Technical Health and Wellbeing Paper
Breckland Local Plan

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Norfolk County Council
Public Health

Contents

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Introduction

The built and natural environment has an impact on the health and wellbeing of residents and specifically impacts the wider determinants of health and the effect this has on widening inequalities. Good health includes physical, social, and mental wellbeing going beyond simply the absence of illness and care of persons who have become ill. Health is not consistent across the population and stark inequalities often exist across population groups and small areas. Health and wellbeing are strongly negatively correlated with levels of socio-economic deprivation, for example, those living in the most deprived areas typically face worse health inequalities compared to those living in more affluent areas. Provisions of social infrastructure is vital for vibrant neighbourhoods, which includes schools, health centres, local food shops, public buildings, local workplaces, and green space. Neighbourhoods which enable residents to have good access to goods and services and provides opportunities for social interaction can promote a feeling of community and reduce health inequalities (1,2).

The Local Plan plays an important role to support positive health and wellbeing outcomes across all parts of Breckland, ensuring the consideration of all aspects that impact on an individual's health. The model of health determinants relating to the built environment developed by Barton and Grant (figure 1) is widely used to aid understanding of the interactions between different aspects of society and the environment. It provides a holistic model of the relationship between people, their quality of life and their local and global environment, detailing the social determinants of health. Such models provide an important framework for considering the wider health impacts of development (3). The social determinants of health encompass non-medical factors such as income, education, and living conditions that significantly impact health outcomes and can lead to health inequities. These determinants play a substantial role in influencing health, accounting for 30% - 55% of health outcomes, and addressing them is essential for reducing health disparities and requires cross sector collaboration (4). This paper includes a range of indicators which build a picture of the health of residents within Breckland and will outline key principles and practical recommendations for promoting health in spatial planning.

Figure 1: A health map for the local human habitat (3).

Wider Policy, Plans and Programmes

National Planning Policy Framework (5)

The National Planning Policy Framework (NPPF) is explicit in its support for healthy place shaping. It states in paragraph 91 that:

"Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

a) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages

b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas

c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs - for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling".

The sections on open space and recreation and design note the influence of these on promoting healthy lifestyles and wellbeing.

NHS England Long Term Plan (6) & Putting Health into Place (7)

This aims to ensure that the nation's future health is given high regard when planning and designing places. *"Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to – not a substitute for – the important role of individuals, communities, government, and businesses in shaping the health of the nation".* Lessons have already been learned from healthy new town demonstrator sites around the UK and principles for healthy place making have been incorporated into the NHS 'Putting Health into Place' guidance.

Spatial Planning for Health (2) & Planning Healthy Weight Environments Guidance (8)

The guidance is published by Public Health England of which the Office for Health Improvement and Disparities (OHID) is the successor. OHID has published guidance on using the planning system to promote healthy weight. It is clear that the quality of the local environment is a vital factor in stimulating active lifestyles and enabling communities to make healthy food choices. The OHID guidance provides a template Supplementary Planning Document (SPD) as a blueprint for local authorities to guide the creation of healthy weight environments. OHID's Spatial Planning for Health provides information about how to plan places for healthy living.

Active Design: Creating Active Environments Through Planning and Design (9)

Good design should contribute positively to making places better for people, to create environments that make the active choice easy and attractive for people and communities. It includes Ten Principles of Active Design that are identified by drawing from urban design practice and practical examples to promote environments that offer individuals and communities the greatest potential to lead active and healthy lifestyles. While not all the Active Design Principles will be relevant or appropriate to all scenarios and settings, the Active Design Principles do apply equally to the design of new places and the enhancement of existing places.

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Norfolk & Waveney's Transitional Health & Wellbeing Board Strategy 2022-23 (10)

Priorities:

- Driving integration
- Prioritising prevention
- Addressing inequalities
- Enabling resilient communities

Better Together for Norfolk (2021-25) (11)

'For us, levelling up is about creating the conditions for people to have good and healthy lives, regardless of who they are or where they live.'

'We do not believe we have to choose between a vibrant economy, healthy people or resilient communities – they are all interconnected. It is not the individual parts of the system that make it successful, it is the quality of the interaction between them. We want our strategy to make a difference to our county's social infrastructure, economic infrastructure and physical infrastructure.'

'We will explore new ways of working with communities and our partners, to protect and promote good health and inclusion, taking a place-based approach to tackling the causes of poor health outcomes, such as economic insecurity and low skills, quality of housing and lack of quality and access to green spaces.'

'We will continue to improve access to our natural and cultural landscapes, while encouraging residents to use green spaces and cultural assets to improve their mental health and emotional well-being.'

Norfolk Public Health Strategic Plan (12)

The strategic plan describes the vision, mission and priorities of Norfolk Public Health. It outlines how a wide range of positive health outcomes for Norfolk residents will be delivered throughout their lives. Key priorities include promoting healthy lifestyles, supporting people to make healthy choices and enabling the development of joined-up resilient communities.

Norfolk Director of Public Health Annual Report 2022 (13)

This year the Norfolk DPH annual report focuses on local places and the impact location has on health outcomes. 'People's health often varies from one place to another. Health and wellbeing aren't only affected by what people do – for example, eating healthy food or quitting smoking. They can also be affected by the places around us, like living in an area with low levels of crime, safe places to enjoy the outdoors, good jobs and quality housing. That's why it's important to look at what's needed in specific places to help people live longer and healthier lives – and this can vary from one place to another.'

Norfolk Planning in Health Protocol

The Planning in Health Protocol presents a process describing how relevant NHS organisations, Norfolk & Suffolk County Council Public Health and the Norfolk and East Suffolk Local Planning Authorities jointly consult to ensure that health considerations are adequately accounted for in plan making and in planning applications and their subsequent developments. In this context, the term "health considerations" includes planning for health service provision (e.g. the provision of enough doctors' surgeries to meet population needs) as well as ensuring that health promotion is considered in the design and provision of developments (e.g. the provision of walking and cycling infrastructure, or maintenance of good air quality).

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Breckland Local Development Framework 2001 – 2026 (14)

Aiming to achieve:

- "Thriving and self-sustaining community with new homes and substantial job growth, strategically located in key settlements to minimise travel needs".
- "New housing will address affordability and social inclusion through diverse mix of tenure and types".
- "Quality design and adherence to environmental limits will underpin all development, ensuring a balance between growth and preservation".
- "Ensuring a strong, healthy and just society".

Breckland Corporate Plan 2021 to 2025 (15)

The Corporate Plan outlines strategic priorities, emphasising a commitment to a greener future in collaboration with partners. The council values innovation and collaboration, recognising the importance of working together to make a positive impact on local communities. The future priorities revolve around inspiring communities, creating thriving places, envisioning Breckland in 2035, and working smarter. Additionally, the council is launching the Breckland Cares campaign, focusing on various issues such as mental health, diversity and inclusion, and climate change over a 12-month period.

Breckland Health & Wellbeing Partnership Strategy (16)

"Our Vision is to transform the way in which people access the right opportunities to improve their health and wellbeing. Through collaborative working, building resilient communities and by taking an evidence-based approach to the delivery of our priorities."

Priorities:

- Inclusivity – by ensuring equitable access to services and support.
- Innovation – by driving innovation approaches to talking known issues.
- Engagement – by actively engaging with our communities and other networks.

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Breckland Data

Breckland is characterised by its diverse landscape, which includes expansive agricultural fields, woodlands, heathlands, and urban centres. Approximately half the population live in the 5 urban areas of Attleborough, Dereham, Swaffham, Thetford and Watton, with the other half living in small villages and rural areas of the district, mainly connected by small winding country roads. Deprivation experienced by residents of rural areas may differ from that experienced by urban residents, for example, poor access to services such as healthcare, or shops and amenities. Overall health comparisons suggest that the health of rural people is better than their urban counterparts, but there are some clear problems, including the aging population, road traffic accidents and connectivity, such as rail, roads and internet. Furthermore, the cost of providing services for rural residents may be considerably higher than for their urban counterparts (17). Due to the contrast in urban and rural areas across Breckland, some analysis of the differences between these area types will be included within the report.

Population

According to the ONS 2021 census Breckland has a population of 141,476 residents, this has increased by approximately 11,000 since 2011. Figure 2 shows the age and gender population breakdown within Breckland compared to England. The highest proportion of residents are aged between 50 and 74, although there is a greater proportion of the population aged between 50 and 90+ than England. The average life expectancy for women and men is 84 years and 80 years respectively. Healthy Life Expectancy shows the years a person can expect to live in good health (without disability or poor health). Across Norfolk, men are expected to live to 63 years in good health, and for women 64 years meaning in Breckland, women can expect to live 20 years in poor health and for men, 17 years.

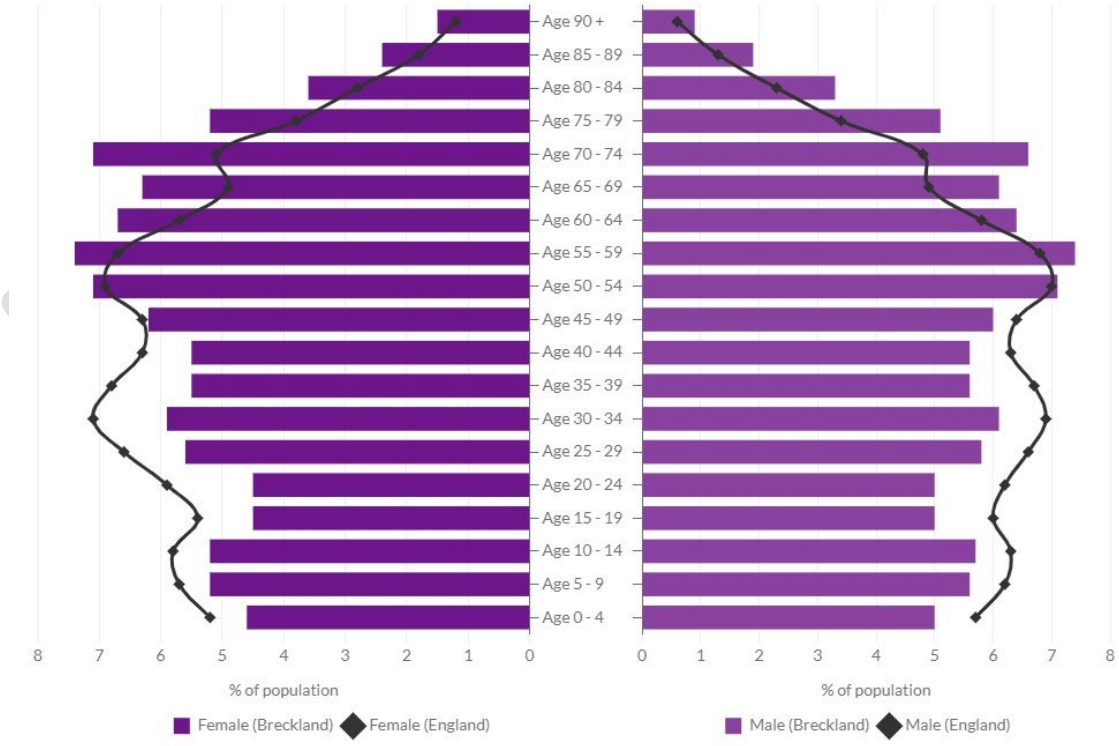

Figure 2: Breckland population age profile - Norfolk Insight.

The highest density of people live in Dereham and Thetford. Within Breckland, 96.5% of the population are White: British, compared to 88.9% in Norfolk and 73.5% in England. Urban areas have a significantly higher proportion of Eastern European residents than rural areas, with Thetford housing the highest proportion in Breckland, 11.3%. Thetford also has the greatest proportion of mixed or multiple ethnic groups, 3.1%. The Local Plan may seek to address areas with higher proportions of international residents and ethnic minorities by supporting and driving inclusive economic growth, connecting communities, inclusive services, and promoting workforce diversity (18).

General health and disability

Approximately 43% of Breckland's population reports very good health, compared to 43.1% in Norfolk and 48.5% in England. While 5.4% of the population report bad or very bad health, this is similar to Norfolk, 5.5%, and England, 5.2%. There has been little change in the reporting of general health in Breckland from 2011 to 2021. When age standardisation is applied to general health, due to the older population, 44.7% of the population report very good health, compared to 45% in Norfolk and 47.5% in England, and 1.0% report very bad health, which is similar to both Norfolk and England. Furthermore 19.6% of Breckland residents are registered disabled under the Equality Act (2010), compared to 20.1% in Norfolk and 17.3% in England. Again, when age standardisation is applied, 18.4% of the population are disabled; this is similar to Norfolk, 19%, and England, 17.7%. It is important to recognise the population and health of an area to inform a Local Plan. By adhering to inclusive design principles, promoting accessible housing, and encouraging mixed-use developments, the Local Plan can create environments that cater to diverse abilities. Accessible transportation, pedestrian infrastructure, and public spaces are crucial for mobility, while involving disabled residents in the planning process ensures their needs are addressed (2).

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Deprivation

Health inequalities exist across the UK and are about the differences in the status of people's health. The term also refers to the care that people receive and the opportunities they have to lead healthy lives. Health inequalities therefore involves differences in health status, access to care, quality and experiences of care, behavioural risk to health and wider determinants of health. Life expectancy is closely related to people's socio-economic circumstances, with the more affluent living longer healthier lives and the less affluent living shorter and unhealthy lives. Health inequalities can be apparent at birth depending on the relative deprivation of the area in which residents were born (19). This is evidenced by the Marmot Review that draws attention to social factors such as experiences in early childhood, housing, education, income, and the built environment as predictors of ill health. Tackling and improving these social factors can have substantial impacts on a population's health, and in turn reduce unfair and avoidable health inequalities (20).

The index of multiple deprivation (IMD) is a way of summarising how deprived an area is based on levels of income, employment, education, and crime. The overall IMD score for Breckland is 19.6, this ranks the district 142 out of the 317 local authorities across England, where 1 is the most deprived. Norfolk has an IMD score of 21.2 and England has an IMD score of 21.7, indicating that the overall level of deprivation in Breckland is similar to that of Norfolk and England.

In addition to this, health inequalities and deprivation are not spread evenly across Breckland. There are 7 LSOAs that are in the top 20% most deprived neighbourhoods in England, as shown in red on figure 3. These include Swaffham, Thetford, Watton, Dereham and Griston. 1.8% of the Breckland population, approximately 2,500 people, live in neighbourhoods considered to be in the top 10% most deprived in England. Greater deprivation is experienced in urban area and less deprivation in rural areas. Across Breckland child poverty and older people in deprivation is significantly lower than Norfolk and England. Fuel poverty has increasingly become a problem across England with recent rises in energy costs (21), putting further strains on residents. Approximately 22% of households in North and South Thetford are experiencing fuel poverty, while also experiencing high levels of household deprivation.

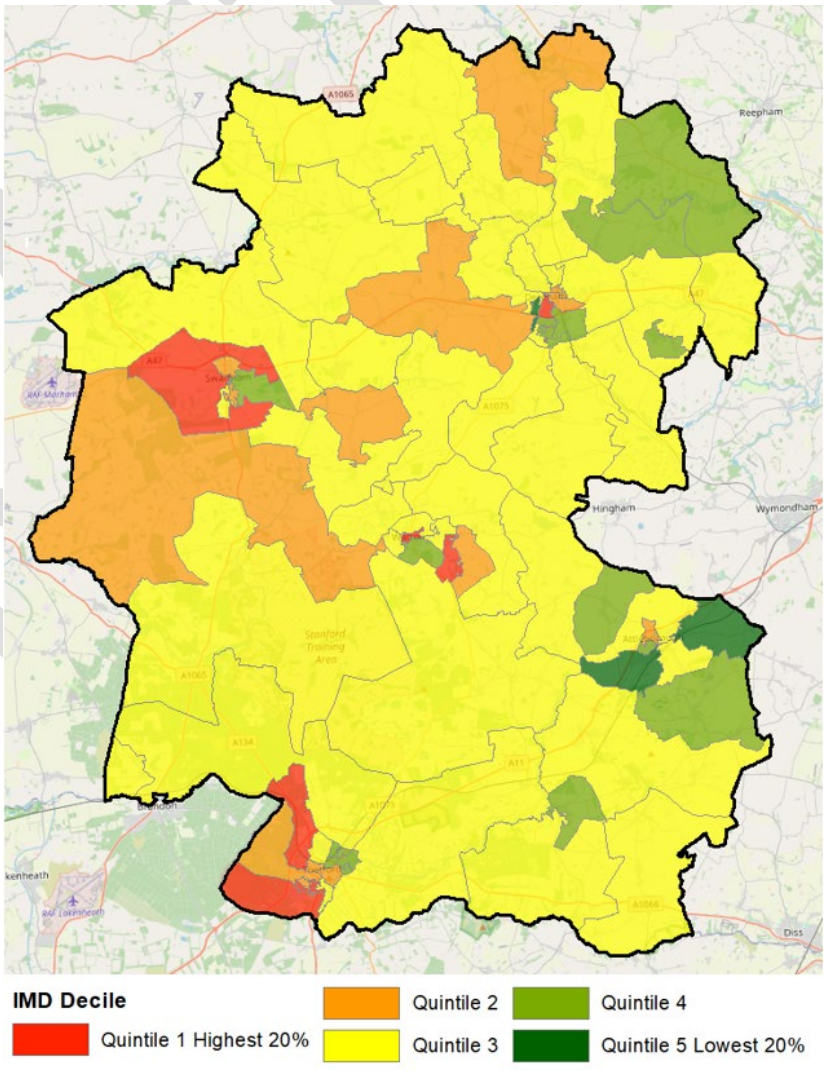

Figure 3: Distribution of Breckland IMD deciles, with the red areas highlighting the 20% most deprived LSOAs across England – IMD 2019.

Spatial planning is a one of the mechanisms used to ensure negative impacts on health and wellbeing are avoided and positive impacts maximised, while also playing a vital role in addressing the health inequalities that exist within Breckland. People's behaviour is a major determinant of how healthy they are. Smoking, poor diet, physical inactivity and harmful consumption of alcohol are leading risk factors that drive preventable ill health and premature mortality in England. These factors are more common in some parts of the population than others, and the distribution is influenced by deprivation, income, gender, and ethnicity, and is concentrated in the most disadvantaged groups. Health related behaviours are shaped by cultural,

social, and material circumstances. The environment people live in can make it harder for people to move away from unhealthy behaviours. This can include factors like income, education, access to green space and healthy food, the work people do and the homes they live in (22). Addressing these wider socio-economic inequalities through targeted intervention and careful planning, is a crucial part of reducing health inequalities.

Access to Healthcare

Access to health care is a complex concept and goes beyond geographical distance from a health care service, however it plays an important role in reducing health inequalities. There are 21 GP practices that are located within Breckland. Figure 4 shows the location of Breckland GP practices and average travel time by public transport or walking to the nearest GP. The Department of Transport journey time statistics 2019 calculates that approximately 82% of households can travel to a GP practice by public transport or walking within 30 minutes or less, compared to 89% in Norfolk and Waveney. There are 22 rural LSOAs where less than 80% of households can access a GP practice within 30 minutes of walking or public transport. The areas with the longest average travel time to a GP include Old Buckenham and Rockland St Peter. All urban LSOAs can access a GP within 30 minutes. Across the whole of Breckland only 31% of households can access a hospital within 60 mins by public transport or walking, this is lower than Norfolk with 54% of households.

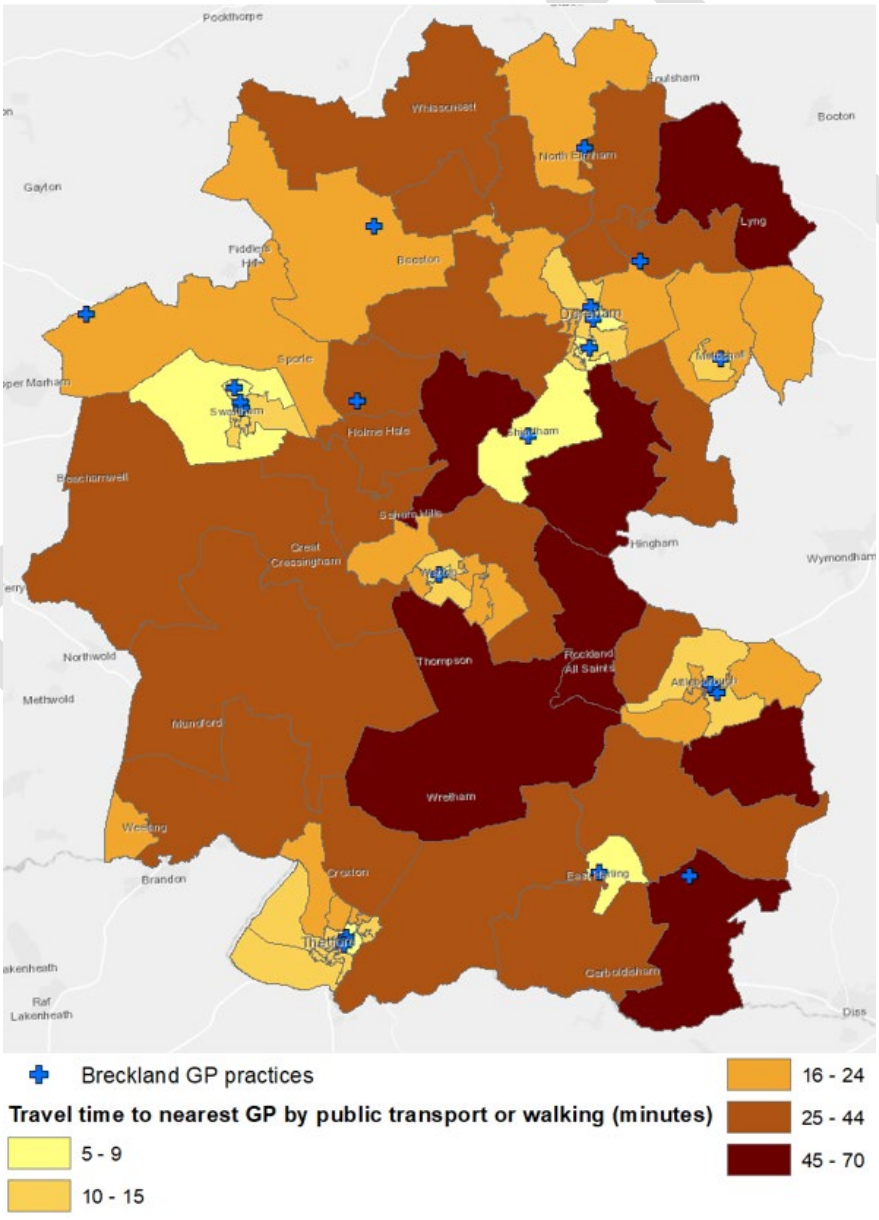

Figure 4: Map of the location of GP practices within Breckland and travel time to the nearest GP by public transport or walking – Shape Atlas.

Active Travel

Inactivity and sedentary lifestyles are creating a serious public health challenge; the UK population is 20% less active than in the 1960s (23). Over the past 60 years, the design of urban environments and transport systems have favoured private motorised transport. Whilst this has bought some benefits, it has also imposed high health and societal costs. Walking and cycling are the most effective ways to promote routine physical activity. Transport systems and the wider built environment play a crucial role in promoting these behaviours. Increasing residents' participation in active travel can improve physical and mental health, cognitive function, increase social interaction, while also providing financial savings and environmental benefits, including the improvement of air quality that can impact on population health (24).

Travelling to work provides a good opportunity for residents to engage in active travel. Across Breckland 8.5% of residents walk and 1.8% cycle to their workplace; compared to a combined proportion of 11.4% in Norfolk and 9.7% in England. However, 21.9% of Breckland residents work from home, compared to an average of 31.5% working from home across England, and 25.4% in Norfolk, highlighting opportunity to influence travel methods within Breckland. This differs in rural and urban areas, with 27% of residents working from home in rural locations compared to 16.5% in urban. There are other opportunities for active travel such as shopping and dropping off children at school, with the Active Lives Survey suggesting that 23.1% of residents in Breckland walk for travel, compared to 27% in Norfolk. A survey across England found that 66% of adults agreed or strongly agreed roads are too dangerous to cycle on (25). Figure 5 shows the number of people that have been killed or seriously injured on roads within Breckland from 2018 - 2023, with an average of 78.4 across 5 years. This is the highest number of people across all other districts in Norfolk. Most killed or seriously injured casualties have happened on rural roads in the daylight, however when it is dark, roads without streetlights record the most casualties.

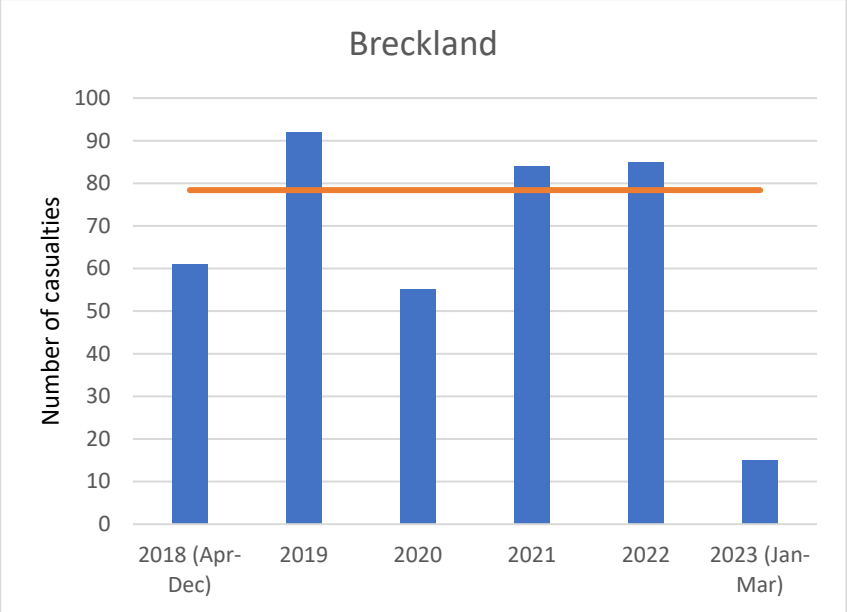

Figure 5: Killed or seriously injured that happened on roads within Breckland since 2018. The orange line represents the 5 year mean – reported road casualties.

The Local Plan can influence active travel by implementing a range of measures and initiatives aimed at promoting and encouraging walking, cycling, and other forms of physical activity for transportation. One approach could be to prioritise the development of safe and well-connected walking and cycling infrastructure, including dedicated cycle lanes, pedestrian pathways, and green corridors, to make active travel more accessible and appealing to residents. The Local Plan can also focus on creating pedestrian-friendly streets and traffic calming measures to improve safety. Additionally, the Local Plan could also support the establishment of bike-sharing schemes, cycle hubs, and secure bike parking facilities to enhance the convenience of cycling as a mode of transportation. Collaborations with local schools and workplaces to implement travel plans encouraging active commuting can also play a crucial role in promoting a culture of active travel within the community. The Local Plan should include road safety measures to encourage active travel and reduce casualties on the road (26).

Air Quality

The quality of air people are exposed to, impacts health and is the largest environmental risk to public health. Air pollution originates from sources including transport, industrial processes, farming, energy generation and domestic heating. Concentrations of air pollutants can vary both temporally and spatially but are typically higher close to the source of pollution. In urban areas especially, concentrations of particulate matter and NO_2 can be particularly high due to increased industry, housing, and traffic. The annual mortality of human-made air pollution in the UK is estimated between 28,000 and 36,000 every year. Air pollution can cause and worsen health effects in all individuals, particularly in vulnerable populations and those with pre-existing health conditions. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. Short-term increases in levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality. More recent research has associated air pollution with dementia and cognitive decline; diabetes and affecting unborn children leading to various birth outcomes such as low birth weight and developmental problems (27).

Air quality in Breckland is currently generally good. Currently there is 1 air quality management area located in Swaffham, declared in 2017 for breaching government objective threshold limits for air pollutants. In Breckland, the concentration of fine particulate matter ($PM_{2.5}$) is 6.2 ug/m^3 this is better than both England, 7.5 ug/m^3, and Norfolk, 6.5 ug/m^3. The concentration of $PM_{2.5}$ has decreased both locally and nationally over the past 5 years. Approximately 4.7% of deaths in Breckland are attributable to particulate air pollution, this is lower than both regional and national values. Only King's Lynn and West Norfolk, 4.6%, and North Norfolk, 4.5%, have lower air pollution mortality values than Breckland within Norfolk (28). Figure 6 shows an estimated measure of the concentration of four air pollutants. Urban areas, such as Thetford, Dereham and Attleborough, tend to have a higher air quality indicator than rural areas. Breckland has two air quality monitors located in the district, Swaffham and East Wretham, these represent urban and rural locations. The urban area has significantly higher concentrations of air pollution. One of the main sources of air pollution within Breckland is found in Swaffham, where the A1065 runs through the centre of the town and is the main route for both local traffic and traffic travelling to North Norfolk (29). The National Atmospheric Emissions Inventory indicates that 5 areas of 1km^2 within Breckland have >4 unit tonnes of $PM_{2.5}$, these are located along the A11 that has significant traffic volume and in Thetford, that has several industrial sites. The Breckland Local Plan can help to address air quality issues using a variety of measures that influence green and active travel infrastructure, prioritise road safety and discourage travel in private cars. The Local Plan could support the change in the uptake of low emission vehicles and encourage investment in clean public transport. Increased green infrastructure betters' health inequalities in urban areas and promote health and wellbeing, as well as improving air quality related public health outcomes (30).

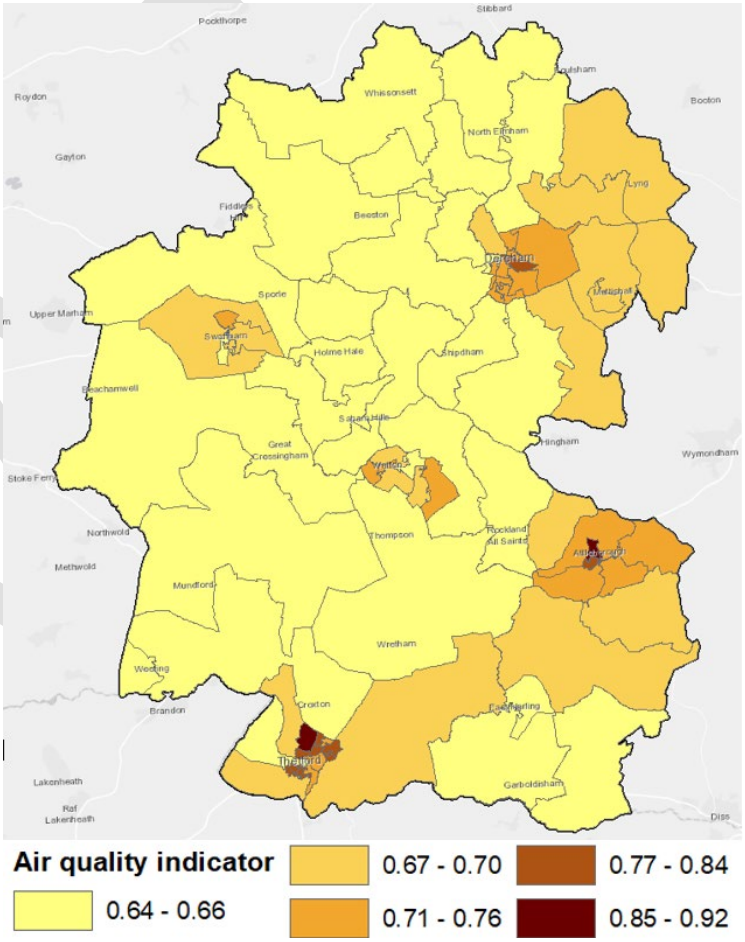

Figure 6: A measure of the estimated concentration of four air pollutants (nitrogen dioxide, benzene, sulphur dioxide and particulates) for LSOAs within Breckland, based on data from the UK Air Information Resource. Light yellow indicates lower scoring air pollution area and dark brown higher scoring areas – Norfolk Insight.

Alcohol Consumption

Alcohol is England's second biggest cause of premature deaths behind tobacco. The cost of alcohol to society is estimated at £21 billion; this includes alcohol-related crime, cost to NHS and lost productivity through unemployment and sickness. Men and women should limit their intake to no more than 14 units a week[1]. Alcohol consumption is a contributing factor to hospital admissions and death from a diverse range of conditions, including cancer and liver disease (31).

In the years 2017 – 2019, rates of alcohol specific mortality were 9.2 per 100,000 and chronic liver disease rates were 9.6 per 100,000 across Breckland. These are similar to the national rates of alcohol specific mortality, 10.9 per 100,000, and chronic liver disease, 12.2 per 100,000. In the year 2021/22 the rate of admissions episodes for alcohol-specific conditions was 382 per 100,000, this is significantly lower than the national rate. The rate of admission episodes for alcohol-specific conditions in under 18s from 2018 – 2021 was 18.5 per 100,000, this is similar to the national rate of 29.3 per 100,000. Dereham has the highest rate of hospital admissions for alcohol attributable condition within Breckland. The impact of harmful drinking and alcohol dependence is much greater for those experiencing the highest levels of deprivation (31). Breckland has approximately 0.4 licenced premises per square kilometre, the lowest district in Norfolk. The Breckland Local Plan could influence alcohol consumption by recognising areas with a high number of licence premises, and potentially limit further licencing or recommend restrictions. Spatial planning also plays a role in creating attractive public spaces that encourage social interaction and recreational activities as an alternative to alcohol consumption, while also incentivising the development of facilities that promote healthy lifestyles. By understanding alcohol usage across Breckland, violence and alcohol misuse can start to be recognised, addressed, and designed out of areas (32).

Climate Resilience

Climate change is having a largely negative impact on the health and wellbeing of the UK population. Vulnerable people, including the very young and old are particularly susceptible to the risks and outcomes of climate change, such as dehydration and overheating in hot weather. Hot summers and prolonged heat waves also threaten those with pre-existing health conditions, such as heart and lung disease (33). Breckland is already facing some flooding challenges; these are likely to be exacerbated further with the impacts of climate change. The immediate dangers to physical health from flood events are often highly visible such as drowning, physical trauma and injuries and infection, with some longer term impacts such as respiratory disease from mould or damp in the home. Mental health impacts are often less associated with flooding and coastal change, however those directly impacted by flooding are 6 times more likely to have PTSD, depression, and anxiety. The impacts of climate change are likely to be a particular issue for those already in poor mental health (34).

Climate related risks are increased for those residents living in high socio-economic deprivation. Those living in deprived areas of Breckland are more likely to have poor health and become impacted by climate change stresses. Residents living in areas of deprivation are less likely to be able to adapt to climate change, for example tenants, in either social or private rented housing, may have limited ability to retrofit flood resilience measures due to unsympathetic or uncooperative landlords, or simply not have the funds to afford flood mitigation methods (35). Residents with poor quality housing are likely to be at further risk (36). Planning plays a crucial role in building community resilience in Breckland; developments that are being built today will need to be able to function and respond to future climate change projections. Developments will need to have the ability to keep residents cool during warm summers to reduce the risk of heat stress and avoid areas at highest risk of flooding (existing and future) (5), while also being built with flood resistance and resilience measures to reduce both physical and mental health impacts. Increasing green infrastructure in urban areas has a cooling effect on the immediate environment, by providing increased shade, and reduces the amount of heat absorbed by surface retaining heat (urban heat warming), while also mitigating the flood risk of an area (37).

[1] 1 unit is equivalent to a single shot of spirit. 2 units is equivalent to a pint of lower-strength beer. 3 units is equivalent to a pint of higher-strength beer – Alcohol units.

Connectivity

The quality of transport infrastructure and adequacy of transport services directly affects health, for example by enabling active modes of travel that have health benefits or reducing road accidents and harmful emissions. A public transport system that is easily accessible, reliable, and affordable contributes to life satisfaction and wellbeing, as it enables access to work, friends and family, as well as health-supporting facilities such as schools, colleges, parks, libraries and health centres (38). Across Breckland 95% of households can access a bus stop within 1km. The areas with the least access to a bus stop are rural areas that include Fersfield, Thompson and Little Ellingham. There are 4 railway stations located in Breckland that run along the A11 corridor, indicating there is poor train access to residents in the north of the district.

A fast and reliable internet connection can support people's mental health and wellbeing by enabling social connections, reduced feeling of isolation, while also providing opportunities for entertainment and relaxation. Internet connectivity can also facilitate access to health information, telemedicine services, and online support groups, which can enhance health literacy and promote healthier lifestyles. Internet access significantly reduces health inequality across different income groups and increases the average health condition (39). Superfast broadband is considered to be internet speeds of 30Mbit/s or higher. Across Breckland, 7.4% of households are unable to receive superfast broadband. Figure 7 shows Breckland's internet connectivity compared to Norfolk and England; the proportion of households that do not have access to superfast broadband is significantly more than both these areas. Figure 8 shows the distribution of households unable to receive 30Mbit/s. In Brettenham, Shadwell and a small area of north Thetford only 15% of residents can receive above 30Mbit/s and only 40% of residents are able to receive 30Mbit/s in rural areas north of Breckland, such as West Lexham, and areas west of Dereham, such as Etling Green.

Spatial planning plays an important role in improving and maintaining connectivity across an area. Improvements in active travel infrastructure such as walking and cycling routes and inclusive bus stop design, could encourage usage and improve access (40). The Local Plan could consider the proximity of new housing developments to network distribution points, reducing the cost required to connect new homes or ensure broadband infrastructure can be easily deployed in allocated sites if sufficient resources are not already available. Spatial planning could incorporate compliance requirements, such as the need for a connectivity plan, into the approval process for new building developments to ensure they meet current broadband connectivity need (41).

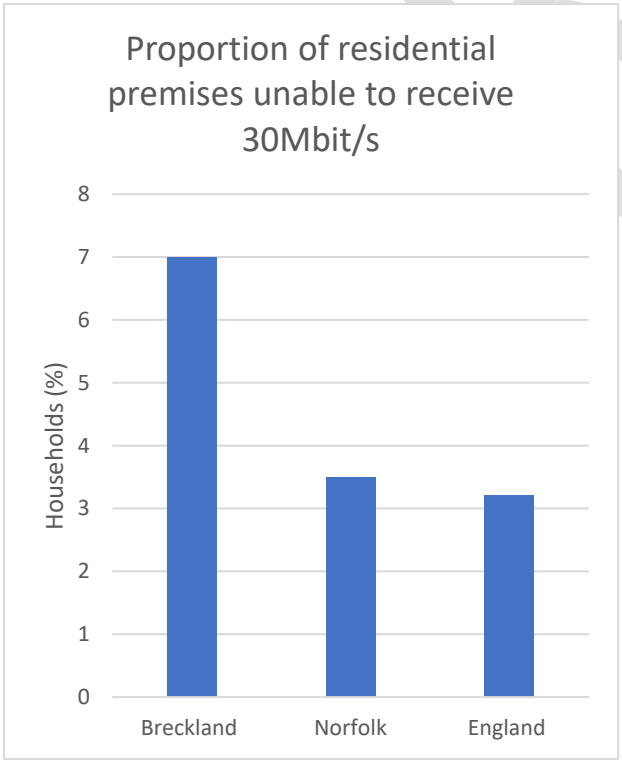

Figure 8: Comparison of households within Breckland, Norfolk and England able to receive superfast broadband – Ofcom Connected Nations.

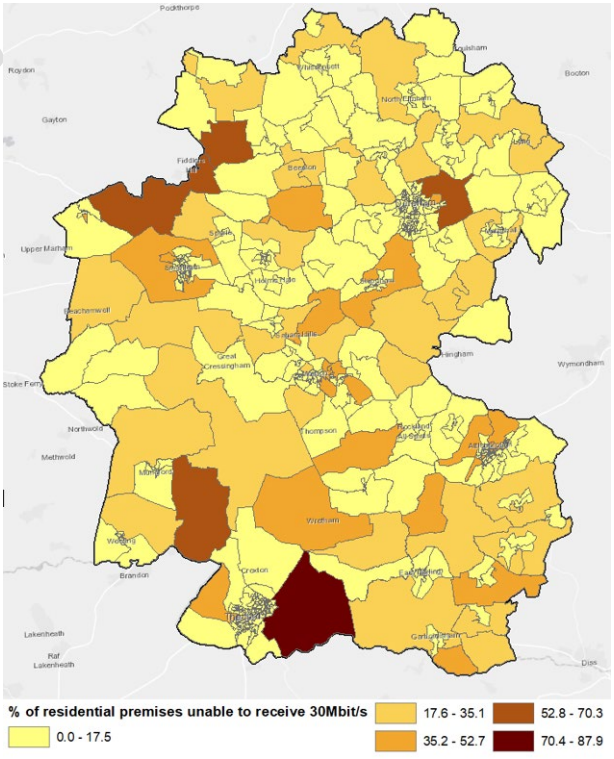

Figure 7: Distribution of output areas in Breckland with the proportion of households unable to receive superfast broadband - Ofcom Connected Nations.

Crime

Anyone can be affected by crime and violence either directly or indirectly. Low-income neighbourhoods are more likely to be impacted by crime than higher income neighbourhoods (42). High levels of crime can increase anxiety, fear and stress in individuals and communities, which can lead to increased blood pressure and heart disease. Residents may feel they are unable to go to certain areas or avoid going out and socialising, leading to social isolation and depression. Crime and the fear of crime could also reduce levels of physical activity and reduce use of active travel to access work and school (43).

Crime levels across the whole of Breckland are lower than both Norfolk and England. There were 8,241 reported crimes between June 2022 and May 2023. The most common crime type was violence and sexual offences. The highest number of crimes over the past year were in Thetford and Dereham, with significantly lower numbers in rural areas. Drug rates in Breckland are 2.0 per 1,000, this is similar to Norfolk, 2.0 per 1,000 and England, 2.6 per 1,000. Figure 9 shows drug crime rates in urban and rural Breckland. Urban areas have a significantly higher drug crime rate, 3.1 per 1,000, than rural areas, 0.7 per 1,000.

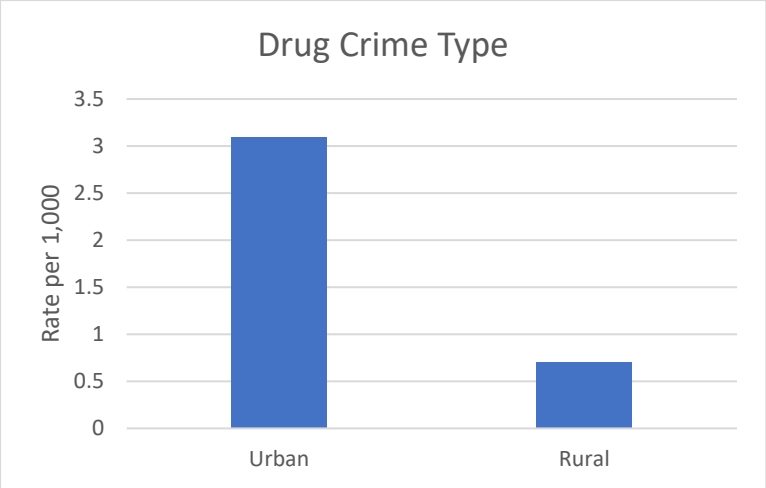

Figure 9: Rate of urban and rural drug crime in Breckland – Norfolk Insight.

The Local Plan can play an important role in crime reduction in new developments by ensuring the crimes are "designed out". By designing developments in ways that promote community safety and involve local communities in the development of the Local Plan, will allow a better understanding of their crime and safety concerns, which in turn may help in the prevention of crime. Improving infrastructure to increase community walkability and active travel options, using design to improve overlooking, and ensuring routes are well lit can boost the use of public and private spaces, which can create safer and more vibrant places. Dark skies is an important asset of Breckland, and artificial outdoor lighting needs to be designed carefully, justified and for essential use. There is a positive relationship between increased green space and reduced crime levels, while also encouraging physical activity and social connections in a neighbourhood (44).

Dementia and Frailty

Breckland has an aging population. Between the last two censuses (2011-2021), the median age of Breckland increased by two years, from 44 to 46. This is higher than the median age of the East of England, 41, and England, 40. The number of people aged 50 to 64 increased by 15.3%, while the number of people between 35 and 49 decreased by 7.8%. A quarter of the Breckland population are aged 65 and over. An aging population brings with it different health challenges of people living longer. For a significant number of older people, advancing age is associated with frailty and dementia. Frailty is a reduction in physical capacity, and can result in a greater risk of falls, disability, admission to hospital or the need for long term care. Dementia is an impaired ability to remember, think or make decisions that interferes with doing everyday activities (45).

Falls represent the most frequent and serious type of accident in people aged 65 and over. They are the main cause of disability and leading cause of death from injury amongst people aged over 75 (46,47). The rate of falls in residents aged 65 and over across Breckland in 2021/22 was 1,852 per 100,000. Swaffham and Dereham North have the highest rate of falls in Breckland. The Norfolk rate of falls, 1,637 per 100,000 is lower than Breckland, however the rate of falls across England is 2,100 per 100,000, which is significantly higher than both Breckland and Norfolk.

Dementia is the main cause of later life disability. In Breckland 4.2% of adults 65 and over have dementia, this is greater than Norfolk, 3.8%. The mortality rate from dementia is worse in women than in men. Across all ages the mortality rate in Breckland is 128.4 per 100,000, which is significantly worse than England. The

estimated dementia diagnosis rate (aged 65 and over) is 62.7%, this is similar to England. Across Breckland, 74% of GP practices have a higher proportion of patients with dementia than England. The areas that see the highest prevalence of dementia is Watton, 5.3%, and Dereham North and South, 5.2%. Higher environmental exposure to fine particulate matter ($PM_{2.5}$) is associated with an increased risk of dementia (48). Dementia prevalence is expected to increase in all Norfolk districts by 2030 (49).

The consideration of the health of older people in the Local Plan is essential to meet the needs of an aging population. This can be done by supporting the development of quality green space, such as accessible paths and well-placed benches; this can influence eating and sleeping patterns and the fitness and mobility of people with dementia, while also providing opportunities for social interaction. Having access to services such as local shops and health services within easy, safe, and comfortable walking distances contributes to people with dementia being able to live independent and fulfilling lives for longer. It is also important to consider the significant role that consistency and familiarity plays in giving people confidence and helping them to feel safe. This can be done by having obvious sign posting and clear lines of sight through a development. The Local Plan can also consider the allocation of supported living communities across Breckland; careful consideration must be given to the design and location (50).

Economic Activity

Adults spend a large proportion of their time in work; therefore, jobs and workplaces can have a big impact on the health and wellbeing of an individual. Employment, and the lack of it, can also directly or indirectly impact families and communities. Good work is characterised by a safe environment, security, fulfilling tasks, good line management and communication. It improves health and wellbeing across people's lives and improves quality of life through income, social interaction, identity, and purpose. Conversely, unemployment is linked to bad health and increased risk of mortality and morbidity, including cardiovascular disease, poor mental health and life limiting long-term illness (51).

The proportion of employed residents, aged 16-64, is 77.3%, compared to 76.9% in Norfolk and 75.7% in England. In the district 41.9% of the population over 16 years of age do not have a job and are not currently looking for work. Figure 10 shows the economic activity of Breckland and comparison areas. In Breckland, 55.7% of residents are economically active, compared to 53.8% in Norfolk and 57.4% in England. Across all areas retired residents makes up the highest proportion of economically inactive residents. In Breckland 28.5% of residents are retired, compared to 28.0% in Norfolk and 21.5% in England. A further 3.7% of residents are long-term sick or disabled and 4.2% are looking after home or family.

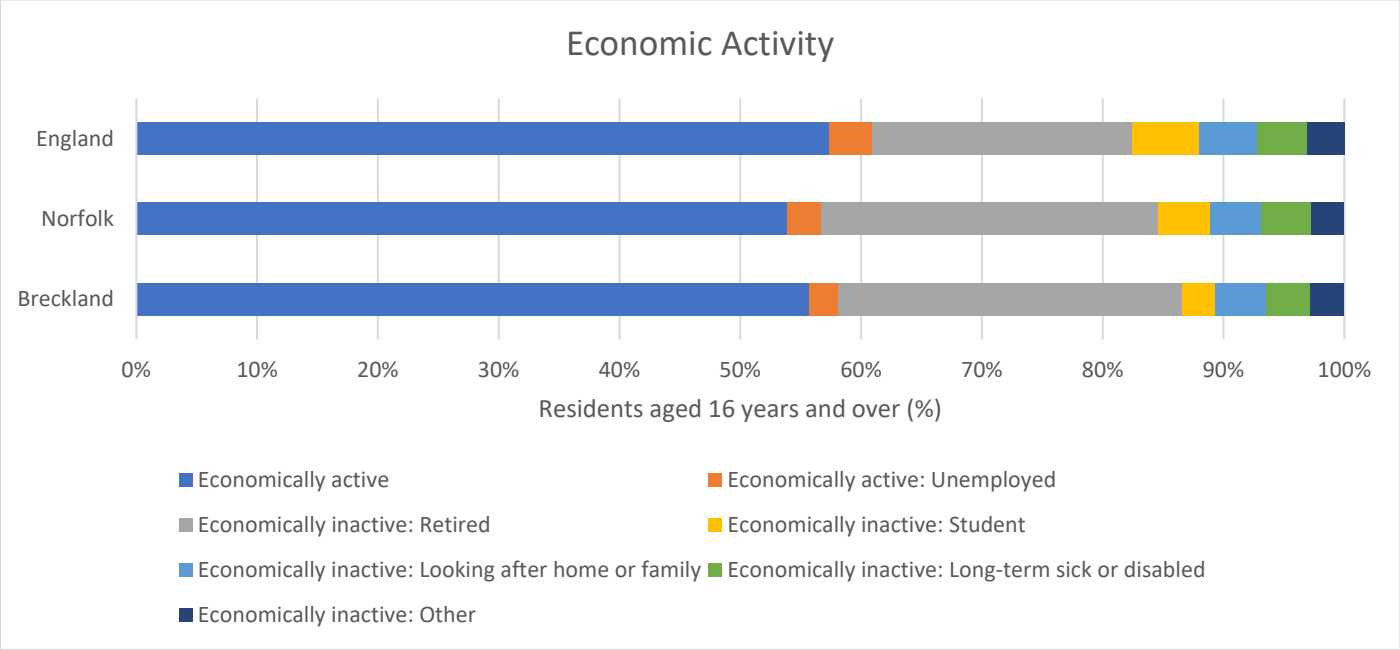

Figure 10: Economic status of residents in Breckland, Norfolk, and England – ONS census 2021.

Figure 11 shows the areas of Breckland that have a higher proportion of economically inactive residents (excluding retired and student residents). Watton has the largest proportion of economically inactive residents, 38.8%, with Thetford being the next highest, 20.3%. Rural areas see a significantly higher proportion of overall economic inactivity, this is mainly due to the higher amounts of retired residents. The industry most residents work in are wholesale and retail trade, 15.8%, human health and social work, 14.1%, and manufacturing, 11.8%. Human health and social work has seen the biggest industry increase from 11.5% in 2011, a 2.7% increase, this pattern is replicated in both Norfolk and England. Manufacturing has seen the biggest decrease by residents in Breckland, 1.6%. The main industry type for urban residents is wholesale and retail, and manufacturing, and for rural residents this is wholesale and retail, and human health and social. From 2020 to 2021 there was a 13.2% net gain of residents aged 16-34 in Breckland, this can lead to an influx of skills to the area and encourage employment opportunities. The Local Plan plays a role in influencing the availability of a range of employment opportunities by ensuring they are accessible using quality sustainable travel means (52), for example the development of active travel methods as a primary transport choice. This could attract more people to the area for work or reduce the number of working residents moving away.

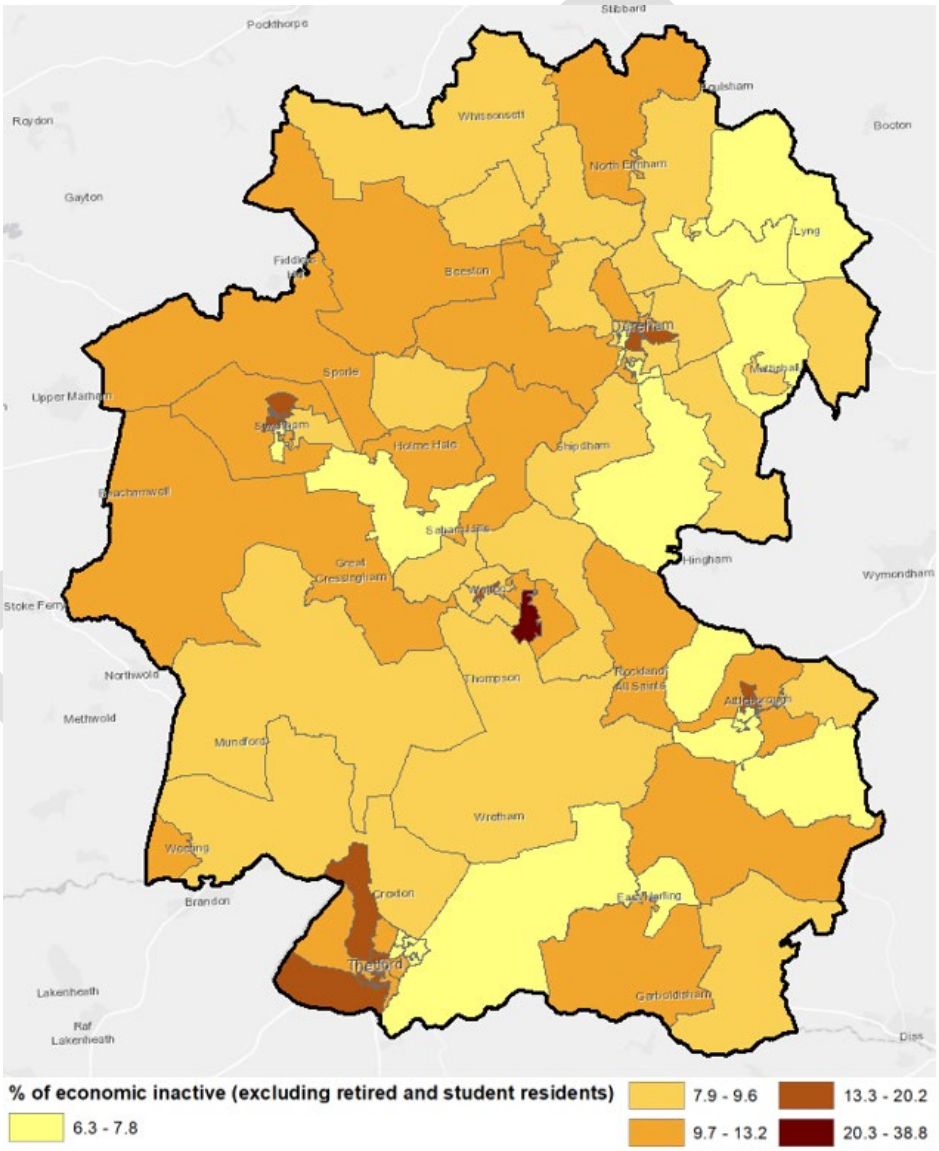

Figure 11: Distribution of economically inactive residents excluding retired and student populations for LSOAs within Breckland – ONS Census 2021.

Education

By the age of 30 those with the highest level of education are expected to live four years longer than those with the lowest levels of education (53). Good education helps to build supportive social connections, access to good work, life-long learning and problem solving and feeling empowered and valued. The links of good education to health outcomes include being able to afford a good quality of life, develop life-long healthy habits, manage and limit exposure to life's challenges and to live and work in safe healthy environments (54).

In Breckland 22.3% of 16 year olds and over have no qualifications, compared to 20.4% in Norfolk, and 18.1% in England. Rural areas of Breckland have 5% more of the population without any qualifications than urban areas. In the academic year 2020/21, 15.8% of residents are either school children or full-time students, with a pupil absence percentage of 4.6%, similar to regional and national figures. In 2019/20 across Norfolk 59.6% of children reached the expected standards in reading, writing and mathematics at the end of primary school (key stage 2), which is significantly lower than the regional, 63.6%, and national, 65.3%, average. While 61.2% of children gained a grade 4 or above in English and Maths at GCSE in 2019, compared to 63.0% in Norfolk and 65.9% in England. There are 76 schools and educational settings in Breckland. Approximately, 72% of primary school children can travel to school in 15 minutes by public transport or walking. Additionally, 87% can access school in 15 minutes if travelling by car. Only 17% of secondary school children can access school in 15 mins by public transport or walking in Breckland, and 36% if travelling by car in 15 minutes. Across Norfolk access to secondary schools is higher, with 26% of pupils walking or using public transport within 15 minutes, and 52% of pupils accessing secondary school within 15 minutes by car. Access to schools in urban areas is significantly higher than in rural areas.

The Local Plan can have some bearing on education within Breckland by ensuring families and children have good access to education facilities by considering transport infrastructure in new developments. The development of learning centres, that include vocational training and educational opportunities, will encourage individuals to continue growing, develop skills and ability and stay engaged with their community (54). This can be achieved with the allocation of sites for new developments or expanding the capacity of existing developments.

Green Space

Green spaces such as parks, woodland, fields, and allotments, are increasingly being recognised as an important asset for supporting health and wellbeing. Living in a greener environment can promote and protect good health, aid in recovery from illness and help with managing poor health. Blue space includes rivers, lakes, beaches and the sea and offers health benefits similar to green space, although blue space is generally used differently, such as alternative recreational activities (55). Access to green space can increase physical activity, while greater exposure has a range of more favourable physiological outcomes (56) and is also associated with better mental health and wellbeing including reduced levels of depression and anxiety (57). Green space can help to bind communities together, reduce loneliness, and mitigate the negative effects of air pollution, excessive noise, heat, and flooding. Disadvantaged groups gain a larger health benefit and have reduced socio-economic related inequalities in health when living in greener communities. Green environments can also provide opportunities for local food growing, which can help promote healthy diets and active lifestyles (58).

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Norfolk is largely a rural county and as such has good access to green space. Generally, access to green space is worse in urban areas such as Norwich, Great Yarmouth, and King's Lynn and better in rural areas. The ONS produce estimates for LSOAs for the average distance to the nearest parks or public gardens. Figure 12 shows the average distance to the nearest park or playing field according to LSOAs within Breckland. The national average of distance to parks and playing fields is 385.46m and in the East of England this increases to 1348.52m. According to the ONS data set the average distance to the nearest park or playing field within Breckland is 577.88m. The areas with the worst access to parks or playing fields are areas west of Watton and up to Dereham, these include Griston and Carbrooke, and areas west of Thetford, that include Brettenham. The four other urban areas are shown to have better access to green space than many of the rural areas across Breckland. The ONS Health Index also shows Breckland to have better access to green space than England. Both formal and informal green space have similar health benefits. These estimates do not consider footpaths and can therefore be considered underestimates of the true value of accessible green space. Natural England's Green Infrastructure Framework released in January 2023, attempts to map all accessible green space including some public rights of way. The mapping includes Access to Natural Greenspace Standards analysis (ANGSt) to identify areas that meet the Natural England Framework for accessible green space (59). This analysis also shows large areas of Breckland as having low levels of accessible green space. OS map data of Breckland shows a variety of footpaths that connect residents with the natural environment; it is therefore essential that local insight is considered when making planning decisions.

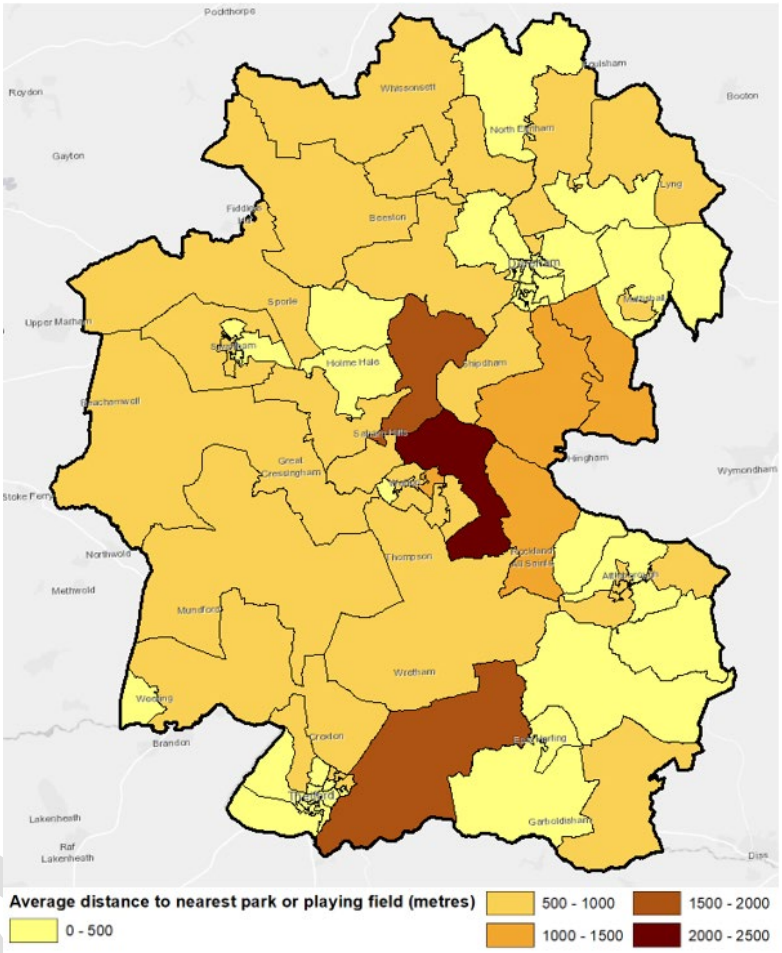

Figure 12: Map showing the average distance to the nearest park or playing fields for LSOAs within Breckland using ONS estimates – ONS access to green space.

The Local Plan can influence the health and wellbeing of residents by increasing the amount, quality, or accessibility to green space. Individuals are more likely to interact with green space when it is of high quality. The government has developed a set of national green infrastructure standards to establish a common understanding of the quality required to meet local needs. Quality of green space can be considered in two ways. Firstly, the ecological and biodiversity levels. Increased ecological quality contributes to better mental health, increased health-promoting behaviours, and prevalence of good health. Secondly, the condition of the space. This is a measure of how well the site is maintained and the amenities it offers, making it safe, attractive, and welcoming to visitors. Inadequate maintenance of sites, such as poor footpath quality and cleanliness influence the use of these spaces (59). By prioritising improved access and inclusivity to green space and creating greener communities especially in areas of deprivation or where there is poor or unequal access, will contribute to reducing health inequalities locally. In neighbourhoods with more green spaces, it seems that disadvantaged groups experience the greatest improvements in health, and socioeconomic disparities in health are reduced. Improvements must be carefully planned, and purposeful consultation must occur at all stages to provide equitable, sustainable benefits and ensure health inequalities are not inadvertently exacerbated (60).

Housing Quality

Housing affects your health both directly and indirectly. Poor housing conditions such as overcrowding, damp, indoor pollutants and cold have all been shown to be associated with physical illnesses including eczema, hypothermia, and heart disease, as well as mental health illnesses such as increased anxiety, depression and stress. Respiratory health has been shown to be particularly affected in both adults and children. The cost to the NHS of poor housing conditions in England is estimated at £1.4 billion per year. Vulnerable people are more likely to be impacted because of their age, deprivation, illness, or disability (61).

Compared to Norfolk and England, there is a higher proportion of residents in Breckland that own their homes. In Breckland, 14.1% of homes are social rented compared to 15.7% in Norfolk and 17.1% in England. There is an average of 2.1% overcrowded homes, compared to 2.0% in Norfolk and 4.3% in England. Overcrowded homes are not distributed evenly across Breckland. The most deprived areas have a higher proportion of homes that are overcrowded, such as Thetford where 10.1% of homes are overcrowded. Rural areas have a significantly lower proportion of overcrowded homes than urban areas. Figure 13 shows the type of fuel used for central heating in Breckland, Norfolk and England. Breckland has more homes using oil, 23.7%, than Norfolk, 17.3%, and England, 3.2%. Mains gas in the main fuel type across Breckland and the other comparison areas. In urban areas mains gas remains the main fuel type, 74.2%, however in rural areas this drops to 23.5% and oil is the main fuel type at 44.6% of households. Approximately 60% of homes across the district have energy ratings of D or below, indicating they have poor insulation and are costly to heat. In rural areas this rises to 80%, and in urban areas half of all homes have a poor energy rating. Figure 14 shows there is a positive correlation between households having a good energy rating and having mains gas for their central heating, therefore households not connected to mains gas are likely to be more inefficient.

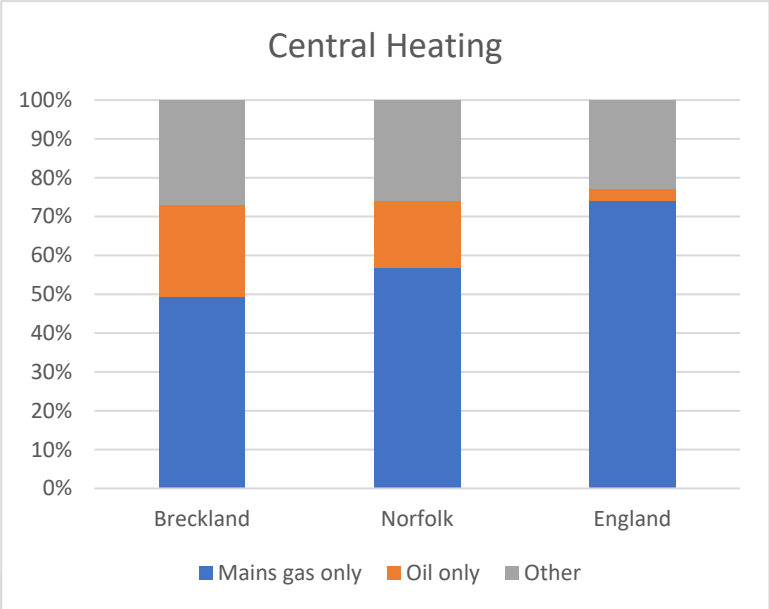

Figure 13: Different fuel types for households central heating in Breckland, Norfolk, and England – ONS census 2021.

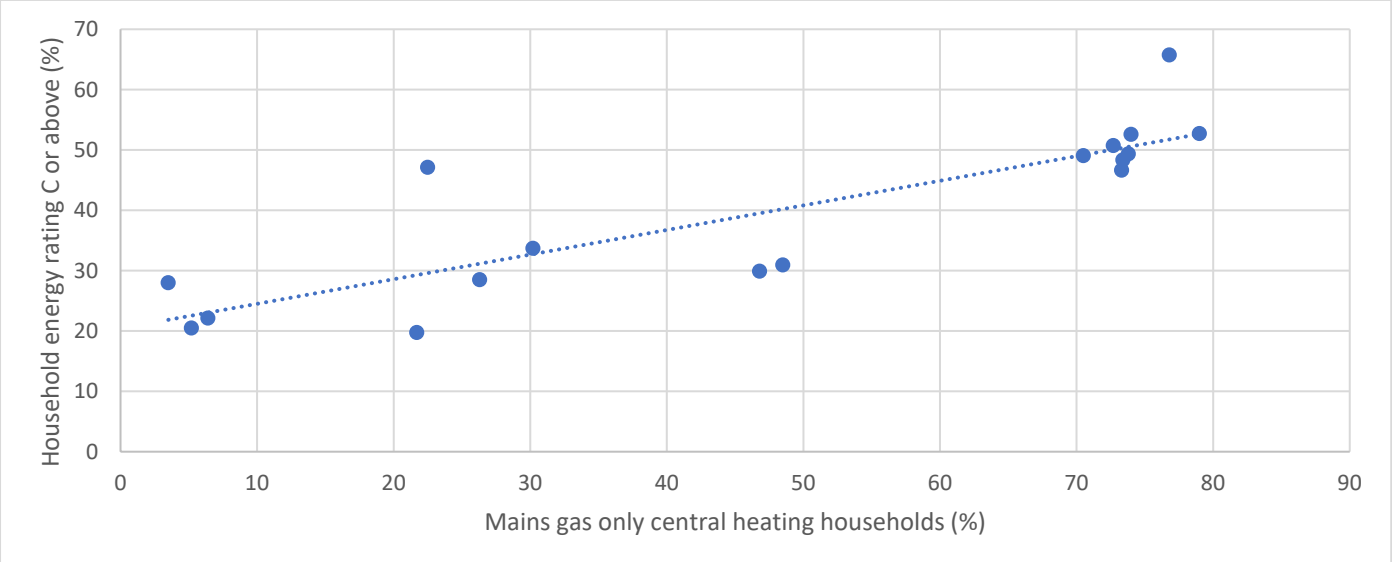

Figure 14: Breckland MSOAs comparing household energy efficiency and gas only central heating – ONS energy efficiency of housing.

The importance of the quality of housing came to the fore throughout the COVID-19 pandemic, which saw people forced to spend greater amount of time at home (62). Although housing standards and quality are largely governed by the national set building regulations, the Local Plan could indicate the need to incorporate energy efficiency more comprehensively into building design and ensure homes are properly ventilated and account for the impacts of hot and cold weather. While also providing adequate outdoor space, or where this is not possible, suitably sized child friendly balconies, and good quality affordable housing.

Mental Health

Most recent national data demonstrates that rates of diagnosis and referral for mental ill health are continuing to increase (63). In England the prevalence of depression in adults increased from 5.3% in 2012/13 to 12.7% in 2021/22. In 2022/23 GP QOF[2] prevalence identifies an average of 13.82% of patients in Breckland GP practices have depression, this is similar to Norfolk and Waveney, 13.27%, and England, 13.29%. Out of the 21 GP practices, 43% have a higher proportion of patients with depression than the England average and the trend is increasing. In 2022/23 Campingland Surgery, Swaffham reported 22.6% of its patients were suffering from depression. Mental health illness, such as depression, is a known risk factor for self-harm. From 2019-2021 the rate of suicide deaths was 10.7 per 100,000, similar to Norfolk, 10.6 per 100,000, and England, 10.4 per 100,000. There is a significantly higher number of suicides in males than females in Breckland, Norfolk and England. Ashill has the highest standardised admission ratio value of emergency hospital admissions for intentional self-harm, 147.0, followed by Swaffham, 125.0, where England represents a value of 100.

Loneliness and isolation can impact a person's mental health and wellbeing, leading to depression as well as other adverse health outcomes, including higher mortality rates. Residents living alone are more likely to suffer from social isolation. Across Breckland 27% of residents live by themselves, compared to 31% in Norfolk and 30.1% in England. The proportion of people living by themselves increases to above 30% in Attleborough, Dereham and Swaffham. The risk of loneliness amongst over 65s is at its highest within the most deprived wards of Breckland; figure 15 highlights the urban areas of Thetford, Swaffham, Dereham, Attleborough and Watton as having the highest risk of loneliness.

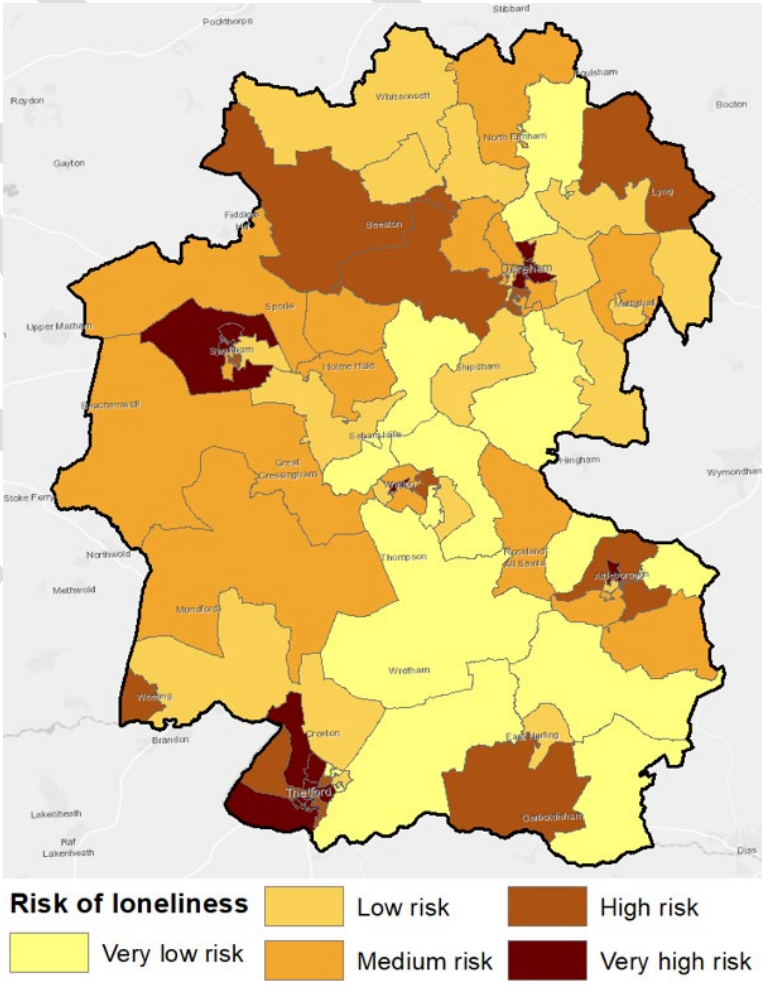

Figure 15: Risk of loneliness in LSOAs within Breckland - Age UK.

Mental health is a complex issue with many inter-related factors and causes. The environment people live in can influence their mental health and wellbeing. Planning can support the development of healthier living environments which enhance quality of life. Enabling residents' good access to services, natural environments and quality housing can start to address these issues. The creation of neighbourhoods which enable residents to have good access to services and provide opportunities for social interaction can promote a feeling of community and benefit the mental health of residents (64).

[2] Quality and Outcomes Framework (QOF) prevalence rate is the total number of patients on the register, expressed as a proportion or percentage of the total number of patients registered with the practice at one point in time.

Obesity

Excess weight is recognised as a major determinant of premature mortality and avoidable ill health. Obesity increases the risk of developing a whole host of diseases with an annual cost to the NHS of over £6 billion. Obese people are at increased risk of certain cancers, for example they are 3 times more likely to develop colon cancer. Obese people are 2.5 times more likely to develop high blood pressure and 5 times more likely to develop type 2 diabetes (65).

In 2021/22, 68.9% of adults are overweight or obese in Breckland, this has increased from 62% in 2020/21, and is significantly higher than Norfolk, 63.5% and England, 63.8%. In 2022/23 GP QOF data suggests there is an average obesity prevalence of 14.17% in GP practices within Breckland, with Plowright Medical Centre, Swaffham, and Shipdham Surgery, Shipdham recording the highest prevalence, both 20%. Approximately 21% of children starting primary school are overweight or obese, and this increases to 37.2% by the end of primary school, similar to England. The greatest number of year 6 children that are obese live in Thetford East and Swaffham. Figure 16 shows the difference in childhood obesity between urban and rural areas, urban areas have a greater proportion of overweight and obese children in reception and year 6 than rural areas.

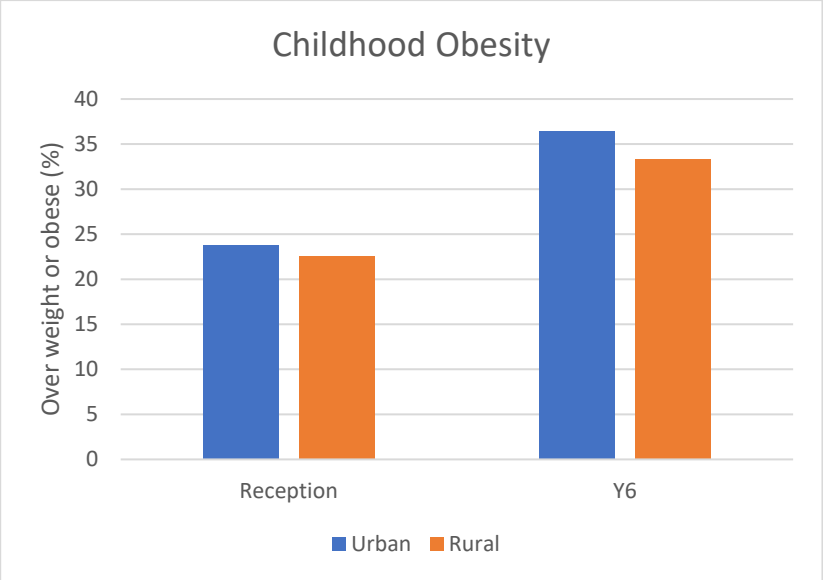

Figure 16: Comparison of overweight or obese children in urban and rural areas of Breckland - Fingertips.

There is a growing body of evidence on the association between exposure to fast food outlets and obesity (66). However, despite fast food access and prevalence of childhood obesity being concentrated around urban areas, there is no statistical relationship between access to fast food outlets and year 6 obesity at a Norfolk level. The relationship between obesity is much more closely linked with deprivation, shown in figure 17, than specifically to access to fast food outlets, providing evidence that obesity is a complex health outcome and linked to several factors (66). A person is twice as likely to experience obesity in the most deprived areas compared to the least deprived areas of England. Delivery services, such as Deliveroo and JustEat, have become increasingly popular over the last decade, and their popularity accelerated further during the COVID-19 pandemic. This has increased the numbers of people able to easily access alternative food options, including fast food. JustEat alone has a coverage of approximately 90% of the UK's population (67), and therefore either JustEat or other delivery services are likely to cover large areas of Breckland.

Planning can influence the built environment to improve health and reduce obesity and excess weight within Breckland. The Local Plan can ensure Health Impact Assessments are required to be undertake for fast food planning applications and developments avoid over-concentration in existing high streets and restricting numbers where there is close proximity to schools or other facilities for children and young people. Development should also provide opportunities for communities to access a wide range of healthier food production and consumption choices. This includes increasing active travel or public transport access to shops and markets that sell a diverse option of healthy food. Tackling obesity should also include social initiatives to reduce health inequalities, such as healthy free school meals. Physical activity is also an important driver of tackling obesity, therefore, access to environments that encourage physical activity such as green spaces, active travel routes and natural environments are essential to be considered in planning decisions (68). Local Plan policies can seek to limit the development of hot food takeaways where evidence suggests this is appropriate, for example in areas with a high prevalence of obesity and deprivation (69).

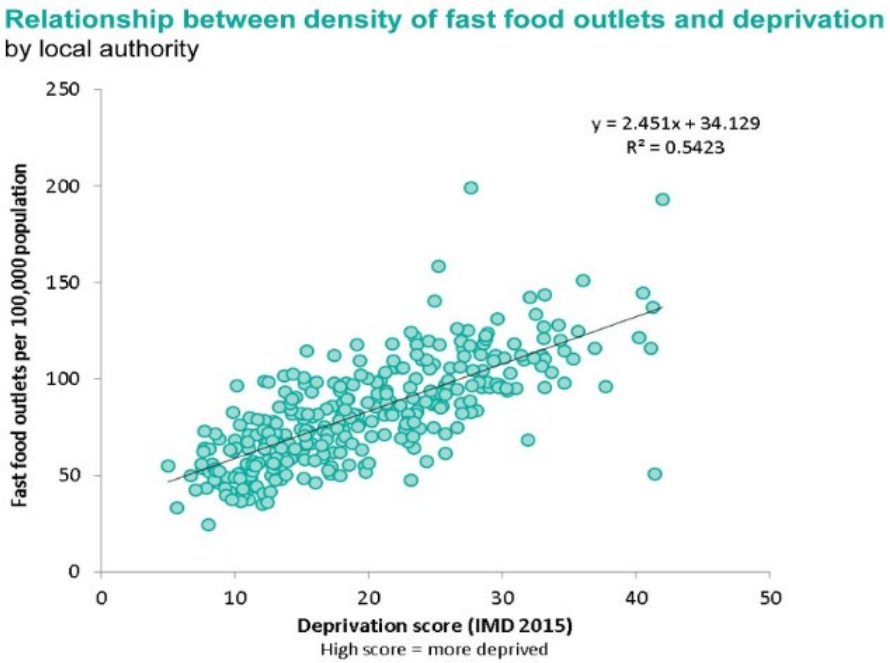

Figure 17: The relationship between fast food outlets and deprivation across England - UKHSA obesity and the environment.

Physical Activity

Increasing physical activity has the potential to improve physical and mental health and the wellbeing of individuals, families, and communities. Adults in England should aim to take part in at least 150 minutes of moderate intensity physical activity each week. Regular physical activity can help to prevent and manage over 20 chronic conditions and diseases. Conversely physical inactivity is linked to a range of health conditions, including diabetes and some cancers and it is estimated to be responsible for a significant proportion of premature all-cause mortality (70).

Rates of physical inactivity in adults stands at 20.7%, similar to both Norfolk, 21.6%, and England, 22.3%. Rates of physical inactivity are similar to Broadland and significantly better than King's Lynn and West Norfolk, 27.4%, and Great Yarmouth, 29.4%. Figure 18 shows an estimate of physical inactivity across Breckland; Swaffham and Watton are the areas with the greatest physical inactivity, figure 18 also highlights that urban areas are less physically active than rural areas. A long-term condition associated with physical inactivity is musculoskeletal problems which affect the bones, joints, muscles, and spine. In 2022, 17.4% of the Breckland population reported a musculoskeletal condition, significantly lower than Norfolk, 19.7%, and similar to England, 17.6%. For most people, the easiest most acceptable forms of physical activity are those which can be incorporated into everyday life, such as walking and cycling (70). A potential way planning can influence physical activity is through ensuring developments promote active travel by creating walkable environments and safe routes for cycling. Investments in cycling infrastructure and public transport can also encourage active travel. Improving or adding green spaces improves air quality, reducing adverse health impacts, as well as encouraging physical activity, making spaces feel more welcoming and creating opportunities for other engagement types with the environment (58).

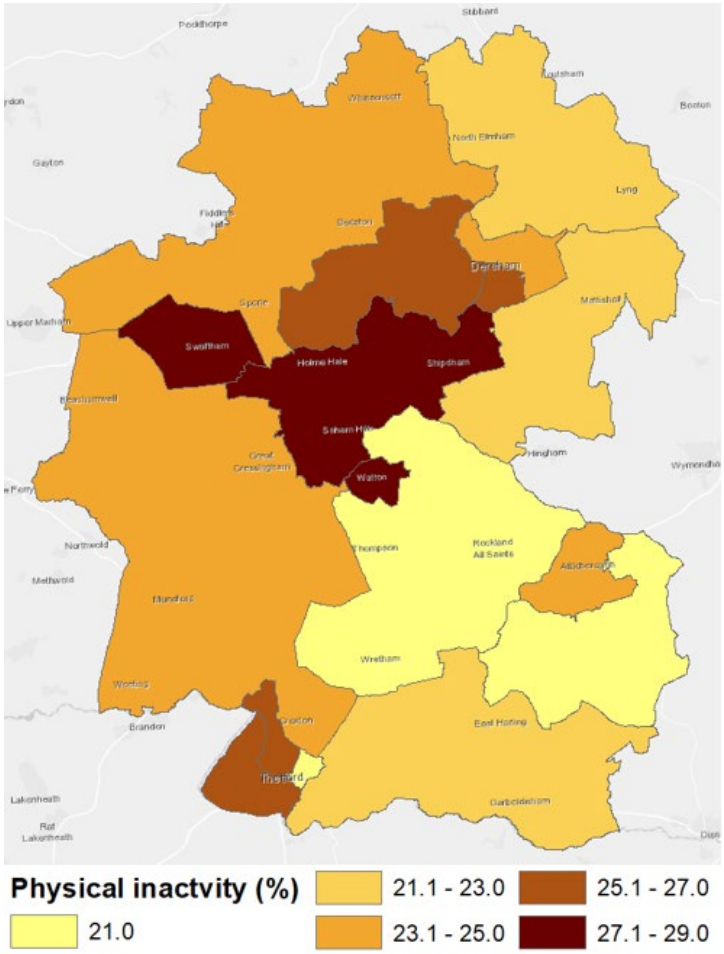

Figure 18: Estimates of adult physical inactivity level across MSOAs within Breckland - Active Norfolk.

Smoking

Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease, heart disease and is the leading cause of premature death in England (71).

In the period 2017 – 2019 across Norfolk, the smoking attributable mortality rate was 185.9 per 100,000, this is lower than the England rate, 202.2 per 100,000. However, in 2019/20 the rate of hospital admissions attributed to smoking in Norfolk was significantly worse than England. In 2021, 15.1% of Breckland adults smoke compared with 14.8% in 2020, which is higher than the regional prevalence, 12.9%. The highest rates are seen in the most deprived wards, such as Thetford West, 20.8%. In England, 23.8% of residents living in the most deprived neighbourhoods are smokers, compared with 6.8% living in the least deprived neighbourhoods (72). In 2022/23 within Breckland, 11.6% of pregnant women are smoking at the time of delivery, this is significantly higher than England, 8.8%. Smoking throughout pregnancy has significant health risks for the baby, including pregnancy complications, low birth weights and increased risk of asthma for the child (71). Although the Local Plan is unable to directly impact smoking prevalence in the area, links could be made with the quality of green space by encouraging no smoking policies in areas, such as parks and commons or encouraging businesses to adopt no smoking within their sites (73).

Conclusion

The technical health and wellbeing paper provides a valuable standalone evidence base that can be used to inform the Local Plan making process. By analysing the data, policymakers and healthcare professionals can gain insight into the health status, needs and disparities within Breckland. The data can help to guide allocation of resources, policies and interventions that address the specific health issues unique to the local population. Monitoring and evaluation of local health indicators can provide feedback on the effectiveness of the Local Plan policies, helping to identify areas for improvement and adjust strategies as needed. The use of local health data is crucial to developing evidenced-based solutions that improve the health and wellbeing of Breckland.

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Key Messages

Specific Issues	Possible policy recommendation	Example Local Plan policy
Access to health care	Require new developments to play a role in enhancing public transport services by fostering accessibility and interchanges. Whenever feasible, co-locate primary health care facilities with other public amenities to create a centralised hub of public services for local communities, encouraging interconnected journeys.	Salford Local Plan. Chapter 15: Health
Active travel	Enhance the pedestrian and cycling environment in new developments, optimising routes to connect with transport and social infrastructure, as well as green spaces. Implement measures that improve road safety and include the provision of secure bicycle parking.	Newham Local Plan. INF2 Sustainable Transport
Air quality	Place sensitive developments such as residential areas and schools away from regions with poor air quality and design the site layout to minimise their impact. Reduce reliance on cars by strategically locating developments near services, promoting alternative transportation options, and providing facilities such as electric vehicle (EV) charging points.	Oxford City Local Plan. Policy RE6: Air quality
Internet connectivity	Include in new developments a baseline requirement for broadband connectivity that supports multiple digital infrastructure providers. Fibre-to-the-premises (FTTP) involves the installation of fibre optic cables directly from the local exchange to individual premises, ensuring quicker and more dependable broadband services.	Salford Local Plan. Chapter 17: Digital Infrastructure
Ageing population	Designate appropriately situated sites near services and amenities, ensuring that housing is adaptable to accommodate diverse needs throughout a person's lifetime, acknowledging the significance of specialised accommodation. Foster an age-friendly environment by making housing, transportation, and other elements accessible and supportive for the elderly, allowing them to live independently.	The Highland Council Local Plan. Policy 37: Accommodation for an Ageing Population.
Dementia	Develop specialised and supported living residences with convenient access to local amenities, incorporating good quality gardens and green spaces within a diverse community. Developers must demonstrate their incorporation of dementia-friendly design principles as an integral part of their proposal.	Watford Local Plan. Policy H4.5 Accessible and Adaptable Homes
Energy inefficient housing	Ensure that new developments meet energy efficiency targets in compliance with Building Regulations. In cases where a home undergoes extension or partial conversion, consider implementing energy efficiency enhancements not only to the extension but also to the existing building (consequential improvements).	Net Zero New Buildings. Policy evidence for North Somerset Local Plan
Social isolation	Identify areas for development that offer convenient access to services and amenities, situated in proximity to pedestrian and cycling infrastructure. Ensure these locations provide opportunities for recreational activities, promote well-being, and offer communal spaces for social interactions. Design walking paths that are inclusive, catering to the needs of parents and individuals with varying levels of mobility, and extending into green areas.	Southwark Local Plan. P45 Healthy developments and P51 Walking.
Physical inactivity	Plan new developments with Active Design principles, incorporating physical activity into both the existing and new environment. This involves the provision of suitable green spaces and opportunities for active travel.	Solihull Local Plan. Policy P18: Health and Well Being

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Data Sources

Access to Health Assets & Hazards

Active Norfolk Insight

Age UK – Risk of Loneliness

Energy efficiency of housing in England and Wales: 2022

English indices of deprivation 2019

Fast food outlets: density by local authority in England

Fingertips

Key Stage 2 education data

GCSE education data

National Atmospheric Emissions Inventory

NCC Health Inequalities Dashboard

NHS Digital

Norfolk Insight

Norfolk Public Health Annual Report

Ofcom Connected Nations

OHID – Local Health

ONS Census 2021

ONS Health Index

School travel time data

Shape Atlas

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