



Local Development Framework – Core Strategy

Issues and Options Discussion Paper

Topic Paper 5 – Health and Inequalities

1.00 Background

- Planning Policy Statement 1: Delivering Sustainable Communities (PPS1)
- Planning Policy Statement 3: Housing (PPS3)
- Planning Policy Statement 4: Planning for Sustainable Economic Growth (PPS4)
- Planning Policy Guidance 17: Planning for Open Space, Sport and Recreation (PPG17)
- Planning Policy Statement 23: Planning and Pollution Control (PPS23)
- Tameside & Glossop Public Health Annual Report 2010
- 'Fair Society Healthy Lives' (the Marmot review, 2010)
- Tameside & Glossop Public Health Annual Report 2010
- Our Life in Tameside 2009-2019: Tackling Health Inequalities in improving Health
- Tameside Child Poverty Needs Assessment
- Shouldering the Burden: A Strategy for Developing Personal Financial Resilience in Tameside 2011-2015

2.00 Introduction

- 2.01 Delivering safe, healthy and attractive places to live are key objectives of spatial planning. It is therefore important that planning decisions contribute to opportunities to improve health for communities by promoting the public health agenda whilst also reducing socio-economic inequalities, reducing levels of poverty and increasing social mobility.
- 2.02 Integrating public health and spatial planning processes enables the promotion of health through the delivery of neighbourhoods that provide opportunities to develop and maintain healthy lifestyles and good mental health. This in turn can assist in the management of health service demands and budgets promoting healthier communities. By engaging with health service providers the planning system can deliver appropriate facilities in the communities in which they are needed. In order to deliver sustainable development that effectively meets the needs of all sections of the community, the health of a community must be considered at all stages of the planning process.
- 2.03 Whilst access to health care is often prioritised, it is arguably more important to plan to enable people to live healthier lifestyles in order to reduce the need for such care. The built environment can have a significant impact on the determinants of health, as well as ensuring the provision of health infrastructure and services. The ways in which buildings and places are configured influence people's living, working and travel patterns, the shape of the local economy, people's opportunities to access local food, and their tendency to be physically active. At the same time patterns of pollution will affect the local environment and in turn human health.



3.00 National Planning Policy Guidance

3.01 The Government's principle objective to facilitate sustainable development, ensuring the creation of successful, thriving, healthier and safer communities in urban and rural areas is set out in the Sustainable Communities Plan: Building for the Future (ODPM 2003). Planning Policy Statements guide local authorities in the delivery of this objective through the planning system.

Planning Policy Statement 1 (PPS1) – 'Delivering Sustainable Development', 2005

3.02 PPS1 sets out the Government's vision for planning and the key policies and principles for the planning system, placing sustainability at its centre.

3.03 It specifies that development plans should promote development that creates socially inclusive communities with improved access for all to jobs, health, education, shops, leisure and community facilities, open space, sport and recreation, by ensuring that new development is located where everyone can access services or facilities on foot, bicycle or public transport (Para 27, v)

3.04 In preparing their policies, planning authorities are required to seek to focus developments that attract a large number of people, especially retail, leisure and office development, in existing centres to promote their vitality and viability, social inclusion and more sustainable patterns of development (Para 27, vi)

3.05 Government guidance in PPS1 advocates a 'spatial planning' approach whereby policies for the development and use of land are integrated with other policies and strategies which influence the nature of places and how they can function. This may include policies which can impact on land use, for example by influencing the demands on or needs for development (Para 30).

3.06 In implementing this approach, planning authorities should ensure their plans take full account of other relevant strategies and, where possible, be drawn up in collaboration with those responsible for them. In particular, local development documents should take forward those elements of the local community strategies that relate to the physical development and use of land in an authority's area (Para 32, iii)

Planning Policy Statement 4 (PPS4) – 'Planning for Sustainable Economic Growth', 2009

3.07 PPS4 incorporates public and community uses within its definition of economic development and seeks to promote the vitality and viability of town and other centres as important places for communities. PPS4 advocates that LPAs should ensure:

- The provision of innovative and efficient local services in town centres, which allow genuine choice to meet the needs of the whole community (particularly socially excluded groups);
- The historic, archaeological and architectural heritage of centres is conserved and, where appropriate, enhanced to provide a sense of place and a focus for the community and for civic society.



Planning Policy Statement 12 (PPS12): 'Local Spatial Planning', 2008

- 3.08 PPS12 identifies how to create strong, safe and prosperous communities through local spatial planning. PPS12 says that spatial planning objectives for local areas identified in the LDF, should be aligned with not only national and regional plans but also with the shared local priorities set out in Sustainable Community Strategies (SCS).
- 3.09 The SCS should provide the starting point for the Core Strategy in terms of setting out the vision and broad objectives for an area. Alignment of the two strategies is essential to the success of the Core Strategy and the LDF as a whole. It provides the foundation on which to build up a suite of local development documents that will deliver the vision and provide a spatial planning strategy and sense of local distinctiveness for the future of the area.
- 3.10 PPS12 also requires planning authorities to produce a comprehensive Implementation Plan to support the Core Strategy and demonstrate that facilities and services are proposed or in place to support the vision and objectives.

Proposed National Changes to the Planning System

- 3.11 In July 2011 the Government held a consultation on a draft National Planning Policy Framework (NPPF). The draft NPPF aims to streamline national policy into a consolidated set of priorities with a key focus on the presumption in favour of sustainable development. As a result the NPPF will replace the existing suit of Planning Policy Statements and Planning Policy Guidance. The NPPF is expected to be formally adopted by April 2012.
- 3.12 In terms of health and inequalities the draft NPPF suggests that local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and well-being.

4.00 Regional Planning Policy

Regional Spatial Strategy for the North West

- 4.01 Up until its abolition under the Localism Act 2011, the Regional Spatial Strategy (RSS) for North West England (published in September 2008) provided a framework for the physical development of the region over the next 15-20 years.
- 4.02 Despite the revocation of the RSS much of the evidence base used to inform the policies and strategies contained within it remain as relevant considerations providing a strong indication for the future development of policy at the Greater Manchester level. Overall RSS sought to improve people's accessibility to education, health, culture and leisure facilities as part of its core approach and to reverse the dispersal of large proportions of the population away from the Region's cities and towns, whilst placing emphasis on the re-use of existing sites for new development. It is likely that this overarching approach will be retained as new policy is developed.
- 4.03 Building sustainable communities and achieving regeneration in the North West was a key available to all. Policy L1 placed particular emphasis on improving access to a full range of health and educational services within communities, especially where spatial disparities in service and facilities provision occur, where needs are greatest in highly deprived areas, or



where communities are poorly served. Policy L1 also lent support to proposals for major developments which ensured appropriate health, cultural, education and training provision from the outset including Children's Centres and SureStart Initiatives.

- 4.04 In terms of physical health the RSS promoted improved access to sport and recreational facilities for general well being while focusing on retaining and developing major health care facilities where possible within existing main town centres. In relation to education, as well as ensuring social inclusion, the approach aimed to support educational institutions within the North West to attract and retain students and staff for the benefit of the regional economy. Good access to education and training is essential not only for the development of individuals but also in order to provide a more skilled workforce to meet demand.
- 4.05 As stated previously the RSS has now been abolished but the principles and overarching policy aims remain as relevant considerations for improving the health of people in Tameside and tackling inequalities.

5.00 Local Policy

'Our Life in Tameside' Health Improvement and Health Inequalities Strategy 2009 – 19

- 5.01 This strategy summarises the Borough's approach to improving health and addressing local health inequalities, focussing on key areas for intervention. It embraces action across a wide range of organisations across the Tameside Strategic Partnership which contribute to tackling health inequalities, both through targeted mainstream activity, and specific activity in communities and groups of highest health need.
- 5.02 Key objectives, linked to the Sustainable Community Strategy are below:
- Ensure children, young people and their families achieve the best possible health to reach their maximum potential
 - Reduce income inequalities and poverty
 - Increase the potential for people to access work and community activities
 - Empower and support individuals to take action to improve their health and wellbeing
 - Improve the health of vulnerable people in particular those at risk of or with long term conditions and disabilities
 - To promote Tameside neighborhoods and towns as healthy and safe places to live, work and visit
- 5.03 The aims is that Tameside will be seen as a healthy safe place for all – from homes, to neighbourhoods to the Borough as a whole.

Tameside & Glossop Public Health Annual Report, 2010

- 5.04 The report sets out the challenges to the health of Tameside and Glossop's population and how they can be tackled effectively by:
- Improving the environment people live in and their ability to participate fully in society
 - Supporting them to make healthy lifestyle choices
 - Providing high quality services to prevent ill health, cure disease and care for those who need it.



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- 5.05 The report highlights that an ageing population and finite resources are challenges that borough will continue to face. These challenges are likely to be compounded by radical organisational changes to the health service and the effect on our population from shifts in both the global and national economy.
- 5.06 The report recommends that partner organisations across Tameside should develop leadership for health and wellbeing, whilst recognising the key role played by high level advocacy in each partner organisation. This will help to promote good health and wellbeing and bring about change. Another key recommendation is to ensure that all aspects of the environment (physical, social and economic) supports healthy behaviour change including promoting physical activity and active transport through addressing road and community safety and healthy places initiatives.

6.00 Background and Overview

- 6.01 The World Health Organisation (WHO) defines health as:
- “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
- 6.02 Health is determined by numerous factors, many of which are beyond the scope and influence of spatial planning. Nevertheless a well-planned and successful borough will demonstrate certain characteristics that can lead to a healthier population.
- 6.03 Planning can support a healthy population by providing a supply of good quality homes, preventing and reducing pollution, good quality local services and facilities such as schools and hospitals, a high quality pedestrian and cycle friendly environment and the support of active recreation. However the relationship between successful planning, regeneration and relative health should also focus on the issue of socially and economically balanced and sustainable communities.
- 6.04 Concentrations of deprivation magnify problems associated with poverty and increase the likelihood of household members falling victim to crime, having lower educational attainment, suffering higher levels of mental and physical ill-health, suffering shortened life and so on. Planning and regeneration strategies, which seek to address such decline and provide sustainable communities can therefore positively affect relative health levels.
- 6.05 The Core Strategy can contribute to the delivery of a safe and healthy borough through inclusion of policies to help achieve positive health outcomes in new developments, regeneration schemes and traffic changes.
- 6.06 Some of the matters that have both health and planning dimensions concern:
- Concentrations of deprivation
 - The ability for residents to move safely around the borough
 - Safe and secure environments
 - Linking local communities with centres of employment, other communities and central facilities by public transport, on foot and by cycle
 - Addressing inequalities that disenfranchise many residents



- An age friendly approach to planning in the borough – where planning design as an underlying principle considers the issues of the ageing population so that all sections of our society will be able to access facilities
- Accessible and inclusive health and social care services
- High quality and accessible leisure, sport and recreation facilities
- High quality and accessible parks, green and open space and recreation opportunities
- Attractive and well-managed environments to encourage a sense of place and personal well-being
- Reduction in harmful levels of air pollution and prevention of new pollution beyond acceptable limits
- Jobs, services and facilities within a reasonable walking/cycling distance and a pedestrian and cycle friendly environment

6.07 Underpinning all of the above is the need to have a sustainable agenda, where communities have a sense of responsibility for their environment.

Health Inequalities

6.08 The relationship between socio-economic status and health is complex. Some inequalities are generated at, or even before birth, whilst others relate to risks and behaviours experienced throughout life. Recent research has demonstrated that it is possible for individuals to alleviate some of the risks that they may have accumulated in the past, for example, by giving up smoking or by taking exercise. However other factors are not lifestyle related and are determined through cyclical social, environmental and economic factors often beyond the control of an individual.

6.09 Much good work has already been undertaken by the Council and its partners to tackle the problems associated with deprivation and poor health. The Core Strategy will need to build upon this work and carry forward the momentum. As a result a holistic approach is required in order to continue to tackle the many facets of health inequalities experienced in Tameside.

6.10 The document 'Fair Society, Healthy Lives: Strategic Review of Inequalities in England Post 2010' by M. Marmot recommends six overarching policy objectives to address health inequalities:

1. Action is needed to reduce health inequalities before birth, thereby giving every child the best start in life. There needs to be increased expenditure focused proportionately across social gradient including early education and childcare.
2. Enable children, young people and adults to maximise their capabilities and have control over their lives;
 - Education affects mental health as well as employment opportunities. However, families rather than schools have most influence on educational outcomes. There needs to be closer links between schools, the community and parents, with a school based workforce to build skills in working across school-home boundaries, increase quality of lifelong learning and the number of opportunities to access such learning.
3. Create fair employment and good work for all. Get people into work is good for mental health and physical health.



4. Ensure a healthy standard of living for all. There are gaps between the minimum income for healthy living and the level of state benefits payments many groups receive. To improve the situation the government needs to reduce financial disincentives for people to enter the workforce.
5. Create and develop healthy and sustainable places and communities. By building social capital in communities, one can give people greater control over their lives and policies which affect them- examples include greater green spaces, public transport etc. Social Capital describes the link between individuals and the links that bind and connect people within and between communities. Together these links provide social support critical to physical and mental well being.
6. Strengthen role and impact of ill-health prevention as chronic diseases follow the social gradient. Funding should be increased for prevention, with a focus on partnerships between primary care, local authorities and the third sector to deliver universal and targeted prevention interventions.

7.00 Improving Levels of Health

Keeping Healthy and Maintaining Levels of Health

- 7.01 Physical inactivity can have major health consequences. It can increase the incidence of a range of health issues such as obesity, cardiac problems, lack of mobility and their associated problems. It can also affect a person's mental health in terms of lack of motivation or low esteem.
- 7.02 From a planning perspective, ensuring people have access to areas for recreation and sports and leisure facilities can help to reduce physical inactivity, and as a result improve wellbeing, and also provide opportunities for social interaction. In addition the planning system can enable people to build activity into their everyday lives by promoting safe walking and cycling routes and ensuring facilities and services are accessible by non-car modes. In looking at current open space provision Tameside fares quite well in having many accessible areas for recreational use, and a range of formal recreational provision (e.g. swimming pools, sports centres, bowling greens, open countryside). The provision of facilities and the areas with shortfall/surplus of provision are detailed in Topic Paper 9 - Green Infrastructure, Open Space and Biodiversity.
- 7.03 In addition it has been identified that green space is good for mental health and wellbeing, by allowing people to relax and unwind. The Core Strategy will include policies to try and address these anomalies and ensure equity of provision over the longer term.

Green Space

- 7.04 The provision of open space and play facilities is intrinsic to improving health and reducing levels of obesity through increasing levels of physical activity. Recent policy developments from the National Institute of Clinical Excellence (NICE) and the Department of Health in England recognise the impact of the built environment on people's ability to make positive changes in their life to improve their health.
- 7.05 Access to quality green space, natural areas and outdoor playing facilities has a positive influence on physical and mental health through:



- Promotion of restoration, relaxation and reduction in stress
- Provide respite from pollution and noise
- Promotion of social interaction and community cohesion
- Opportunities for volunteer and community engagement
- Reducing the risk of social isolation
- Increased levels of physical activity and fitness and contribute to reducing obesity
- Activation of higher cognitive processes and healthy brain development.
- Promotion of and improved healthy well-being through childhood and young adulthood
- Contributing to improvements in respiratory health

7.06 Good design of these spaces encourages greater community ownership of the environment and reduces negative effects such as vandalism and the under-use of facilities.

Mental Health

7.07 Mental health problems are among the most common forms of ill-health and they can place a heavy burden on individuals, their families and the community at large. According to the Department of Health people in deprived areas on low incomes are much more likely to struggle with mental illness and require sustained and intensive support to break out of the downward spiral of poverty and poor health.

7.08 It is difficult to accurately assess the number of people affected by mental health problems due to a lack of robust data, however, there are proxy indicators that may be used, for example claims for mental and behavioural disorders.

7.09 The incidence of mental health problems amongst Incapacity Benefit claimants serves to illustrate that mental health difficulties are widespread and often lead to poor physical health outcomes, thereby contributing to widening the health inequalities gap. The average claimant of incapacity benefits for mental illness (number of claimants per thousand working age population) in England during 2007 was 27.4.

Include Tameside/National figures or table for incapacity benefits for mental illness

Ageing Population

7.10 In Tameside, the number of people over the age of 65 is forecast to increase by 13% in 2015, by 22% in 2020 and by 33% in 2025. The demand for services to older people will increase as the shape of the local and national population changes as a result of advances in medical science meaning more people are living longer.¹

7.11 Health and social care policy is shifting investment patterns to earlier interventions that promote health, independence and wellbeing in order to prevent or delay the need for more costly intensive services. Demand for care and support services will rise but will not be matched by a similar commitment in public spending. There will be opportunities to offer an even wider and more varied menu of options for people to meet their social care and support needs; a supportive environment as well as wider, more universal access to information and advice will be key to this.

7.12 The partnership between Adult Social Care, Health and Housing will need to be strengthened; with provisions such as Telecare and equipment enabling more people to continue living at home

¹ Projecting Older People Population Information System www.poppi.org.uk

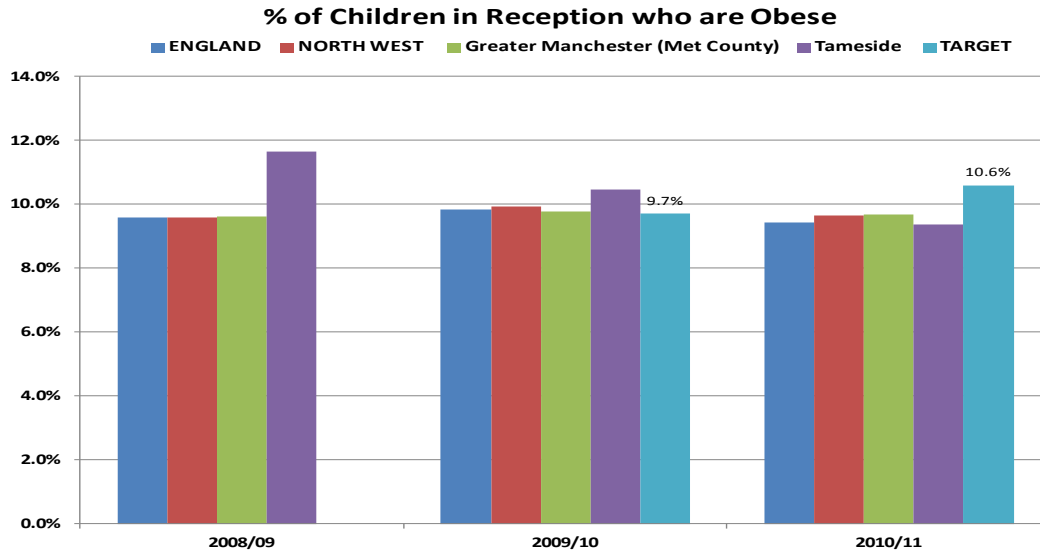


Poor Diet

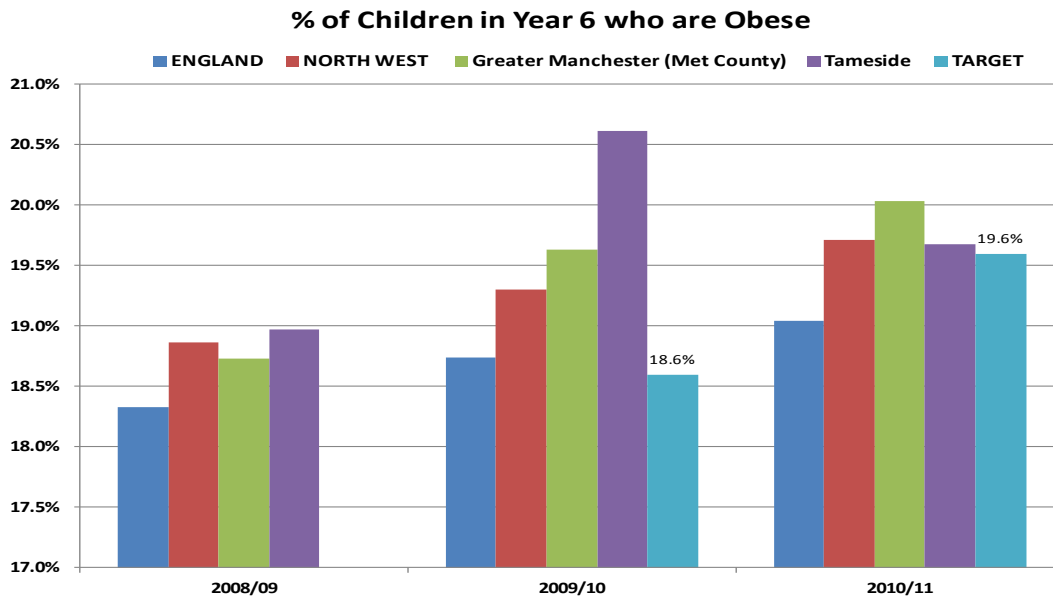
- 7.13 Poor diet can have major health consequences and increase the incidence of a range of health issues such as obesity and cardiac problems as well as being strongly related to social disadvantages such as poor education and a lack of skills. Over eating of foods with a high fat content and a lack of a balanced nutritional diet can give rise to serious illnesses such as high blood pressure, stroke, heart disease, obesity and diabetes.
- 7.14 Planning can intervene to ensure that there are opportunities for people to buy fresh healthy produce locally and restrict the opening of new facilities which offer fast/unhealthy food within a reasonable walking distance of schools. It can also ensure that there are opportunities for people to grow their own vegetables by providing greater access to allotments and community garden schemes.

Obesity

- 7.15 Overweight and obesity represent probably the most widespread threat to health and wellbeing in this country. A total of 23% of adults are obese (with a body mass index – BMI – of over 30); 61.3% are either overweight or obese (with a BMI of over 25). For children, 23.1% of 4–5-year-olds are overweight or obese, and 33.3% of 10–11-year-olds. The trend has been upward over the past decades, although nationally it appears to have now levelled off in children and there are signs of levelling off among younger adults. However, the absolute level of obesity is very high. England, along with the rest of the UK, ranks as one of the most obese nations in Europe and there are few signs yet of a sustained decline. We also continue to see clear health inequalities with regard to obesity.
- 7.16 It is the consequences of overweight and obesity that make these statistics so serious. Excess weight is a major risk factor for diseases such as type 2 diabetes, cancer and heart disease. Alongside the serious ill-health it provokes, it can reduce people's prospects in life, affecting individuals' ability to get and hold down work, their self-esteem and their underlying mental health. Excess weight costs the NHS more than £5bn each year. More broadly, it has a serious impact on economic development.
- 7.17 Large shifts towards less physical activity (increasing use of automated transport and technology in the home), and more passive leisure pursuits are significant contributing factors to the rising levels of obesity. The increasing incidence of child obesity in particular is a major concern. Various factors contribute to children being overweight, including:
- Not walking to and from school
 - Decreased participation in school sports activities
 - Decreased activity levels in teenagers and children
 - Poor diet
 - Inherited factors
- 7.18 In 2008/09 there were 11.6% of Reception aged children in Tameside who were obese. However this figure has fallen in 2009/10 to 10.5%, and again in 2010/11 to 9.4% bringing Tameside to the same as the national level.



7.19 The number of Children in Year 6 who are obese in Tameside has risen from 19.0% in 2008/09 to 19.7% in 2010/11.



Physical Activity

7.20 Physical activity is essential for improving health and wellbeing and an increase in activity levels will help prevent or manage conditions such as obesity and can encourage the older population to maintain independent lives. Physical activity helps people feel better through improvement in mood, reduced anxiety and enhanced self perceptions, whilst also helping to alleviate stress, and improve sleep.

7.21 Providing a range of sport, leisure and cultural facilities will aid in increasing the physical activity levels of the population of Tameside. The Core Strategy will have an intrinsic role in



achieving this in Tameside through identifying the quantity and quality of green space and play facilities throughout the borough. Housing, transport, and economic development also effect levels of physical activity and can be influenced through the Core Strategy, in-particular through the siting of such land uses. This will affect the mode of travel taken and the degree of car dependence within Tameside which in turn will influence the level of physical activity of residents.

- 7.22 The design and location of buildings can encourage physical activities. Not only does a good environment assist in promoting active lifestyles, but there is also evidence that aesthetics and other elements of design can promote health and encourage general wellbeing. The way in which an area is planned through its aesthetic appearance and location in relation to other services also has implications on levels of walking i.e. the general attractiveness of a place for movement on foot.

Alcohol

- 7.23 Tameside MBC have had a joint Alcohol Strategy since 2003. In 2008, Tameside & Glossop PCT and Tameside MBC commissioned an Alcohol Needs Assessment. The purpose of the Needs Assessment was to gain a more detailed shared understanding of the extent and nature of the needs of alcohol harms across the Tameside and to then use this understanding to inform future treatment planning and commissioning, alcohol strategy priorities and activities.

- 7.24 The three key areas of focus for the Needs Assessment are:

1. Effects on society at large
2. Effects on health and hospital admissions with a particular focus on alcohol-specific conditions
3. The likely impact of a range of interventions that could be delivered by partnerships and by primary care services.

- 7.25 The key findings from the Needs Assessment indicate that alcohol harm in Tameside is extensive. It is also an important factor adversely affecting overall quality of life which perpetuates inequalities. In addition Tameside is currently identified as being in the 'top ten' nationally for alcohol-related harm in relation to health.

- 7.26 There are many reasons for this level of overall alcohol related harm. One such reason identified by the Needs Assessment is that Tameside has increased levels of alcohol misuse among young people. The young people in the borough appear to drink more and earlier compared to the national averages. This links to the information about binge drinking in Tameside where synthetic estimates of alcohol consumption patterns produced by the Centre of Public Health show that approximately 22% of the Boroughs' residents aged 16 years and over are binge drinkers. Ages 20-25 are the peak band for acute intoxication admissions with male admissions peaking at 20-24 and women peaking at 15-19 and again at 40-44. In the 10-14 age band, females outnumber males.

- 7.27 When looking at acute intoxication admission rates to Tameside Hospital Accident and Emergency (A&E), broken down by Tameside ward boundary, a clear and definite correlation is evident with areas in the wards with highest levels of deprivation. In addition to this, the Assessment found that a massive burden on services is as a result of a relatively small number of individuals. Over a three year period thirty patients were admitted to Tameside A&E some seven hundred times.



- 7.28 In relation to crime and disorder, the Needs Assessment identified alcohol as a more frequent issue in crime reports than drugs. The links between alcohol and issues like violent crime and anti-social behaviour have been known for many years, but the Assessment also highlighted the links between alcohol and acquisitive crime, mental health problems and poor school performance.
- 7.29 Local perceptions about alcohol show that 85% of residents say they are concerned about the drunken behaviour of others, 72% are concerned about alcohol related crime, 77% of people are concerned about alcohol related litter and 86% of people are concerned about young people drinking in parks and on the street. However, if asked about their own alcohol consumption, only 13% said they were concerned about their own drinking behaviour.
- 7.30 These findings clearly demonstrate the need for tackling alcohol related harm. In order to achieve the greatest impact, the Assessment concluded that efforts should be targeted at the following groups:
- Those involved in binge drinking including young people and younger adults especially males
 - Under 15s including girls
 - Chronic drinkers at risk of developing alcohol related ill health
 - Those geographical areas with the highest deprivation scores
 - Children and families with multiple needs
 - Adults with multiple needs including those involved in the criminal justice system.
- 7.31 The Core Strategy will need to take these issues into consideration when forming new policies as well as building upon the successful work already being undertaken by the Council and its partners in tackling and reducing problems associated with alcohol.

Sexual Health

- 7.32 The Sexual Health strategy for the Borough is currently being updated. It is clear that certain groups of people living in Tameside experience poor sexual health such as high levels of certain Sexually Transmitted Infections (STIs) including Chlamydia; high teenage pregnancy rates and late diagnoses of HIV. These groups include, for example, men who have sex with men (MSM); teenagers and young adults, particularly those in care; certain minority ethnic groups, especially those of Black African origin; injecting drug users, sex workers and those in the criminal justice system. The refreshed strategy will set out how partners, including NHS Tameside and Glossop and Tameside MBC, will tackle these issues.

Teenage Pregnancy

- 7.33 Tackling the issue of Teenage Pregnancy in the Borough is driven by the Teenage Pregnancy Executive board, which in turn reports to the Children's Trust. Both boards ensure the engagement of all of the key mainstream delivery partners who have a role in reducing teenage pregnancies, which include, health, education, social services, youth support services, and the voluntary sector.
- 7.34 Evidence and research suggests that a range of factors need to be in place to successfully reduce teenage pregnancy rates. All areas are expected to implement these factors, which are:



- Engagement of delivery partners, including health, education, social services, youth support services and the voluntary sector
- Effective sexual health advice service - clinics offering free confidential advice, information and contraceptive services in places accessible to people e.g. youth centres, schools.
- Prioritisation of sex and relationship education - this is a key priority in the borough.
- Involving partner organisations in sex education - this will ensure that all staff in contact with young people are able to signpost young people to appropriate services.

7.35 Research tells us that teenage parents are much more likely to be living in poverty by the time they are 30 if they are not supported to return to work or learning. It is important that all teenage parents have access to support services which include family support, parenting skills and access to education, training and employment. Therefore it is important that teenage parents are supported to return to work, education or training.

Climate Change Considerations

7.36 How we prepare for climate change and reduce further greenhouse gas emissions is a major challenge. It requires changes to almost everything we do and must, therefore, be considered from many different perspectives. The issues that are particularly important for health are set out below:

- Higher levels of mortality related to summer heat are expected.
- Possibility of injuries from weather-related events.
- Higher winter temperatures would be likely to lead to a reduction in winter related mortality and illnesses such as colds and flu.
- Higher incidences of food poisoning due to warmer summer temperatures.
- Hygiene impacts of water shortages.
- Health problems related to poorer air quality, particularly along major roads.
- Increased incidence of skin cancers and cataracts due to hotter summers.
- Increased incidence and geographical range of insect borne diseases.
- Financial impact of greater demand for health services.

7.37 The issues surrounding climate change are complex and multifaceted but the Core Strategy will seek to address the critical issues through various policy initiatives relating to energy consumption, housing, and pollution measures. Topic Paper 8 - Climate Change and Decentralised Energy goes into more detail in relation to new technologies and strategies that can be adopted as Tameside moves towards a low carbon economy.

Air Quality and Pollution

7.38 Exposure to poor air quality or pollution can have a serious detrimental effect on a person's health and the environment, with certain groups at greater risk. Tameside has an Air Quality Management Area along the strategic highway network including M60 and M67 Motorways and key routes such as the A57 and A628. Within the management area the quality of the air is monitored to check the number of exceedences for air quality on a given number of days in a year.

7.39 Exposure to noise can also affect a person's health and well being. The European Council Directive relating to the assessment and management of environmental noise 2002/49/ERC (commonly known as the European Noise Directive) requires member states to produce strategic noise maps for roads, rail and agglomerations and then, using these maps, produce action plans to manage noise issues.



- 7.40 Planning can intervene to ensure that new development is planned taking into account noise levels and avoid allocating land for noisy uses in proximity to sensitive uses (and vice versa). It can also seek to preserve quiet areas identified by the European Noise Directive.
- 7.41 Pollution is a major implication on the health of Tameside's population. As urban areas tend to have a greater exposure to higher levels of noise and air pollution, the effect on the population's health can be negative and it is important to note some of the health implications.
- Poorly designed transport solutions can have immediate negative effects on health, through air and noise pollution, as well as making a longer-term contribution to climate change.
 - Many chemicals are injurious to health. Air pollution has short and long-term damaging effects on health and can worsen existing lung and heart diseases.
 - Resource extraction and construction generates traffic, noise, vibration, fumes and dust, all of which if not properly managed can damage the health of the surrounding population.
 - People spend about 90 percent of their time indoors, and exposure to pollutants can be greater indoors than outdoors.
 - Good ventilation and non-polluting construction methods can help to minimise these risks.
 - The effects of flooding can also be detrimental to health through water borne infections and contributing to psychological problems.

8.00 Tackling Inequalities

Deprivation

- 8.01 Deprivation levels in Tameside are measured using the Indices of Multiple Deprivation (IMD). This is formed from the analysis of 38 different indicators covering specific aspects or dimensions of deprivation. The indicators can be broadly grouped together to make seven domains of deprivation, which include:
- Income
 - Employment
 - Health and disability
 - Education, skills and training
 - Barriers to housing and services
 - Living environment
 - Crime
- 8.02 In the Indices of Multiple Deprivation 2010 (IMD 2010), Tameside is ranked as the 42nd most deprived area out of 326 local authorities in England. In 2007 Tameside was ranked as the 56th most deprived area in England illustrating that the level of deprivation in the borough has increased. Referring back further it is also important to note that deprivation levels in 2010 are also worse than in 2004, indicating a continuing upward trend in deprivation levels.



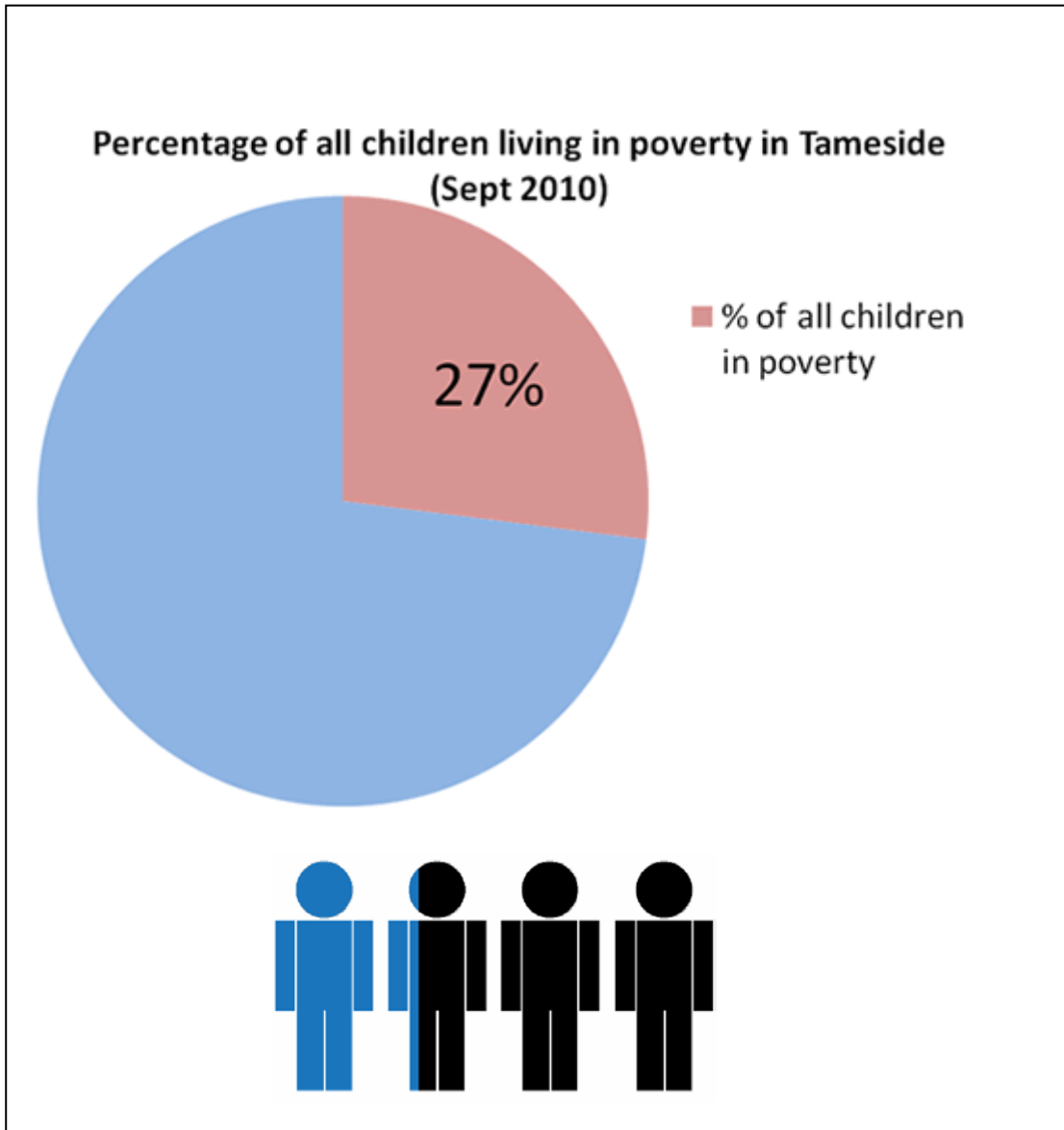
Life Expectancy

- 8.03 There is a strong association with deprivation with more affluent local authorities experiencing better health than the England average, and areas with high levels of deprivation, such as Tameside, experiencing worse health than the average for England (Health Profile 2010: North West. Association of Public Health Observatories).
- 8.04 In addition, local inequalities exist within Tameside. As a result, men in the least deprived areas of Tameside can expect to live almost seven years longer than men in the most deprived areas; for women the difference is almost six years.
- 8.05 Understanding adult health issues is essential when considering child health, as evidence shows that the health behaviour of children follows the health patterns of the adults round about them. In addition, a mother's physical and mental health is one of the key drivers of childhood life chances (Field, F, 2010. The Foundation years: preventing poor children becoming poor adults).



Child Poverty

- 8.06 The latest estimate (as of September 2010) using local Housing Benefit and Council Tax Benefit (BCTB) data shows that 27% of all children in Tameside are living in poverty equating to around 12,722 or more than 1 in 4 children. These households may have very low or no income. The last national figures, from 2008, indicated that there were 23.5% of children living in poverty in Tameside compared to 20.9% in England.

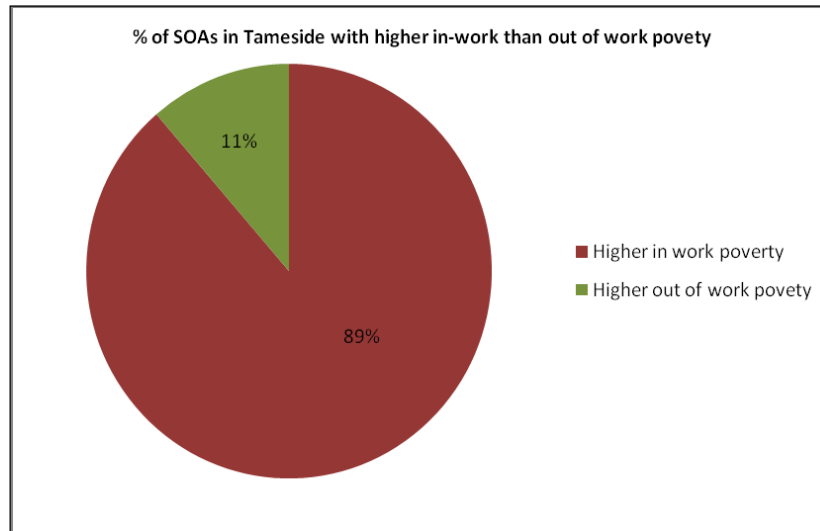


More than 1 in 4 children live in poverty in Tameside

- 8.07 The latest finalised data for Tax Credits indicates that in 2008 there were a further 14,000 children (again another 27%) living in households claiming working and child tax credits and a further 10,800 children living in households claiming the family element of child tax credits (around 20% - with incomes over £20,000 *cf* Minimum Income Standard). We know that nationally, the majority of children living in poverty live in households where someone is working. In Tameside, the proportion of children living in in-work poverty is even higher due to the prevalence of low wage and insecure employment. This is demonstrated in the



chart below, showing the percentage of Super Output Areas (SOA's) in Tameside with higher in-work than out of work poverty.



8.08 The Child Poverty Needs Assessment for Tameside identified the links between poverty and education, poverty and health, poverty and the local economy and poverty and financial inclusion.

Education and Poverty

8.09 Poverty predicts educational outcomes in the UK more strongly than in any other nation in the Organisation for Economic Co-operation and Development (OECD). According to the End Child Poverty Campaign, by the time they start school, many poor children are already lagging behind their peers, often setting the stage for a downward spiral of unequal chances and diminishing returns that will play out for the rest of their lives. This restricts social mobility and feeds intergenerational poverty. Educational attainment at school has a significant effect on earnings in later life. A lack of qualifications and skills makes it much harder to obtain secure, well-paid employment. A good education is, therefore, critical to breaking this cycle of poverty.

8.10 Poverty affects a child's ability to succeed at school in many ways. School trips, art and music supplies, private tuition, home access to IT and the internet are advantages that are often denied to children growing up in poverty. At Secondary school children living in income deprived households are 3 times as likely to be persistently absent from school as their more affluent peers. The Joseph Rowntree Foundation has compiled a report looking at the effect aspirations, attitudes and behaviour of parents and children have on a child's attainment. They found that this plays an important part in explaining the gap between richer and poorer children's educational attainment, for example a young person is more likely to do well in their GCSEs if their parents think it likely that the young person will go on to higher education.

8.11 Schools have a major role to play in tackling many of the issues raised here. Relevant policies are likely to include how funds are allocated towards pupils from the poorest backgrounds, and the direct teaching support provided to children when they start to fall behind.



Skills

- 8.12 The fundamental issue for Tameside appears to be the skill levels of the workforce. As the UK becomes more reliant on knowledge driven industries for wealth creation, so the employment outcomes for Tameside residents become more limited. Tameside records the lowest level of NVQ4 equivalent or higher attainment for residents in Greater Manchester and the highest level of residents achieving no recognised qualification. In turn this has led to the lowest levels of employment in professional or management grade employment and the lowest average wages in Greater Manchester (ONS Annual Population Survey).
- 8.13 Workforce skills can take more than a generation to change and is structurally difficult to address with the ability to shift performance linked to attitudes and aspiration as well as the economic pressures to gain work before potential qualifications are achieved.
- 8.14 Whilst employment outcomes may be limited by skills, at present the relatively low skills attainment has not resulted in high levels of unemployment. In fact unemployment rates in Tameside have been below the averages for England. This does mask some structural issues relating to the total benefit claimant rate and the period of time individuals may be reliant on benefits in some difficult to reach communities (ONS Claimant Count data).
- 8.15 The result of the overall situation is that Tameside is an area where communities are more skewed towards deprivation than affluence. When the indices of multiple deprivation are considered there are very few lower level super output areas (LSOAs) in Tameside positioned within the rankings for least deprived in England as a whole. Conversely high levels of deprivation are found in individual LSOAs across Tameside but particularly in Ashton, Hyde and Longdendale & Hattersley. On average health is the measurement where deprivation is relatively most severe across Tameside (DCLG Indices of Multiple Deprivation).

Unemployment and Work

- 8.16 Tameside is an area which has not yet adjusted to many of the structural shifts in the UK economy. The borough has a resident population which has achieved lower skills, lower grade employment and consequently lower levels of wages than the average for the UK or Greater Manchester (ONS Annual Population Survey).
- 8.17 Despite the relatively poor labour market outcomes for Tameside residents however, the unemployment rate is not as high as many areas of Greater Manchester (Claimant Count data - National Online Manpower Information System (NOMIS)) but this may demonstrate more about the resilience of residents than the economy as a whole. Employment in Tameside declined during the UK economic expansionary years of 2004 to 2008 (Annual Business Inquiry) and out-commuting from Tameside is relatively high (ONS Annual Population Survey).
- 8.18 Whilst Tameside faces some economic difficulties, from the perspective of location, the borough does have a number of advantages. The proximity and linkages to the growing economy of Manchester and the national and international motorway, rail and air links provide Tameside with a position many other local authorities would envy. The Core Strategy will need to take full advantage of Tameside's geographical benefits.
- 8.19 Within Tameside, unlike other authorities across Greater Manchester, there is no single economic focus for the area. This lack of focus may have been detrimental to the economic performance of the area. A central focus can lead to more efficient concentrated



provision of public and business services, creating in turn, a greater town centre vitality and on towards a clearer spiral of service sector employment generation. For further information on these issues there is a more detailed discussion available in Topic Paper 4 - Town Centres and Retail.

- 8.20 Ashton is the District Assembly Area (DAA) with the highest number of residents and the highest concentration of employment but Stalybridge; Hyde; and Longdendale and Hattersley retain a structure where their contribution of employment and residents to the Borough is balanced. Dukinfield is an area which may be considered more focused on employment whilst the areas of Droylsden; Mossley and Stalybridge North; and Denton and Audenshaw are skewed towards residential (Annual Business Inquiry and ONS Mid Year Population Estimates).
- 8.21 In the recent past, employment has declined across Tameside. This decline has not been uniform and it was most severe in Hyde and Longdendale & Hattersley (Annual Business Inquiry).
- 8.22 The decline has been caused by a structural shift with more than a third of manufacturing jobs lost in the decade 1998-2008. The fastest growth in employment during the same period was in 'public administration, education and health' and this activity represents the most important activity for employment in Tameside. In the decade 1998-2008 almost 4,000 jobs are estimated to have moved from the public to the private sector. Of course, 'public administration, education and health' is also an area where jobs are now considered to be at risk as a result of the public sector expenditure cuts.
- 8.23 The sectors recording the highest proportions of employment when compared to the average for England remain skewed towards manufacturing. There are examples of highly regarded value adding manufacturing operations within Tameside such as Scapa Group, The Hyde Group, Stamford Group and Total Petrochemicals but in general, even within manufacturing alone, those sectors considered to be knowledge intensive are under-represented (NW Business Insider top 500 companies and Annual Business Inquiry).

Debt and High-Cost Credit

- 8.24 Pressures of expenditure are as important as income: research by the Resolution Foundation in 2009, showed that low-income households, with an average of £15,800 at their disposal, are walking an increasingly precarious financial tightrope. It has found that 24% of low-wage households spend more than a quarter of their monthly income on debt, which is twice the number from four years ago. The study shows nearly a third of low-income households have high loan-to-value mortgages and are in negative equity, making them vulnerable to homelessness if they lose their job.
- 8.25 Research has also shown how families living in poverty can pay much more for access to finance and other essential goods and services. "The Poverty Premium" by Save the Children and the Family Welfare Association, shows that low income families can pay around:
- 150% more for basic goods such as an oven bought on credit
 - 10% more on gas bills paid through pre-payment meters rather than by direct debit.
 - Other areas where poor families end up paying more is for electricity bills (8% more) and for home and car insurance in deprived areas.



- 8.26 In Tameside, the prevalence of high-cost credit provision is of particular concern. The Council's Welfare Right Service have set out the issues, and impact this can have on people's financial and wider wellbeing, in the Strategy for Developing Personal Resilience: Shouldering the Burden. The document sets out the borough's vision to enable residents to have the skills and knowledge to manage their money well and become more prosperous. This includes giving residents access to a range of appropriate and affordable financial products and advice services that reduce the level of over-indebtedness, develop personal resilience, maximise incomes, and reduce the risk of homelessness and the incidence of fuel poverty.
- 8.27 In 2010 Tameside was ranked worst in Greater Manchester for mortgage possession summonses issued leading to orders being made by the county court. 385 orders were made in Tameside which represents 4.18 per thousand households. To put this into a regional context, only Blackpool (4.37), Blackburn (4.26) and Pendle (4.19) ranked lower in the North West.
- 8.28 Recent research suggests that there is evidence of strong association between both financial capability and psychological well being, and between changes in financial capability and changes in psychological wellbeing. Higher financial incapability is associated with higher mental stress, lower reported life satisfaction, and health problems associated with anxiety or depression. Government research also suggests that low income and debt are associated with higher rates of mental illness. Studies suggest that the effect of low income on mental health may largely be explained by the effect of debt.

Access to Services

- 8.29 The 2003 British Medical Association publication Housing and Health: building for the future states:
- 8.30 "Poor provision of services is an aspect of neighbourhoods that is likely to influence health and that has been taken into account in many health initiatives. Important issues are the availability of neighbourhood health services, shops selling a range of cheap healthy food, and affordable, easily accessible facilities for physical exercise. These considerations are particularly important for deprived communities whose residents may not be able to afford to travel elsewhere. Easy access to user-friendly services may improve the health of a neighbourhood by reducing stress and increasing the sense of empowerment and involvement."
- 8.31 Many of these factors may be influenced by planning policy via the Core Strategy. National planning guidance aims to ensure that new development is sustainably located offering access to local services and facilities and ensuring that development is accessible by public transport, with appropriate walking and cycling routes to encourage active travel. All of these things help to ensure that communities remain vibrant and allow their population to be more active by being able to walk or cycle to local facilities. Sustainable development will be key factor in the Core Strategy ensuring access to facilities and transport locally and this should benefit health and wellbeing.

Better Housing

- 8.32 Housing condition can have a major impact on a person's health and wellbeing. For example those living in a poorly insulated or damp house, or without central heating or with poor facilities may be more prone (especially in the winter months) to a range of respiratory illness, coughs, colds and viral infections. These issues are more likely to affect people who spend long periods of time at home such as the elderly or those with disabilities.



- 8.33 Inappropriate housing in terms of the type or location can also affect a person's health. Housing provision needs to be suitable and adaptable to cater for the varied needs of households in Tameside. Whether it is concerning homes for families with young children or accommodation for the elderly and disabled the housing provision should provide a safe and comfortable environment, appropriate to an individual or individual's needs. Focus also needs to be placed on the surrounding area ensuring that family homes are close to schools and that vulnerable groups are not isolated from services or cut off from the wider community.
- 8.34 Planning can intervene by ensuring the provision of a range of housing types and sizes to meet the needs of all sectors and ages of the community (including affordable housing) which is built to high quality sustainability standards. It can also require that new development takes into account secure by design principles.

Continuing to tackle Crime

- 8.35 Like all areas Tameside suffers from the negative effects of crime. Seeking to tackle these problems through policies promoted and supported by the Core Strategy will improve the quality of life for the people of Tameside, particularly those in the most disadvantaged neighbourhoods. Policies which aim to reduce crime, reduce the fear of crime and anti-social behaviour and reduce the harm caused by illegal drugs will need to be considered.

9.00 Summary

- 9.01 Income and employment have a huge influence on the health of individuals, and they in turn can influence every other factor which impacts on a person's health. Therefore, to make any major improvement in the health of local people, there needs to be a focus on improving the wider determinants of health such as living and working environments, rather than purely focussing on improving individual lifestyle factors.
- 9.02 To reduce health inequalities, the barriers to health encountered within the local community, and by these vulnerable groups in particular, need to be tackled, reduced and removed.

10.00 Cross Cutting Themes

- 10.01 Issues surrounding Health and Inequalities inter-connect with a number of other topic areas including:
- Housing - ensuring the provision of a range of housing types and sizes to meet the needs of all sectors and ages of the community.
 - Transport and Infrastructure - ensure that new development is sustainably located offering access to local services and facilities and ensuring that development is accessible by public transport, with appropriate walking and cycling routes to encourage active travel



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- The Economy and Employment - retaining and attracting a range of employers, whilst moving towards a more flexible and responsive economy and improving the skill levels of the workforce.
 - Town Centres and Retail - a central focus can lead to more efficient concentrated provision of public and business services, creating in turn, a greater town centre vitality and on towards a clearer spiral of service sector employment generation. This will lead to greater opportunities for employment and education and help to reduce deprivation.
 - Climate Change and Decentralised Energy - re-thinking how we produce and consume our energy needs. Reduction in Carbon emissions and preventing the effects of climate change will improve air quality and lessen the risk of water shortages.
 - Green Infrastructure, Open Space and Biodiversity - ensuring that there are accessible areas for recreational use and a range of formal recreational provision will be intrinsic to improving health and wellbeing of Tameside's residents as well as reducing levels of obesity through increased physical activity.