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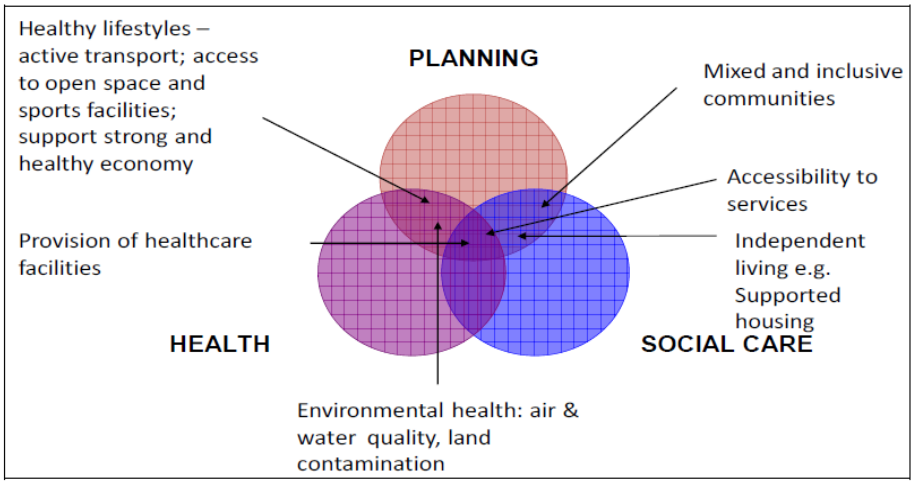
Template

This first page is intended to be a short Exec Summary of the Chapter and should be no more than 1-2 sides

Introduction

The physical environment, which is shaped by planning decisions, can facilitate or deter a healthy lifestyle and individual's well-being. Planning can support a healthy population by developing "City Villages" with a good supply of local services and facilities in safe environments that encourage people to walk and cycle, and socially interact. Planning can also ensure that there is a wide variety of quality greenspaces available across the city to help encourage physical activity and combat obesity. Indeed, the importance of opportunities for people to be active is recognized within the 2011 'Start Active, Stay Active' report, which notes that spending large amounts of time being sedentary may increase the risk of some health outcomes, even among people who are active at the recommended levels. The relationship between spatial planning, health and social care is clarified in Diagram 1 below.

Diagram 1: Relationships between spatial planning, health and social care



"*A review of the extent to which the spatial planning system supports the delivery of the Govt's health, wellbeing and social care objectives Final Report – Colin Buchanan (July 2011)".*

These attributes are identified as one of the 3 core aims by the World Health Organisation (WHO) Healthy Cities initiative (to which Sunderland is a member):

> *Healthy urban environment and design:*
> *"A healthy city offers a physical and built environment that supports health, recreation and well-being, safety, social interaction, easy mobility, a sense of pride and cultural identity and that is accessible to the needs of all citizens."*

Healthy cities also provide equitable access to facilities. WHO state that: "inequities constitute a major urban policy crisis in terms of human health and quality of life. City development and planning remains a pressing health equity issue for cities at all stages of economic development".

Research by Natural England (supported by DEFRA) has concluded that green spaces improve air quality, can help to reduce stress levels and provide opportunities for active lifestyles. Studies have shown that as little as 5 minutes exercise in a park or other greenspace will benefit mental health. Health and Safety Executive research for 2011/2012 indicates that the total number of cases of stress was 428,000 (40%) out of a total of 1,073,000 for all work-related illnesses. The annual cost to UK economy is £6.43 billion. Presenteeism is also on the increase with employees coming into work disengaged, tired, unmotivated and too stressed to work which is costing the economy an estimated £15 billion in lost productivity per annum. The Commission for Architecture and the Built Environment (CABE) go further, concluding that:

> *"Taken as a whole, the strong correlations between the poor quality and quantity of spaces in deprived areas, and low levels of physical activity of residents, suggest the policymakers who are keen to encourage better health in deprived areas should consider investing in improving the quality of parks and open spaces as one way of helping to achieve this."*

Over the past decade there has been a lot of good work carried out to encourage more sustainable and active lifestyles. The cycle network has expanded from 10km to 80km of dedicated off-road routes, and levels of cycling have increased as a result. Funding has also been acquired for new play facilities, and access to play sites has increased from 30% to 89% in 7 years. There have also been some improvements to neighbourhood facility access, with the creation of one-stop-shop Customer Service Centres, as well as campaigns such as "Change 4Life" for more local shops to sell fresh fruit and vegetables to encourage healthier eating.

Nevertheless, the provision of local services is 'market-dependent' and opportunities to create new facilities are also largely dependent upon the availability of external funding sources. In the present economic climate, tighter budgets and limited grant funding is putting a strain on existing services

and facilities.

A wealth of evidence suggests that by promoting physical activity and active lifestyles, many of the important health challenges faced in the Sunderland area can be addressed. Increasing the number of residents who are physically active has the potential to improve the physical and mental health, reduce all-cause mortality and improve life expectancy. Evidence suggests that there is not only the potential to save money by easing the burden of chronic disease on the health and social care services, but to also reduce worklessness caused by ill-health, physical and mental, therefore increasing the number of economically active residents.

Whilst the achievements to date should be celebrated, it should also be recognised that much more can be done. Cycling levels, for example, are still very low in comparison to most cities in western Europe and some cities in the UK. More equitable access to a range of greenspaces such as allotments, wildlife sites, parks and play facilities will benefit all ages, including young people and an increasingly ageing population. This can best be achieved through partnership working, building upon these successes and creating a more active and inclusive city.

As Diagram 1 demonstrates, healthy urban planning incorporates wider issues relating to environmental health, safety and design. Many of these issues are already well documented and carefully monitored and planned for, such as mitigating noise and air pollution with new development, and minimising risks relating to unstable and contaminated land and flood risk areas. Other issues relating to housing quality, building design, neighbourhood safety and accident reduction are addressed by strategic and local policy, and referred to in other JSNA profiles.

Key issues and gaps

Despite the improvements made to increasing activity levels there is still much to do. Just over half of Sunderland's adult population is physically inactive. Improving local accessibility will improve the likelihood of people choosing to walk or cycle more, particularly for undertaking short trips. Improving access to a range of quality greenspaces will also encourage greater physical activity and help to combat obesity. Improving transport choice to the full range of health centres will engender social inclusion and again encourage more active lifestyles. These views mirror the NHS Social Infrastructure Framework (SIF), which recognises that community well-being requires a wide range of services and facilities to be properly planned and incorporated, to support more active lifestyles, social interaction and inclusivity.

Accessibility to local services and facilities varies greatly across the city. Inaccessible areas suffer from a combination of limited neighbourhood facilities as well as below average public transport access to a nearby centre. These include areas with known low Indices of Multiple Deprivation (IMD), such as Ford, Pennywell, Red House, Witherwack and Fence Houses, where health problems may be particularly high, and car ownership is also low. However, there are also access problems in more affluent areas such as south Washington, Hastings Hill or Tunstall- private car ownership is high and as a result cars are used for very short trips, thus exacerbating sedentary lifestyles and limiting social interaction. Whether poor or affluent, children and senior citizens in particular have more limited access to private transport and therefore require good access locally and/or quality public transport links to main centres.

People of all ages need to have good access to a range of different greenspaces, in order to support more active lifestyles and positive mental health. However, access to quality greenspaces is unequal in Sunderland. As an example, allotments (which promote physical activity and healthy eating) are in limited supply in parts of south Sunderland and are most acute in Washington. The allotment waiting list suggests that interest outstrips provision, especially in these areas. Further known deficiencies are as follows:

- Formal play areas – Play Pathfinder schemes have greatly improved access, but access is still limited in Hylton Red House, Tunstall, Hastings Hill, Hetton and north Washington;
- The amount of amenity (or doorstep) greenspaces that allows for informal recreation is

particularly limited in central Sunderland. The quality of such sites is quite poor within key housing areas;
- Access to quality natural and semi-natural greenspaces is limited in north and west Washington, Southwick, Fulwell, Millfield, Ford and Pallion;
- Some areas are distanced from formal parkland, including Springwell Village, Blackfell, Town End Farm and Grangetown
- Access to outdoor sports facilities varies by facility and size of provision. In Washington, for example, access to bowling greens is low overall, playing fields are more plentiful, but tend to be concentrated in two peripheral locations
- Access to green corridors (that enable off-road walking and cycling) are in limited supply in many poorer parts of the city
- Some areas (such as, for example, Ford & Pallion, Albany & Blackfell and Town End Farm) have limited access to most or all of these greenspace types.

Despite high overall levels of public transport service in Sunderland, there remain a number of accessibility issues that could be reviewed with regards to all of our health centres. For example:
- Public transport access to Primary Care Centres may be concentrated on one or two key corridors, but use of the centre may potentially be from any part of the city;
- Improvements to pavements, disabled access and shelter at bus stops may be needed;
- There may be no cycle routes linking in to hospitals and GP Surgeries, and few sites have sheltered cycle stands.

Once again, improvements will increase the viability of sustainable transport modes that encourage physical activity.

Promoting the "well-being" of individuals and communities is fundamental to the work of local authorities. Building strong and resilient communities now and over the long term is a key priority for local government and represents a significant challenge given the financial climate and pace of change it currently operates within. The economic recession has continued to impact on individuals and whole communities, local authorities have to contend with this against a background of unprecedented cuts in expenditure and services, and more then ever must demonstrate cost effectiveness and the social and economic value of its services. Despite the difficulties they face,, local authorities, working in partnership with others, are still in an excellent position to make an assessment of what is needed to advance well-being, and can provide a solid foundation for the overall well-being of their area that responds directly to local, regional and national issues.

Local plans for physical activity and active living should be linked to and integrated with broader planning processes. For example, active living plans, policies and programmes can complement other urban planning initiatives related to transport, environment, energy, public health and economic development.

Recommendations for Commissioning

1. Investigate shortfalls in greenspace provision identified across the city, and commission prioritised schemes to create new or amend/enhance existing greenspaces to mitigate. Investment in development of ‘green’ physical activities to compliment new healthy urban developments would help complete the relationship between physical opportunity and practical use of space.

2. Investigate potential improvements to green infrastructure connectivity, and commission schemes that improve linkages for walking and cycling. Investing in programmes and initiatives that will actively promote and increase the number of Active Travel options as a feasible and attractive means of travelling throughout Sunderland.

There is strong evidence to show that physical activity benefits many aspects of health. Regular activity can reduce the risk of diseases including coronary heart disease, stroke, cancer, Type 2

diabetes and obesity, and can improve mental health and well-being, therefore significant and continued efforts should be made to increase the number of residents who are sufficiently physically active. Sport England (via the Active People Survey) have provided significant intelligence which could enable effective targeted delivery of activities and interventions, thus improving the health of specific communities. Notwithstanding this position, there is a need to continue to develop an 'active culture, within the city and this will be complimented by an active and healthy urban environment.

3. Investigate access to all public and private Hospitals, PCCs, Health Centres and GP Surgeries, including disabled access, access by bike (including cycle parking) and public transport access. Commission prioritised improvements where problems are identified.

4. Investigate low scoring "Sustainable Neighbourhoods" and commission deliverable interventions that will bolster community resilience and increase sustainable access to every day facilities.

5. Develop Responsive Local Services, creating new governance and engagement mechanisms (Place and People Boards) that support Council services to get closer to citizens and make them more responsive to the needs of people and their communities. This will include consideration of environmental factors which contribute to promotion or improvement of well-being such as the availability of clean air, clean water, clean streets, the quality of the built environments, the removal of objects considered hazardous to health, removal of disfiguring or offensive graffiti from buildings, protecting communities against the threat of climate change, freedom from a high risk of flooding, improving and promoting biodiversity and accessibility to nature.

1) Who's at risk and why?

There is an understanding that the tools used to measure the health and well-being of communities are not sufficient. Previously, the main focus has been on deficits, such as the Index of Multiple Deprivation (IMD), which results in putting out negative messages and reinforcing entrenched behaviours.

The Department for Environment and Rural Affairs 'Whitehall Wellbeing Working Group' agreed a statement of common understanding of wellbeing for policy makers:

"Wellbeing is a positive, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment and a healthy and attractive environment."

This statement recognised two aspects of wellbeing: the wellbeing of individuals and the conditions, such as a healthy and attractive environment, that enhance individual wellbeing.

Policymakers have prioritised the development of an asset model for health and well-being takes into account areas within which people have higher levels of well-being, have the capacity to recognise their illness better, access services easier, recover sooner, have resilient social networks, cohesive relationships and higher levels of mental well-being. It has been identified that what was required, in contrast to such tools as the IMD, is a complete asset model based on up-to-date and readily available indicators which can be used to inform why there are high levels of well-being only in certain areas, and which assets these areas have that contribute to well-being and vice versa.

One such example of the work to develop an asset model for health and well-being has been Experian in conjunction with the North West Development Agency scoping out the viability of such an index i.e. identification of the key factors that influence health and well-being in an area.

Experian focused upon four key themes: Business, Community, People and Place. Considering resilience and well-being within this theoretical framework is particularly useful for understanding which factors in particular contribute to local prosperity and protect local areas from the impacts of economic shocks. This is because each theme can also be considered separately allowing for an additional level of well-being analysis.

As the business theme is focussed on the economic resilience of local areas then for this reason, it was not considered as part of the analysis of well-being. Well-being was analysed within the framework of the three other broad themes – Community, People and Place.

The index below uses publicly available datasets so that a comparison can be made between different areas to understand their level relative level of health and well-being.

Community	People	Place	Well-being Factor	Variables	Source
	✓		Coping financially	Mean FT earnings	Annual survey of hours & earnings
	✓	✓	Employability	Number & % working age residents NVQ4+	Annual population survey
	✓	✓	Employability	Economic activity of all persons in working age	Annual population survey
✓	✓		Employability	% elementary occupations	Annual Population survey
✓	✓		Worklessness	% working age residents with no qualifications	Annual Population survey
✓			Worklessness	Total claimants	DWP
		✓	Physical Space	% green space	Dept CLG
✓			Place & Community	% wards amongst 10% most deprived	IMD 2010
✓			Place & Community	Life expectancy at birth Male	ONS
✓			Place & Community	Life expectancy at birth Female	ONS
		✓	Physical Space	Rateable value by class per sq mtr.	Dept CLG
		✓	Crime	Crime rates	Police
		✓	Housing need / condition	Average property price	Land registry
	✓	✓	Environment	Carbon emissions per capita	DECC
✓		✓	Local ownership	VAT Registrations per 10000 adults	ONS
✓		✓	Population churn	% workforce self-employed	Annual population survey
	✓		Population churn	Working age population	Annual population survey
	✓		Physical Exercise	Meeting physical activity recommendations	Active People's Survey

	✓		Healthy Eating	Consumption of 5 fruit & veg a day	Health Survey for England

Appropriate weightings are assigned to the index to provide a health and well-being ranking.

Using the framework it is possible to assess individual areas in Sunderland and determine their relative level of health and wellbeing. Policy interventions to improve well-being would need to be responsive to the individual needs of those areas.

Detailed analysis of two wards in Sunderland (Pallion and St Anne's Wards) further supports the need to use the index as a framework to explore well-being and those most at risk in further detail. Using the variables in the index it is possible to demonstrate the fundamental differences between different areas.

- Qualification levels are higher in Pallion Ward than in St Anne's Ward. 13.1% of residents in Pallion are qualified to NVQ level 4 and above compared to 7.2% in St Anne's

- 60.1% of the working age population are in full time employment in Pallion compared to 56.9% in St Anne's. Unemployment is 7.4% in Pallion compared to 12.9% in St Anne's

- However, when it comes to health there are similarities between the wards. 86.3% of residents describe their health as good in Pallion and 85.9% in St Anne's. 25.4% of residents in Pallion have a limiting long term illness, the same as in St Anne's ward.

It would appear from this data that the relative level of wellbeing in Pallion is higher then that in St Anne's (better qualifications and employment), however both are equal in terms of general health. Furthermore when you examine the wider picture, nationally 19.9% of residents have qualifications at NVQ Level 4 and above, 61.0% are in full time employment (5.0% unemployed) and 91.0% enjoy good health with 17.9% having limiting long term illness.

Both wards therefore have a lower level of overall wellbeing than the national average using the framework so would benefit from appropriate interventions.

The reasons why the two wards used as examples may be at risk could be as follows:

- In terms of general health, this is related to Sunderland's industrial past, with large numbers of the workforce involved in shipbuilding and coalmining; jobs conducive to causing ill health amongst the workforce. However, it also relates to high levels of worklessness among the younger population.

- 1 in 4 households in England do not have access to a car,; in Sunderland this is 2 in 5. These statistics mean that the residents of Sunderland rely on forms of transport other than the car to get around and particularly to access employment.

- Business growth, and to an extent housing growth, increasingly focussed in more peripheral areas where public transport accessibility is lower, reducing the potential for good public transport connections and encouraging private car use.

- Travel to work statistics show how those residents in employment would normally travel to work. In England as a whole, the most popular method is by car, at 54.9%. This is followed by walking (10%), working from home (9.2%) and by bus (7.6%). In Sunderland, whilst the proportion travelling by car and walking are similar, the proportion travelling by bus is twice the national average, therefore good transport links in Sunderland are important given the greater reliance on public transport.

The link between physical health and the built environment has recently been articulated in

Tackling Obesities: Future Choices Project (Government Office for Science, 2007) and Healthy Weight, Healthy Lives – A Cross Government Strategy for England (DH & DCSF 2008). Both these reports are concerned with obesity and make the point that our living environment has a significant impact on opportunities to undertake physical activity. Increased physical inactivity is one of the factors behind the rapid increases in obesity, type two diabetes and coronary heart disease – the leading single cause of death in the UK. Lack of greenspace access also indirectly impacts upon an individual's exposure to sunlight and Vitamin D. Rickets, cardiovascular disease, type 2 diabetes, several cancers, and autoimmune conditions have recently been associated with Vitamin D insufficiency.

Mental health issues can be exacerbated where residents have limited greenspace access and opportunities for walking and cycling. Lack of access may help to increase isolation, and may reduce physical exercise which can help to treat mental health, such as depression. The Government's programme to improve mental health (New Horizons: A Shared Vision for Mental Health) articulates the link between the built environment and mental health. It states:

> *"Access to green space is known to contribute to improve physical and mental health, community integration and social cohesion. The design of neighbourhoods supports personalised approaches to independent living for people with mental health problems."*

Planning which assumes car ownership is called the 'windscreen view'. It creates places which reinforce health inequalities because of the increased difficulty people without cars have in getting to the shops, health services and employment. Nationally, sixty-two per cent of people in the lowest income quintile have no access to a car compared with seven per cent in the highest quintile. Car ownership in Sunderland is lower than the national average.

Sunderland's physical environment does not provide equitable opportunities for people of all ages to be more active and live healthier lifestyles. National targets must be backed by realistic and attractive spatial opportunities for people to become more active and to live in socially inclusive neighbourhoods. Healthy urban planning can identify unequal access and prioritise intervention. From a spatial perspective, those at risk are:

- Residents who are unable to reach 'day-to-day' facilities easily by walking, cycling or using public transport, and are therefore isolated from facilities, or more reliant on private transport (if this is a feasible/affordable option). This includes access to various types of healthcare
- Residents with only a limited range of quality greenspaces available to them locally, including sports facilities, play areas, allotments, parks, amenity greenspaces and natural greenspaces
- Residents with limited access to green infrastructure, and therefore more limited opportunities for walking and off-road cycling for recreation or utility trips.

Poor access affects every resident's ability to live active and healthy lifestyles. It is critically important for children and young people to be able to use a range of greenspaces, such as play facilities, parks, natural greenspaces and local 'kickabout' areas, as well as to walk and cycle to facilities- if these activities can be instilled into everyday lifestyles at an early age, the likelihood is that active lifestyles will continue through to adulthood. Furthermore, with an increasingly ageing society, it is also vital to ensure that senior citizens have inclusive access to facilities, including social welfare and healthcare, and to live within safe and attractive green neighbourhoods that engender physical activity and mental well being.

Without good access, many residents find it very difficult to carry out active lifestyles, and in turn live in neighbourhoods with limited social interaction. Post-war planning (including decentralisation and planning for higher car ownership) has played a major part in reducing local access, and increasing sedentary lifestyles and social exclusion. Equally, planning (with partnership support) can play a major role in reversing these trends.

2) The level of need in the population

Sunderland has significant levels of deprivation relating to health, education, employment and income. To better understand this, the 2010 Indices of Multiple Deprivation (IMD) published in March 2011 provided significant insight.

The IMD uses 38 separate indicators, organised across seven distinct domains of deprivation to calculate the index. This overall measure of multiple deprivation is calculated for every Lower Layer Super Output Area (LSOA) in England. Each LSOA can be ranked according to its relative level of deprivation. In England, there is a total of 32,482 LSOA's; 188 of these being in Sunderland.

It should be noted that the data inputs to the IMD 2010 actually relate to 2008 i.e. largely pre-recession.

The overall multiple deprivation assessment for 2010 placed 34 Sunderland LSOAs (18% of the city's total, housing almost 17% of its residents) among England's 10% most disadvantaged lower super output areas. This continues the downward trend observed from 2004 to 2007, when the number of local LSOAs in the national upper decile fell from 51 (27% of the city total, containing also 27% of its population) to 41 (22% of city LSOAs housing 21% of all residents).

A similar situation is evident when considering the number of Sunderland LSOAs ranking within the 20% most deprived areas nationally on the IMD. In the 2004 index there were 87, 46% of the city total and containing 46% also of its inhabitants. The 2007 outputs showed a reduction to 82 (44% of LSOAs, 43% of residents) while the 2010 IMD records only 70 (37% of LSOAs, 36% of residents) within the national upper quintile. Clearly, the incidence of multiple deprivation across Sunderland remains significantly heightened compared to England as a whole, but it has shown an encouraging relative decline over the seven year period embraced by the 2004, 2007 and 2010 IoD data inputs. It remains to be seen how this situation will have been affected by the post-2008 economic recession.

The table below shows the number of Sunderland Super Output Areas within the most deprived decile and quintile of all English SOAs 2004 – 2010.

	Number in Top 10%			% of Residents			Number in Top 20%			% of Residents		
	2004	2007	2010	2004	2007	2010	2004	2007	2010	2004	2007	2010
Index of Multiple Deprivation	51	41	34	27.0%	21.1%	16.7%	87	82	70	46.1	42.5	35.9
Domain Indices												
Income	46	40	39	24.2%	20.4%	19.3%	75	71	68	39.8%	36.8%	35.1%
Employment	76	66	62	40.2%	34.2%	31.7%	119	107	97	63.2%	56.1%	50.6%
Health & Disability	91	80	60	48.2%	41.9%	30.7%	138	117	108	73.4%	62.0%	56.5%
Education & Skills	49	47	43	25.8%	23.9%	21.6%	81	79	74	43.0%	41.0%	37.9%
Barriers to Housing & Services	0	1	0	0.0%	0.6%	0.0%	1	14	1	0.6%	7.6%	0.7%
Crime	27	18	11	14.4%	9.4%	5.7%	52	43	28	27.4%	22.2%	14.6%
Living Environment	1	0	0	0.5%	0.0%	0.0%	7	3	1	3.8%	1.7%	0.6%
Supplementary Indices												
Income Deprivation affecting Children	36	20	26	18.9%	10.2%	12.4%	68	55	57	36.2%	28.1%	29.0%
Income Deprivation affecting Older People	44	45	44	23.4%	23.0%	22.5%	91	89	92	48.4%	47.0%	48.4%
Sub Domain Component Scores												
Children / Young People (Education)	41	39	29	21.6%	20.1%	14.1%	72	67	60	38.2%	34.5%	30.3%
Low Skills (Adults 25 or over)	51	51	51	26.9%	26.4%	26.1%	89	89	89	47.4%	46.7%	46.3%
Wider Barriers (Housing)	0	0	0	0.0%	0.0%	0.0%	0	2	0	0.0%	1.1%	0.0%
Geographical Barriers	3	4	4	1.6%	2.3%	2.6%	17	29	24	9.1%	15.6%	13.2%

(Services)												
Indoor Environment	2	0	0	1.1%	0.0%	0.0%	9	3	3	4.8%	1.6%	1.7%
Outdoor Environment	1	2	3	0.5%	1.0%	1.2%	13	12	14	6.7%	6.2%	7.0%

Mortality rates per 100,000 for females is 555.0 (target 530.0) and for males 758.0 (target 720.0)

Mortality from all circulatory diseases per 100,000 population under 75 is 78.3 (target 75.49) and for cancers is 147.0 (increasing) (target 117.03)

51.3% of adults do no sport or active recreation, however afforded the opportunity 51.5% of adult residents in Sunderland want to start playing sport or do a bit more physical activity. Based on these figures it is forecasted that the health costs of inactivity in Sunderland is at least £4.7 million per year.

Every neighbourhood, regardless of levels of affluence or deprivation, should provide opportunity for residents to lead more active lifestyles, and local residents have indicated a desire for this. Therefore, those areas with limited access to play facilities, parks, amenity and natural greenspace, sports facilities, allotments and for safe and attractive walking and cycling should be identified and prioritised improvements made.

A healthy active city recognises the value of active living, physical activity and sport provides opportunities for physical activity and active living for all. The built and social environments are key focal points. The built environment includes land-use patterns, transport systems, urban design, green spaces and all buildings and spaces that are created by people (including schools, homes, workplaces and recreation areas). Elements in the social environment that influence participation in physical activity include income, equity, culture and social support. Local Government officials and departments need to take a leading role; however, the voluntary and private sectors need to be partners in the planning and implementation of an active living strategy. In some cases, these groups or a coalition of groups may take the leadership or coordinating function. Community participation is essential for success. Interventions – which may be short or long term – target the built or social environment or both. They include policies, plans, programmes, infrastructure strategies and communications.

Central Government now requires public services to actively engage with communities so that they participate in project planning whether it be for infrastructure or service improvement. The changing policy context (Big Society, Localism Act 2011, Open Public Services Programme) and a new programme of political decentralisation aims to shift power firmly back to local people and engage them in managing a board range of projects and services. This aims to improve the quality of life for residents and provide services designed and delivered from the perspective of the customer. This is going to be achieved by:

- Embedding a culture of customer service excellence across public services and with partners
- Continuing to make services accessible for all
- Transforming the end to end customer experience via a service assessment and review process informed by customer insight (including strategic needs assessments).

3) Current services in relation to need

There is a wide variety of projects and strategies aimed at developing quality, well connected neighbourhoods that encourage physical activity and social interaction.

The emerging **Core Strategy** will provide the overarching policy framework to guide the development of the city over the next 20 years. This will form part of the city's Local plan**, which will comprise of** a suite of documents providing guidance and policies for meeting the community's economic, environmental and social aims for the development of land in Sunderland

until 2032. This will support development and urban design that will support good health and well-being, enabling active lifestyles, reducing pollution and improving the quality of life. The present development plan for the city. The **Unitary Development Plan (1998)-** guides new development and decisions on planning applications under the Town and Country Planning Act (1990) and contains a number of policies relating to spatially improving greenspace provision, developing a network of walkways and cycleways across the city, improving local service provision and promoting sustainable transport options to reduce reliance on the private car.

Section 106 grants are used in line with certain planning approvals to ensure that key community facilities are provided as part of wider development activity. Sunderland has been particularly successful in obtaining funds for play facilities in this respect.

A number of **strategies** relating to greenspace have provided evidence and recommendations for action that have enabled many improvements to be undertaken, and have helped to secure external funding for the city. These include:

- Parks Management Strategy 2004
- Allotments Management Strategy 2004
- Active city-Action for a Healthy City 2004
- Sport & Physical Activity Strategy 2005-10
- Play & Urban Games Strategy 2007-12
- Playing Pitch Strategy 2004-11.

Sunderland City Council and the Sunderland Partnership are preparing a **Green Infrastructure Strategy** for Sunderland. As a first step the partnership has overseen preparation of the **Green Infrastructure Strategy Framework** which was endorsed by the City Council's Cabinet in March 2011 as the basis for preparing the strategy. **A Green Space Audit** and mapping of green infrastructure has been completed to inform development of the strategy.

The **3rd Tyne and Wear Local Transport Plan (LTP) 2011-2021** advocates fully integrated and sustainable transport development which will allow everyone the opportunity to achieve their full potential and have a high quality of life. It aims to support the efficient movement of people and goods within and beyond Tyne and Wear, and a comprehensive network of pedestrian, cycle, and passenger transport links which will ensure that everyone has access to employment, training, community services and facilities. The LTP continues to provide support, although in the present economic climate funding has been reduced.

External grants - numerous external grants have been acquired to deliver schemes, although the availability of these is now much more limited. Sunderland was very successful acquiring funding for play facilities. However, the abandonment of the national play strategy and the termination of government contracts coinciding with the end of the Children's Play Initiative and grant from the Big Lottery Fund has been a set back for the play sector.

Significant progress has been made to date in providing access to services that support improvements in health and well-being. For example, in relation to increasing participation in physical activity and sport, Sunderland provides a variety of preventative and targeted services. including :

- Working with key partners and community sports clubs to increase and sustain participation in sport and physical activity.
- Deliver a range of mass participation events

Specifically in relation to the Wellness Service - Delivering a range of preventative programmes, targeted interventions and specialist services for all ages where individuals need support to be physically active and improve their health and well-being. The programmes delivered include:

- Exercise Referral
- Weight Management
- Stop Smoking Service
- Momenta - weight management programme

- Lifestyle, Activity and Food (LAF) programme
- Maternity Lifestyle Programme
- Walking Programmes
- Community Wellness Programme
- Exercise for Older People
- Employee Wellness Programme

Play

Providing access to a variety of high quality and accessible play environments and opportunities for all children and young people up to 19 years

The service area undertakes these functions through a :

- Community Leadership approach, developing an improved physical activity, leisure and sport offer
- More targeted approach through identified target users groups to improve health outcomes and participation levels,

Responsive local services are being developed as a key element of the council's Community Leadership Programme. The CLP is based upon the need to accelerate delivery of quality of life improvements for people in Sunderland which will be significant in improving the health and well-being of residents, particularly in those areas where there are significant levels of deprivation. RLS aims to achieve a strategic and sustainable change in the way that we identify service priorities and target action which is customised to the preferences and needs of the customers concerned. The initial phase of RLS has focussed on a review of service provision in relation to neighbourhood services including litter, graffiti, dog fouling and grass cutting with the aim of improving those environmental factors that contribute to a sense of well-being.

RLS will continue to evolve further, new governance and engagement mechanisms (Place and People Boards) that support Council services to get closer to citizens and make them more responsive to the needs of people and their communities will ensure that RLS development is developed to met the needs of local areas.

4) Projected service use and outcomes in 3-5 years and 5-10 years

The population of Sunderland has been falling over the past 20 years. 2008 projections however, indicate that the overall population will begin to rise over the next 20 years by 2.4% to 290,300. Although, the recent release of the 2012 mid year estimate figure of 275,743, confirms that the estimated number is still lower than the 284,600 recorded in the 2001 census. .

Life expectancy is rising over time, and so the absolute size of the older population, and the size in proportion to the population as a whole, will grow. 2010 mid year population estimates show the number of older people above the age of 65 in Sunderland to be 47,000. Projections indicate that for this population, there will be sustained year on year growth to 70,500 by 2033 – an increase of 50%. The largest increase within this age group will be those aged 85+ and generally those with the greatest care needs, increasing by 146% from 5,200 to 12,800. The 65-84 population will also increase significantly over this period, however, this will show a steadier incline from 41,700 to 57,700, 38.4%.

The number of people likely to have functional dependencies aged 20+ years between 2010 and 2025 are projected to be 63,137. This is an increase of 19.6% from the 2010 baseline. Over the same period, the numbers with "significant" or "very significant" dependencies, who are those most likely to need some help with daily living, particularly from the public sector are projected to be 21,762, an increase of 24%. Projections have suggested that the number of older people (65+ years) in Sunderland who are likely to who have problems in daily living even assuming public health outcomes improve (e.g. increased smoking cessation, reduced alcohol intake etc.) will increase by 28% between 2008 and 2025.

The under 10 population (0-9) is estimated to decrease over the same period. Mid year 2010 figures estimate the current number to be at 30,200, accounting for 10.7% of the overall

population. This number has been predicted to grow in line with the population as a whole until 2016, when a continued year on year reduction will take place. By 2033, the under 10 population is projected to be 29,200, accounting for just 10% of the overall population and a decrease of 3.3% on current numbers.

Continued service development and transformation is required if we want to support improvement and access to services and the health and well-being benefits associated with this (particularly those that address the issue of an aging population). Whilst participation in physical activity has grown over the past three years and improvements have been made to local service provision (play parks, cycle network, Responsive Local Services etc) as a result of effective partnership working, significant work remains to be done if we wish to see a further step change in performance.

Based on and building upon recent successes, it is not unfeasible that with continued support, participation in physical activity for example can reach 26% within 3-5 years and 30%+ within 5-10 years.

Improvements to the well-being of an area can be provided in the short term 3-5 years through the further development of Responsive Local Services using the new governance and engagement mechanisms (Place and People Boards) that support Council services to get closer to citizens and make them more responsive to the needs of people and their communities.

In both 3-5 years and 5-10 years through the planning process we will seek to provide improvements in greenspace provision across the city, continue to develop the walking and cycling network, investigate low scoring "Sustainable Neighbourhoods" and commission deliverable interventions and access to all public and private hospitals, Primary Care Centres, Health Centres and GP Surgeries, including disabled access, access by bike (including cycle parking) and public transport access. In relation to housing, the planning system will enable new homes to be built in both the public and private sector, set against locally identified need as per the outcomes of the newly proposed local Strategic Housing Market Assessment (SHMA), that is due to report in early 2013.

5) Evidence of what works

The current targeted interventions in relation to increasing participation in sport and physical activity are working very well, participation has risen by 3% in the past three years. These services have been delivered as a result of commissioned funds or award grants and without these services, activity opportunities for thousands of residents would have not been possible. It is particularly true of the targeted services that they are often the 'starting point' for improving overall health and lifestyles in addition to increasing activity levels.

Being 'physically active' is not demonstrated purely by attending gyms and playing sports. There is strong evidence that planning and design of the built environment contributes to healthier lifestyles. Examples include:

- Neighbourhoods that have easy access to well-managed formal and informal green spaces and play areas. Open spaces promote active travel through increased accessibility for walking and cycling. Cycling and walking are very simple way for people to incorporate more physical activity into their lives and are very important for increasing access to jobs and services for many people. When replacing trips by car they can also help reduce emissions and ease local congestion.

- Reductions in health inequalities and segregation is achieved through providing mixed communities with a range of housing types and tenures, well-designed walkways, cycle routes, streets and co-location and integration of services including health, education,

social services and leisure

- Developments that give the highest priority to pedestrians, cyclists and other 'active travel' modes when developing or maintaining streets and roads through ensuring adequate bicycle provision, and that new workplaces contain showers and clothes drying areas which will facilitate walking and cycling to work. Tyne and Wear Accident Data Unit (TADU) indicate that cycling levels across Sunderland have increased 7.8% annually between 2009 and 2011

- Providing adequate levels of purpose built, specialised extra care housing, in which varying amounts of care and support can be offered and where some services can be shared

- Considering the use of section 106 agreements for the use of Health Impact Assessments in smaller developments.

The introduction of the first phase of Responsive Local Services has improved service provision at an area level for a range of local neighbourhood services. Services are more flexible, responsive and tailored to meet local needs. Each area Place and People Board has adopted its own priorities around responsive local services. Priorities include:

- Reducing environmental crime including dog fouling, litter and graffiti
- Improving local shopping centres
- Making landlords accountable for the state of property
- Making estates/residential areas more attractive.

The Council is also using front-line staff to report local issues such as broken streetlights, graffiti and litter when they come across them during the course of their work. This ensures a faster resolution of such issues. Environmental improvements such as these play a significant role in raising the sense of belonging in an area and impacts on the sense of well-being.

6) User Views

The Ipsos Mori Residents Survey 2012 reported the following key finding:

Almost seven in ten residents are **satisfied with their local area**, however levels are satisfaction have fallen since 2010.

Only 26% of residents agree that they can **influence decisions affecting their local area**, whilst 76% disagree with this.

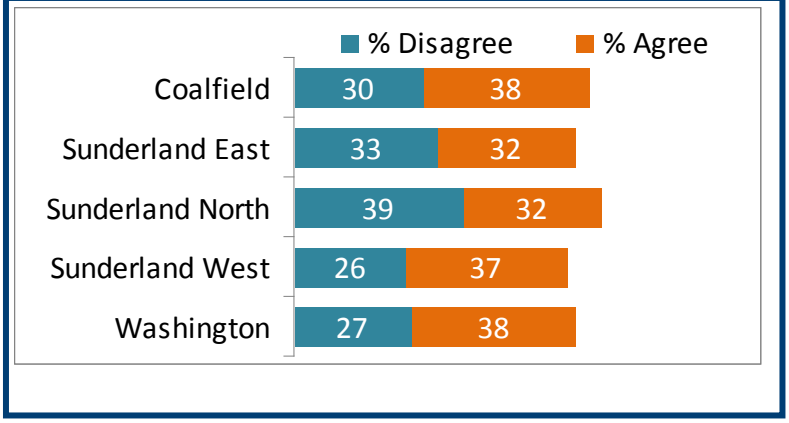
Job prospects, road and pavement repairs, the level of anti-social behaviour and street cleanliness are big priorities.

Two thir.ds of residents feel that **they belong to their local area** which is a significant increase on the previous survey, and people are **willing to get involved to improve their local area.** However **community cohesion** and **resilience** is low when compared to other north east local authorities.

One third of residents (36%) are positive about the **city centre** overall. There is praise for the infrastructure but criticism of the redevelopment.

Agreement that **Sunderland City Council** provides **perceived value for money** has remained consistent since 2009, 35% in 2012 compared to 31%. However those that agree can vary by regeneration area as shown below:

Regeneration Area



Doorstep Refuse (87%) and **Recycling Collection** (76%) satisfaction has improved but there has been a perceived deterioration in the provision of some cultural services. Satisfaction with **Libraries** was 65% (76% in 2009), **Museums & Galleries** 52% (60%) and **Theatres / Concert Halls** 49% (59%).

Satisfaction with almost all of Sunderland's individual services are either consistent with or significantly more positive than other north east local authorities participating in the Ipsos Mori Survey.

Ratings for accessibility and mobility around Sunderland continue to hold up. Satisfaction remains highest for the **availability of taxis** (82%) and most people said the same about **public transport** (65%0, although it should be noted that this was only 51% in the Coalfield Area. Satisfaction with **Accessibility of public buildings for people with disabilities** is 49% with 15% dissatisfied, although this increases to 22% of those with disabilities.

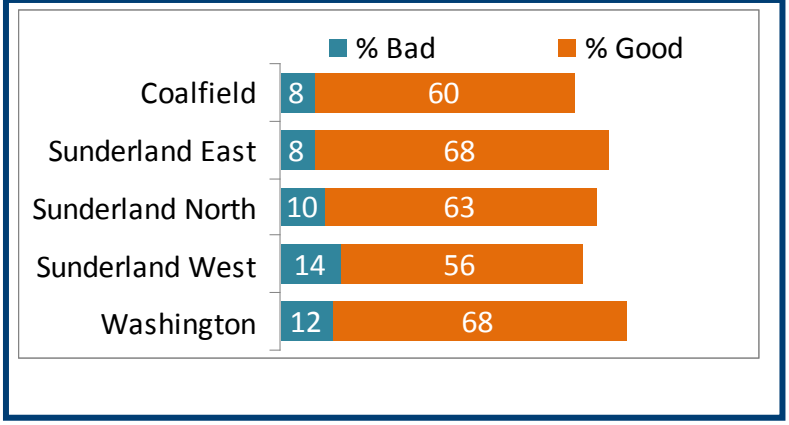
When it comes to **redevelopment of the city centre**, 36% of residents regard this as **good** whilst 42% regard it as **poor**. Signposting around the city centre is regarded as good by 54% (15% poor) of residents and 45% regard the standard of footpaths / pedestrian areas as good (29% poor),

General Health & Wellbeing

The Mori Residents Survey 2012 indicated that self reported health has gone down. 63% of residents reported their health as being **good** as opposed to 69% previously**.** 10% consider it to be **bad.**.

By regeneration area, self reported health is shown below:

Regeneration Area



The average **mental health wellbeing score** across Sunderland was 24 in 2012 (between a range of 7 and 35). The north east local authority consortium average is 24.3. Some of the reasons given for those residents scoring low (less than 20) include worklessness, illness/disability, poor health and living in a single person household.

Between 2002 and 2005, a local transport project was set up between the City Council and the Town Council in Hetton. The "Hetton Sustainable Transport Project" secured £474,000 of internal and external funding, which was spent on small-scale transport interventions that were chosen by the local community. Interventions included more than 100 dropped kerbs being installed, 2 new cycle routes through the town and improvements to pavements and street lighting. There was very positive feedback from local residents, and strong support from the Town Council, who felt that the project had empowered the local community. The project was shortlisted for a Royal Town Planning Institute (RTPI) award.

The recent Active People Survey which is coordinated by Sport England suggests that:

- 22.5% of adults in Sunderland take part in sport and active recreation compared to the national average of 22.0%
- 51.3% of adults do no sport or active recreation at all
- 51.5% of adult residents in Sunderland want to start playing sport or do a bit more.

Based on these figures it is forecasted that the health costs of inactivity in Sunderland is at least £4.7 million per year.

The same survey provides an interesting insight into other physical activity associated statistics. These include:

- 7.2% of adult residents are regular sports volunteers, compared to the national average of 4.5%
- 20.9% are members of sports clubs, compared to 23.9% nationally
- 71.0% of residents are satisfied with sporting provision in the area, compared to 69.0% nationally
- The most popular activities for adults are swimming, going to the gym. Football, athletics and golf.

Whilst some of this information is encouraging it does not distract from the fact that over half of the city's adult population is inactive. Simple programmes offering low level activities that are accessible to people in their local communities such as walking groups are ideal, providing a means of beginning to increase the number of physically active residents.

7) Equality Impact Assessments

EIA's are a tool that can be used to assess the impact of policies, plans or projects on particular groups of the community.

EIA's examine the aims, implementation and effects of policies, practices and plans to ensure that no groups of the community are receiving or are likely to receive less favourable treatment or outcomes that are unfair or discriminatory (whether directly or indirectly) and regard is had to the need to promote equality among such groups.

8) Unmet needs and service gaps

Access to day-to-day facilities varies across the city; however there are pockets of inaccessibility that cause concern. Appendix 1 identifies those areas with low accessibility and poor IMD scores. The areas of most concern include:

- **Sunderland East:** The East End; Hillview, Tunstall Bank and parts of Ryhope and Doxford;
- **Sunderland West:** Thorney Close; Grindon; Pennywell; Ford Estate, Plains Farm, Lakeside, parts of Farringdon;
- **Sunderland North:** Witherwack; Red House; Marley Pots; Parts of Red House and Town End Farm
- **Coalfield:** Parts of Penshaw; Low Moorsley; New Herrington; Newbottle; Burnside; Fence Houses; parts of Houghton Racecourse; Hetton Downs; East Rainton; Easington Lane
- **Washington:** Sulgrave; Barmston, Teal Farm.

There is an ongoing issue of low levels of public transport accessibility from deprived communities to emerging new employment areas (Doxford Park, Nissan, Pattinson Industrial Estate etc) which exacerbates social exclusion. In terms of access by public transport, walking and cycling to primary employment sites then for Doxford Park, 87.80% of the population are within a 40 minute journey time, for Nissan it is 79.20%. for Pattinson Industrial Estate it is 77.20% and for City Centre employment it is 84.50%. The percentage of people of working age living within the catchment area of a location with more than 500 jobs either travelling by public transport and/or walking is 83.79%.

Accessibility to a place can change for a number of reasons but the most likely cause is that there has been some change in the frequency or routing of bus services. Bus Operators make frequent changes throughout the year to the details of the service that they provide. The current trend seems to be to maintain a service but to vary the route usually by making it longer and more circuitous. The general effect of this is not that places necessarily become inaccessible but that it takes longer to get there, thus making it more unattractive to the travelling public as a location to work, visit or live,

There is also unequal access to quality greenspaces in Sunderland. As an example, allotments (which promote physical activity and healthy eating) are in limited supply in parts of south Sunderland and are most acute in Washington. The 2011 Sunderland Greenspace Audit has examined the provision of greenspace in the city's 65 City Villages (see Appendices 2-9), focusing on 8 greenspace attributes: quality of amenity greenspace; quantity of amenity greenspace; play areas; formal parks; allotments; outdoor sports facilities; access to the off-road cycle network; and access to natural greenspace. Nine City Villages have very limited access: Chilton Moor & Dubmire, Grangetown, Ford & Pallion, Millfield, Burnside & Sunniside have low access to at least 5 of the 8 greenspace attributes. Springwell Village have low access to 6 greenspace attributes. Usworth, Albany & Blackfell and Town End Farm have low access to 7 greenspace attributes. All residential areas should have reasonable access to a wide variety of greenspace types.

There is a clear need to review accessibility to Sunderland's healthcare provision. Very few GP surgeries and health centres, for example, have adequate (or any) cycle parking facilities, and few are linked to cycle routes. There are known problems regarding pavements, such as missing dropped kerbs. Public transport access varies from one site to another, and there are few signed

routes informing people how best to reach the healthcare facility. The key, here, is the need to review access on a site-by-site basis.

There are also known gaps in access to healthcare facilities (see Appendices 10-12). The closure of a GP Surgery in Easington Lane has left GP locations in south Coalfield limited. There are also limited facilities in north Washington, Grangetown & St Michael's and Middle and East Herrington. There are no dental facilities in the north Coalfield. Pharmacies are clustered in Washington and restricted to four locations only, whereas they are evenly spread elsewhere across the city. This local inaccessibility means that more people will be reliant upon private cars or taxis, or enduring lengthy journeys by public transport.

There are major health benefits gained by people who cycle regularly. Cycling levels are, however, very low in comparison to most cities in western Europe and in the UK, and access to cycle routes is restricted to certain parts of the city. In Washington, for example, there is no formal right to cycle on most of the off-road pathway network- Cycle Track Orders are required before cycling can be promoted on these routes. There are no cycle routes into and out of Houghton town centre. Cycle routes are also very limited in north Coalfield, Hendon, Grangetown, High Barnes, Grindon and across the north of Sunderland.

More equitable access to a range of greenspaces such as allotments, wildlife sites, parks and play facilities will benefit all ages, including young people and an increasingly ageing population. This can best be achieved through partnership working, building upon these successes and creating a more active and inclusive city.

Whilst a good start has been made in terms of incorporating a range of neighbourhood and street scene services into Responsive Local Service delivery; for the model to have a really significant impact in terms of providing access to services that meet the priorities of a local area it will be necessary to develop RLS to encompass a broader range of services. This will include service provision in relation to:

- Care and Support Services
- Information Advice and Guidance
- Wellness Services (how these can be applied proactively to local residents)
- Further integration of environmental services with partners.

9) Recommendations for Commissioning

1. Investigate shortfalls in greenspace provision identified across the city, and commission prioritised schemes to create new or amend/enhance existing greenspaces to mitigate. Investment in development of 'green' physical activities to compliment new healthy urban developments would help complete the relationship between physical opportunity and practical use of space.

2. Investigate potential improvements to green infrastructure connectivity, and commission schemes that improve linkages for walking and cycling. Investing in programmes and initiatives that will actively promote and increase the number of Active Travel options as a feasible and attractive means of travelling throughout Sunderland.

There is strong evidence to show that physical activity benefits many (all) aspects of health. Regular activity can reduce the risk of diseases including coronary heart disease, stroke, cancer, Type 2 diabetes and obesity, and can improve mental health and well-being, therefore significant and continued efforts should be made to increase the number of residents who are sufficiently physically active. Sport England (via the Active People Survey) have provided significant intelligence which could enable effective targeted delivery of activities and interventions, thus improving the health of specific communities. Notwithstanding this position, there is a need to continue to develop an 'active culture, within the city and this will be complimented by an active

and healthy urban environment.

3. Investigate access to all public and private Hospitals, PCCs, Health Centres and GP Surgeries, including disabled access, access by bike (including cycle parking) and public transport access. Commission prioritised improvements where problems are identified.

4. Investigate low scoring “Sustainable Neighbourhoods” and commission deliverable interventions that will bolster community resilience and increase sustainable access to every day facilities.

5. Develop Responsive Local Services, creating new governance and engagement mechanisms (Place and People Boards) that support Council services to get closer to citizens and make them more responsive to the needs of people and their communities. This will include consideration of environmental factors which contribute to promotion or improvement of well-being such as the availability of clean air, clean water, clean streets, the quality of the built environments, the removal of objects considered hazardous to health, removal of disfiguring or offensive graffiti from buildings, protecting communities against the threat of climate change, freedom from

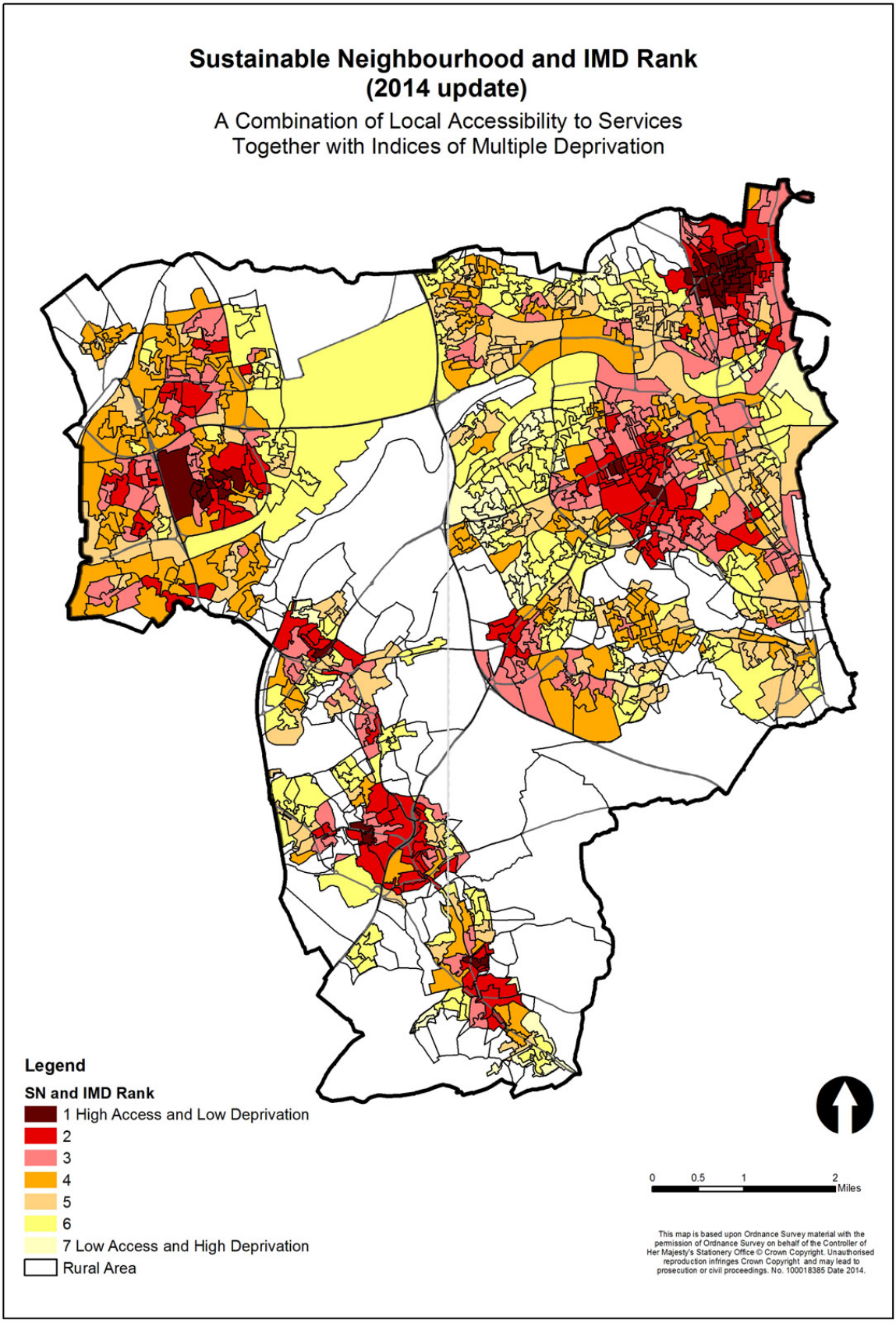
10) Recommendations for needs assessment work

Develop an effective asset model for health and well-being in Sunderland to provide intelligence in respect of health and well-being changes in Sunderland and impact of interventions.

Key contacts

To follow.

Appendix 1


Sustainable Neighbourhood and IMD Rank
(2014 update)
A Combination of Local Accessibility to Services
Together with Indices of Multiple Deprivation
Legend
SN and IMD Rank
1 High Access and Low Deprivation
2
3
4
5
6
7 Low Access and High Deprivation
Rural Area
0 0.5 1 2
Miles
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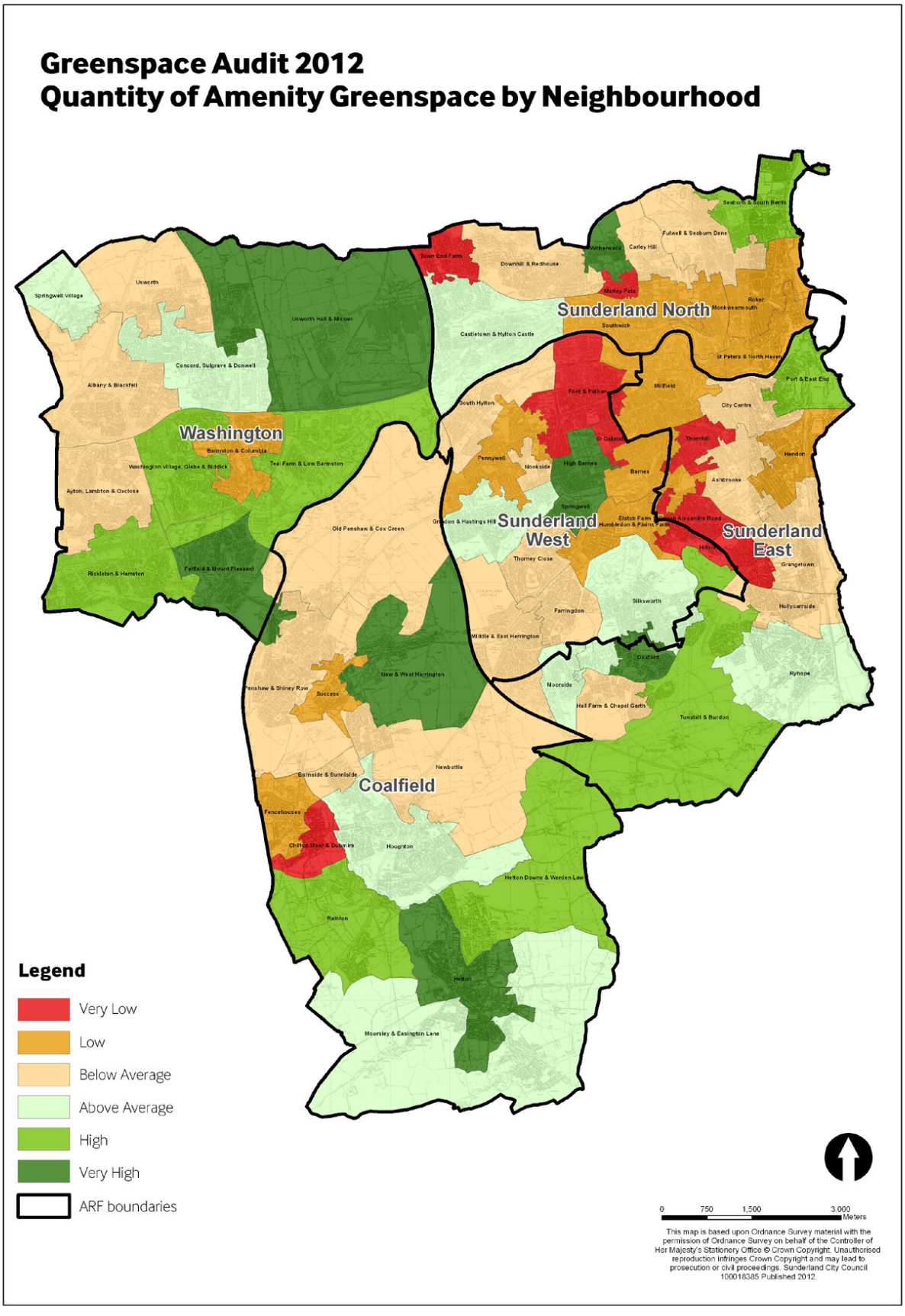
Appendix 2


Greenspace Audit 2012
Quantity of Amenity Greenspace by Neighbourhood
Sunderland North
Sunderland West
Sunderland East
Washington
Coalfield
Legend
Very Low
Low
Below Average
Above Average
High
Very High
ARF boundaries
0 750 1,500 3,000 Meters
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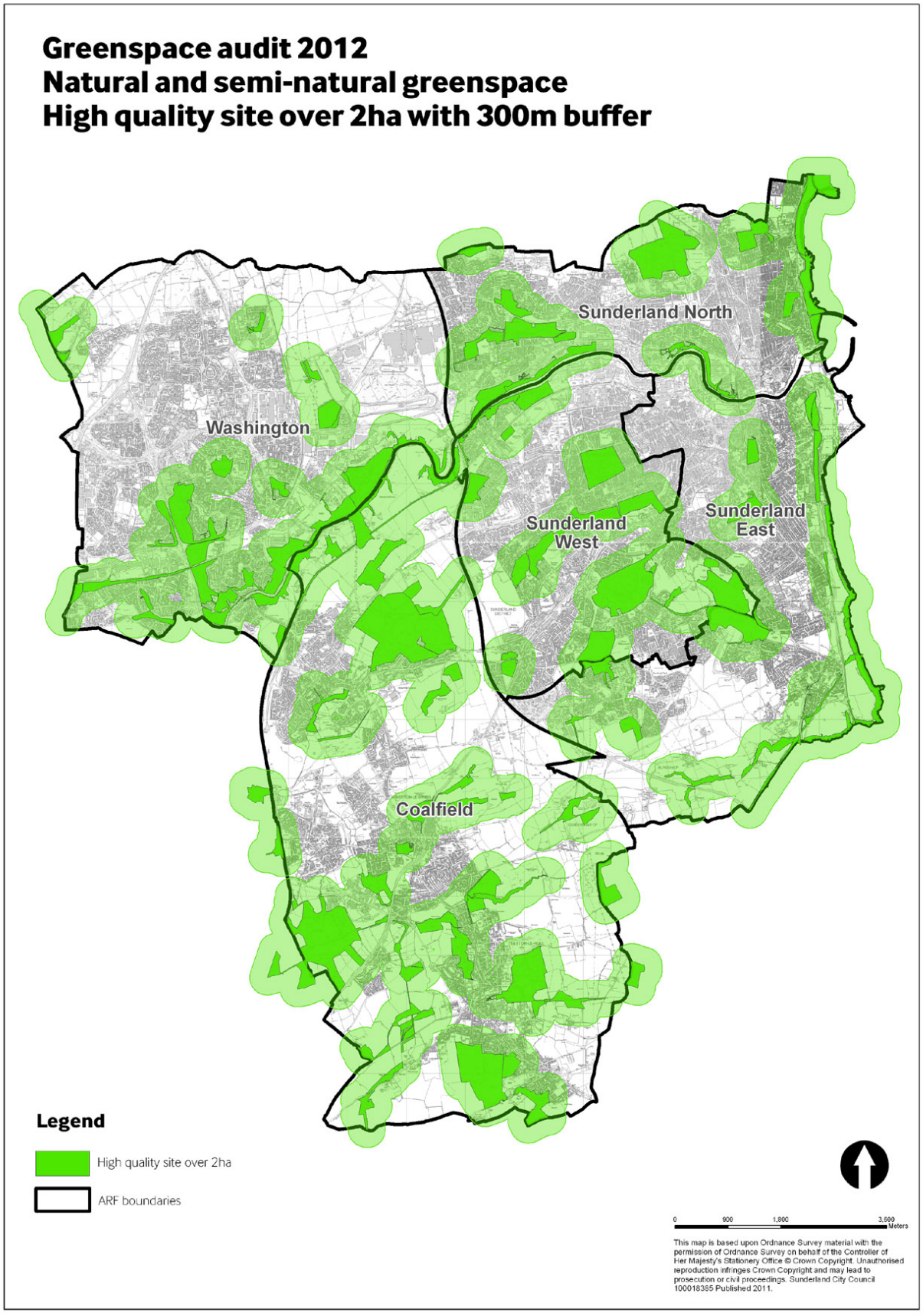
Appendix 3


Greenspace audit 2012
Natural and semi-natural greenspace
High quality site over 2ha with 300m buffer
Sunderland North
Washington
Sunderland West
Sunderland East
Coalfield
Legend
High quality site over 2ha
ARF boundaries
0 900 1,800 3,600 Meters
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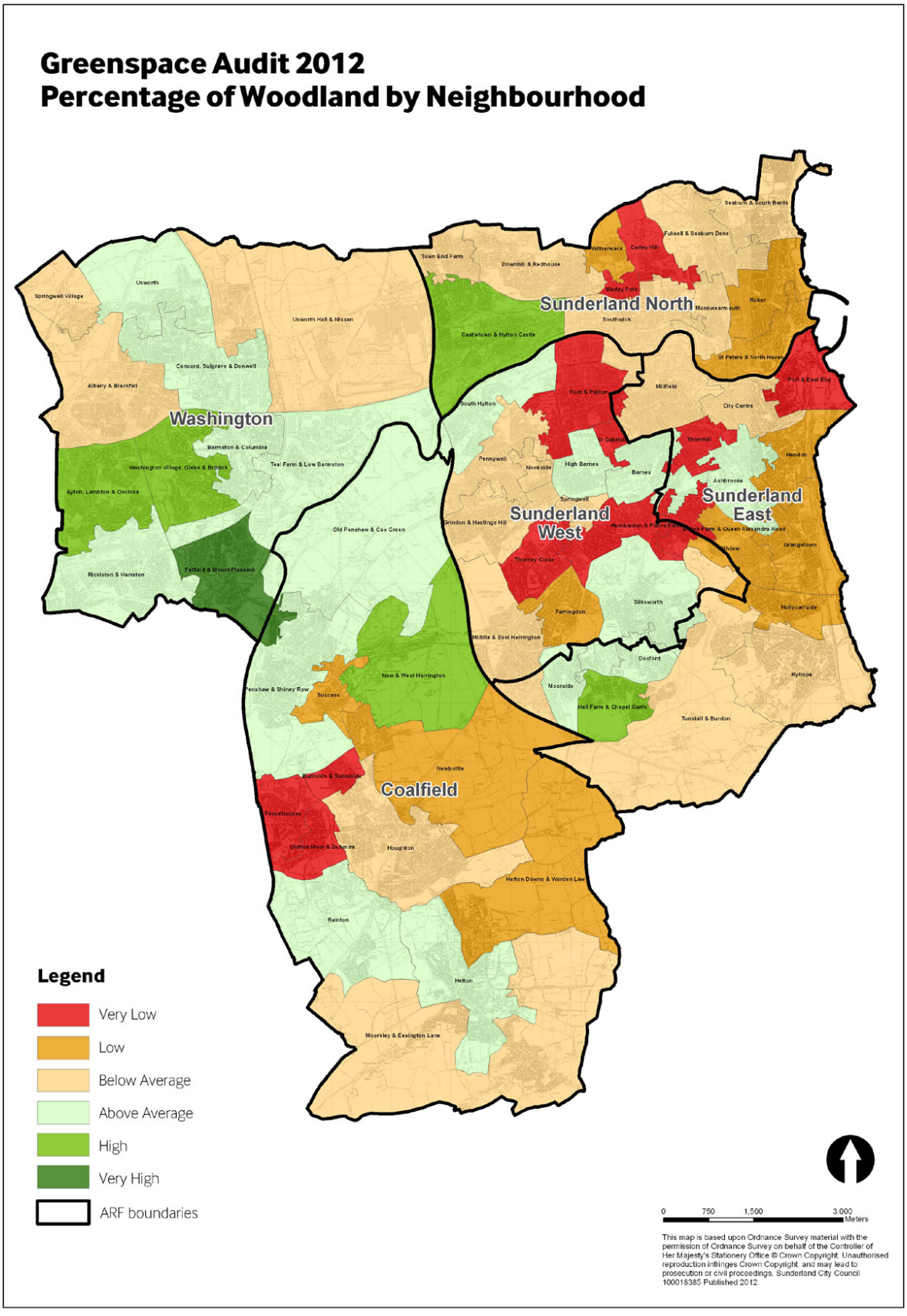
Appendix 4


Greenspace Audit 2012
Percentage of Woodland by Neighbourhood
Washington
Sunderland North
Sunderland West
Sunderland East
Coalfield
Seaburn & South Bents
Fulwell & Seaburn Dene
Witherwack
Carley Hill
Town End Farm
Downhill & Redhouse
Usworth
Springwell Village
Usworth Hall & Nissan
Castletown & Hylton Castle
Southwick
Monkwearmouth
Roker
St Peters & North Haven
Port & East End
Millfield
City Centre
Ford & Pallion
South Hylton
Thornhill
Hendon
Pennywell
Nookside
High Barnes
Barnes
Ashbrooke
Springwell
Grindon & Hastings Hill
Humbledon & Plains Farm & Queen Alexandra Road
Grangetown
Thorney Close
Silksworth
Hollycarside
Farringdon
Middle & East Herrington
Doxford
Ryhope
New & West Herrington
Penshaw & Shiney Row
Success
Moorside
Hall Farm & Chapel Garth
Tunstall & Burdon
Newbottle
Burnside & Sunniside
Fencehouses
Chilton Moor & Dubmire
Houghton
Hetton Downs & Warden Law
Rainton
Hetton
Moorsley & Easington Lane
Albany & Blackfell
Concord, Sulgrave & Donwell
Barmston & Columbia
Washington Village, Glebe & Biddick
Teal Farm & Low Barmston
Ayton, Lambton & Oxclose
Old Penshaw & Cox Green
Rickleton & Harraton
Fatfield & Mount Pleasant
Legend
Very Low
Low
Below Average
Above Average
High
Very High
ARF boundaries
0 750 1,500 3,000
Meters
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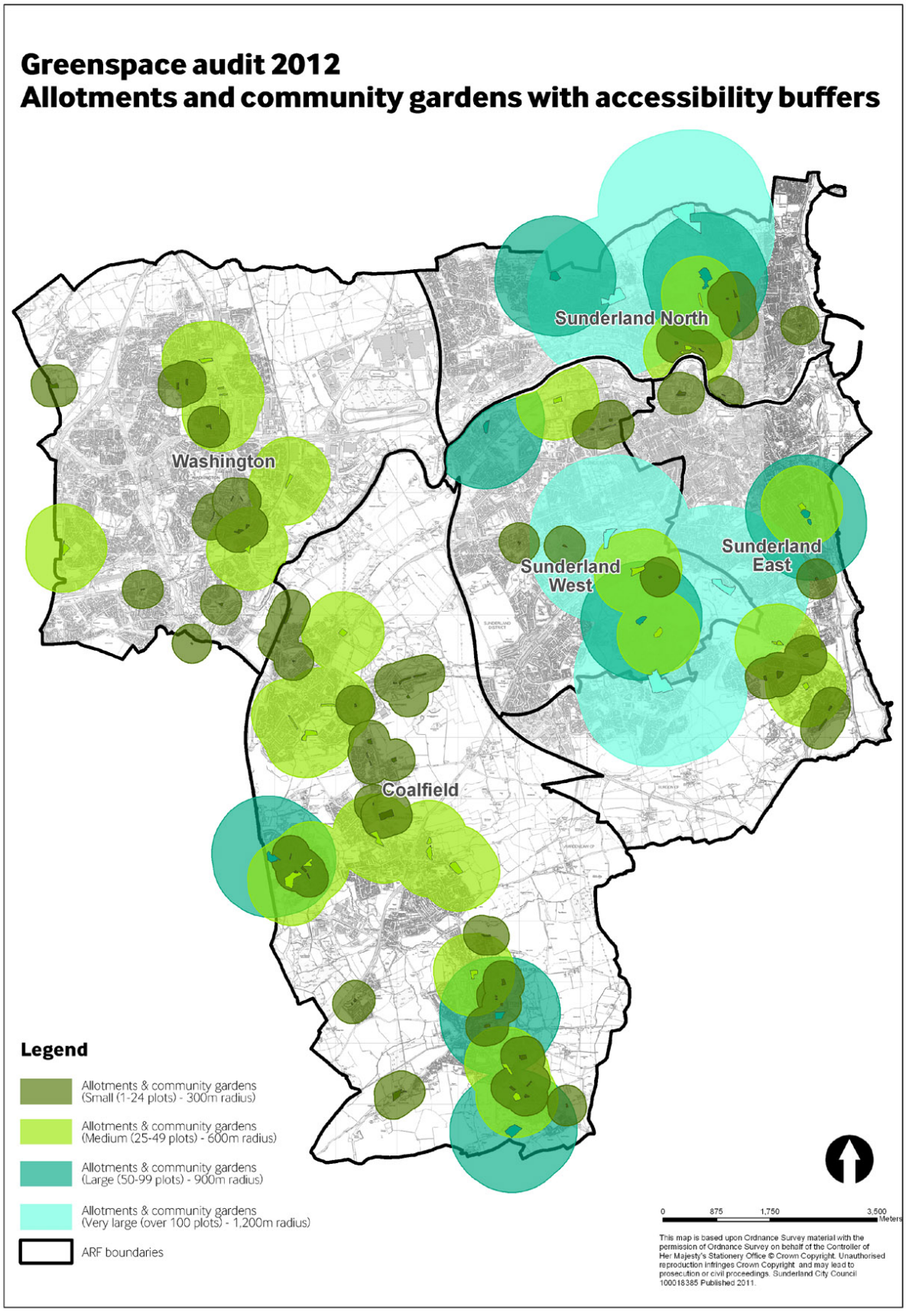
Appendix 5


Greenspace audit 2012
Allotments and community gardens with accessibility buffers
Sunderland North
Washington
Sunderland West
Sunderland East
Coalfield
Legend
Allotments & community gardens (Small (1-24 plots) - 300m radius)
Allotments & community gardens (Medium (25-49 plots) - 600m radius)
Allotments & community gardens (Large (50-99 plots) - 900m radius)
Allotments & community gardens (Very large (over 100 plots) - 1,200m radius)
ARF boundaries
0 875 1,750 3,500 Meters
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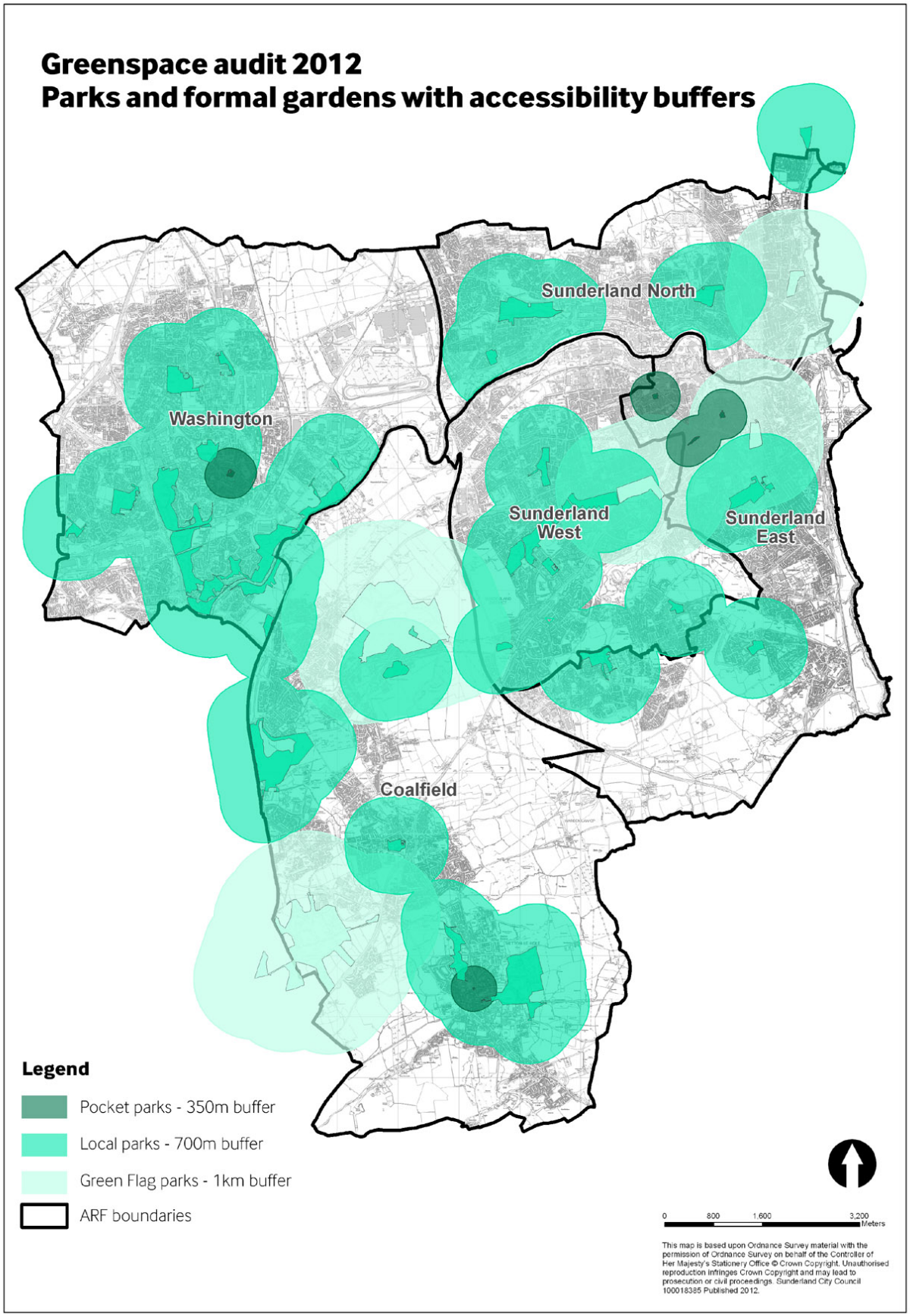
Appendix 6


Greenspace audit 2012
Parks and formal gardens with accessibility buffers
Sunderland North
Washington
Sunderland West
Sunderland East
Coalfield
Legend
Pocket parks - 350m buffer
Local parks - 700m buffer
Green Flag parks - 1km buffer
ARF boundaries
0 800 1,600 3,200
Meters
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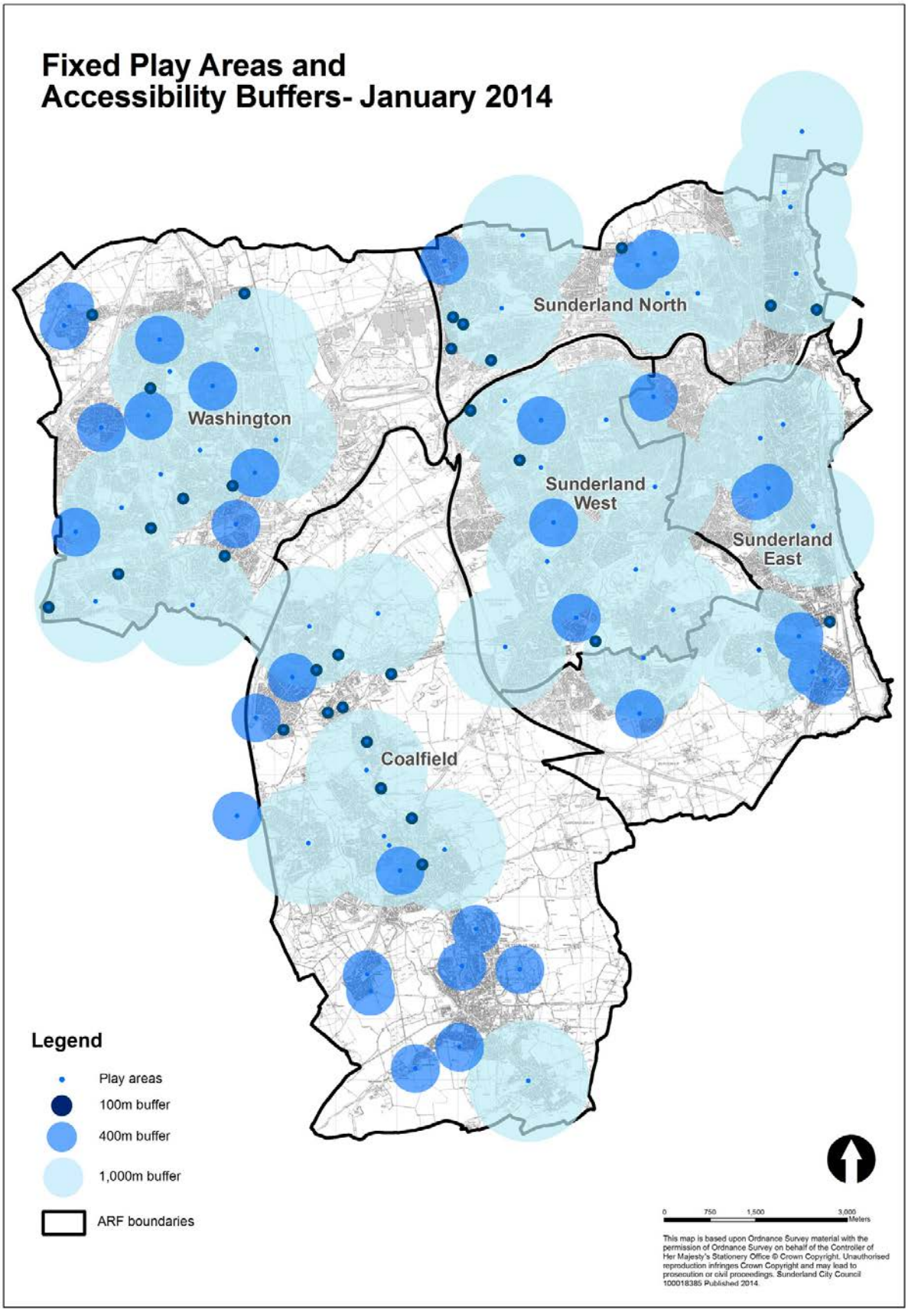
Appendix 7


Fixed Play Areas and
Accessibility Buffers- January 2014
Sunderland North
Washington
Sunderland
West
Sunderland
East
Coalfield
Legend
Play areas
100m buffer
400m buffer
1,000m buffer
ARF boundaries
0
750
1,500
3,000
Meters
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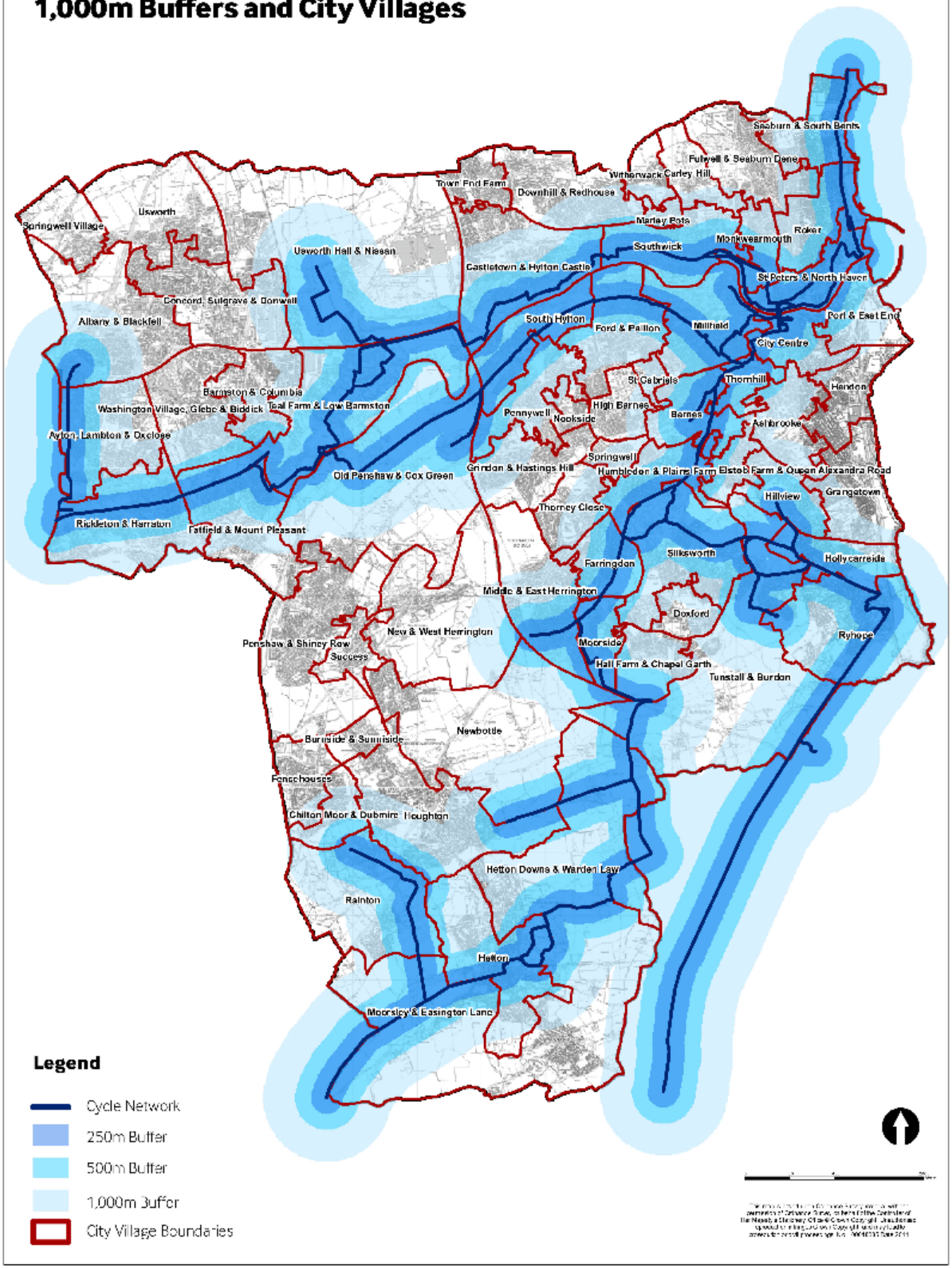
Appendix 8

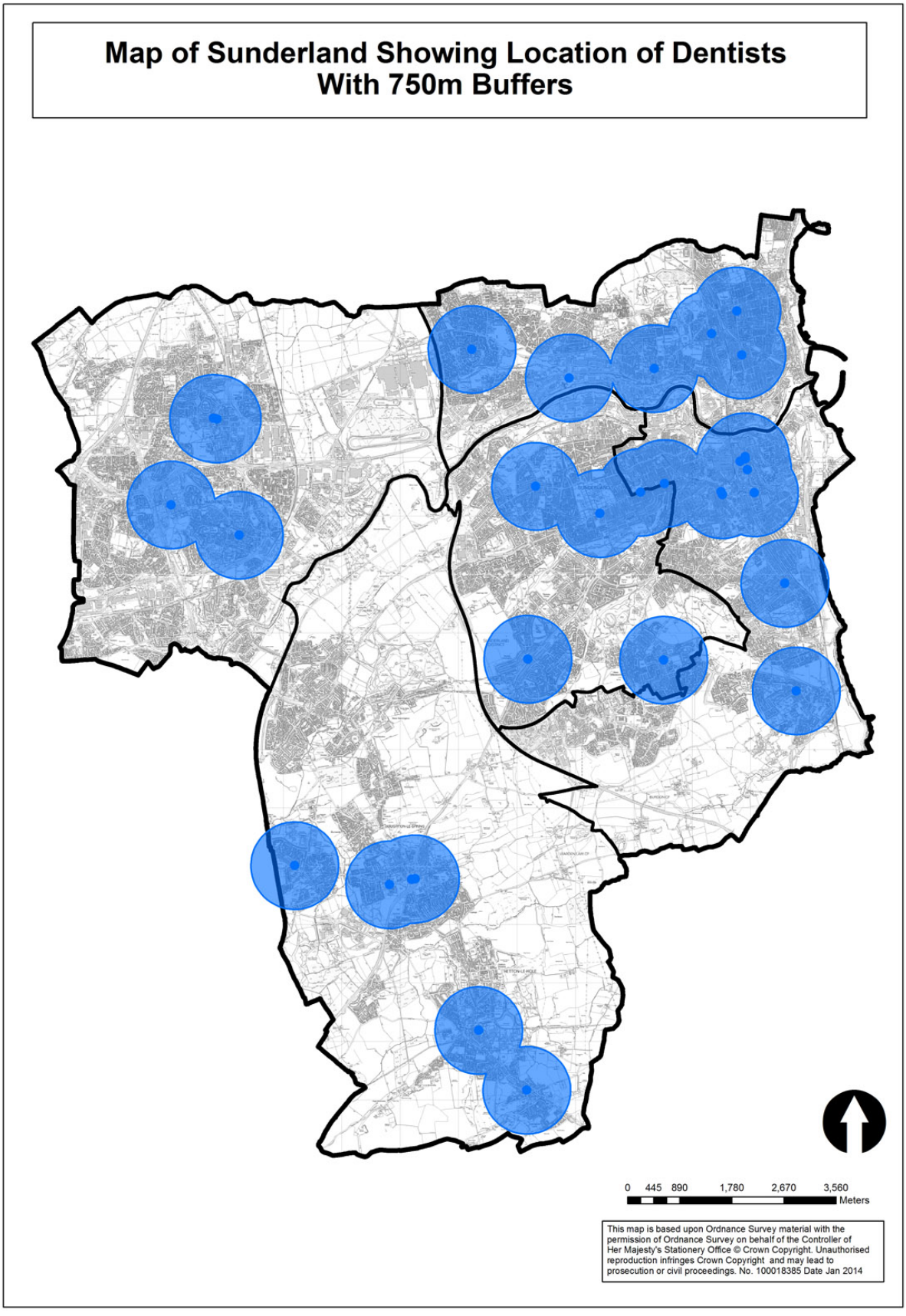
Cycle Networks with 250m, 500m and 1,000m Buffers and City Villages



Legend

- Cycle Network
- 250m Buffer
- 500m Buffer
- 1,000m Buffer
- City Village Boundaries

Appendix 9


Map of Sunderland Showing Location of Dentists
With 750m Buffers
0 445 890 1,780 2,670 3,560
Meters
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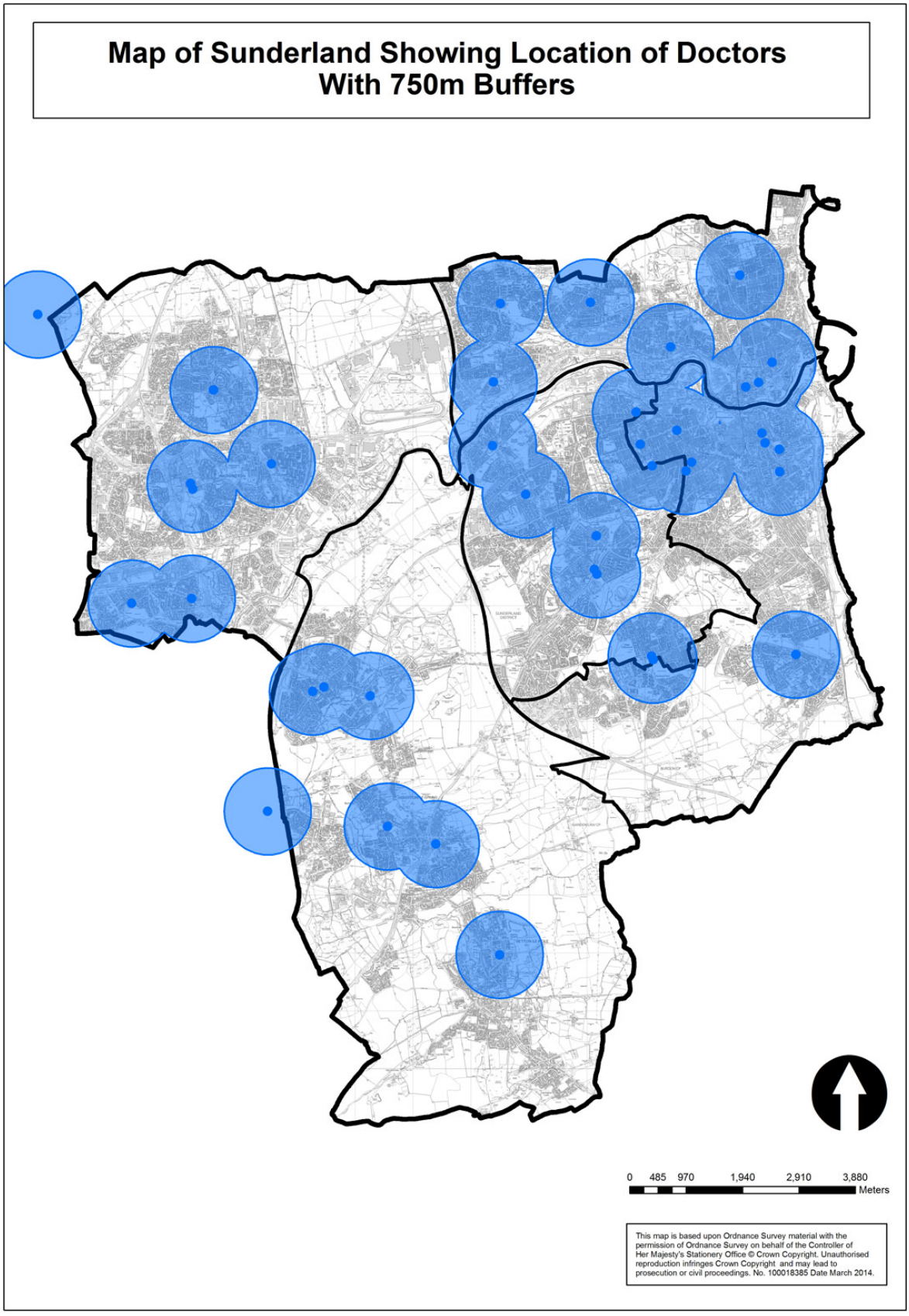
Appendix 10


Map of Sunderland Showing Location of Doctors
With 750m Buffers
0 485 970 1,940 2,910 3,880
Meters
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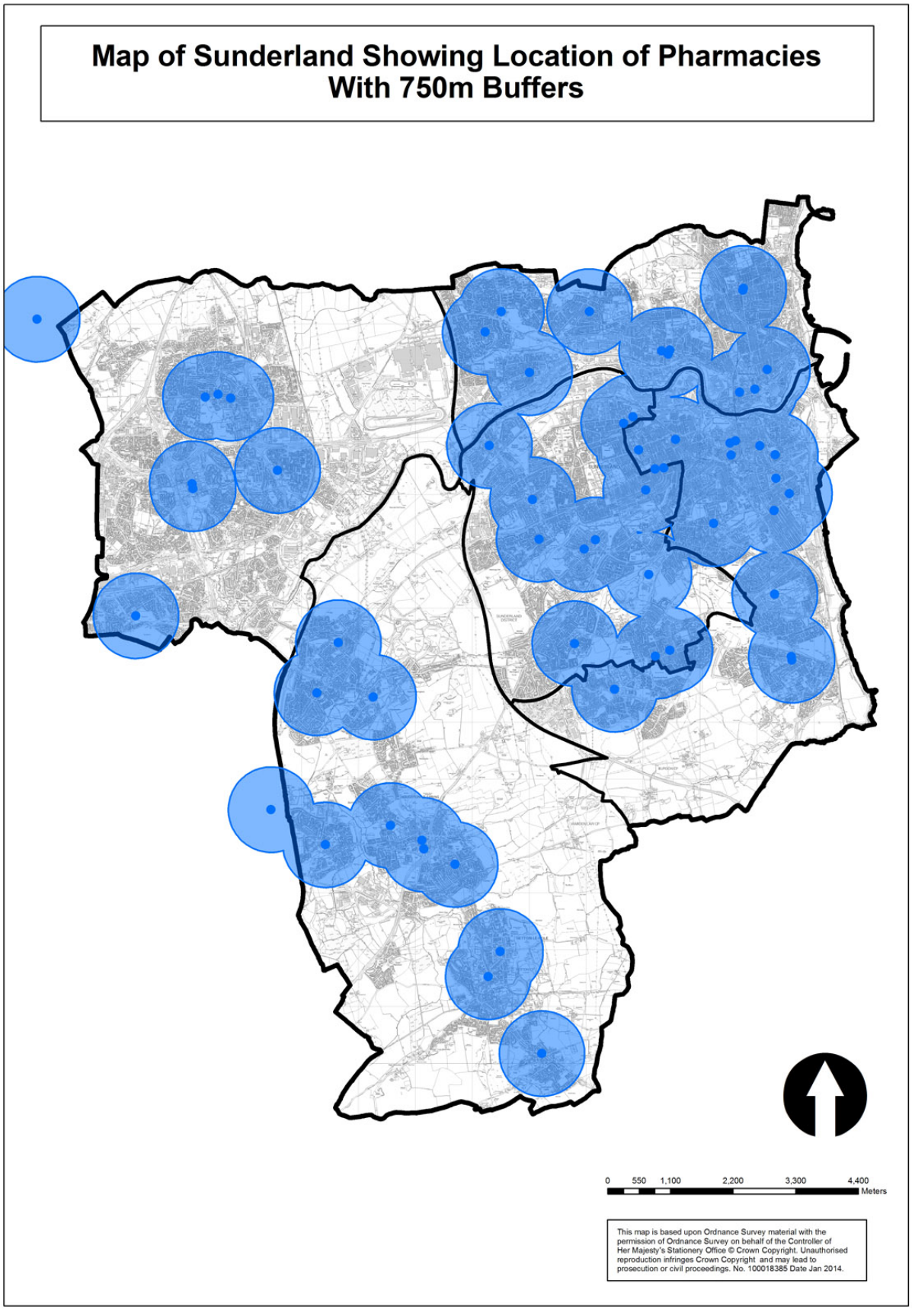
Appendix 11


Map of Sunderland Showing Location of Pharmacies With 750m Buffers
0 550 1,100 2,200 3,300 4,400
Meters
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Appendix 12

Data Annex

Ref No	Description of data	Data source	Other profiles that use this data
Pg 1	**"**spending large amounts of time being sedentary may increase the risk of some health outcomes, even among people who are active at the recommended levels"	2011 'Start Active, Stay Active' report	
Pg 2	Diagram 1: Relationships between spatial planning, health and social care	A review of the extent to which the spatial planning system supports the delivery of the Govt's health, wellbeing and social care objectives – Final Report – Colin Buchanan (July 2011)	
Pg 2	…total number of cases of stress was 428,000 (40%) out of a total of 1,073,000 for all work-related illnesses.	Health and Safety Executive research for 2011/2012	
Pg 2	The annual cost to UK economy is £6.43 billion. Presenteeism is also on the increase with employees coming into work disengaged, tired, unmotivated and too stressed to work which is costing the economy an estimated £15 billion in lost productivity per annum.	None given	
Pg 2	The cycle network has expanded from 10km to 80km of dedicated off-road routes	None given	
Pg 2	…access to play sites has increased from 30% to 89% in 7 years	None given	
Pg 3	Just over half of Sunderland's adult population is physically inactive	None given	
Pg 3	**...** recognises that community well-being requires a wide range of services and facilities to be properly planned and incorporated, to support more active lifestyles, social interaction and inclusivity.	NHS Social Infrastructure Framework (SIF)	
Pg 4/5	There is strong evidence to show that physical activity benefits many aspects of health [such as] coronary heart disease, stroke, cancer, Type 2 diabetes and obesity, and can improve mental health and well-being.	None given	
Pg 7	NVQ level 4 per Ward	None given	
Pg 7	Working age population in full time employment	None given	
Pg 7	% of residents describe their health as good per Ward	None given	
Pg 7	limiting long term illness per Ward	None given	
Pg 7	% of residents have qualifications at NVQ Level 4 and above, and: • % of those that are in full time employment	None given	

Ref No	Description of data	Data source	Other profiles that use this data
	• % of those that enjoy good health • % of those that hav limiting long term illness		
Pg 7	Ratio of households that have access to a car: • Sunderland • National	None given	
Pg 7	Travel to work statistics (car, walking and bus)	None given	
Pg 8	…sixty-two per cent of people in the lowest income quintile have no access to a car compared with seven per cent in the highest quintile. Car ownership in Sunderland is lower than the national average.	None given	
Pg 9	Sunderland Super Output Areas within the most deprived decile and quintile of all English SOAs 2004 – 2010	None given	
Pg 10	Mortality rates per 100,000 for females and males	None given	
Pg 10	Mortality from all circulatory diseases per 100,000 population under 75	None given	
Pg 10	Mortality from all circulatory diseases per 100,000 population under 75 for cancers	None given	
Pg 10	51.3% of adults do no sport or active recreation, however afforded the opportunity 51.5% of adult residents in Sunderland want to start playing sport or do a bit more physical activity. Based on these figures it is forecasted that the health costs of inactivity in Sunderland is at least £4.7 million per year.	None given	
Pg 12 &13	Sunderland population projections	None given	
Pg 11	% of population that has: • Functional dependency • Significant functional dependency • Very significant functional dependency.	None given	
Pg 11	% of population that has problems in daily living.	None given	
Pg 12 & 14	Participation in physical activity.	None given	
Pg 13	Projections for participation in physical activity.	None given	
Pg 14	Cycling levels across Sunderland	Tyne and Wear Accident Data Unit (TADU)	
Pg 14 - 16	Residents satisfaction with: • Place • Services • Regeneration. Perceptions of:	Ipsos Mori Residents Survey 2012	

Ref No	Description of data	Data source	Other profiles that use this data
	• vfm • City Centre Self-reported: • General Health & Wellbeing • Mental Health & Wellbeing.		
Pg 16	% of adults - sport and active recreation	Active People Survey (Sport England)	
Pg 16	Physical activity associated statistics	Active People Survey (Sport England)	
Pg 17	Active Travel data	None given	
Pg 17	Access to quality greenspace	2011 Sunderland Greenspace Audit	
Pg 20 - 30	Maps: • Sustainable Neighbourhood & IMD rank • Quantity of amenity greenspace by neighbourhood • Natural & semi-natural greenspace (2ha sites with buffers) • % of woodland per neighbourhood • Allotments and community gardens with accessibility (with buffers) • Parks and formal gardens with accessibility (with buffers) • Fixed play areas and accessibility (with buffers) • Cycle networks (with buffers) and City Villages • Location of dentists (with buffers) • Location of Doctors(with buffers) • Location of Pharmacies (with buffers)	None given	