HOW DO WE MAKE PLYMOUTH A HEALTHIER CITY?

Plymouth Plan topic paper
Health and Wellbeing
Health and Wellbeing Topic Paper

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Health and Wellbeing

Make your comments on this paper and other information as part of Plymouth Plan Connections before 25 October 2014. www.plymouth.gov.uk/plymouthplan
What is this topic paper about?

This topic paper has been published as part of Plymouth Plan Connections. It is one of a series of topic papers that are being published to provide information and support ongoing discussions with local people and organisations about the future of the city.

This topic paper looks at the issues which influence the health and wellbeing of the residents of Plymouth and looks at the key drivers for change that will improve the health and wellbeing as the city develops. Health and wellbeing is central to the Plymouth’s Vision of becoming one of Europe’s finest most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone, and a key indicator of fairness in the city.
How can we create an environment where health problems are prevented?

At the most simple level people’s lifestyle choices impact significantly on the overall health of the city. However, evidence shows that people’s ability to live healthy lives, perhaps through taking regular exercise or making healthy food choices, is often related to the environment in which they live and the opportunities available to them.

The King’s Fund is a charity working to improve health and health care in England. It has produced a series of info-graphics that help to explain the ways in which public policy and intervention can help improve health through an emphasis on prevention.

**Partnership, planning and health in all policies supporting evidence-based and practical action…**

1. The best start in life
2. Healthy schools and pupils
3. Getting and keeping people in good jobs
4. Active and safe travel
5. Warmer and safer homes
6. Greener spaces and leisure
7. Strong and resilient communities
8. Public protection and regulation
9. Health and spatial planning
10. Making choices, prioritising action

Improving the Public’s health Info-graphic (Source: King’s Fund December 2013)
The summary info-graphic in figure 1 identifies ten dimensions of planning and partnership working for health. This and the other info-graphics in the document identify how investment in early interventions and investment in the community makes a real difference to the health of the population. The key message is that prevention of health and wellbeing problems demands a holistic and multi-faceted approach, covering interventions in education, employment, transport, housing, green space and leisure and the development of communities, delivered through integrated health and spatial planning and the effective use of public protection and regulation.

In 2008 the Marmot Review was commissioned by the Secretary of State for Health to consider the most effective evidence-based strategies for reducing health inequalities in England. The full report was published in February 2010. It proposed a strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. It drew attention to the evidence that most people in England aren't living as long as the best off in society and spend longer in ill-health. The Marmot Review also aligned with the work of the King's Fund, one of its findings was that health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status poor health. Action on health inequalities therefore requires action across all the social determinants of health, including education, occupation, income, home and community. See below.
How can we create an environment where health problems are prevented?

Key Messages (Source: Marmot Review 2010.)

Give every child the best start in life
Enable all children, young people and adults to maximise their capabilities and have control over their lives
Create fair employment and good work for all
Ensure a healthy standard of living for all
Create and develop healthy and sustainable places and communities
Strengthen the role and impact of ill health prevention
It will be the role of the Plymouth Plan to set out a strategic and integrated policy framework, which supports the key determinants of health and wellbeing in a community whilst addressing the issue of health inequalities.

This is an important issue in Plymouth. The Plymouth Fairness Commission Report, ‘Creating the Conditions for Fairness’, makes a series of recommendations for improving fairness and addressing inequalities within the city. The report identified areas that would have the highest impact on fairness in Plymouth. These are:

- Strengthening Communities
- Individual and Family Wellbeing
- Young People and Young Adults
- Discrimination and Social Exclusion
- Escalating Cost of Living
- Strengthening the Local Economy
- Housing
- Implications of an Ageing Population

Furthermore the report made specific recommendations which would need to be addressed within the Plymouth Plan, as outlined below:

- That the City Council amend its spatial planning policy to enable the restriction of fast food outlets within 400 metres or less from a school, youth facility or park. This is a health and wellbeing issue in Plymouth because poor diet is associated with rising levels of obesity within the city which has implications on people’s health.

- That the Council maximises it’s planning restrictions, within the current legal framework, to control the number of betting shops, fixed odds betting terminals and payday lenders in the city. This is a health and wellbeing issue in Plymouth because it is important that the vitality and viability of local, district and city centres are maintained and provide a range of services that residents can access.

- That a full examination is carried out into the coverage of specialist housing provision in Plymouth, comparing what is available against known demographics of groups in need and including a full gap analysis. This is a health and wellbeing issue in Plymouth because housing that is affordable is important to sustain growth within the city and support communities.

This topic paper considers later the opportunity presented by the Plymouth Plan to achieve these recommendations.
Who is responsible for co-ordinating health planning in the city?

Plymouth’s Health and Wellbeing Board, established under the Health and Social Care Act 2012, provides a key partnership, where leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board’s vision is for “Happy, Healthy, Aspiring Communities” and its core purpose is to encourage commissioners across the public sector to work in a more joined-up way.

The Plymouth Health and Wellbeing Board’s focus of activity, informed by Joint Strategic Needs Assessment and engagement work on the Plymouth Plan Sofa, is outlined in the Health and Wellbeing Strategic Framework.

- Mental Health
- Healthy Weight
- Substance Misuse
- Health and Social Integration

The Plymouth Health and Wellbeing Strategic Framework will use the evidence found in the Marmot Review ‘Fair Society, Healthy Lives’ to test its own plans, and those of its partners for effective evidence-based approaches for reducing health inequalities.

In 2012, the Health and Wellbeing Board outlined the commitment to embedding the Health and Wellbeing Strategy within the Plymouth Plan. This will allow for a holistic approach to the wider determinants of health and will provide a clear focus on prevention.
What role does the spatial planning system have in tackling health inequalities and the determinants of health?

One of the key functions of the Plymouth Plan is to set the long term vision for how the city will change and be developed. When formally adopted, the Plymouth Plan will be the strategic plan for the city and the statutory development plan for the Council to help guide future planning decisions.

The origins of the UK’s spatial and town planning system go back to the public health movement of the early twentieth-century. Health has always been at the heart of town planning, and is currently reflected in the National Planning Policy Framework (NPPF).

The NPPF is set within the context of the UK Sustainable Development Strategy ‘Securing the Future’, which sets out five ‘guiding principles’ of sustainable development. One of these is ensuring a strong, healthy and just society. Para. 7 of the NPPF makes supporting healthy communities one of the key tenets of its definition of sustainable development.

The NPPF makes it clear that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Paras. 69-78 consider in particular the role of planning in creating healthy communities. The NPPF acknowledges many different dimension of planning policy that are important in promoting health including: strong communities; safe and accessible environments; community safety; the active and continual use of public spaces; the need for social, recreational and cultural facilities; the availability and choice of school places; access to high quality open spaces and opportunities for sport and recreation; the importance of public rights of way and local green space designations; and the importance of community engagement and opportunity for neighbourhood planning. Some of these issues are discussed in more detail in other topic papers.
What do we know about health in Plymouth?

In September 2013 Public Health England published a Health Profile for Plymouth. The Health Profile gives a picture of health in the city and is designed to help local government and health services understand their community’s needs. The following bullet points summarise the key findings from the Health Profile, firstly from a good perspective and secondly from areas that need improving.

Ten positive components of Plymouth’s Health Profile

Compared to England, Plymouth has:

- A higher percentage of children achieving a good level of development at the end of reception.
- A significantly smaller proportion of people (1 in 4) are killed or seriously injured on roads in Plymouth.
- A smaller proportion of our residents (1 in 10) are fuel poor.
- More adult social care users in Plymouth have access to as much social contact as they would like.
- Higher population coverage for breast and cervical cancer screening.
- Higher population coverage for most childhood and adult vaccinations.
- Lower rates of tuberculosis infection.
- High take up rates of NHS Health Checks
- Lower standardised rates of emergency re-admission within 30 days of discharge from hospital.
- Lower rates of preventable sight loss due to glaucoma in those aged 40 and over.

Ten areas that need improving from Plymouth’s Health Profile

Compared to England, Plymouth has:

- Lower life expectancy for both men and women.
- Higher levels of material deprivation and proportions of children living in poverty.
- Higher levels of adults smoking (and smoking-related deaths) and higher levels of smoking in pregnancy.
- Higher levels of hospital stays for alcohol-related harm and alcohol specific hospital stays for the under 18s.
What do we know about health in Plymouth?

- Lower breastfeeding initiation rates.
- Higher rates of teenage pregnancy.
- A higher incidence of malignant melanoma.
- Higher levels of drug misuse.
- Higher levels of early deaths from cancer.
- A higher level of hospital stays for self-harm.
What should the Plymouth Plan do to tackle inequality and create a healthy place to live?

The Plymouth Plan will put in place strategic objectives and policies for use in the planning process and to guide the delivery and service planning of the Health & Wellbeing Board and key partners.

As well as setting strategic objectives, equally important will be the policies of the Plymouth Plan take into account health and wellbeing throughout actions and decisions the Council takes. This way health and wellbeing will be imbedded into the Plan and act as a golden thread throughout the entire plan. This will ensure that the plan addresses health, wellbeing and inequalities.

The starting point is to plan around the broad determinates of health.

Work by the Kings Fund has identified that health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. Most experts agree that these ‘broad determinates of health’ are more important than health care in ensuring a healthy population. This has wide ranging implications as the message shows that if the health of the population is to be improved then resources need to be diverted away from treatment and towards early intervention. A good example of this is Plymouth’s Troubled Families Programme which has identified the most high risk people and targets interventions early to improve outcomes for families and prevent issues from arising.

The Health Map illustrated details how many different factors influence people’s health. The Plymouth Plan will therefore need to include strategic objectives and policies in respect of the Natural Environment, Built Environment, Activities (such as shopping, transport and employment), Local Economy, Community, Lifestyle and People.
A health map for the local habitat (2006)

The Plymouth Plan must also respond directly to the challenge of health inequalities. One approach that may be considered is what has become known as 4-4-54, which is the name given to an emerging action plan from Plymouth’s Director of Public Health to put in place a new approach for addressing health inequalities.

The 4-4-54 concept is based on the original work of the Oxford Health Alliance (OxHA). The OxHA came up with the concept of 3four50. In other words, that there are three risk factors to health that together contribute to four chronic diseases which in turn contribute to more
than 50 per cent of preventable deaths worldwide. This focus on chronic diseases is appropriate as they are now the major cause of death and disability worldwide, having surpassed infectious diseases and injuries.

The work of the OxHA has been considered by Plymouth’s Public Health Team and its implementation in San Diego, U.S.A. has been reviewed. On that basis an updated and Plymouth-specific version of this approach to chronic disease reduction has been developed.

In summary, poor diet, lack of exercise, tobacco use and excess alcohol consumption are risk factors for coronary heart disease, stroke, cancers and respiratory problems which together contribute to 54 per cent of deaths in Plymouth. Changing these four behaviours can help prevent four diseases and reduce the number of deaths due to chronic diseases. This is shown below.

4-4-54 Plymouth Approach

How can the Plymouth Plan help reduce any possible future dependency on Adult Social Care and health-care services?

Adult social care is about supporting and assisting people who cannot manage alone due to severe illness, frailty, disability or vulnerability. It enables people to live as independently as possible in their own homes or with their family or friends.

The Council is responsible for the delivery of social care services and commissions public, private and voluntary sector providers to deliver services that meet the needs of the local population. The Council is facing a £65m funding gap over the next three years if action is not taken to address, amongst other things, the rising demand on care services for some of the city’s most vulnerable residents, such as support for the elderly, adults with learning disabilities and services for children.
Some of the key challenges include:

- Between 2012 and 2030 it is expected that the number of people aged over 65 with a limiting long term illness will rise from 21,170 to 28,960.
- Between 2012 and 2030 it is expected that the number of people over 65 with Dementia will increase from 3047 to 5056.
- The National Census 2011 indicates there are 27,247 carers living in Plymouth, 28 per cent provide more than 50 hours of support a week.

Plymouth City Council together with the Clinical Commissioning Group is working with Plymouth Community Healthcare to develop a single delivery function for community health and social care services. This will remove current duplication and support statutory services to meet the growing demand of complex health and social care need across the city.

Whilst dealing with current demand is important it is crucial that the Plymouth Plan considers how prevention and early intervention could keep people healthier and happier for longer.

The Plymouth Plan may wish to consider how actions to improve the socio-economic circumstances of our population may have positive effect both on the citizen and the Health and Social Care balance sheet, these may include –

- Low level services that support people to maintain independent living in the community e.g. befriending services that prevent loneliness and isolation.
- Maximising the use of social capital within communities e.g. Timebanking and making Plymouth ‘Dementia Friendly’.
Health and Wellbeing Topic Paper

- Ensuring carers are well supported
- Approaches which promote quality and engagement with the community to promote community cohesion and good mental wellbeing of the population
- All properties meeting Decent Homes standards (Social Housing and private sector)
- Increasing the number of affordable homes and promoting sustainable communities
- Future proofing new housing by designing and building homes that can be easily adapted as people grow older and more frail
- Using the skills agenda to support market development in relation to personal budgets so that service users can purchase local services delivered by local people
- Increasing the number of people with disabilities and learning disabilities in paid employment
- Maximising opportunities of Plymouth being a City of Service
- Continuing the focus on community energy and food growing schemes.
Possible Solutions

The box below seeks to summarise the key strategic solutions that the Plymouth Plan might provide in order to respond to the key health determinates and tackle health inequalities, based upon the Health Map. This is not a fully comprehensive list in that many relevant solutions are identified in other topic papers, given the all-encompassing nature of the health and wellbeing agenda.

<table>
<thead>
<tr>
<th>A health map for the local habitat.</th>
<th>Our Solution</th>
<th>Why?</th>
<th>Related Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Environment</td>
<td>Optimise and improve access to the Natural Environment.</td>
<td>Through improving access to the Natural Environment this will facilitate an increase in the amount of physical exercise people can take. This will improve mental health and contribute towards the healthy weight part of the Health and Wellbeing Boards focus of activity.</td>
<td></td>
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<tr>
<td>Natural Environment</td>
<td>Allotment provision access improved</td>
<td>Through providing better access to allotments it will contribute towards the Healthy Weight, Mental Health and Health and Social Integration agenda.</td>
<td></td>
</tr>
<tr>
<td>Natural Environment</td>
<td>Make sure each neighbourhood has accessible Public Open Spaces</td>
<td>Increasing access to Public Open Space will make it easier for people to undertake physical activity.</td>
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<tr>
<td>Built Environment</td>
<td>Policies to support the health and sustainability of Plymouth’s neighbourhoods (this would include a refresh of the ‘sustainable linked communities’ policies of the Plymouth Core Strategy 2007)</td>
<td>Through ensuring that neighbourhoods have their needs met by Plymouth's neighbourhoods having a good range of facilities and services, such as accessible community services and facilities, a good mix of housing, strong local centres and a sense of community allowing communities to be resilient. This means that communities are able to support themselves with local facilities and have a good sense of cohesion and support networks available.</td>
<td>[Community]</td>
</tr>
<tr>
<td>Built Environment</td>
<td>Improved public realm.</td>
<td>Through delivering an improved public realm, active travel will be encouraged. An improved public realm also facilitates greater use of public space and community cohesion.</td>
<td>[City Pride and Vision]</td>
</tr>
<tr>
<td>Built Environment</td>
<td>Promote active travel.</td>
<td>Through creating environments where people can walk or cycle will allow for people to have a more active lifestyle.</td>
<td>[City Pride and Vision]</td>
</tr>
<tr>
<td>Built Environment</td>
<td>Ensure housing is of high quality.</td>
<td>Housing quality is important for a number of reasons. Space standards will allow housing to be flexible and adaptable and meet the needs of the community. Well insulated homes ensure people are comfortable in their homes and don't live in fuel poverty including the integration of the</td>
<td>[Living and Housing]</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Green Deal. It is also important that the amenity of residents is preserved for example through tackling local issues such as alignment of street lighting.</td>
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</tbody>
</table>

| Local Economy | Healthier workforce. | The improvement of the health of the city will increase the capacity of workforce and attract new employers and investment, thereby improving the number and quality of jobs provided in the city. |               |

| Local Economy | Support of the Local Economic Strategy, support highly skilled economy. | Through supporting a strengthened economy improved employment and training opportunities the prosperity of the city will be improved through increased employment opportunities. |               |

<p>| Local Economy | Support regeneration of City Centre. | The regeneration of the City Centre with a variety of uses will help support foster a sense of Civic Pride and provide a variety of uses. |               |</p>
<table>
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<tbody>
<tr>
<td>Community</td>
<td>Ensure affordable fresh food is available to all.</td>
<td>Retail studies identify parts of the city which are deficient in provision for affordable fresh food. The provision of new facilities in these areas will help to tackle poor diet. There are also options for analysing the provision of existing fast food takeaways.</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>Review the number of fast food takeaway outlets.</td>
<td>The availability of unhealthy fast food, particularly near to schools, has been identified as possible driver to childhood obesity and unhealthy weight. It was also identified as an issue in the Fairness Commission’s recommendations, as detailed in an earlier section of this paper. Through reviewing planning policy to restrain the supply of new takeaways the Council can seek to restrict the availability of unhealthy foods.</td>
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<tr>
<td>Community</td>
<td>Ensure community facilities are safeguarded and provided in new development.</td>
<td>Communities need facilities and physical spaces are may be required to allow communities to meet and support each other. Facilities or assets of community value maybe traditional facilities such as youth clubs or library’s but could also be public houses or snooker halls. Supported and engaged communities are more resilient and better able to prevent illnesses from occurring.</td>
<td></td>
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<tr>
<td>Community</td>
<td>Review planning policy to assess the number of betting shops and payday lenders in Local, District and City Centres.</td>
<td>The Fairness Commission Report has identified that the Betting Shops and Payday lending impacts upon wellbeing within Plymouth. Planning policies can be used to limit the number of such facilities in Local, District and City Centres.</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>Analysis of specialist housing provision in Plymouth.</td>
<td>Ensuring that the sufficient housing it provide for the needs of all residents of the city is an important function of the planning system.</td>
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</tr>
<tr>
<td>Community</td>
<td>Identify gaps in health care infrastructure provision.</td>
<td>Evidence could be developed to identify gaps in infrastructure provision and mechanisms designed to provide new or redesigned facilities.</td>
<td></td>
</tr>
<tr>
<td>Lifestyle and People</td>
<td>Setting strategic and integrated objectives</td>
<td>The Plymouth Plan can provide the overall framework to coordinate and set strategic objectives for all the actions that the public sector can deliver as well as a catalyst for private sector investment. Targeted and coordinate improvements will deliver a step change in how</td>
<td></td>
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<tr>
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<td>comprehensive multi agency solutions are designed and delivered.</td>
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<td></td>
<td><img src="image1" alt="Economy" /> <img src="image2" alt="Living and Housing" /> <img src="image3" alt="Education Learning" /></td>
</tr>
</tbody>
</table>

Each one of the solutions identified will individually tackle different parts of the objectives set by the Health and Wellbeing Strategic Framework as well as a combination of different behaviours from the 4-4-54 approach outlined above, Working coherently and comprehensively these solutions will, over time, have the result of improving the overall levels of health and wellbeing in the city, through improving the environment and changing behaviours.
What are the alternative strategic approaches that might be considered in relation to health?

Although a prevention-led strategy is being promoted through this topic paper, an alternative is to prioritise treatment (see box below).

<table>
<thead>
<tr>
<th>Alternative Strategies</th>
<th>Commentary</th>
<th>Evidence</th>
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<tbody>
<tr>
<td>Prevention led strategy – focusing on determinates of health and health inequalities</td>
<td>This approach delivers long term changes designed to reduce the cost of treatment and improve health and wellbeing.</td>
<td>As identified work by the Kings Fund and the Marmot Review support this approach.</td>
</tr>
<tr>
<td>Treatment led strategy – focusing on improving health and care services and infrastructure</td>
<td>As the population ages there will be increased costs associated with treatment.</td>
<td>The demographic profile of the country identifies that we have an ageing population and the costs of treatment are increasing.</td>
</tr>
</tbody>
</table>

Do you agree that these are the primary alternative strategies?

Historically, much of the emphasis in health has been on treatment through services both within Primary and Secondary Care.

Notwithstanding the preventative strategy now promoted, the Plymouth Plan will need to provide a positive framework to support treatment, as clearly there will be an increasing demand for medical services.
What should the Plymouth Plan say about social and health care services?

As a sub-regional hub for the far South-West, Plymouth provides health care services and infrastructure to support the wider region as well as services to support local communities in Primary and Community Care.

Plymouth Hospitals NHS Trust is the largest hospital in the SW Peninsula. The Trust is also a teaching hospital in partnership with the Peninsula College of Medicine and Dentistry. Derriford Hospital operates as a regional general hospital but also serves as the major trauma centre for the region and provides secondary and tertiary healthcare to people in Plymouth and the region.

Secondary and Community Care in Plymouth is coordinated by the North East and West Devon Clinical Commissioning Group (CCG). The NHS England (Devon, Cornwall and IoS) are responsible for commissioning primary health care services across the city and delivering services at the local level through General Practice, Dentistry and Pharmacies.

The Council also commissions care services for the elderly and adults with learning disabilities, through its adult social care function. Much of this care is aimed at enabling people to stay at home and receive the care they need. Some facilities such as residential institutions are also required. Increasingly, adult social care functions are being brought closer to the wider health infrastructure and the Plymouth Plan will need to reflect these changes and their implications.

The Plymouth Plan will need to monitor the provision of health and social care services in the city and respond to any gaps which appear as the city grows and its population structure changes. The provision of care services is likely to be dynamic over the period covered by the Plan, as the needs of Plymouth’s people change and as ways of delivering care evolve to be more efficient and to respond more closely to people’s needs. The Plymouth Plan Area Assessments and their subsequent updates will assess whether Plymouth’s communities have access to the services they require. For example a key need which has been identified is to make Plymouth into a more dementia friendly city, enabling people with dementia to be able to live as normal a life as possible by ensuring that their needs are considered in all walks of life. The Plymouth Plan will need to set out the key principles of how this may happen.

Whilst it is important that new health care infrastructure is provided to support communities as they grow. Lifestyle choices are influenced by a number of factors rooted in the environments in which people live. These factors can be affected by measures in the Plymouth Plan which in turn may assist with offering people choices to avoid damaging lifestyle choices.

Possible Plymouth Plan Approaches:

- Set out overarching Health and Wellbeing objectives, for example addressing the determinants of the 4-4-54 concept and the principles of the Dementia Friendly City
- Consider how actions to improve the socio-economic circumstances of our population may have positive effect both on the citizen and the Health and Social Care balance sheet, these may include:
• approaches which promote quality and engagement with the community to promote community cohesion and good mental wellbeing of the population;
• all properties meeting Decent Homes standards (Social Housing and private sector);
• increasing the number of affordable homes and promoting sustainable communities;
• future proofing new housing by designing and building homes that can be easily adapted as people grow older and more frail;
• using the skills agenda to support market development in relation to personal budgets so that service users can purchase local services delivered by local people;
• increasing the number of people with disabilities and learning disabilities in paid employment;
• Ensure that health facilities to address inequalities as well as providing services for a growing city are identified.
• Reviewing and designing a system for the delivery of health care infrastructure in Plymouth, which aligns the approaches from key stakeholders such as Plymouth Hospitals NHS Trust, NEW Devon CCG, Pharmacies, Peninsular College of Medicine and Dentistry with opportunities for health care provision. Projections of future demands and provision.
• For example through assessing opportunities from community hubs, rationalisation of public sector land and buildings.

Do you agree with these solutions for health and wellbeing services?
What happens next?

Any comments received on this topic paper will be considered in the preparation of the Plymouth Plan. You can make comments at www.plymouth.gov.uk/PlymouthPlan or by email plymouthplan@plymouth.gov.uk. Alternatively, please post your comments to:

Strategic Planning & Infrastructure Department
Plymouth City Council
Ballard House
West Hoe Road
Plymouth
PL1 3BJ

The closing date for consultation responses is 25 October 2014.

List of key Plymouth Plan evidence base documents.

- Plymouth Health and Wellbeing Strategy (2012)
- Plymouth Health Profile, Public Health England (2013)
- Plymouth Fairness Commission; Creating the Conditions for Fairness (2014)
- Improving the Public's Health, Kings Fund (2013)
- Professor Sir Michael Marmot – Fair Society Healthy Lives Report- 2010
- Plymouth City Council Planning Obligations and Affordable Housing Supplementary Planning Document Second Review 2012
- Facilities for primary care and community care services: planning and design manual version: 08:ENGLAND is available on www.spaceforhealth.nhs.uk