO). Many chronic diseases can be prevented or reversed by making lifestyle changes. For example, eating a healthier diet, reducing alcohol intake, stopping smoking, being physically active, maintaining a healthy weight and reducing exposure to air pollution. However, these lifestyle changes are associated with social deprivation and health inequalities that have been exacerbated by the cost-of-living crisis		
Overweight, obesity and diet	Issues should be considered within a whole systems approach tackling both food and active environments. Supporting this outcome can help encourage people to have healthier diets, increase active travel and physical activity in community settings.	**Healthy transport and movement** • Improved neighbourhood walkability • Infrastructure to support active travel • Public transport accessibility **Healthy food environment** • Access to healthy and affordable foods e.g. access to retail outlets selling healthy food • Community food infrastructure, e.g. local food growing and provision of and access to allotments and garden spaces **Neighbourhood design** • Opportunities for physical activity, recreation and play e.g. recreation areas
Respiratory health	Supporting this outcome means understanding factors that increase risk of respiratory illness, and influencing wider policies that affect respiratory health, such as air pollution, housing, and transport.	**Neighbourhood design** • Access to health and care services and other social infrastructure **Natural environments and climate change** • Improved air quality and reduced exposure to excessive noise • Access to open space and nature • Adaptation and resilience to climate change 'Clean' heating? Ie no woodburners etc **Healthy transport and movement** • Improved neighbourhood walkability • Infrastructure to support active travel

		• Public transport accessibility
Cardiovascular health	Supporting this outcome can help you harness the benefits of behaviour change in reducing CVD risk - this includes lifestyle factors such as physical activity and healthy eating.	**Healthy transport and movement** • Improved neighbourhood walkability • Infrastructure to support active travel • Public transport accessibility **Healthy food environment** • Access to healthy and affordable foods e.g. access to retail outlets selling healthy food • Community food infrastructure, e.g. local food growing and provision of and access to allotments and garden spaces **Neighbourhood design** • Opportunities for physical activity, recreation and play e.g. recreation areas
Social isolation and older people	Healthy places play a critical role in mitigating social isolation by fostering environments that encourage community engagement and social connection. Social isolation, is linked to adverse health outcomes, including mental health issues and chronic diseases	**Access to health and care services and other social infrastructure** • Accessible public spaces for social interaction such as public squares, parks and plazas and mixed-use developments that facilitate interaction. • Community buildings **Healthy transport and movement** • Ensuring safe and walkable neighbourhoods. **Inclusive design** • Creating equitable community designs that prioritize connection and reduce physical and social barriers. • Multi-generational facilities can promote inclusivity and engagement.

Table 2: *Recommendations for infrastructure requirements for each identified health consideration.*

10. Conclusion

10.0 Considering the South Gloucestershire wide data, infrastructure requirements should support the following health concerns (see table 1 for full data):

- An ageing population
- Higher rates of depression, intentional self-harm and
- Lower than regional rates of cycling and walking to work

10.1 Infrastructure requirements that should be adopted based on ward specific analysis of the data is provided below.

Charfield

10.2 The health of the population currently living in the Charfield area is similar or better compared to national averages for the majority of health outcomes included.

10.3 The exception is emergency admissions for Coronary Obstructive Pulmonary Disease (COPD) and coronary heart disease deaths, which higher in the ward of Charfield compared to South Gloucestershire as a whole.

Implications for development

10.4 Development within Charfield should be of high-quality healthy design to not impact negatively on current rates of good health.

Almondsbury, Easter Compton & Woodlands

10.5 The health of the population currently living in the wards of Severn Vale, Bradley Stoke North and Frampton Cotterell is similar or better compared to national averages, for the majority of health outcomes included.

10.6 However, there are multiple health inequalities seen within the Pilning & Severn Beach ward, where the Easter Compton major site is located. Data show that the rate of overweight and obesity in both Reception age and Year 6 children is higher than the South Glos average. Emergency hospital admissions for intentional self-harm and alcohol attributable conditions is also higher compared to South Gloucestershire and England data. The percentage of people reported to have a limiting long-term illness is higher than South Gloucestershire averages.

Implications for development

10.7 The Woodlands and Almondsbury sites should be of high-quality healthy design to not impact negatively on current rates of good health.

10.8 The Easter Compton site should prioritise the incorporation of:

- Features for physical activity, recreation, play and healthy movement and transport
- Access to healthy and affordable foods e.g. access to retail outlets selling healthy food.
- Community food infrastructure, e.g. local food growing and provision of and access to allotments and garden spaces.
- Good quality, inclusive and equitable green and blue infrastructure e.g. Access to open space e.g. parks and open spaces.

North Lyde, North Warmley, & Carsons Green & Rockhouse Farm

10.9 The health of the population currently living in the Emersons Green, Boyd Valley & Frampton Cotterrell wards, is similar or better compared to national averages, for the majority of health outcomes included.

10.10 The exception is that in the Frampton Cotterell Ward, the percentage of people that reported as having a limiting long-term illness was higher than South Gloucestershire averages. And also, that the health of the In the Boyd Valley ward, emergency hospital admissions for Coronary Heart Disease is higher that South Gloucestershire averages.

10.11 There are multiple health inequalities across Parkwall & Warmley and New Cheltenham Wards. Inequalities exist across a range of health concerns including mental health and wellbeing (New Cheltenham), child poverty (New Cheltenham), adult poverty (Parkwall & Warmley), income deprivation (New Cheltenham and Parkwall & Warmley) and older people living alone (Parkwall & Warmley).

10.12 Furthermore, in Parkwall and Warmley, life expectancy for females is three years shorter than South Gloucestershire averages.

Implications for development

10.13 The North Warmley site should prioritise the inclusion of infrastructure to support older people living alone and those experiencing income deprivation:

- Accessible public spaces for social interaction such as public squares, community buildings, parks and plazas and mixed-use developments that facilitate interaction.
- Equitable community designs that prioritize connection and multi-generational facilities to promote inclusivity.

10.14 Whilst the majority of the Carsons Green/Rockhouse Farm site is contained within Boyd Valley and adjacent to Emersons Green, the far South of the site is within the New Cheltenham Ward. Given the scale of this potential development, it should prioritise the inclusion of infrastructure to support mental health and wellbeing, child poverty and income deprivation.

- Good quality, inclusive and equitable green and blue infrastructure e.g. Access to open space e.g. parks and open spaces.
- Access to health and care services and other social infrastructure e.g. Spaces for social interaction such as public squares and mixed-use developments including opportunities for physical activity, recreation and play.
- Opportunities for skills education and employment opportunities.

10.15 The North Lyde site should be of high-quality healthy design to not impact negatively on current rates of good health. It may benefit from infrastructure features which support improved cardiovascular health, such as:

- Improved neighbourhood walkability, infrastructure to support active travel and public transport accessibility.
- Access to healthy and affordable foods, community food infrastructure, e.g. local food growing and provision of and access to allotments and garden spaces.
- Opportunities for physical activity, recreation and play e.g. recreation areas.

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Appendix 1: Proposed Strategic Urban and Village Extensions (SUaVEs)

Woodlands (new village) - 2400 homes
North Lyde/New Henfield (village) - 2050 homes & employment
Carsons Green & Rockhouse Farm (new neighbourhoods) - 1950 homes & employment
North Warmley (new neighbourhood) - 1060 homes
Charfield (village extensions) - 775 homes
Almondsbury - 350 homes
Easter Compton - 260 homes

Appendix 2

Charfield

Category	Indicator Name & Sex	Ward	Value	Unit	Count	Time period	Compared to S.Glos value or percentiles	Compared to England value or percentiles
Health behaviours and disease prevention	Reception prevalence of overweight (including obesity), 3 years data combined (Persons)	Charfield	16.7	%	25	2021/22 - 23/24	Similar	Similar
	Year 6 prevalence of overweight (including obesity), 3 years data combined (Persons)	Charfield	27.8	%	50	2021/22 - 23/24	Similar	Better
Mental health and wellbeing	Emergency hospital admissions for intentional self harm, standardised admission ratio (Persons)	Charfield	156.4	per 100		2016/17 - 20/21	Similar	Worse
Mortality and burden of disease	Emergency hospital admissions for chronic obstructive pulmonary disease (COPD), standardised admission ratio (Persons)	Charfield	117.9	per 100		2016/17 - 20/21	Worse	Similar
	Emergency hospital admissions for coronary heart disease, standardised admission ratio (Persons)	Charfield	114.3	per 100		2016/17 - 20/21	Worse	Similar
	Hospital admissions for alcohol attributable conditions, narrow definition (Persons)	Charfield	93.2	per 100	137	2016/17 - 20/21	Similar	Similar
	Percentage of people who reported having a limiting long term illness or disability (Persons)	Charfield	12.7	%	595	2011	Better	Better
Our population	Income deprivation, English Indices of Deprivation (Persons)	Charfield	5.1	%	237	2019	Better	Better
	Life expectancy at birth, upper age band 90 and over (Female)	Charfield	84.5	Years		2016 - 20	Similar	Similar
	Life expectancy at birth, upper age band 90 and over (Male)	Charfield	81.2	Years		2016 - 20	Similar	Similar
	Percentage of the total resident population who are 0 to 15 years of age (Persons)	Charfield	17.0	%	827	2020	Not compared	Not compared
	Percentage of the total resident population who are 65 and over (Persons)	Charfield	17.6	%	857	2020	Not compared	Not compared
Wider determinants of health	Child Poverty, Income deprivation affecting children index (IDACI) (Persons)	Charfield	8.3	%	68	2019	Similar	Better
	Modelled estimates of the proportion of households in fuel poverty (%) (Not applicable)	Charfield	9.3	%	185	2020	Not compared	Not compared
	Older people in poverty, income deprivation affecting older people Index (IDAOPI) (Persons)	Charfield	5.6	%	66	2019	Better	Better
	Older people living alone, Percentage of people aged 65 and over who are living alone (Persons)	Charfield	19.4	%	119	2011	Better	Better

North Lyde, North Warmley, & Carsons Green & Rockhouse Farm

Area-specific considerations (ward-level data):

Category	Indicator Name & Sex	Ward	Value	Unit	Count	Time period	Compared to S.Glos value or percentiles	Compared to England value or percentiles
Health behaviours and disease prevention	Reception prevalence of overweight (including obesity), 3 years data combined (Persons)	Boyd Valley	19.3	%	85	2021/22 - 23/24	Similar	Similar
		Emersons Green	19.0	%	110	2021/22 - 23/24	Similar	Similar
		Frampton Cotterell	20.5	%	80	2021/22 - 23/24	Similar	Similar
		New Cheltenham	22.4	%	65	2021/22 - 23/24	Similar	Similar
		Parkwall & Warmley	20.5	%	45	2021/22 - 23/24	Similar	Similar
	Year 6 prevalence of overweight (including obesity), 3 years data combined (Persons)	Boyd Valley	28.0	%	115	2021/22 - 23/24	Similar	Better
		Emersons Green	28.0	%	165	2021/22 - 23/24	Similar	Better
		New Cheltenham	35.6	%	105	2021/22 - 23/24	Similar	Similar
		Parkwall & Warmley	31.9	%	75	2021/22 - 23/24	Similar	Similar
		Frampton Cotterell	23.7	%	110	2021/22 - 23/24	Better	Better
Mental health and wellbeing	Emergency hospital admissions for intentional self harm, standardised admission ratio (Persons)	New Cheltenham	179.8	per 100		2016/17 - 20/21	Worse	Worse
		Boyd Valley	109.4	per 100		2016/17 - 20/21	Better	Similar
		Emersons Green	93.7	per 100		2016/17 - 20/21	Better	Similar
		Frampton Cotterell	94.1	per 100		2016/17 - 20/21	Better	Similar
		Parkwall & Warmley	99.3	per 100		2016/17 - 20/21	Better	Similar
Mortality and burden of disease	Emergency hospital admissions for chronic obstructive pulmonary disease (COPD), standardised admission ratio (Persons)	Parkwall & Warmley	118.3	per 100		2016/17 - 20/21	Worse	Similar
		Frampton Cotterell	90.4	per 100		2016/17 - 20/21	Similar	Similar
		New Cheltenham	73.4	per 100		2016/17 - 20/21	Similar	Better
		Boyd Valley	41.6	per 100		2016/17 - 20/21	Better	Better
		Emersons Green	68.2	per 100		2016/17 - 20/21	Better	Better
	Emergency hospital admissions for coronary heart disease, standardised admission ratio (Persons)	Boyd Valley	108.4	per 100		2016/17 - 20/21	Worse	Similar
		Emersons Green	100.4	per 100		2016/17 - 20/21	Similar	Similar
		New Cheltenham	97.9	per 100		2016/17 - 20/21	Similar	Similar
		Parkwall & Warmley	103.1	per 100		2016/17 - 20/21	Similar	Similar
		Frampton Cotterell	76.2	per 100		2016/17 - 20/21	Better	Better
	Hospital admissions for alcohol attributable conditions, narrow definition (Persons)	New Cheltenham	118.3	per 100	242	2016/17 - 20/21	Similar	Worse
		Parkwall & Warmley	108.2	per 100	225	2016/17 - 20/21	Similar	Similar
		Boyd Valley	74.3	per 100	202	2016/17 - 20/21	Better	Better
		Emersons Green	86.9	per 100	257	2016/17 - 20/21	Better	Better
		Frampton Cotterell	86.4	per 100	284	2016/17 - 20/21	Better	Better
	Percentage of people who reported having a limiting long term illness or disability (Persons)	Frampton Cotterell	16.7	%	2,014	2011	Worse	Better
		New Cheltenham	17.1	%	1,555	2011	Worse	Similar
		Boyd Valley	15.0	%	1,355	2011	Similar	Better
		Parkwall & Warmley	15.4	%	1,456	2011	Similar	Better
		Emersons Green	11.8	%	1,472	2011	Better	Better
Our population	Percentage of the total resident population who are 0 to 15 years of age (Persons)	Boyd Valley	18.2	%	1,992	2020	Not compared	Not compared
		Emersons Green	23.4	%	3,396	2020	Not compared	Not compared
		Frampton Cotterell	18.2	%	2,355	2020	Not compared	Not compared
		New Cheltenham	19.6	%	1,812	2020	Not compared	Not compared
		Parkwall & Warmley	17.6	%	1,631	2020	Not compared	Not compared
	Percentage of the total resident population who are 65 and over (Persons)	Boyd Valley	21.7	%	2,367	2020	Not compared	Not compared
		Emersons Green	13.3	%	1,935	2020	Not compared	Not compared
		Frampton Cotterell	24.5	%	3,168	2020	Not compared	Not compared
		New Cheltenham	19.0	%	1,749	2020	Not compared	Not compared
		Parkwall & Warmley	17.1	%	1,593	2020	Not compared	Not compared
	Income deprivation, English Indices of Deprivation (Persons)	New Cheltenham	8.7	%	741	2019	Worse	Better
		Parkwall & Warmley	8.5	%	736	2019	Worse	Better
		Boyd Valley	6.2	%	582	2019	Better	Better
		Emersons Green	5.4	%	683	2019	Better	Better
		Frampton Cotterell	6.1	%	756	2019	Better	Better

	Life expectancy at birth, upper age band 90 and over (Female)	Parkwall & Warmley	81.5	Years		2016 - 20	Worse	Similar
		Boyd Valley	84.9	Years		2016 - 20	Similar	Similar
		Frampton Cotterell	85.6	Years		2016 - 20	Similar	Better
		New Cheltenham	84.4	Years		2016 - 20	Similar	Similar
		Emersons Green	86.7	Years		2016 - 20	Better	Better
	Life expectancy at birth, upper age band 90 and over (Male)	Emersons Green	81.9	Years		2016 - 20	Similar	Better
		New Cheltenham	81.7	Years		2016 - 20	Similar	Better
		Parkwall & Warmley	80.9	Years		2016 - 20	Similar	Similar
		Boyd Valley	84.0	Years		2016 - 20	Better	Better
		Frampton Cotterell	83.8	Years		2016 - 20	Better	Better
Wider determinants of health	Modelled estimates of the proportion of households in fuel poverty (%) (Not applicable)	Boyd Valley	10.8	%	444	2020	Not compared	Not compared
		Emersons Green	5.9	%	304	2020	Not compared	Not compared
		Frampton Cotterell	8.6	%	457	2020	Not compared	Not compared
		New Cheltenham	8.4	%	322	2020	Not compared	Not compared
		Parkwall & Warmley	7.6	%	297	2020	Not compared	Not compared
	Child Poverty, Income deprivation affecting children index (IDACI) (Persons)	New Cheltenham	15.9	%	249	2019	Worse	Similar
		Parkwall & Warmley	10.7	%	179	2019	Similar	Better
		Boyd Valley	8.8	%	149	2019	Better	Better
		Emersons Green	6.9	%	206	2019	Better	Better
		Frampton Cotterell	8.1	%	185	2019	Better	Better
	Older people in poverty, income deprivation affecting older people Index (IDAOPI) (Persons)	Parkwall & Warmley	12.8	%	225	2019	Worse	Similar
		Boyd Valley	8.1	%	217	2019	Similar	Better
		Emersons Green	9.0	%	195	2019	Similar	Better
		New Cheltenham	8.4	%	172	2019	Similar	Better
		Frampton Cotterell	7.2	%	267	2019	Better	Better
	Older people living alone, Percentage of people aged 65 and over who are living alone (Persons)	Parkwall & Warmley	33.5	%	449	2011	Worse	Similar
		Boyd Valley	26.2	%	481	2011	Similar	Better
		Emersons Green	27.0	%	432	2011	Similar	Better
		New Cheltenham	26.9	%	429	2011	Similar	Better
		Frampton Cotterell	21.8	%	590	2011	Better	Better

Almondsbury, Easter Compton & Woodlands

Area-specific considerations (ward-level data):

Category	Indicator Name & Sex	Ward	Value	Unit	Count	Time period	Compared to S.Glos value or percentiles	Compared to England value or percentiles
Health behaviours and disease prevention	Reception prevalence of overweight (including obesity), 3 years data combined (Persons)	Pilning & Severn Beach	25.9	%	35	2021/22 - 23/24	Worse	Similar
		Bradley Stoke North	13.8	%	45	2021/22 - 23/24	Similar	Better
		Frampton Cotterell	20.5	%	80	2021/22 - 23/24	Similar	Similar
		Severn Vale	13.5	%	35	2021/22 - 23/24	Better	Better
	Year 6 prevalence of overweight (including obesity), 3 years data combined (Persons)	Pilning & Severn Beach	41.4	%	60	2021/22 - 23/24	Worse	Similar
		Bradley Stoke North	35.5	%	135	2021/22 - 23/24	Similar	Similar
		Severn Vale	26.7	%	60	2021/22 - 23/24	Similar	Better
		Frampton Cotterell	23.7	%	110	2021/22 - 23/24	Better	Better
Mental health and wellbeing	Emergency hospital admissions for intentional self harm, standardised admission ratio (Persons)	Pilning & Severn Beach	197.1	per 100		2016/17 - 20/21	Worse	Worse
		Bradley Stoke North	96.1	per 100		2016/17 - 20/21	Better	Similar
		Frampton Cotterell	94.1	per 100		2016/17 - 20/21	Better	Similar
		Severn Vale	103.8	per 100		2016/17 - 20/21	Better	Similar
Mortality and burden of disease	Emergency hospital admissions for chronic obstructive pulmonary disease (COPD), standardised admission ratio (Persons)	Bradley Stoke North	87.3	per 100		2016/17 - 20/21	Similar	Similar
		Frampton Cotterell	90.4	per 100		2016/17 - 20/21	Similar	Similar
		Pilning & Severn Beach	65.8	per 100		2016/17 - 20/21	Better	Better
		Severn Vale	46.4	per 100		2016/17 - 20/21	Better	Better
	Emergency hospital admissions for coronary heart disease, standardised admission ratio (Persons)	Pilning & Severn Beach	89.2	per 100		2016/17 - 20/21	Similar	Similar
		Severn Vale	80.2	per 100		2016/17 - 20/21	Similar	Better
		Bradley Stoke North	66.1	per 100		2016/17 - 20/21	Better	Better
		Frampton Cotterell	76.2	per 100		2016/17 - 20/21	Better	Better
	Hospital admissions for alcohol attributable conditions, narrow definition (Persons)	Pilning & Severn Beach	149.5	per 100	214	2016/17 - 20/21	Worse	Worse
		Bradley Stoke North	103.5	per 100	244	2016/17 - 20/21	Similar	Similar
		Severn Vale	100.9	per 100	259	2016/17 - 20/21	Similar	Similar
		Frampton Cotterell	86.4	per 100	284	2016/17 - 20/21	Better	Better

	Percentage of people who reported having a limiting long term illness or disability (Persons)	Frampton Cotterell	16.7	%	2,014	2011	Worse	Better
		Pilning & Severn Beach	15.2	%	750	2011	Similar	Better
		Severn Vale	15.8	%	1,488	2011	Similar	Better
		Bradley Stoke North	10.9	%	1,186	2011	Better	Better
Our population	Percentage of the total resident population who are 0 to 15 years of age (Persons)	Bradley Stoke North	19.0	%	2,170	2020	Not compared	Not compared
		Frampton Cotterell	18.2	%	2,355	2020	Not compared	Not compared
		Pilning & Severn Beach	18.8	%	947	2020	Not compared	Not compared
		Severn Vale	16.7	%	1,584	2020	Not compared	Not compared
	Percentage of the total resident population who are 65 and over (Persons)	Bradley Stoke North	13.3	%	1,519	2020	Not compared	Not compared
		Frampton Cotterell	24.5	%	3,168	2020	Not compared	Not compared
		Pilning & Severn Beach	20.9	%	1,055	2020	Not compared	Not compared
		Severn Vale	28.3	%	2,676	2020	Not compared	Not compared
	Income deprivation, English Indices of Deprivation (Persons)	Pilning & Severn Beach	6.9	%	402	2019	Similar	Better
		Bradley Stoke North	4.2	%	445	2019	Better	Better
		Frampton Cotterell	6.1	%	756	2019	Better	Better
		Severn Vale	4.2	%	402	2019	Better	Better
	Life expectancy at birth, upper age band 90 and over (Female)	Frampton Cotterell	85.6	Years		2016 - 20	Similar	Better
		Pilning & Severn Beach	84.9	Years		2016 - 20	Similar	Similar
		Bradley Stoke North	88.2	Years		2016 - 20	Better	Better
		Severn Vale	85.9	Years		2016 - 20	Better	Better
	Life expectancy at birth, upper age band 90 and over (Male)	Bradley Stoke North	80.9	Years		2016 - 20	Similar	Similar
		Pilning & Severn Beach	78.9	Years		2016 - 20	Similar	Similar
		Frampton Cotterell	83.8	Years		2016 - 20	Better	Better
		Severn Vale	83.5	Years		2016 - 20	Better	Better
Wider determinants of health	Modelled estimates of the proportion of households in fuel poverty (%) (Not applicable)	Bradley Stoke North	5.0	%	243	2020	Not compared	Not compared
		Frampton Cotterell	8.6	%	457	2020	Not compared	Not compared
		Pilning & Severn Beach	9.4	%	233	2020	Not compared	Not compared
		Severn Vale	8.6	%	365	2020	Not compared	Not compared
	Child Poverty, Income deprivation affecting children index (IDACI) (Persons)	Pilning & Severn Beach	12.0	%	133	2019	Similar	Better
		Bradley Stoke North	5.7	%	126	2019	Better	Better
		Frampton Cotterell	8.1	%	185	2019	Better	Better
		Severn Vale	5.7	%	95	2019	Better	Better
	Older people in poverty, income deprivation affecting older people Index (IDAOPI) (Persons)	Pilning & Severn Beach	7.8	%	111	2019	Similar	Better
		Bradley Stoke North	6.5	%	107	2019	Better	Better
		Frampton Cotterell	7.2	%	267	2019	Better	Better
		Severn Vale	4.6	%	146	2019	Better	Better
	Older people living alone, Percentage of people aged 65 and over who are living alone (Persons)	Bradley Stoke North	29.4	%	341	2011	Similar	Similar
		Pilning & Severn Beach	25.4	%	221	2011	Similar	Better
		Frampton Cotterell	21.8	%	590	2011	Better	Better
		Severn Vale	22.1	%	490	2011	Better	Better

Appendix 3: Delivery

Programme Area	Delivery examples
Healthy Foundations	National Child Measurement Programme Healthcare Public Health Prescribed and non-prescribed children's 0 to 5 services Children 5 to 19 public health programmes Healthy weight and nutrition – children Physical activity – children Child accident prevention Oral health promotion Public health advice to NHS Commissioners
Drugs Alcohol and Sexual Health	Sexual health services – STI treatment and contraception Sexual health services – advice, prevention and promotion Preventing and reducing harm from alcohol and drug misuse in children and adults Treatment for drug and alcohol misuse in children and adults Public health advice to NHS Commissioners Community safety, violence prevention and social exclusion
Healthy Lifestyles and Places	NHS Health Checks Healthy weight and nutrition – adults Physical activity – adults Stop smoking services and interventions and wider tobacco control Public health advice to NHS Commissioners Built environment
Mental Health, Inequalities and Community Engagement	Public mental health Public health advice to NHS Commissioners
Health Protection and Emergency Planning	Health protection including: - Infectious disease surveillance and control - Environmental hazards protection - Seasonal death reduction initiatives - Covid-19 response including test and trace, isolation advice and support, and outbreak planning - Assurance of the wider local health protection system *(UKHSA, NHSE/I, ICP, ICS, NHS Acute Trusts)*
Strategy, Systems and Partnerships	Public health advice to NHS Commissioners (including public health input to health system commissioning and specialist public health analysis) Development of Joint Health and Wellbeing Strategy and JSNA on behalf of the Health & Wellbeing Board
Evidence and Population Health Intelligence	Public health advice to NHS Commissioners (including public health input to health system commissioning and specialist public health analysis) Infectious disease surveillance Development of JSNA on behalf of the Health & Wellbeing Board