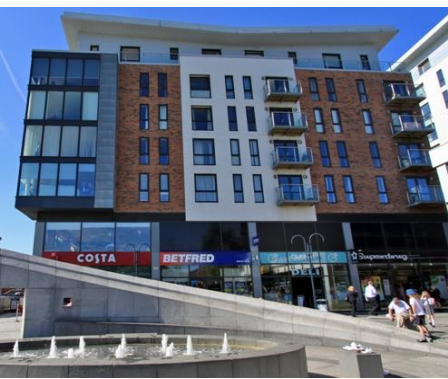
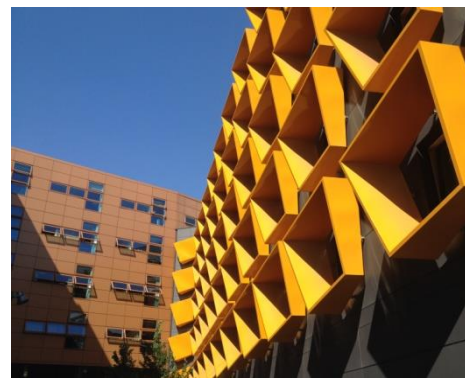


Bury Local Plan

Topic Paper 4

Health and Wellbeing



October 2018

Contents

Contents	1
1 Introduction	2
2 Key Policies, Plans and Strategies	3
National Planning Policy.....	3
Greater Manchester Spatial Framework	6
Other Plans and Strategies	6
3 Local Profile	19
Deprivation.....	19
Public Health.....	21
Climate Change	21
Obesity.....	22
Active Travel	22
Fast food takeaways	23
Open Space, Sport and Recreation.....	28
Environmental Health.....	30
Air Quality	30
Light pollution	32
Noise pollution	32
Water Supply	33
Contaminated and Unstable Land	34
4 Summary of Key Issues.....	36

1 Introduction

- 1.1 This Health and Well Being Topic Paper is one of a series that has been prepared as part of the process of evidence gathering to support Bury's emerging Local Plan. The full range of Topic Papers deal with the following:
- 1 – Housing
 - 2 – Economy and Employment
 - 3 – Town Centres and Main Town Centre Uses
 - 4 – Health and Wellbeing
 - 5 – Energy and Physical Infrastructure
 - 6 – Flood Risk
 - 7 – Natural Environment
 - 8 – Open Land
 - 9 – Built Environment
 - 10 – Transport
 - 11 – Community Facilities
- 1.2 The principal aim of the Topic Paper is to set out current key policies, plans and strategies relating to this topic area that will form the framework for the development of the Local Plan and to present a profile of the Borough that will highlight key issues, problems and challenges that the Local Plan should ultimately seek to deal with.
- 1.3 There are a multitude of factors that can impact on health and wellbeing but this Topic Paper focuses on those areas where planning policies can have an influence. Other Topic Papers cover issues that also affect health and wellbeing. For example, pollution from road traffic is the most significant cause of poor air quality in Greater Manchester so, clearly, there is some degree of overlap with Topic Paper 10 which covers transport issues. Similarly, Topic Paper 6 covers issues related to flood risk which can also impact on the health and wellbeing of Bury's communities. Social infrastructure to support health and wellbeing is covered by Topic Paper 11 on Community Facilities
- 1.4 This will subsequently help to shape and influence the direction and focus of the Local Plan's planning policies, designations and site allocations.
- 1.5 It is intended that the Topic Papers will be 'living' documents that can, if necessary, be updated to reflect the most up-to-date circumstances. **For example, some of the evidence contained within the Topic Papers has been drawn from evidence that has been developed to support the draft Greater Manchester Spatial Framework (GMSF). Any subsequent amendments to the GMSF and/or its supporting evidence, will be reflected in the evidence supporting Bury's Local Plan.**

2 Key Policies, Plans and Strategies

- 2.1 One of the key early stages in the process is to review other policies, plans and strategies which are of relevance to this particular topic area and which will help to inform and influence the direction of the Local Plan. Clearly, there is a need for the Local Plan to be consistent with planning policy at different levels.
- 2.2 The National Planning Policy Framework (NPPF) sets out Government Policy in respect of planning matters and this is supported by Planning Practice Guidance (PPG). This sets out the broad planning framework within which development plans are produced.
- 2.3 Sub-regionally, the emerging Greater Manchester Spatial Framework will establish strategic policies and site allocations across Greater Manchester. This document will, once adopted, form part of Bury's development plan alongside the Local Plan.
- 2.4 There are also a range of other plans and strategies that, whilst not being policy, are considered to be of relevance to the Borough from a communities, health and wellbeing perspective.

National Planning Policy

National Planning Policy Framework

- 2.5 In July 2018, the Government issued the revised National Planning Policy Framework (NPPF). Central to the NPPF is the Government's objective of achieving sustainable development and it highlights that achieving sustainable development means that the planning system has three overarching objectives, which are interdependent and need to be pursued in mutually supportive ways:
 - **an economic objective** – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;
 - **a social objective** – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being; and

- **an environmental objective** – to contribute to protecting and enhancing our natural, built and historic environment; including making effective use of land, helping to improve biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.

2.6 Chapter 8 of the NPPF relates to the promotion of healthy and safe communities and paragraph 91 states that planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

- 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;
- 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; and
- 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.

2.7 Paragraph 96 of the NPPF states that access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities. Planning policies should be based on robust and up-to-date assessments of the need for open space, sport and recreation facilities (including quantitative or qualitative deficits or surpluses) and opportunities for new provision. Information gained from the assessments should be used to determine what open space, sport and recreational provision is needed, which plans should then seek to accommodate.

2.8 Paragraph 97 states that existing open space, sports and recreational buildings and land, including playing fields, should not be built on unless:

- an assessment has been undertaken which has clearly shown the open space, buildings or land to be surplus to requirements; or
- the loss resulting from the proposed development would be replaced by equivalent or better provision in terms of quantity and quality in a suitable location; or
- the development is for alternative sports and recreational provision, the benefits of which clearly outweigh the loss of the current or former use.

- 2.9 Paragraph 170 of the NPPF states that the planning system should prevent both new and existing development from contributing to or being put at unacceptable risk from, or being adversely affected by unacceptable levels of soil, air, water or noise pollution or land instability.
- 2.10 Paragraph 178 states that planning policies and decisions should also ensure that:
- a site is suitable for its proposed use taking account of ground conditions and any risks arising from land instability and contamination. This includes risks arising from natural hazards or former activities such as mining, and any proposals for mitigation including land remediation (as well as potential impacts on the natural environment arising from that remediation);
 - after remediation, as a minimum, land should not be capable of being determined as contaminated land under Part IIA of the Environmental Protection Act 1990; and
 - adequate site investigation information, prepared by a competent person, is available to inform these assessments.
- 2.9 Paragraph 179 states that where a site is affected by contamination or land stability issues, responsibility for securing a safe development rests with the developer and/or landowner.
- 2.10 Paragraph 180 states that planning policies and decisions should also ensure that new development is appropriate for its location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment, as well as the potential sensitivity of the site or the wider area to impacts that could arise from the development. In doing so they should:
- mitigate and reduce to a minimum potential adverse impacts resulting from noise from new development – and avoid noise giving rise to significant adverse impacts on health and the quality of life⁶⁰;
 - identify and protect tranquil areas which have remained relatively undisturbed by noise and are prized for their recreational and amenity value for this reason; and
 - limit the impact of light pollution from artificial light on local amenity, intrinsically dark landscapes and nature conservation.
- 2.11 Paragraph 181 states that planning policies and decisions should sustain and contribute towards compliance with relevant limit values or national objectives for pollutants, taking into account the presence of Air Quality Management Areas and Clean Air Zones, and the cumulative impacts from individual sites in local areas. Opportunities to improve air quality or mitigate impacts should be identified, such as through traffic and travel management, and green infrastructure provision and enhancement. So far as possible these opportunities should be considered at the plan-making stage, to ensure a

strategic approach and limit the need for issues to be reconsidered when determining individual applications. Planning decisions should ensure that any new development in Air Quality Management Areas and Clean Air Zones is consistent with the local air quality action plan.

Greater Manchester Spatial Framework

- 2.12 Once adopted, the Greater Manchester Spatial Framework (GMSF) will form an integral part of Bury's wider development plan. Consultation on the first draft GMSF ended in January 2017 and there are proposals to issue a second draft for consultation shortly.
- 2.13 One of the key purposes of the GMSF is to ensure that new development maximizes its contribution to health and wellbeing supports healthy lifestyles and minimizes potentially negative impacts on health.

Other Plans and Strategies

Environmental Health

Greater Manchester Low-Emission Strategy

- 2.14 The Greater Manchester Low-Emission Strategy takes a long-term approach to carbon emissions and air quality, aiming to reduce emissions from transport and encourage sustainable travel including public transport, cycling and walking.
- 2.15 The Low-Emission Strategy gives a framework for policies and measures to:
- Reduce air pollution as a contributor to ill-health in Greater Manchester;
 - Support the UK Government in meeting EU air quality thresholds;
 - Help reduce Greater Manchester's carbon footprint; and
 - Encourage a low-emission culture.

Greater Manchester Air Quality Action Plan

- 2.16 The Greater Manchester Air Quality Action Plan sets out measures which will reduce air pollution while supporting the sustainable economic growth of the region.
- 2.17 The plan identifies 'Key Priority Areas' – locations with the highest levels of air pollution near major roads and areas with heavy traffic in towns and cities – where most work will be focused.
- 2.18 Key Performance Indicators (KPIs) have been set to help track and measure actions:

- Reduce traffic: for example, by encouraging travellers to switch from cars to use public transport, cycle and walk more;
- Increase efficiency: improving traffic flow by reducing congestion and stop-start travel to decrease air pollution peaks and to lower emissions overall; and
- Improve fleet: by encouraging the replacement of older, more polluting vehicles with newer, smaller, cleaner, lower-emission vehicles.

2.19 Actions in the Air Quality Action Plan have been divided into seven main areas:

- Development management and planning regulation: including standardisation of regulation and policy across Greater Manchester;
- Freight and HGVs: to reduce emissions associated with the movement of freight and goods by road;
- Buses: buses have a vital role to play in public transport. New legislation and the development of Greater Manchester's 2040 transport strategy will assist in growing bus usage and improving vehicle standards;
- Cycling: building on existing strategies and initiatives to encourage cycling as an attractive and convenient way to travel;
- Travel Choices: encouraging the public and businesses to make sustainable travel choices is essential in improving air quality;
- Cars: measures to reduce emissions from cars and reduce the number of vehicle trips can make real improvements; and
- Information and resources: education and providing information to the public, businesses and policy makers is vital in bringing air quality improvements.

Greater Manchester Climate Change and Low Emissions Implementation Plan 2016-2020

2.20 The Greater Manchester Climate Change and Low Emissions Implementation Plan complements the GM Low Emissions Strategy and the GM Air Quality Action Plan and lays out a pathway for the next 4 years. It builds upon existing work and sets out priorities to 2020 and beyond. The headline goals for the plan are:

- To cut carbon emissions by 48% between 1990 and 2020;
- To grow a low carbon economy;
- To rapidly adapt to a changing climate;
- To embed low carbon behaviours; and
- To achieve air quality thresholds.

2.21 It includes ten critical actions to both address climate change and improve Greater Manchester's air quality:

- Major infrastructure changes: Identifying spatial, technological and market opportunities and funding to deploy the type and scale of energy efficient/low

carbon development, generation, distribution, storage and smart technologies required to deliver carbon and emission targets.

- Reducing fossil fuels in transport: Decreasing reliance on fossil fuels across all transport activities and influencing how and when people choose to travel.
- Living low carbon lives: Reaching out to Greater Manchester's communities, to increase understanding of the opportunities and implications of climate change, incentivising and supporting action to make the transition to a low carbon economy.
- Trading energy intelligently: Intervening in how energy is traded to ensure cost effective energy efficient/low carbon energy generation is prioritised at cost effective and fair prices for consumers.
- Supporting clean business: Supporting businesses to become more resource efficient, access new low carbon market opportunities and make the transition to a low carbon economy.
- Making informed decisions: Making sure existing and planned major investments, assets, purchases and programmes comply with climate change goals.
- Preparing for a volatile climate: Addressing the existing and future effects of climate change, equipping residents, businesses and communities with the skills and resources needed to be fit for a changed climate.
- Local to global climate action: Using local experience to shape national and international performance, by negotiating with national government to continue to secure devolved responsibilities, funding, freedoms and flexibilities and collaborating with local, national and international cities and partners to secure supportive legal, policy and fiscal frameworks.
- Reinforcing the right behaviours: Make sure plans have the intended effect, by considering setting and enforcing clear standards and a more diverse landscape of incentives and penalties to ensure that the required results are achieved.
- Planning for the future: Putting in place post 2020 targets, plans, programmes and key milestones to reach a clean energy future, and integrate these across GM's wider strategies, plans, policies and projects.

Public Health

Health and Social Care Act 2012

2.22 The modernisation of the NHS is proposed through the following reforms brought in by the 2012 Act :

- Clinically led commissioning: Clinicians will be put in charge of shaping services, directly commissioning services for their populations with the support of an NHS commissioning board, thereby enabling NHS funding to be spent more effectively;
- Provider regulation to support innovative services: Enables patients to choose services which best meet their needs;

- The creation of Public Health England, a new body to drive improvements in the public's health.
- Local authorities to take responsibility for public health matters and to form a health and wellbeing board as a committee.

Healthy Lives, Healthy People: Our Strategy for public health in England, November 2010

- 2.23 'Healthy Lives, Healthy People' responds to the Professor Sir Michael Marmot's report on 'Fair Society, Healthy Lives' and adopts its life course framework for tackling the wider social determinants of health. A new approach aims to build self-esteem, confidence and resilience from infancy in emphasising personalised and preventative services that support the Big Society programme. A new integrated public health service is proposed, entitled 'Public Health England' to ensure excellence, expertise and responsiveness.
- 2.24 The Government proposes 'radically shifting power to local communities' to encourage local innovation and give them new resources, rights and powers to shape their environments and tackle local problems. A part of the proposals involves investment to increase health visitor numbers and refocusing Sure Start Children's Centres for those who need them most. The document also makes the commitment to protect and promote community ownership of green spaces and improve access to enable people to grow their own food.
- 2.25 Localism is expected to play a considerable part in the Government's reforms and this document again refers to the introduction of Directors of Public Health as strategic leaders and local statutory health and well-being boards.

Steps to Healthy Planning: Proposals for Action (Spatial Planning and Health Group), June 2011

- 2.26 This report responds to the debate on how spatial planning and health professionals can share resources and work together to help address health and environmental inequalities. This agenda is increasing in importance, particularly now that emerging health reforms giving greater power to local authorities and local communities to make decisions.
- 2.27 The Spatial Planning and Health Group (SPAHG) are a group of planning and health experts who have put forward 12 actions for helping those involved in health and planning to improve public health through the positive use of town planning, at a time when both sectors are subject to rapid change. Key actions for planning policy are as follows:
- The Core Strategy and relevant LDDs should contain a core objective on health improvement, provide the policy direction to address public health and health inequalities, and set out how public and private resources should be used to improve public health;

- Consult the local Director of Public Health on the possible health effects of the plan;
- Use the Joint Strategic Needs Assessment, annual public health reports, local surveys and national health surveys to inform the preparation of the Local Plan;
- Use evidence to identify cost-effective ways to improve health;
- Ensure monitoring activity routinely reports on progress towards long-term health objectives and build in broad health-related monitoring of impacts of specific major developments.

Active Design - Sport England/Public Health England (2015)

2.28 Sport England's Planning Objectives are to:

1. Protect existing sports and recreational buildings and land including playing fields. Sport England is a statutory consultee on all planning applications affecting playing field land.
2. Enhance the quality, accessibility and management of existing sports facilities, ensuring the best use is made of them.
3. Provide new facilities to meet demand, seeking to ensure that communities have access to sufficient high quality sports facilities that are fit for purpose.

2.29 Active Design is a guide setting out 10 key principles to encourage and promote sport and physical activity through the design and layout of the built environment. These are:

1. Activity for all: Making neighbourhoods, facilities and open spaces accessible to all users;
2. Walkable communities: Facilities within easy reach of each other, creating the conditions for active travel;
3. Connected walking and cycle routes: Direct, legible and integrated network that is welcoming and overlooked;
4. Co-location of community facilities: supporting linked trips;
5. Network of multifunctional open space: of appropriate scale and in prominent locations giving rise to wider benefits;
6. High quality streets and spaces: sustaining a broader variety of users and community activities;
7. Appropriate infrastructure: across all contexts including workplaces
8. Active buildings: activity inside and around the building;
9. Management, maintenance, monitoring, evaluation: ensuring long-term functionality; and
10. Activity promotion and local champions: inspiring participation in sport and physical activity.

Takeaways Toolkit - CIEH/Mayor of London (2014)

2.30 This paper produced jointly by the London Food Board and Chartered Institute of Environmental Health introduces tools, interventions and case studies to help

local authorities develop a response to the health impacts of fast food takeaways. The aim of the Takeaways Toolkit is to help local authorities to develop strategies and programmes to tackle the impacts of fast food takeaways in their local communities.

2.31 Its three recommendations are for:

- Local authorities to work with takeaway businesses and the food industry to make food healthier;
- Schools to introduce strategies aimed at reducing the amount of fast food school children consume during lunch breaks and on their journey to and from school;
- Regulatory and planning measures to be used to address the proliferation of hot food takeaway outlets through policies in a development plan document or supplementary planning documents.

Reuniting Health with Planning – TCPA/Public Health England

2.32 'Reuniting Health with Planning' is a UK-wide Town and Country Planning Association initiative focused on improving skills, understanding and knowledge of practitioners, planners and non-planners especially those in public health and the built environment. TCPA and Public Health England released 'Reuniting Health with Planning: Healthier Homes, Healthier Communities' in 2012 which, having taken its lead from recent reforms through the Health and Social Care Act and the NPPF, aimed to set out how planners and public health practitioners can work together to implement health and planning reforms. The report introduced key guidance and publications from both sectors, reviewed the history of shared origins between the worlds of health and planning and set out recommendations and a checklist to enable officers to work together and share or gather evidence against a number of policy areas. A broad range of case studies showing integration between planning and health were also included.

2.33 This landmark report was then expanded into a series of related publications which are expanded upon below:

- 'Planning Healthier Places' (2013) – draws on research and roundtable discussions with local authorities to provide an update and how the agenda is being put into practice and the challenges they are facing. It challenges officers to work beyond professional boundaries which is critical to making progress in light of cuts to local budgets.
- 'Planning Healthy Weight Environments' (2014) – sets out findings from seven workshops with local authorities which inform recommendations to Government. Six elements are identified relating to movement and access, recreation, healthy food, neighbourhood spaces, buildings and the local economy.
- 'Building the foundations: tackling obesity through planning and development' (2016) – Outlines 7 areas for local action including: (i) the

need for whole system policies on obesity which are consistent across all strategies including the health and wellbeing strategies and, when local plans are reviewed, inform the identification of health issues such as tackling obesity or promoting greater physical activity which can then inform policy (ii) support public health and planning teams to collaborate effectively in development management, particularly in enabling comments on planning applications in relation to matters of public health.

Greater Manchester Ageing Hub

- 2.34 By 2039, the number of residents over 50 in Greater Manchester is expected to grow by a third, whilst those aged 65 or over will increase by 53%. Gains in life expectancy are likely to represent additional years in poor health and this has significant implications for health and social care budget and services. The Greater Manchester Combined Authority set up the GM Ageing Hub as a policy response to the opportunities and challenges of an ageing population and this is bringing together partners across research, policy and practice in the area including the universities and the 10 authorities.
- 2.35 The ambition for Greater Manchester and which is shared by all partners is for GM to be an 'Age Friendly City Region' which is a global centre for excellence for ageing and a place that pioneers new research, technology and solutions. Cultural and social participation are shown to benefit wellbeing and resources are being directed towards encouraging this to help establish the age-friendly model as a framework for ensuring social inclusion in later life.

Bury Health and Wellbeing Strategy 2015 – 2018

- 2.36 As a result of the Health and Social Care Act 2012, Local Authorities took responsibility for public health in their local communities on 1st April 2013. That Act also made statutory provision for each upper tier Local Authority to establish a Health and Wellbeing Board.
- 2.37 Bury's Health and Wellbeing Board is a statutory committee of Bury Council and has legal duties to ensure the production of a Joint Strategic Needs Assessment. It brings together a range of senior leaders from Bury Council, NHS, Voluntary Sector with elected members to define the vision and strategic priorities for improving health and wellbeing in Bury. These are set out across the lifecourse in Bury's Health and Wellbeing Strategy for 2015-2018 'Living Well in Bury: Making it Happen Together'.
- 2.38 Bury's Health and Wellbeing Strategy is effectively the Board's overarching plan to address those needs identified from a range of sources, including the Joint Strategic Needs Assessment (see JSNA section) and those who live and work in Bury. A key priority within the Strategy is to adopt a health in all policies approach to policy and strategy development to ensure they have a positive

impact on the health of people in Bury. Specific health and wellbeing priorities within the strategy include:

- a) Improving health outcomes in the early years including childhood obesity and poor oral health;
- b) Supporting people to maintain a healthy and active lifestyle;
- c) Ensuring older people play and active role within their community, tackling the impact of social isolation;
- d) Creating clean and sustainable environments; and
- e) Ensuring suitable and quality homes.

Bury's Joint Strategic Needs Assessment (JSNA)

- 2.39 The JSNA is an assessment of current and future health needs of the local community and has been brought together by partners across Team Bury. It is a live document and can viewed at www.theburyjsna.co.uk. Figure 1 shows the key issues outlined within the JSNA for health and wellbeing.
- 2.40 It identifies that in Bury the life expectancy is 78 years for males and 81.6 years for females. These figures are lower than overall average life expectancies for England. The difference in life expectancy between the most and least deprived areas in years is 9.6 for males and 7.8 for females, both figures being above the national average. Ward data on life expectancy shows that areas of Radcliffe and east Bury have lower life expectancies when compared to other parts of the Borough.
- 2.41 In terms of healthy life expectancy, males in Bury can expect to live less years in good health (60.6) compared to men in the North West or England, In terms of females in Bury, the figure is 62.1 which is slightly more than females in the North West but notably less than females in England. In both cases this is worse than the position 5 years ago¹.
- 2.42 Furthermore, this presents stark health inequalities. Both males and females in Bury born today can expect to live 1.5 years less than males and females in England as a whole and that gap has more than doubled in the periods of 2001-03 and 2013-15².
- 2.43 The Borough contains some high quality educational establishments and levels of educational attainment are generally good although there are variations within the Borough. Of the Borough's working age population, the greatest percentage with the highest levels of qualification can be found in Ramsbottom and

Lower life expectancy, health and educational attainment particularly in East Bury and Radcliffe

¹ Data from <http://www.phoutcomes.info> via Bury JSNA.

² Data from <http://www.phoutcomes.info> via Bury JSNA.

Tottington, whereas the lowest percentage can be found in east Bury and Radcliffe. Conversely, Ramsbottom and Tottington have the lowest percentage of the population with no qualifications, with east Bury and Radcliffe having the highest percentage³.

Bury Public Health Annual Reports

2.44 Directors of Public Health have a statutory requirement to produce an independent annual report. These set out the current status of the local population's health and wellbeing and key recommendations for action. Bury's 'Public Health at the Heart of our business' Annual Report 2013 – 2014 contained 35 recommendations which were all accepted by Bury Council Cabinet on 14th October 2015. Recommendations of particular relevance here include:

- Develop and implement an Active Travel Strategy for Bury.
- Walking and cycling considerations should be embedded and prioritised within transport and land use decision making. This could be furthered by committing to rejecting proposals whose impact on walking and cycling will not be positive.
- Introduce restrictions to limit the provision and concentration of takeaways, particularly near schools.
- Adopt the Spatial Planning and Health Group Checklist (SPAHG, 2011)
- Embed Health Impact Assessment within the planning process.

2.45 Bury's Public Health Annual Report for 2015 also recommended:

- Using the Spatial Planning and Health Group checklist (SPAHG, 2011) when scrutinising planning strategies, plans and proposals.
- Employing accessibility criteria in planning policy, for example to ensure new homes are walkable distances from local shops.
- Carrying out robust health impact assessments.

Bury Locality Plan: Transforming Health & Social Care in Bury 2017-2021

2.68 The Locality Plan is Bury's response to the devolution of Greater Manchester in respect of health and social care proposals.

2.69 The plan recognises the need to transform health and social care in Bury to help address the £75.6 million financial gap by 2020/21. A number of core services within health and social care are experiencing critical challenges in terms of being able to function effectively, with existing demand placing unsustainable pressure on them and projected future increases in demand indicating these services could cease to function effectively. These pressures are particularly

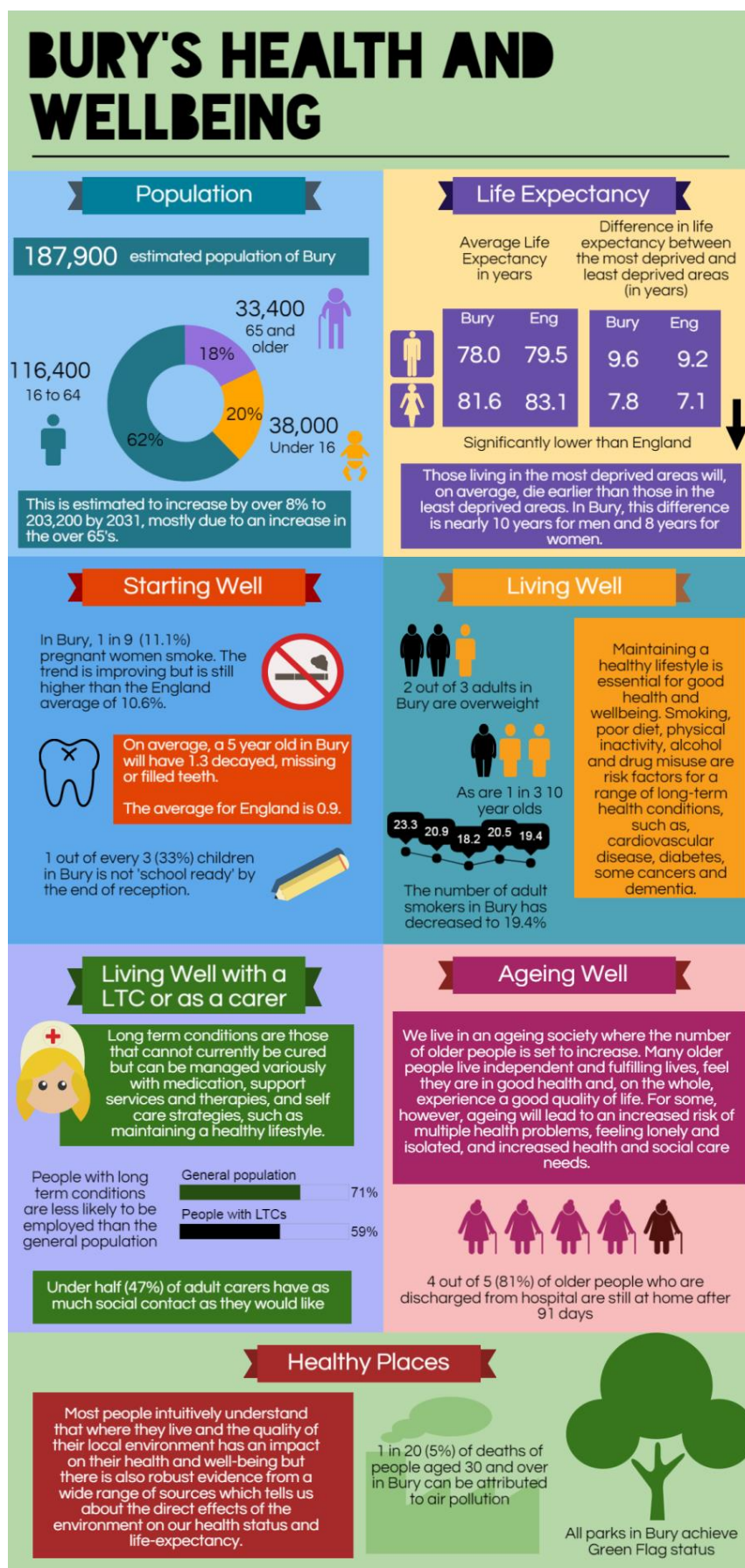
³ Source: 2011 Census – Qualifications and Students.

acute in relation to general practice, hospital services, adult social care, community health, mental health and children's social care.

- 2.70 It is outlined that there is an opportunity to reconfigure the system, enabling a series of system-wide transformational shifts to take place including that of moving from crisis response to that of prevention and early intervention and also from institutional care to neighbourhood-based support.
- 2.71 The 4 strategic priorities of the Locality Plan will be:
- Building new relationships between local people and public services;
 - Staying well for longer by tackling causes of illness and up-scaling prevention;
 - Identify and removed the demand that exists by reorganising the way services are delivered and how organisations work together;
 - Tackling the wider determinants which impact upon health and wellbeing e.g. deprivation, work and skills, housing, education and the environment.
- 2.72 The above changes will see a shift in demand and activity away from hospitals and specialist services into local neighbourhoods and primary care settings. Four overarching outcomes will be the measure of success:
- A local population that is living healthier for longer and where healthy life expectancy matches or exceeds the national average by 2025;
 - A reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction;
 - A local health and social care system that provides high quality services which are financially sustainable and clinically safe;
 - A greater proportion of local people playing an active role in managing their own health and supporting those around them.
- 2.73 Key to delivery is to the creation of a 'One Commissioning Organisation' (OCO) with a significant pooled or aligned budget which will bring together the health and social care functions of Bury Council and the Bury Clinical Commissioning Group as one organisation. This will ensure that there is a more coherent, cohesive and integrated commissioning landscape with a shared approach to maximising social value. In addition, a 'Locality Care Organisation' (LCO) will unite organisations that provide health and social care services within Bury provided by the Council, Bury GP Federation, Pennine Care NHS Foundation Trust, Pennine Acute Hospitals Trust and Bury And Rochdale Doctors On Call (BARDOC). The LCO will be responsible for providing high quality, person-centred, integrated care and support with a focus on removing the barriers and challenges that currently exist in a fragmented system that operates in organisational silos.
- 2.74 One of the key proposals within the Locality Plan is around integrated neighbourhood working. The intention is to move away from statutory and centralised services towards self-sustaining, resilient communities via

integrated Neighbourhood Teams and Services which bring together Health, Social Care and other Public Sector Partners at the local level such as emergency services, and which place General Practice and wider Primary Care at their heart. Two neighbourhood 'hubs' have been trialled at Radcliffe and Bury East which are areas with health inequalities, poor educational attainment, crime and disorder, worklessness and lack of basic skills. Further hubs will be established across the Borough pending the success of the Bury East and Radcliffe pilots.

Figure 1 – Bury's Health and Wellbeing (from Bury JSNA)



Physical Activity Strategy 2015-2020

- 2.53 The Physical Activity and Sport Strategy sets out the vision to increase participation in physical activity and sport, and to act as a lever for change to improve the health and wellbeing and quality of life for individuals, their families and the wider community. One in two women and a third of men in England are damaging their health through a lack of physical activity. Evidence also shows that physical inactivity directly contributes to one in six deaths in the UK, the same number as smoking. Unfortunately Bury is no different; the estimated health cost of inactivity each year is over £4.5m, with a cost per 100,000 people greatly in excess of regional and national figures.
- 2.54 The strategy outlines how organisations and stakeholders will need to work smarter to understand our communities and influence people's attitudes and behaviours towards physical activity and sport; how being active can maximise the power of collaboration, how physical activity and sport can become embedded into local policy; how a mixed economy market of opportunities ensures a high quality experience for all participating be developed ; and how we can be ambitious in our approach in focussing on areas of real opportunity, for example those related to workplaces, or active travel.
- 2.55 Its aims are to look at the specific support required to help change behaviours of the inactive to help them become active, whilst at the same time ensuring that sight is not lost what actions needed, which is to sustain and increase participation for those already active.
- 2.56 Priority Actions for policy making to incorporate physical activity and sport include:
- Developing a physical activity assessment process into planning policy utilising existing models of best practice
 - Incorporate physical activity and sport into relevant policies across the Borough

3 Local Profile

3.1 For the purposes of this Topic Paper, health and wellbeing issues concern the following:

- Deprivation
- Climate Change
- Obesity
- Active Travel
- Hot Food Takeaways
- Open Space, Sport and Recreation
- Air Quality
- Light Pollution
- Noise Pollution
- Water Supply
- Contaminated and Unstable Land

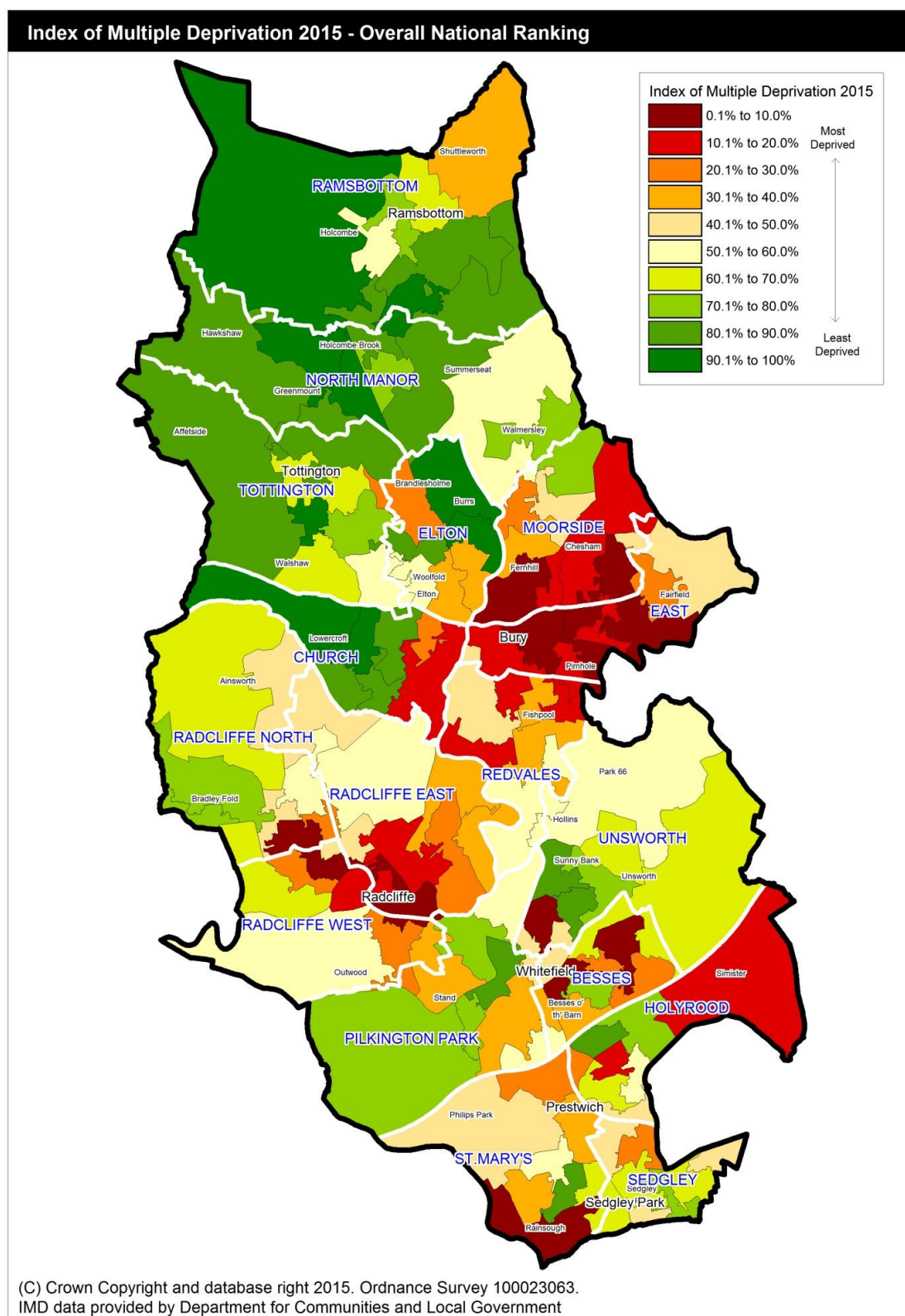
Deprivation

3.2 The 2015 Index of Multiple Deprivation (IMD 2015) shows that Bury is ranked 122nd most deprived of 326 Local Authority districts. Overall, Bury is the 8th most deprived of the 10 GM districts. In 2010, Bury was ranked 114 of the 326 Local Authority districts meaning that the Borough has become slightly less relatively deprived over the intervening five years.

3.3 Figure 2 reflects the overall levels of multiple deprivation throughout the Borough. This shows that the Borough includes some notable areas of deprivation that fall into the top 10% of most deprived areas nationally. In particular, there are significant concentrations of deprivation in parts of East Bury, inner Radcliffe, Besses (Whitefield) and Rainsough (Prestwich).

Pockets of deprivation in Bury East, Inner Radcliffe, Besses and Rainsough.

Figure 2 – Overall Levels of Deprivation in the Borough 2015



Public Health

Climate Change

- 3.4 Climate change is an important factor which threatens our environment and our health. In the north west of England, predicted changes to our climate are likely to result in increased temperatures, heavier rainfall and, generally more extreme weather events⁴.
- 3.5 Such events will have direct and indirect impacts on health, disproportionately affecting vulnerable populations including children and the elderly. The 2010 Marmot report states that tackling social inequalities in health and tackling climate change must go hand in hand.
- 3.6 The impacts on health from these predicted changes can be outlined as follows:
- Overheating, dehydration and heatstroke in very hot conditions can lead to thermal illness. The European heatwave of 2003 resulted in the death of at least 35,000 people. Young children and the elderly are believed to be particularly at risk during heatwaves.
 - Respiratory and cardiovascular disease from high levels of air pollution and periods of hotter than average temperatures.
 - Higher temperatures may increase time spent outdoors which would increase exposure to UV radiation which is associated with a higher risk of skin cancer. By 2020 it is predicted that there will be a 150% increase in levels skin cancer in the North West compared to 2005.
 - Rising temperatures, increased rainfall and flood events are predicted to increase the incidence of gastrointestinal and insect borne diseases.
 - Experience of flooding and disasters that damage property, leading to relocation and loss of possessions can have a huge impact on mental health and wellbeing.
 - Increased flooding and storms increases the risk of injury, death and damage to infrastructure which may reduce access to health care facilities. This risk is increased for the disabled, elderly and isolated individuals.
- 3.7 Planning can help to mitigate the impact of climate change such as by increasing tree cover through green infrastructure (see Natural Environment topic paper) and promoting an increase in the amount of energy generated from renewable sources (see Energy and Physical Infrastructure topic paper).

Climate change poses a threat to health

⁴ 'The Impact of Climate Change upon Health and Health Inequalities in the North West of England (North West Public Health Observatory, January 2012)

Obesity

- 3.8 Reducing obesity is a key public health priority both nationally and within Bury. The National Childhood Measurement Programme 2016/17 shows that, in England, 22.6% of reception aged children and 34.2% of Year 6 children are overweight or obese.

Obesity in children and adults in Bury is at significant levels and is rising

- 3.9 This Programme also shows that, in Bury, rates of overweight or obese children are increasing in Bury and are higher than in England with 23.7% of reception aged children and 35.9% of Year 6 children deemed to be overweight or obese. In terms of Bury's adult population, 68.2% are considered to be overweight or obese.

Active Travel

- 3.10 The promotion of new developments which prioritise walking, cycling and public transport has been a long-standing objective of planning policy in the interest of improving air quality and quality of life. However, the major public health crisis of obesity has brought this issue to the fore as it is now recognised that the built environment is one of many complex factors that can influence behaviour and whether or not people are obese or overweight⁵. Active travel aims to ensure good design and layout principles are followed to facilitate improved access to services and amenities, thereby encouraging physical activity.
- 3.11 The ability and opportunity to access services and community facilities are key drivers of health inequalities. There is almost a 10 year difference in terms of life expectancy between those living in the most deprived areas and those living in the least deprived areas in Bury for men, and the figure is 8 years for women⁶. Whilst it is encouraging that, in terms of the seven domains of deprivation, barriers to housing and services is the lowest rank on the deprivation scale for Bury⁷, this should be set in the context of an ageing population (see Figure 2) whereby accessibility is likely to become an increasing issue both in terms of location and physical access alongside an increased reliance on those same services for some.

⁵ Building the foundations: tackling obesity through planning and development, LGA/TCPA, March 2016.

⁶ Bury Joint Strategic Needs Assessment

⁷ IMD 2015

- 3.12 The UK's Chief Medical Officer (CMO) recommends that adults should undertake at least 150 minutes of moderate intensity activity per week and children over 5 should undertake 60 minutes of moderate to vigorous intensity activity daily⁸. Nationally only 57% of adults meet the CMO recommendations. In Bury, the corresponding figure is 57.6%.
- 3.13 National planning policy and emerging policy recognises that the pattern of development needs to make it easy for people to enjoy healthy lifestyles. A balance of uses, high quality public space and clear and legible pedestrian routes are required to encourage continual and safe active use on foot and by cycle in particular. Furthermore, guidance from the Town and Country Planning Association which aims to reunite the planning and health agendas calls for Local Plans to consider in a consistent manner how health issues, such as tackling obesity, or promoting greater physical activity, can be incorporated.⁹

Levels of physical inactivity are sizeable and there is a need to increase opportunities to travel by walking and cycling

Fast food takeaways

- 3.14 In seeking to tackle obesity, reducing easy access to calorie-dense food is also an important aim. Whilst modifying the environment to ensure less reliance on the private car can help in ensuring we all live more active lifestyles, many areas of the country, particularly those with high levels of deprivation, are often further disadvantaged by an 'obesogenic environment', in particular from an over-prevalence of fast food outlets.
- 3.15 The Foresight Report (2007)¹⁰ remains the most comprehensive national review of obesity and its causes, recognising the complex interplay of environmental, behavioural and cultural factors at play and which make it difficult for people to make the necessary choices in maintaining a healthy weight, including an exposure and access to energy-dense food outlets. One of the key recommendations of the Foresight report, therefore, was to modify the environment to restrict easy access to energy-dense food.
- 3.16 Public Health England found that those living in deprived areas are more likely to live near fast food outlets, which can contribute to the unequal distribution of obesity across the population¹¹. As illustrated above, the NCMP findings for

⁸ Department of Health – Physical Activity Guidelines in the UK, 2011

⁹ Building the foundations: tackling obesity through planning and development, LGA/TCPA, March 2016.

¹⁰ The Foresight Report, 2007, available at: <https://www.gov.uk/government/collections/tackling-obesities-future-choices#project-report>

¹¹ Obesity and the Environment briefing: regulating the growth of fast food outlets, Public Health England.

Bury show that there is an emerging obesity epidemic in Bury for both adults and children. Ward data shows that Redvales and East wards have the highest levels of child obesity for reception year students, and that East and Besses wards record the highest levels for year 6. Some of these wards are within the most deprived areas of Bury (see Deprivation).

- 3.17 Public Health England conducted a study on the density of fast food outlets in England in October 2016 and this found that Bury is 27th out of 324 local authorities in its list of takeaway hotspots, making it part of the top third worst in the country. Ranking is based on the number of these outlets per 100,000 population. Whilst the national average was 88 per 100,000 population, the comparable figure for Bury was 118.4.
- 3.18 Table 1 shows the results for GM authorities alongside the national ranking and finds Bury to be the second worst performing authority in the sub-region in terms of fast food outlets per 100,000 population. Seven authorities have more outlets than Bury although these are more evenly spread across larger local authority areas.

Table 1 – Fast Food Outlets in Greater Manchester

Rank	Area	Fast food outlets per 100,000 population	No. of outlets	National rank
1	Manchester	144.6	752	5
2	Bury	118.4	222	27
3	Stockport	117.5	337	32
4	Trafford	114.4	266	38
5	Bolton	112.7	316	41
6	Tameside	109.6	242	54
7	Wigan	107.5	345	57
8	Salford	106.6	258	58
9	Rochdale	103.3	220	68
10	Oldham	95.3	218	103

Source: Public Health England (2016)

- 3.19 Figure 3 shows the density of food outlets across the country whilst Figure 4 specifies the locations of fast food outlets as of July 2017.
- 3.20 Hot food takeaways fall within Class A5 of the Town and Country Planning Use Classes Order 1987 (as amended). This covers the sale of hot food for consumption off the premises. Any land or premises not currently within that use category requires planning permission to operate as a takeaway.
- 3.21 Figure 4 shows both hot and cold food takeaways. According to the Council's Environmental Health records there are 245 fast food takeaways in the Borough, 211 serving hot food and 34 serving cold food.
- 3.22 The proximity of fast food takeaways, their opening hours, impact on amenity and over-proliferation in the Borough's key centres and on major transport corridors is an emerging issue of concern for the Local Plan.

Bury is a high ranking area in England for numbers of fast food outlets per head of population.

Figure 3 – Density of fast food outlets in England (PHE, 2015)

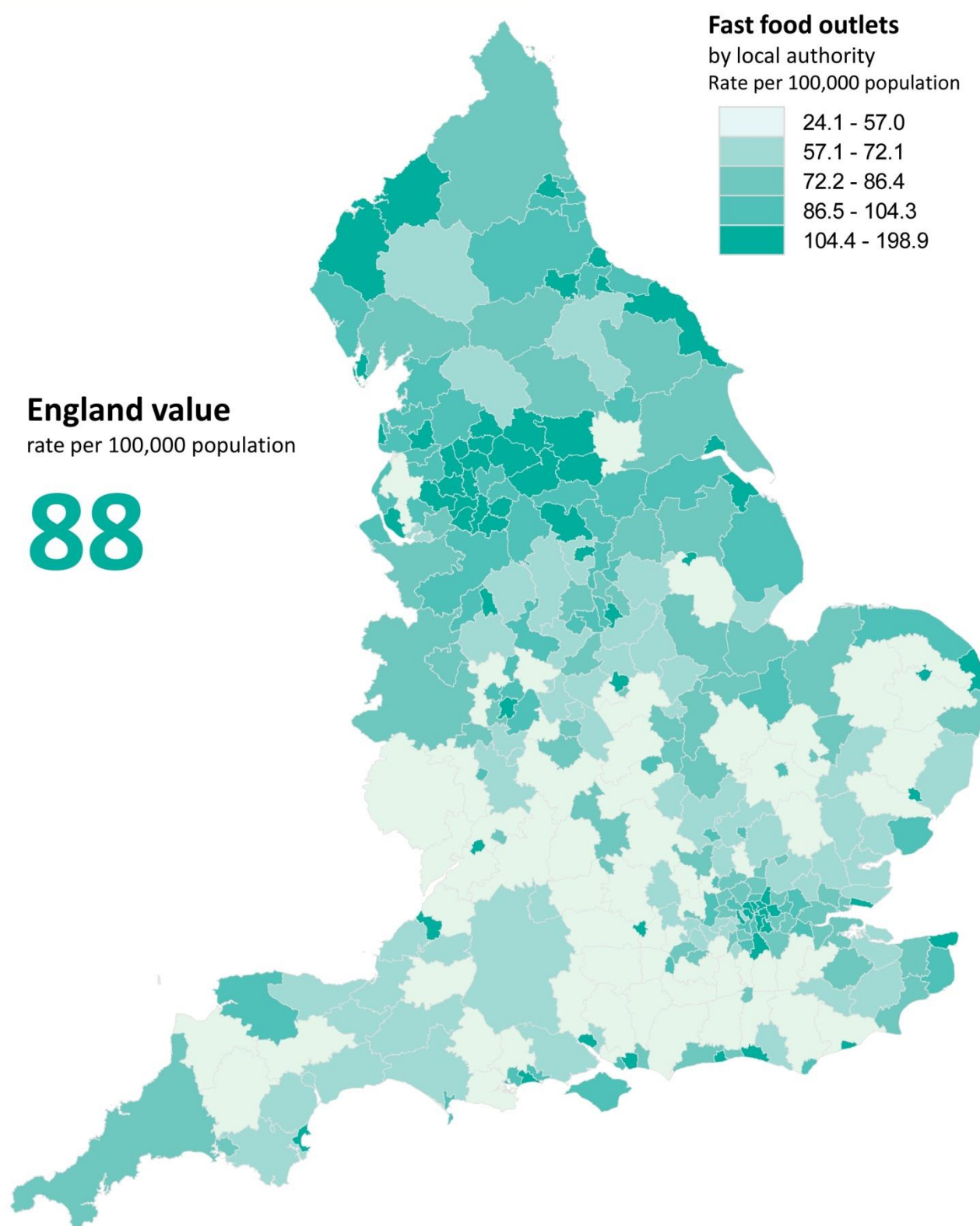
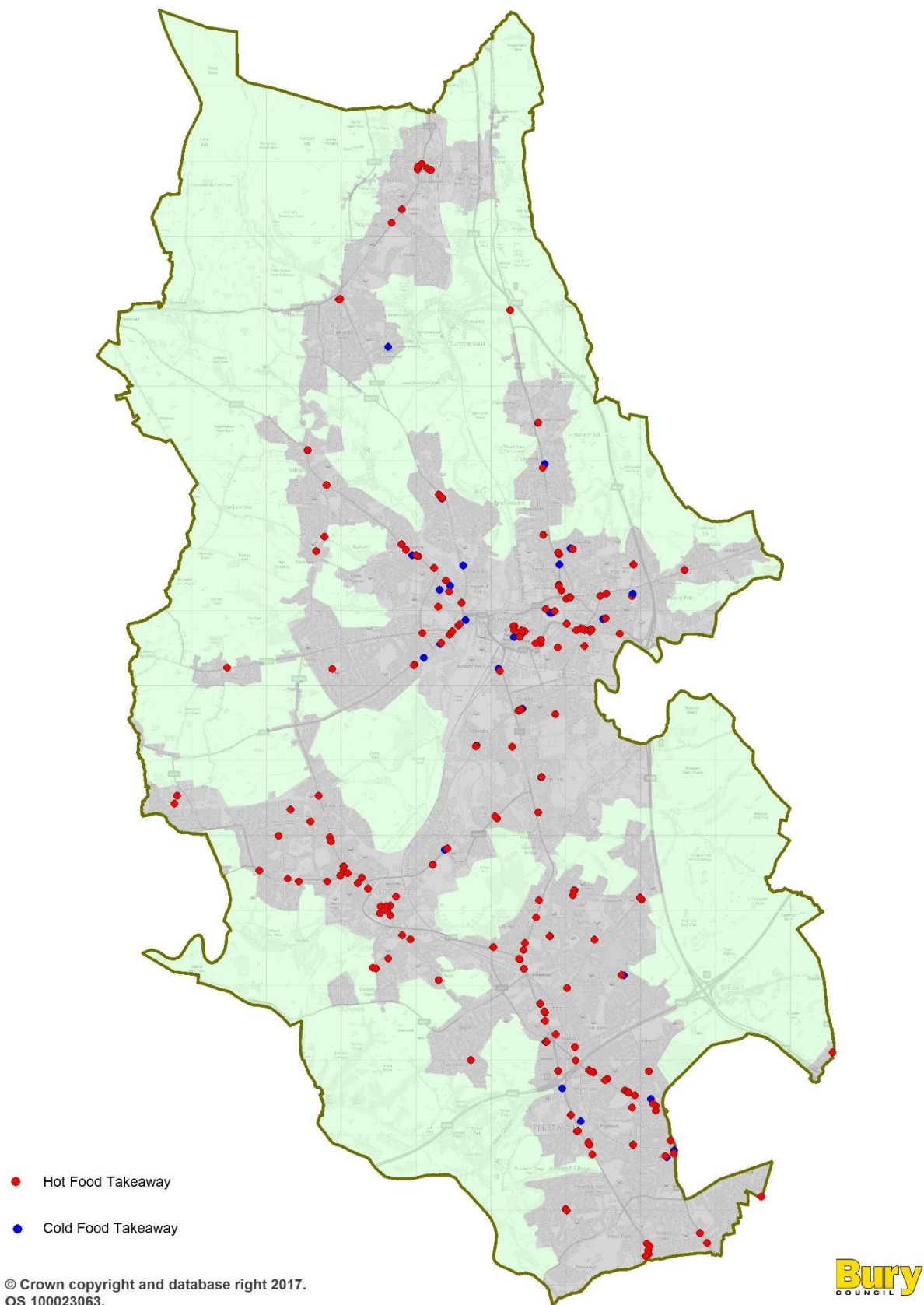


Figure 4 – Location of fast food outlets in Bury (July 2017)

BURY COUNCIL: HOT & COLD FOOD TAKEAWAYS (2017)



Open Space, Sport and Recreation

- 3.23 High quality open space, sport and recreational facilities can aid in ensuring that Bury is a place where people want to live, work and visit, and can offer opportunities to enjoy healthy lifestyles. As such, there is a need to protect and enhance the areas of open space, sport and recreation that is important to the residents, landowners, businesses and other users in the Borough. New provision is also required, where possible, to meet demand in areas where there are shortfalls, and in turn where new housing development creates additional demand on existing sites.
- 3.24 Government guidance in the National Planning Policy Framework requires the Council to compile a robust and up-to date assessment of the needs for open space, sport and recreation facilities which identify specific needs and deficits or surpluses of quantity or quality.
- 3.25 The 2015 Greenspace Audit and Strategy report includes an audit and assessment of open space, sport and recreation. It also assesses the long-term requirements in terms of quantity, quality and accessibility of the various types of open space, sport and recreation for future provision in meeting local need where appropriate, through establishing minimum standards to be achieved. An audit was carried out in Summer/Autumn 2012 which assessed the quality of 446 open space, sport and recreation facilities. Table 2 shows the provision of each type of open space surveyed in number and area.

Table 2 – Open Space, Sport and Recreation facilities

Typology	No.	Area (Ha.)
Parks and Gardens	52	134.6
Natural & Semi-Natural Greenspace	74	722.54
Outdoor Sports	113	128.19
Amenity Greenspace	124	93.08
Provision for Children and Young People	97	11.47
Allotments	30	16.23
Cemeteries & Churchyards	28	45.62
Civic spaces	9	1.25

- 3.26 Key issues identified by the audit for each Township were as follows:

- Ramsbottom, Tottington & North Manor: Shortfalls in quality of natural/semi-natural greenspace and allotments, poor accessibility to play facilities and amenity greenspace.
- Bury West: Quantity of allotments and natural/semi-natural greenspace below recommended standards, poor accessibility to amenity greenspace.
- Bury East: Largest deficiency of natural/semi-natural greenspace in the Borough, the remainder of which is of poor quality.
- Radcliffe: Under-represented in terms of the quantity, quality and accessibility of allotment provision, quality of both natural/semi-natural greenspace and allotments below required standards, poor accessibility to play provision.
- Whitefield and Unsworth: Lowest parks and gardens provision in Borough, low quantity of allotments, no skate parks.
- Prestwich: Deficiencies in parks and gardens, outdoor sports facilities and amenity greenspace, quality of natural/semi-natural greenspace below required standards.

There are deficiencies in quantity, quality and accessibility for all types of open space across the Borough

3.27 The Greenspace Audit and Strategy highlights the needs and opportunities for open space, sport and recreation throughout the Borough and devises a framework for how these issues can be addressed. In particular, the application of the provision standards that have been established for quantity, quality and accessibility will provide:

- The broad framework for future planning of open space, sport and recreation, and
- Guidance for the targeting of resources and investment, as far as is practicable, by identifying deficiencies in provision.

3.28 However, not all shortfalls in provision can be addressed and therefore only those judged to be the most significant have been targeted for action as the Council's resources are in short supply due to budget constraints. The Strategy outlines future priorities and actions for the delivery of an appropriate supply of greenspace and will subsequently play an important role in informing future policies and allocations developed as part of the Bury Local Plan, such as through:

New residential development places pressure on existing recreational facilities.

- The protection and enhancement of existing open space;
- The provision of new open space as part of new residential development for the prospective residents.

- 3.29 It is recognised that the Greenspace Audit and Strategy is in need of review and the Council have therefore taken steps to refresh the supporting evidence base, in particular for outdoor sport, by working with Sport England on an updated Playing Pitch Strategy for Bury. This will provide a process for assessing what pitches are required, where and how they can be delivered through the planning process. Policies in the Local Plan and the next Greenspace Strategy will need to take account of its findings and guidance following its final publication in Autumn 2018.

Environmental Health

Air Quality

- 3.30 In the past sulphur dioxide and ozone have been significant pollutants but the main ones of concern currently are nitrogen dioxide and particulates which are particularly associated with motor vehicles.
- 3.31 Nitrogen dioxide is one of a number of nitrous oxides produced in high temperature combustion. It is a respiratory irritant and in time oxidises to nitric acid, contributing to acid rain.
- 3.32 Particulate matter may vary considerably in chemical and physical composition. The principal sources of these particles are combustion processes, including traffic and industry. PM10s are particulate matter less than 10 microns in size. The PM2.5 fraction and even smaller particles can penetrate the very deepest parts of the lung and enter into the bloodstream and cells and are therefore considered to be more harmful.
- 3.33 Pollution from road traffic is the most significant cause of poor air quality in Greater Manchester. The two pollutants of most concern are nitrogen dioxide (NO₂) and particulates less than 10 microns. (PM10). Nitrogen dioxide is exceeded in Greater Manchester at roadside locations and in busy town centres. In Bury this includes sections of the A58, the A56 and the M60. Defra forecast that compliance with nitrogen dioxide limits will not be achieved until beyond 2020 in Greater Manchester and other areas and as late as 2025 in London.
- 3.34 Bury and other Greater Manchester districts have identified Air Quality Management Areas (AQMAs) where air quality does not reach targets and where action is therefore needed. Figure 5 shows the AQMA across Greater Manchester. It shows that in Bury this largely follows the principal road network where the majority of emissions occur.

Air quality is poor in some locations with nitrogen dioxide levels exceeding acceptable standards on sections of the A58, A56 and M60

Figure 5 – Greater Manchester Air Quality Management Area

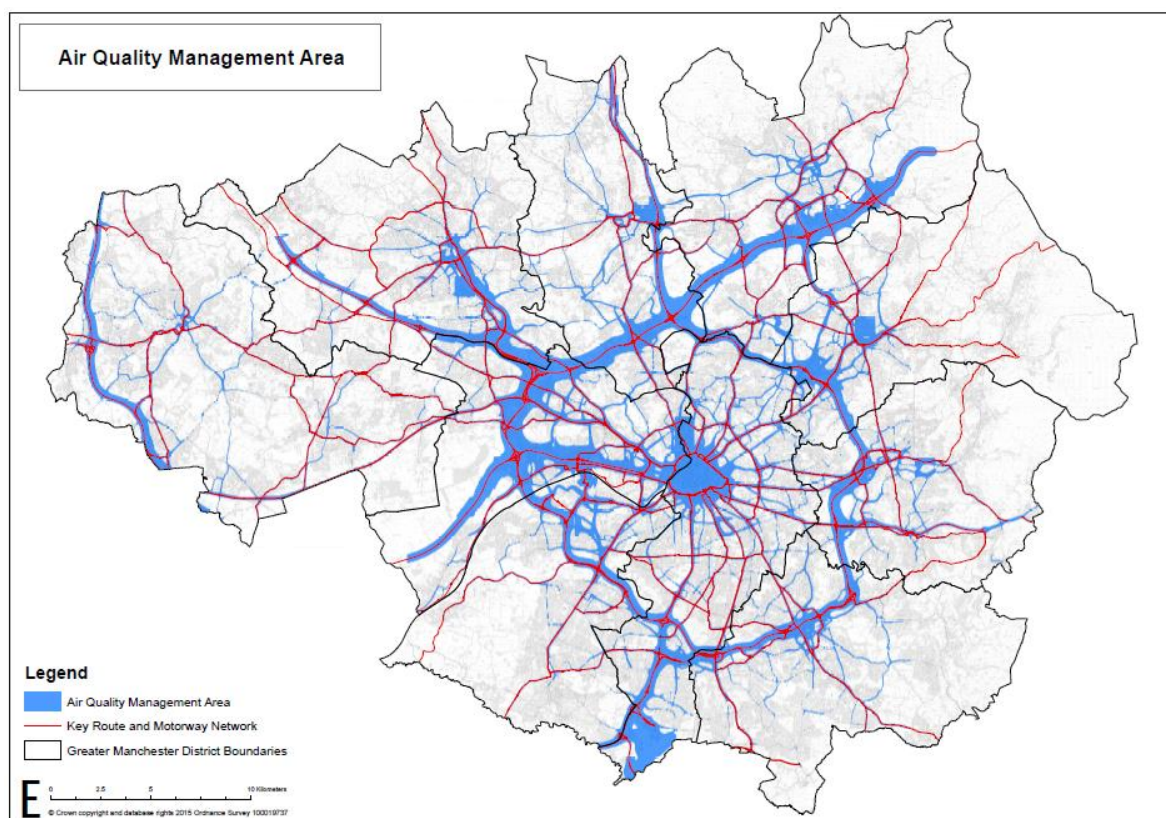


Table 3 – Properties within the AQMA at Township level

Township	Properties in AQMAs	All Properties	% of all Properties	% of all Properties in AQMA
Ramsbottom, Tottington and North Manor	23	14,615	0.2	1.6
Bury West	37	10,326	0.4	2.5
Bury East	398	18,363	2.2	27.1
Radcliffe	130	16,646	0.8	8.9
Whitefield and Unsworth	484	14,095	3.4	33.0
Prestwich	395	15,787	2.5	26.9
Total	1,467	89,832	1.6	100

- 3.35 Where an AQMA is declared, Local Authorities are required to produce an Action Plan outlining the actions they will take to try to meet air quality objectives. The approach taken by the Greater Manchester districts has been to jointly produce a GM AQ Action Plan which identifies measures taken at both a sub-regional and local level.
- 3.36 Many of the actions are proposed for implementation through the Local Transport Plan and include Quality Bus Corridors, Travel Plans, promoting walking and cycling, improved bus emissions and traffic management. Some non-transport related actions include energy efficiency schemes, and raising air quality awareness.

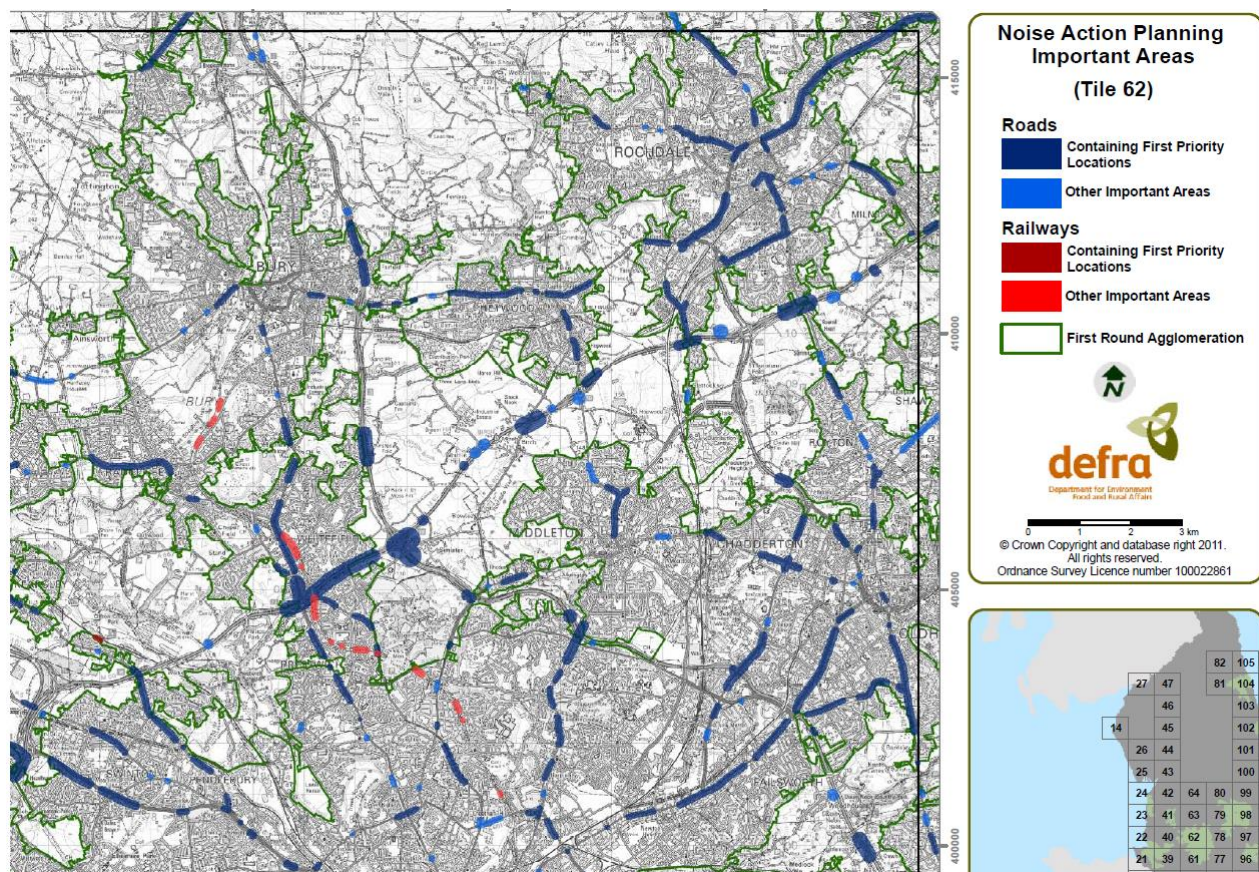
Light pollution

- 3.37 The NPPF advises Local Planning Authorities to consider where, when and how much illumination is needed – and its ecological impact. The Council does consider the impact of lighting in new developments on residents and wildlife but it does not currently have any designated 'dark sky' areas.

Noise pollution

- 3.38 Government Planning Practice Guidance states that local plans provide opportunities to consider improvements to the acoustic environment in avoiding, mitigating or reducing noise in order to avoid health impacts and loss of tranquil areas.
- 3.39 The UK Noise Action Plan (2014) identifies Greater Manchester as a Noise Agglomeration Area. It estimates that there are 1,400 people in Bury district affected by excessive road noise. The main source of noise in Bury is from roads, particularly in the areas shown in the map below.
- 3.40 In Bury, specialist advice is sought when developments likely to generate significant noise are proposed.

Figure 6 - DEFRA map of Important Areas for Noise Action Planning



Water Supply

- 3.41 The importance to human health of clean drinking water has been known since the source of cholera was identified in London in 1854.
- 3.42 Groundwater from aquifers provides around 30% of England's drinking water. In the north-west region the figure is 11%. It is vulnerable to pollution and over-use. Around 81% of England's groundwater sources are in danger of failing Water Framework Directives because of diffuse pollution, for example from nitrates.
- 3.43 Although Local Planning Authorities need to consider the capacity of supply networks for new developments, the supply of clean water to buildings is generally managed by water companies and through Part G of the Building Regulations.
- 3.44 Properties in remote areas, which don't have access to a mains water supply have to rely on private water supplies from springs, wells and boreholes. Section 77 of the 1991 Water Industries Act requires local authorities to check the quality of private water supplies within their area. The Private Water Supplies Regulations 2009 places a duty on Local Authorities to monitor and risk assess all large and small private water supplies (except those to single dwellings), to protect human health from adverse effects of any contamination

of water intended for human consumption by ensuring it is wholesome and clean. All private water supplies, large and small are required to meet the standards in the Regulations. Where a private supply is a potential danger to human health the Local Authority has powers to ensure this is remedied under Section 18 of the Private Water Supplies Regulations 2009.

Contaminated and Unstable Land

- 3.45 One of the constraints to redevelopment of previously used land is the presence of contamination. In common with the rest of the North West, Bury has a long industrial heritage which dates back to the 1700s or even earlier. Historically, industry in Bury was dominated by paper and textile manufacturing which included bleach and dye works, printing works, cotton and woollen mills.
- 3.46 However, the Borough also includes former engineering works, chemical works, paint works, collieries, gas works, iron foundries, saw mills, brick works and railway land. These industries often result in the land being contaminated by spillages and leakages of chemicals and fuels and by the deposition of waste materials resulting from industrial processes. For example, on former gas works the wastes are likely to contain cyanide, tars, oils, hydrocarbon sludge, spent oxide wastes and ash.
- 3.47 The Council has 2,232 Sites of Potential Concern (SPC) covering 1,401 hectares or 14.1% of the Borough. These cover all sites in Bury which have had a previous potentially contaminative land use and include everything from a former chemical works to an infilled pond, the latter of which is a potential source of landfill gas.
- 3.48 Over 100 former landfill sites have been identified representing 235.7 hectares or 2.4% of the Borough. These are sites that have been used for waste disposal in the past and could be potentially contaminated with landfill gas and heavy metals, organic compounds and hydrocarbons depending of the type of fill. The sites can range from large areas that were used for the disposal of domestic, commercial and industrial waste to small areas of agricultural land which may have been levelled using inert material.
- 3.49 The Environmental Protection Act 1990 and Environment Act 1995 provide a system for the identification of land that is posing unacceptable risks to health or the environment, and for securing appropriate remediation to remove these risks.
- 3.50 The Council keeps a contaminated land register and sites are brought forward for inspection and remediation on a priority basis.

The existence of other potential pollution sources and threats to health

-
- 3.51 Most contaminated brownfield land within the Borough will be redeveloped and remediated to a standard appropriate for its intended use through the planning process. The Local Planning Authority can alert interested parties but it is primarily for landowners and developers to assess the risk of contamination.
- 3.52 The Environmental Services Section of the Council assesses most new planning applications and recommends contaminated land conditions on planning permissions if there is the potential for contamination to be present or if the proposed development is particularly sensitive to contamination. The Section also assesses and responds to any site investigation reports submitted in support of planning applications. If contamination is identified, an appropriate remediation strategy for the site will be agreed and validation of all remedial measures required before the conditions will be discharged. For most sites where contamination has been identified, this is an ongoing dialogue between the Council and the developer which can last years until the development has been completed and occupied.
- 3.53 Local Authorities are required to prepare, maintain and publish a register of previously developed (brownfield) land suitable for housing. The brownfield land register was published on 19 December 2017.

4 Summary of Key Issues

- 4.1 The various Topic Papers sitting behind the Local Plan are available on the Council's web site at www.bury.gov.uk/localplan. These have drawn together a profile of the Borough which has, in turn, highlighted a number of Key Issues for the Local Plan to consider. These Key Issues are as follows:

Key Issues for Health and Wellbeing:

- Lower life expectancy, health and educational attainment particularly in East Bury and Radcliffe.
- Pockets of deprivation in East Bury, Inner Radcliffe, Besses and Rainsough.
- Climate change poses a threat to health
- Obesity in children and adults in Bury is at significant levels and is rising.
- Levels of physical inactivity are sizeable and there is a need to increase opportunities to travel by walking and cycling.
- Bury is a high ranking area in England for numbers of fast food outlets per head of population.
- There are deficiencies in quantity, quality and accessibility for all types of open space across the Borough.
- New residential development places pressure on existing recreational facilities.
- Air quality is poor in some locations with nitrogen dioxide levels exceeding acceptable standards on sections of our major roads and motorways.
- The existence of other potential pollution sources and threats to health.