STOCKPORT
METROPOLITAN BOROUGH COUNCIL

24th Annual Public Health Report for Stockport

2018

PRESENTATION VERSION

INTRODUCTION

The Annual Public Health Report is an independent professional report of the DPH to the Council, the NHS and the people of Stockport which the Council is statutorily required to commission and to publish.

This year two versions of the Annual Public Health Report have been prepared.

The full version, which appears on the Council website in electronic form, consists of five levels:

- Level 1 is a series of tweets.
- Level 2 is an overview with a paragraph on each chapter.
- Level 3 is a series of key messages with about a page (sometimes two or three) for each chapter.
- Level 4 has a full descriptive analysis for each chapter.
- Level 5 includes supplementary information and particularly includes references to the Joint Strategic Needs Assessment.

This full version of the report has been designed for use as an electronic process in which people can start with the tweets or overview and then choose when they wish to go to the more extensive material.

The **presentation version** includes this new material for the year. It fulfils the function that an Annual Public Health Report usually fulfils at this point of the cycle, to consider specific issues and make a set of recommendations for the year. Each subject has a self-contained first page summary of the full presentation chapter.

The subjects covered this year are;

1. Promoting Children and Young People's Wellbeing and Resilience in Stockport
2. Antibiotics – the good, the bad and the ugly
3. Healthy Ageing
4. Health Implications of Housing
5. Green Infrastructure
6. Air Quality – What's Stockport's problem
7. Recommendations

I have written the chapters on Housing and Green Infrastructure personally. The Children's Mental Health chapter was written by Donna Sager, the Antimicrobial resistance chapter by Vicci Owen-Smith, the Healthy Ageing Chapter by Jennifer Connolly, and the section on Air Quality was written by Lucy Webster with recommendations from myself.

Contents

1. Promoting Children and Young People's Wellbeing and Resilience in Stockport.

1.1. Summary

In an average class of thirty 15-year-olds:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming.

A considerable amount of planning and work has been progressed in Stockport's CCG Children and Young People's Mental Health Transformation Plan (2016) and the refresh of the plan which was completed in March 2017. This chapter endorses the approach.

Our objectives should focus on developing:

- emotional wellbeing – this includes children and young people being happy and confident and not anxious or depressed and being able to learn to regulate their emotions in a positive way
- psychological wellbeing – this includes the ability for children and young people to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive
- social wellbeing – where a child or young person has good relationships with others and is able to cope with challenges without being disruptive, violent or a bullying.

This requires promoting good mental well being, preventing mental health problems from arising and identifying need early.

Parenting and family and school relationships are critical. Health Visitors, Midwives and Early Years workers in Stockport are trained in the Solihull Approach which helps them to promote positive relationships within families and address early parenting difficulties through helping better to better understand their children's development and behaviour. The Early Days Postnatal Programme also helps parents to build support networks and adapt to the first few months of being a parent. We are also planning to develop a programme of work to address resilience and wellbeing aimed at parents of children with mental health concerns.

Schools are a primary location for early intervention. A range of initiatives have been carried out and we have been working with schools to develop a whole school approach to mental and emotional well being. In addition Stockport has developed a strategy for

improving wellbeing in its education settings, which will be launched to schools next year on March 1st

There is also an important role for the voluntary sector.

1.2 Introduction

The issue of children's mental health is one that is very important in Stockport. Our schools and services are informing us that this is a critical area and one that appears to be growing, both in terms of numbers of children and young people affected and the complexity of issues that children are facing. Public Health England's (PHE) evidence[1] suggests that in an average class of thirty 15-year-olds:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming.

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. Greater Manchester has also acknowledged the issue of young people's mental health as one which needs much more focussed attention, and is developing programmes of work in relation to crisis response and perinatal mental health. It has also been an issue that both Children and Health Scrutiny Committees have considered in the past.

Much of the information in this chapter reflects the content of the considerable amount of planning and work that has been progressed in Stockport's CCG Children and Young People's Mental Health Transformation Plan (2016) and the refresh of the plan which was completed in March 2017. As such this chapter endorses the approach, and by including it in the Annual Public Health report reminds members of the public and interested parties of the direction that collectively we want to take.

In addition, this chapter reminds us of the evidence base behind early intervention, a focus on social and emotional well-being and the need for multidisciplinary preventative work to be carried out in this area.

[1] Lavis, P & Robson, C *Promoting children and young people's emotional health and wellbeing A whole school and college approach*; (2015, PHE). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf

1.3 A focus on children and young people

Our objectives should focus on developing:

- emotional wellbeing – this includes children and young people being happy and confident and not anxious or depressed and being able to learn to regulate their emotions in a positive way
- psychological wellbeing – this includes the ability for children and young people to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive
- social wellbeing – where a child or young person has good relationships with others and is able to cope with challenges without being disruptive, violent or a bullying.

1.4 Prevention and Early Intervention

The Department of Health's publication "Future in mind" summarised the key areas for developing prevention and early intervention namely

- promoting good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health
- preventing mental health problems from arising, by taking early action with infants, children, young people and parents who may be at greater risk
- early identification of need, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible.

1.5 Starting with families

We know that if we want to improve children and young people mental well-being we need to start with families and improve the population's health and wellbeing. Social and emotional wellbeing is influenced by a range of factors, from individual make-up and family background to the community within which people live and society at large. Social and emotional wellbeing provides personal competencies (such as emotional resilience, self-esteem and interpersonal skills) that help to protect against risks relating to social disadvantage, family disruption and other adversity in life. Such competencies provide building blocks for personal developments that will enable children and young people to take advantage of life chances.

Research highlights that, for example, harsh parenting and poor quality family or school relationships place children at risk of poor mental health. In addition early intervention in childhood can help reduce physical and mental health problems and prevent social dysfunction being passed from one generation to the next. For example, children with behavioural problems are more likely to leave school with no qualifications, become teenage parents, experience relationship or marital problems and experience

unemployment in adulthood. Additionally, half of all mental illness (excluding dementia) starts by the age of 14 and 75% by age 18[1] – yet research shows us that up to half of all mental health problems could be preventable through early intervention.

We know that prevention should always start at birth and this is particularly the case for children and young people's mental health where we should start by supporting families to have a safe and healthy pregnancy, and a nurturing childhood. There is a strong link between parental (particularly maternal) mental health and children's mental health. According to a recent study, maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK, equivalent to a long-term cost of just under £10,000 for every single birth in the country. As Local Authorities now commission 0-5 public health services we have a great opportunity to create alongside colleagues in Stockport Family a stronger focus on mental health in the early years and beyond. Similarly there is a strong evidence of the benefits of evidence-based parenting programmes in intervening early for children with social, emotional and behavioural problems.

The role of universal services in mental health promotion, prevention and early intervention. Universal services, including health visitors, Children's Centres, early year's settings, schools, school health services including school nurses, colleges, and primary care play a key role in preventing mental health problems.

Stockport CCG has recently received funding in this area and this has been used to:

- recruit specialist infant mental health practitioners to deliver more parenting and therapeutic interventions for attachment difficulties
- purchase 'Incredible Years Beginnings' training for early years staff

In addition Health Visitors, Midwives and Early Years workers in Stockport are trained in the Solihull Approach which helps them to promote positive relationships within families and address early parenting difficulties through helping better to better understand their children's development and behaviour. The Early Days Postnatal Programme also helps parents to build support networks and adapt to the first few months of being a parent.

We are also planning to develop a programme of work to address resilience and wellbeing aimed at parents of children with mental health concerns.

1.6 Evidence for Early Intervention – Schools and Educational settings

The evidence for improving mental wellbeing in children and young people points to the importance of schools as the primary location for carrying out this work. NICE, PHE Guidance, the National Children's Bureau and the Anna Freud Centre demonstrates how improving children's wellbeing can lead to improvements in many other areas of a child's life and have evidenced on the benefits of having a whole school approach to improving wellbeing.

Work has already been progressed in this area and in Stockport we have:

- developed a co-ordinated approach to promoting wellbeing and resilience especially focusing on schools.
- rolled out the 'Restorative Approach' across a range of settings and services including schools.
- delivered a, 'Living Life to the Full', wellbeing and resilience programme for schools staff with the aim that they will deliver this to pupils.
- delivered a programme aimed at schools which is developing pathways for vulnerable young people in order to promote resilience and improve attendance and outcomes.
- developed emotional wellbeing leads in secondary schools and work is underway to develop a parallel scheme in primary schools.
- delivered evidence based wellbeing programmes aimed at schools and nurseries.
- piloted an emotional wellbeing and tracking tool in schools.
- disseminated an emotional wellbeing toolkit in schools.

In Stockport we have been working with schools to develop a 'whole school' approach to mental health and emotional wellbeing (MHEWB). This ongoing work will include;

- development of tools and materials to promote and integrate mental and emotional wellbeing across the school curriculum
- specific preparation and support for vulnerable children in primary schools for transition to secondary schools
- support for school and college staff dealing with pupils who have mental health problems and opportunities for staff to improve their own wellbeing
- promote and support the use of self-care resources including digital, online mental health support programmes for Children and young people particularly for those who do not need higher level support or who are facing a waiting period
- ensure there is a comprehensive local online directory of the support available and how to access it across all agencies for children and young people experiencing emotional and mental health difficulties
- enhance the provision of specialist support for parents and infants from pregnancy to 5 years to address early attachment, relationship and behavioural difficulties

In addition Stockport has developed a strategy for improving wellbeing in its education settings, which will be launched to schools next year on March 1st. Stockport Council and NHS Stockport Clinical Commissioning Group believe that promoting the mental health and emotional wellbeing of children and young people in the borough is "everybody's business." The vision articulated in this strategy clearly articulates that:

- Our children and young people will be emotionally intelligent and emotionally resilient, equipped with the skills they need to grow and thrive. Our children and young people will know when and where to go for support when faced with challenges and will be able to access that support when it is needed.

- Our parents and carers will be given the skills and knowledge to understand and respond to the difficulties children and young people face and we will ensure that information, advice and support is readily available to them.
- Our children and young people's workforce in schools and colleges will be supported to improve and protect their own emotional wellbeing and will be equipped to identify and respond to low levels of emotional wellbeing in young people, parents and carers and fellow staff members.

To ensure actions are integrated, sustained and monitored for impact it is important that a commitment to addressing social and emotional wellbeing is referenced within improvement plans, policies (such as safeguarding; confidentiality; personal, social, health and economic (PSHE) education; social, moral, spiritual and cultural (SMSC) education; behaviour and rewards) and practice. This strategy uses the language of the Thrive[2] model which has been adopted by Stockport's child and adolescent mental health services. This model assumes that the aim is for an individual to thrive – and that where a person is not thriving they may be 'coping' by getting advice - accessing one-off or self-help support; 'getting help' in a more structured way; 'getting more help' – probably provided by a specialist service; or 'getting risk support' to manage a high level of need or complexity.

Stockport has also been successful in bidding to take part in a national project, led by the Anna Freud Centre, to develop links between schools and the Healthy Young Minds' service, which will support this agenda.

School nurses have developed an Emotional Health and Wellbeing pathway which supports their work with children and young people in the school years and gives a framework to help assessment and referral. School nurse Drop In sessions in the high schools is an accessible way for young people to access a first point of contact for emotional distress or worry.

1.7 Working with the third sector and VCSE.

The third sector has much to offer in the field of prevention and intervention and early indications show that our local Voluntary Sector organisations are keen to consider how we can enhance their roles and contributions. The recently commissioned short term Voluntary Sector led project has been designed to scope current activity and consult with young people, parents, Voluntary Sector organisations and Statutory Sector organisations on a future Voluntary Sector led model for promoting young people's mental wellbeing. Work, being led by the GMCA, is underway to develop a best practice model for involving voluntary sector partners in improving wellbeing in education settings.

[2] Wolpert et al, *Thrive Elaborated* http://www.annafreud.org/media/4817/thrive-elaborated-2nd-edition.pdf 2016

1.8 Digital responses

Many of our schools and people who work with children and young people tell us that access to social media can be both a blessing and a curse for children and young people. Social media can be pervasive, intrusive yet we have to recognise that social media is now an integral part of many young people's lives. As Anne Longfield, the Children's Commissioner for England commented:

> "*The internet is an extraordinary force for good, but it was not designed with children in mind – yet one-third of internet users are under 18. More needs to be done to create a supportive environment for children and young people so that they can thrive online."*

We need to work closely with our schools to consider further how technology could be used to scale up wellbeing and resilience interventions to deliver the right information to children and young people and reduce stigma. Equally important however we need to work with schools and young people to address the consequences of low self-esteem, depression, on line bullying, disconnection and issues such as body image insecurity, which are often the consequence of young peoples continued engagement with social media. There is high risk that children and young people are subject to harmful exposure to inappropriate material and to potential grooming and we need as a priority to continue to focus our energies on protecting our children and young people.

1.9 Recommendations

- I congratulate Stockport CCG and SMBC in their development of a whole school approach to mental wellbeing and I strongly urge schools to support these programmes. I am encouraged by the partnership work that this in place and the priorities that schools are giving to this area of work.
- I am keen to encourage further consideration and encouragement of local Voluntary Sector organisations and Statutory Sector organisations on shaping a future Voluntary Sector model for promoting young people's mental wellbeing.
- I would urge partnership work with our schools and young people to consider further how technology could be used to scale up wellbeing and resilience interventions
- I would urge partnership working to better align resources in order to improve early support for children and young people with mental health concerns

My thanks go to Duncan Weldrake, Catherine Johnson and Maura Appleby who have added considerably to this chapter

2 Antibiotics – the good, the bad and the ugly

If you visit the website www.antibioticguardian.com you will find all the information about antibiotic resistance in one place. This chapter summaries the key points, what we are doing in Stockport and what more Health care professionals and the public can do to reduce this genuine serious threat to the public's health.

2.1 Summary

Antibiotics (antimicrobials) are essential medicines for treating bacterial infections in both humans and animals but, antibiotics are losing their effectiveness at an increasing rate.

Antimicrobial resistance is the biggest (inter)national public health concern facing us at the current time. It is second on the government list of risks behind terrorism. Inappropriate and prolonged use of antimicrobials is the main driver increasing the rate of antimicrobial resistance. In the last 40 years antimicrobial resistance has increased at an alarming rate and with the very limited number of novel agents currently in development infections are becoming harder and more expensive to treat. UK hospitals are the 2nd highest user of antibiotics per head of population in Europe.

Bacteria can adapt and find ways to survive the effects of an antibiotic and they become 'antibiotic resistant', so that the antibiotic no longer works. The more an antibiotic is used, the more bacteria become resistant to it There are very few new antibiotics in the development pipeline, which is why it is important that we use our existing antibiotics wisely and make sure these life-saving medicines continue to stay effective for us, our children and our grandchildren

Without antibiotics we would face again large numbers of deaths from infections that we have regarded as conquered, we would face again a situation where every injury was potentially fatal through secondary infection and much modern surgery would become impossible.

Unless we tackle the issue now, the consequences could be severe:

- an estimated 10 million deaths globally by 2050
- a cost of £66trillion to the global economy.

The key to tackling the problem is to use antibiotics less and particularly to avoid using them when they are not needed.

Stockport is performing well (below the national average) for prescribing the broad spectrum high risk antibiotics co-amoxiclav, cephalosporins and quinolones. However we continue to prescribe larger than average volumes of antibiotics (in particular Amoxicillin 500mg capsules) compared to 'similar' national and local CCGs most of whom are now showing a percentage decrease.

We must continue to monitor progress and ensure that good practice is promoted and work with the public to increase awareness of using antibiotics wisely.

2.2 What is the problem?

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NHS England has recently written to all Acute Trust Boards outlining the benefits of appropriate day 3 review of empiric IV antibiotics. The benefits of getting this right are significant and include:

- Protection of antibiotics as effective treatments for future generations
- Improved patient outcomes through earlier targeted treatment
- Reduction in Hospital Acquired Infections (HAIs) that are costly to treat and prolong length of stay.
- Bed days saved by adopting a structured approach to IV antibiotic review
- Financial savings by reviewing all patients on IV antibiotics at 48 hours resulting in significant drug budget and nursing time savings by switching from IV to oral antibiotics

2.3 How are we doing in Stockport?

The latest data on resistant bacteria is found on the Fingertips tool - https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/0/gid/1938132908/pat/46/par/E39000037/ati/152/are/E38000174/iid/92377/age/1/sex/4

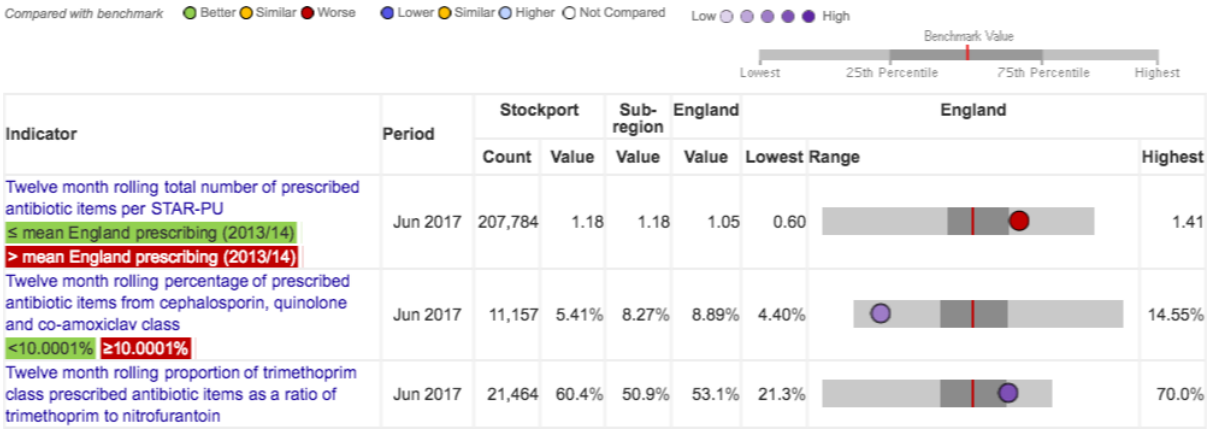
The CCG are measured on 3 targets.

- A reduction in the number of antibiotics prescribed in primary care.
- A reduction in the proportion of broad spectrum antibiotics prescribed in primary care.
- An increase in the % of Nitrofurantoin items issued versus Trimethoprim (new 17/18 measure)

Data shows that Stockport CCG is doing well in the second area. We continue to be below the national average for prescribing the broad spectrum high risk antibiotics co-amoxiclav, cephalosporins and quinolones, and there is room for further improvement in the 3rd area in order to meet national recommended targets.

However, Stockport CCG does not perform as well as other CCGs if you look at the numbers of antibiotics prescribed in primary care. What this means is that overall, we continue to prescribe larger than average volumes of antibiotics (in particular Amoxicillin 500mg capsules) compared to 'similar' national and local CCGs most of whom are now showing a percentage decrease.

Of the 12 Greater Manchester CCGs we are 1 of 2 areas that have not met recommended reduction targets for the volume of antibiotic items we issued to patients in 2016/17.



Indicator	Period	Stockport		Sub-region	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Twelve month rolling total number of prescribed antibiotic items per STAR-PU ≤ mean England prescribing (2013/14) > mean England prescribing (2013/14)	Jun 2017	207,784	1.18	1.18	1.05	0.60		1.41
Twelve month rolling percentage of prescribed antibiotic items from cephalosporin, quinolone and co-amoxiclav class <10.0001% ≥10.0001%	Jun 2017	11,157	5.41%	8.27%	8.89%	4.40%		14.55%
Twelve month rolling proportion of trimethoprim class prescribed antibiotic items as a ratio of trimethoprim to nitrofurantoin	Jun 2017	21,464	60.4%	50.9%	53.1%	21.3%		70.0%

Data for Stockport NHS Foundation Trust shows that the Trust's performance is around the average for most indicators but is outstanding for the uptake of influenza vaccination amongst staff.

Indicator	Period	Stockport		England			
		Count	Value	Value	Lowest	Range	Highest
Four quarter rolling rate of total antibiotic prescribing per 1000 admissions; by acute trust	2017/18 Q1	-	*	4681	1,660		8,807
Four quarter rolling rate of piperacillin-tazobactam prescribing per 1000 admissions; by acute trust	2017/18 Q1	-	*	115.1	2.3		258.4
Four quarter rolling rate of carbapenem prescribing per 1000 admissions; by acute trust and quarter	2017/18 Q1	-	*	93	4		398
Defined daily dose of antibiotics dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 admissions	2016/17	305,077	4,504.1	4670.9	1,741.2		10,055.1
Defined daily dose of piperacillin/tazobactam dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 admissions	2016/17	4,877	72.0	134.4	2.4		362.3
Defined daily dose of carbapenems dispensed by Acute Trusts pharmacies to all inpatients and outpatients per 1000 admissions	2016/17	3,709	54.8	96.2	3.3		1,073.1
Percentage of antibiotic prescriptions with evidence of review within 72 hours; by quarter	2017/18 Q1	25	83.3%	89.1%	-	*Insufficient number of values for a spine chart*	-
Trust-apportioned C. difficile rates by reporting acute Trust and financial year	2016/17	36	15.5	13.2	0.0		82.7
Hospital-onset E. coli bacteraemia counts and rates by NHS acute trust and financial year	2016/17	47	20.2	22.5	0.0		47.7
Percentage of frontline healthcare workers vaccinated with the seasonal influenza vaccine by NHS Acute Trust <65% 65% to 75% ≥75%	2016/17	3,086	79.6%	67.3%	31.0%		86.9%

2.4 What are the CCG and Stockport NHS Foundation Trust (the FT) doing about this?

- The CCG monitor inappropriate antibiotic prescribing by general practice using a tool called the 'tartan blanket'. This highlights in red inappropriate antibiotic prescribing

- The CCG has trained the staff medicines co-ordinators on antimicrobial resistance

- A CCG wide audit tool was delivered in some GP practices looking at the volume of antibiotics issued following circulation of their figures last year and a letter and a hints and tips document was shared with the teams

- A urinary tract infection audit tool has been developed which will be launched by the CCG shortly and delivered across all practices showing red on the tartan blanket for certain antibiotics and 3 day prescribing

- The CCG work closely with secondary care to update and promote the local antibiotic guidance

- The CCG have visited Mastercall to look at their prescribing of antibiotics and how they audit their use
- The CCG promote the 'tap on the bugs' app to all health care professionals and use of the PHE leaflet when in consultation

- Lead GPs have done radio slots on Imagine to engage the public

- The CCG are delivering Antimicrobial resistance training to the non-medical prescribers

- The CCG have added an online training course on antibiotic resistance for all staff to complete and recommended this to all practice staff

- The FT continues to encourage appropriate antibiotic prescribing, with guidelines based on local resistance patterns and national recommendations. The 'Tap on the Bugs' app is regularly updated as appropriate.

- The FT support clinicians in ensuring all patients on antibiotics have a senior review by day 3, achieving the required standard for Q2 CQUIN. We are tasked with a 2% reduction in overall antibiotic use which, while challenging, is on track at this point.

- The FT encourage all staff to have their flu vaccine, building on our huge success in this area last year.

- The FT have an ongoing programme of antibiotic and infection education for junior doctors and non-medical prescribers, as well as participating in grand rounds.

- The FT complete regular audits on antibiotic prescribing within the trust and feedback results to encourage improvements in antibiotic prescribing and review.

- Work is ongoing at the FT in the fight against healthcare associated infections by maintaining raised awareness about infection prevention and correct use of antibiotics.

2.5 What more can we do about it?

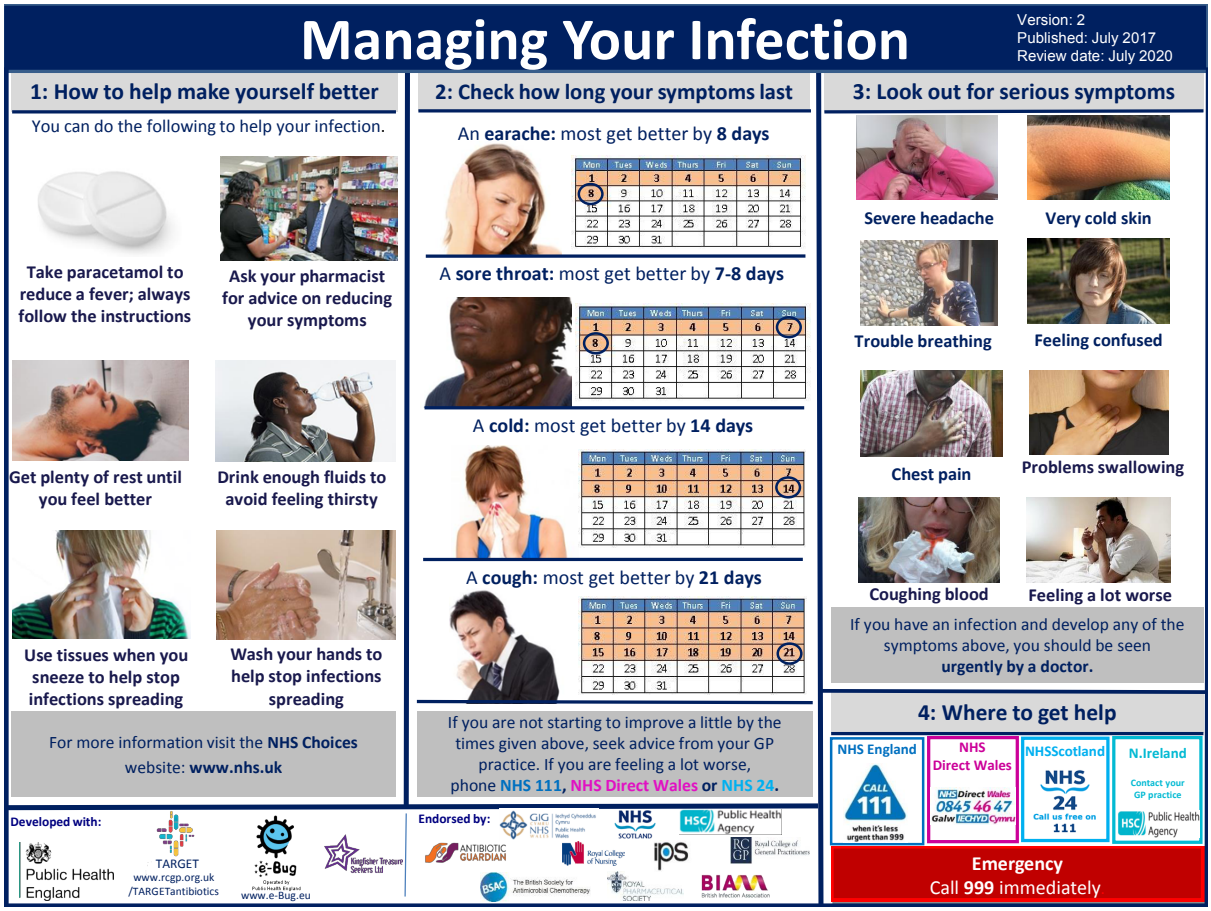
Many antibiotics are prescribed and used for mild infections when they don't need to be. All colds and most coughs, sinusitis, otitis media (earache) and sore throats get better without antibiotics.

Community pharmacists are well placed to help provide advice on over the counter medicines to treat symptoms and help with self-care.

Individuals (the public, healthcare professionals, educators and leaders) can take action by choosing a pledge and becoming an Antibiotic Guardian (www.antibioticguardian.com).

Antibiotics should be taken as prescribed, never saved for later or shared with others; it is important we use antibiotics in the right way, the right drug, at the right dose, at the right time for the right duration. Appropriate use of antibiotics will slow down the development of antibiotic resistance

The Public Health England TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools) project includes a leaflet "Treating your infection". This leaflet can be given to patients to take away from the consultation as an aid to understanding and self-care on occasions where there isn't a clear, immediate need for antibiotics.



2.6 Recommendations

Remember – not all bugs need drugs!

- The Health and Wellbeing Board champion Antimicrobial Stewardship in Stockport
- The Council, CCG and Foundation Trust participate actively in all national campaigns to raise public awareness of using antibiotics only when needed
- The Council, CCG and Foundation Trust encourage members of the public to become antibiotic guardians, with champions in every neighbourhood.
- The Council, CCG and Foundation Trust identify antibiotic Guardian champions in every general practice, community clinic and ward.
- The CCG and Foundation Trust continue to work together to identify inappropriate prescribing and put controls in place to reduce this.
- The Foundation Trust ensure that hospital in-patients on empirical IV antibiotics receive a comprehensive review within three days and the IV therapy is stopped and patients moved to oral therapy or directed therapy where possible.
- The Council, CCG, Foundation Trust, Viaduct Health and Pennine Care work collaboratively to prevent infections by maximising the uptake of required vaccinations (especially influenza) in at-risk patient groups, care home staff, children and all community and hospital healthcare workers.

- The CCG continues to review and improve variation in prescribing in primary care by:
    - Using national recommended diagnostic support FeverPAIN for patients over age 3 years presenting with sore throat, to guide management
    - Using no or delayed / back-up antibiotic strategies for respiratory tract infections including sore throat
    - Using the TARGET Treating Your Infection patient information leaflet to promote both self-management of respiratory tract infections and safety netting
    - Using the TARGET Patient information leaflets for parents of children, particularly 'Caring for children with cough' which can be distributed within childhood vaccination programmes.

The leaflets can be found here:

http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotic-toolkit.aspx

This chapter was written by Dr Vicci Owen-Smith, Gill Damant and Jan Grime contributed material or data and Jan Grime and Sarah Turner made comments.

3 Healthy Ageing

3.1 Summary

N.B: This chapter supplements the chapter on healthy ageing in the 23rd Annual Public Health Report which was summarised as follows:-

Stockport, like most of the country, has an ageing population. Indeed our population is ageing more than many parts of the country because we lack the renewing effect of high levels of immigration.

Older people use more health and social care than younger people. Therefore it is often said that an ageing population must mean the cost of health and social care will rise. This was certainly true when the main factor ageing the population was demography. Does this change when increasing life expectancy is also a factor? Do older people use more health and social care resources because they are older or because they are closer to death? If it is the former then an ageing population will use more resources. If it is the latter they might not. Indeed a lengthening life expectancy might reduce the burden of an ageing population because a smaller proportion of the population will be in their last few years of life.

In fact, certain analysis raises the rather startling prospect that the financial burden of an elderly population is actually greatest in those areas where people do not live as long; and that increasing life expectancy reduces the cost of care for the elderly, rather than increasing it, provided that healthy life expectancy rises at least as fast.

The ratio normally used for measuring the proportion of people who are dependent due to old age is calculated by taking the number of people over age 65 and dividing it by the number of people of working age. This is at an all-time high and will rise continuously into the foreseeable future even if it is adjusted for changes in state pension age. An alternative measure however would take the number of people within 15 years of life expectancy and divide it by the number of people actually in employment. This is at an all-time low and is still falling although, dependent on the assumptions you make about employment trends, it may rise slightly between 2020 and 2050 but not to anything like the levels seen in the last century. The difference between the two measures is the dual effect that life expectancy has on the numerator and the impact on the denominator of participation in the workforce by women and by older people.

About two thirds of centenarians remain fit and active well into their 90s, so these groups definitely demonstrate a desirable characteristic. About 30% of the chance of living to be over 100 seems to be genetic but about 70% seems to be environmental. The best documented environmental factors are a healthy diet, exercise (and especially remaining active into old age), social support networks with a strong marriage and good friendships, a strong sense of personal identity with a goal to life, and some element of continuing challenge.

People often abandon their active lives because the NHS has told them a treatable condition is “just your age”. This is something we have to root out and bring to an end. It is essential that we take steps to stop this common error and its devastating effects.

A healthy ageing strategy must encourage people to live the kind of healthy life described in the preceding section, especially to remain active into old age, to maintain friendships and a purpose to life, and to continue with healthy lifestyles, such as healthy diets. It must ensure that people are not encouraged to accept that they suffer from old age when in fact they suffer from treatable illness. We must make it easier for old people to remain active and involved, and support people in staying independent when old age does begin to affect them.

To that description this chapter adds

- Some new information about life expectancy and healthy life expectancy in Stockport showing that life expectancy has been rising but there continues to be a bigger gap between life expectancy and healthy life expectancy in deprived areas
- Information about the WHO Age Friendly Cities and Communities Framework which emphasises outdoor spaces and buildings, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services
- The vision of the Centre for Ageing Better, which focuses on people feeling prepared for later life through planning and feeling confident in dealing with change; and staying active and connected.
- The GM Ageing Hub strategy and its three key strategic priorities:
    - GM will become the first age-friendly city region in the UK
    - GM will be a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues
    - GM will increase economic participation amongst the over-50s
- Stockport’s commitment to joining the WHO international network of Age Friendly Places
- The concept of an age-friendly culture which promotes positive images and high expectations for old age and also recognises the importance of the arts for healthy ageing
- The significance of an age-friendly environment for the Local Plan
- Small area application of the principles of an age-friendly environment through place-based initiatives which seek to develop and unlock capacity in communities and thereby reduce levels of dependency, leading to more appropriate and reduced use of public services
- The Steady in Stockport pathway which focuses on preventing falls and improving bone health
- The role of strength and balance training in preventing falls
- The risk that falls and/or fear of falling will make people reluctant to go out
- The importance of physical activity in old age. Physical activity reduces frailty so reducing physical activity as a response to frailty is fundamentally incorrect.

Return to contents

Stockport is part of a Greater Manchester bid to secure funding from Sport England to support development of ways to engage older adults in activity

- A response to malnutrition, using the PaperWeight nutrition armband project[3] (designed and tested in Salford) as a starting point to engage partners in community awareness raising of the issue

3.2 Why is ageing an important public health issue?

Current there is a widely used narrative around 'an ageing population putting huge pressure on the health and social care system'. In understanding healthy ageing, we first need to understand that this narrative is flawed. It is not just down to age itself that presents a challenge to health and social care systems, but in fact, how close we are to dying, and how long we are spending living with illness and disability.

This is an important public health issue as there are ways to prevent and delay this morbidity and enable populations to spend longer in good health and enjoying later life. Furthermore, there are inequalities in how people age that are amenable to change.

3.3 What's the picture for Stockport

Our JSNA tells us that since the turn of the century life expectancy in Stockport has risen; people are living longer. Male life expectancy has increased by 5% whilst female life expectancy has risen 2%. Males in Stockport will spend 82% of their lives in good health, and women 80% in good health. This 'healthy life expectancy' is a key concept in healthy ageing.

At age 65, life expectancy for males in Stockport is an additional 19 years compared to 21 years for females. In the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas. These differences firstly demonstrate how what is commonly put down to 'age' is clearly different depending on your circumstances. Secondly, they highlight how our response should be targeted at different age groups depending on deprivation because of this difference. There are clear deprivation profiles in both life expectancy and healthy life expectancy.

In planning for the future, we can expect an increase in the proportion of older people living in Stockport. Between 2014 and 2025 the number of people within Stockport aged over 65 is projected to increase 19 percent from 55,600 to 66,500, and of these around 11,000 will be over 85 – a 49 percent increase compared to the 7,400 recorded in 2015. This would mean one in five people in the Borough would be over 65, with over half of having some form of health problem or disability and with 20 percent managing two or more conditions[4].

[3] https://www.ageuk.org.uk/salford/paperweight/

[4] Stockport 2016-2019 Strategic Joint Needs Assessment. http://www.stockportjsna.org.uk/

A population can age for many reasons as described in section D4.4 of the 23rd Annual Public Health Report for Stockport[5]. Now our population is experiencing the 'baby boom' generation hitting their 70s. When coupled with increased life expectancy we can understand where the narrative around a 'population time bomb' with relative implications for health and social care cost has arisen. However, healthy ageing would enable the population to live longer but spend less life years in poor health. It is the relative healthy-life-expectancy to life-expectancy ratio that is important (see section D4.4 of the 23rd Annual Public Health Report for Stockport[1] for models of this).

3.5 Strategic responses to ageing

3.5.1 International

Healthy ageing is not a challenge unique to Stockport. Internationally, WHO have recently published a global strategy, with a new definition of healthy ageing:

> "The process of developing and maintaining functional ability than enables wellbeing in older age."[6]

This is a very broad concept and indicates the breadth of areas which need to be addressed in response. It is important to see ageing as a social issue, and not a clinical one, as health and social care services are only one contributing factor.

Another aspect is the physical and social environment that we live in enabling us maintain our wellbeing. This set out further in the WHO Age-Friendly Cities and Communities framework, which outlines eight topic areas to be considered in making an environment age-friendly[7]:

- Outdoor spaces and buildings
- Transport
- Housing
- Social Participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

[5] 23rd Annual Public Health Report of Stockport Section D. https://assets.contentful.com/ii3xdrqc6nfw/5NAZ2vloIwmQME6YiCsWu6/906520c8e31f5c2fcb8c6b6d00e341ed/23rd_Annual_Public_Health_Report_for_Stockport_-_Section_D.pdf

[6] World Health Organisation, 2016. Global strategy and action plan on ageing and health. http://who.int/ageing/global-strategy/en/

[7] World Health Organisation, 2007.Global age-friendly cities: A guide. http://www.who.int/ageing/publications/age_friendly_cities_guide/en/

3.5.2 National

In the UK, the Centre for Ageing Better was developed as part of a Governmental response to the 2013 report *Ready for Ageing?*[8] The report highlighted the gap between the "reality and the response" – and how Government and our society are "woefully underprepared" for a future with far greater numbers of older people. The Centre for Ageing Better has a vision, which focuses on people feeling prepared for later life through planning and feeling confident in dealing with change; and staying active and connected.

3.5.3 Greater Manchester

In Greater Manchester (GM), we benefit from being part of the Greater Manchester Ageing Hub. This unit came in to being in May 2015 when the joint Greater Manchester Combined Authority (GMCA) and Association of Greater Manchester Authorities (AGMA) Executive Board agreed to establish the Greater Manchester Ageing Hub to bring together expertise and activity in the field, to embed ageing as a priority within GM policy and to forge new strategic collaborations.

The Ageing Hub was set up in March 2016 as a virtual entity within the GMCA; partners include the ten GM councils, GM Health and Social Care Partnership, the Centre for Ageing Better, GM universities, and the community and voluntary sector. The GM Ageing Hub strategy is currently being finalised but holds three key strategic priorities:

- GM will become the first age-friendly city region in the UK
- GM will be a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues
- GM will increase economic participation amongst the over-50s

This further highlights how a societal and not just a health response is required in relation to healthy ageing.

3.5.4 Stockport

In Stockport, we are committed to working towards joining the WHO international network of Age-Friendly places. Our Age Friendly Board is publishing their Ageing Well Strategy, which has been developed jointly with partners across the public sector and through local consultation and engagement with residents.

3.5 Local action for healthy ageing

We know that for individuals the key behaviours to ageing well are: to be and remain active, socially engaged; and have and retain a sense of purpose. To support this we are using the five ways to wellbeing[9] (connect; be active; take notice; keep learning; give) as our key framework for individuals in promoting wellbeing and independence[10]. Our

[8] House of Lords Select Committee on Public Service and Demographic Change, 2013. Ready for Ageing?
[9] Government Office for Science, 2008. Five ways to mental wellbeing.
[10] Wellbeing Plan, 2017. Stockport Together. https://www.signpostforcarers.org.uk/wellbeing-plan

strategy is built around creating a borough with environments, people and services that maximise the chance of our residents being able to act on these behaviours.

3.5.1 Age-friendly culture

Culture permeates through all of the topics outlined below. Whilst there will be the greatest impact of attempts to reduce the ageist attitudes in our culture through national and regional work, we are committed to challenging this in Stockport. As described in in section D4.4 of the 23rd Annual Public Health Report for Stockport[2], age discrimination in our services could result in compounding illness and disability with poor and health damaging advice if there is a misplaced belief that this is just part of growing older. This belief is often internalised and these beliefs become a culture where people expect be less physically and socially active, and have less social or civic importance as they age (the opposite of the things that keep people healthy as they age).

Culture also refers to the cultural offer available, and there is a growing body of evidence around the benefits of the arts as we age, and age-friendly culture has been shown to encourage social connectedness. Data suggests that access to the arts can combat loneliness and improve health and quality of life[11]. One way we will approach both of these aspects of culture is through holding an amateur photography competition with a theme of 'positive images of ageing'. Entries will be displayed in Stockport libraries on a rotational basis throughout the year.

3.5.2 Age-friendly environments

'Environments' is a purposefully broad term. The strategy seeks to take account of the role that the built environment has on our chance to age well, but also the social environment and our communities. In relation to the built environment, Stockport is currently engaged in the development of a Local Plan which will set planning policies and allocates sites for development from now until 2035[12]. It is imperative that this properly addresses the needs of an ageing population and increases the opportunities for residents to remain physically and socially active and independent for as long as possible. This will include access to services, transport and the types of economic development that are supported, as well as housing (the links between housing and health are explored further in the housing chapter of this report). All of these are key factors in how people can remain active, engaged and independent.

Our work in small localities of Stockport, sometimes organised as 'placed based initiatives', is aiming to align services more closely with the geographical communities they serve in order to transform the relationships between public services and the individuals, families, community groups, voluntary organisations, social enterprises and businesses that make up a local community. We seek to develop and unlock capacity in communities and thereby reduce levels of dependency, leading to more appropriate and

[11] All Party Parliamentary Group on Arts, Health and Wellbeing, 2017. Creative Health: The Arts for Health and Wellbeing. http://www.artshealthandwellbeing.org.uk/appg-inquiry/
[12] Stockport Metropolitan Borough Council, 2017. Stockport Local Plan. https://www.stockport.gov.uk/showcase/stockport-local-plan

reduced use of public services. In some places in Stockport where this way of working is being tested, people in these areas are keenly developing an interest around becoming Age-Friendly environments. This asset-based community development work is vital to our approach, and the 'Heatons Together' and 'Cheadle Get Connected' are two examples of where this is developing well.

3.5.3 Sense of purpose

A sense of purpose can arise from a number of areas. Three important areas we must consider are employment, caring and volunteering. The greatest economic opportunity of the ageing population of Greater Manchester lies with increasing the rate of economic participation of those aged 50-65. This can be addressed both by reducing the numbers of people in this age group leaving the workforce involuntarily, and by increasing the rates at which they get back into work. Obviously, this has economic benefits, but we also know the health benefits of being in work – good work is generally good for your health[13].

In thinking about retirement, evidence tells us that retirement is good for you, but only if the retirement is voluntary and if you are retiring from a quality job[14]. Therefore, local employers should support older workers to remain in employment, and should support planned retirement for those ready to retire.

The likelihood of being a carer increases with age. For many people, caring responsibilities become part of their sense of purpose. To ensure that carers are supported, feel valued and get the recognition they deserve, Stockport Council and Stockport's local NHS organisations have worked with Signpost for Carers, Stockport Advocacy and Healthwatch to jointly develop a Stockport carers' charter[15].

The charter describes the values, principles and standards that carers have told us are important to them. It guides these organisations, in how we support and work with local people who provide a significant caring role to family members or friends.

Volunteering can also offer a way to retain a sense of purpose, and can support an individual's wellbeing as one of the 5 ways to wellbeing. There is a growing body of evidence around the benefits of volunteering; and some evidence that particularly relates to the benefits of volunteering in later life[16]. In Stockport, we are taking steps towards

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[13] Waddell, G and Burton, A K. 2006. Is work good for your health and wellbeing? https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

[14] MICRA, 2017. The Golden Generation: Wellbeing and Inequalities in Later Life. http://hummedia.manchester.ac.uk/institutes/micra/reports/golden-generation-report-2017.pdf

[15] Stockport Carers' Charter: https://assets.contentful.com/ii3xdrqc6nfw/633am2ba6IskKyWCk8EW4w/22baf33af87eeb67bcd75c013aebd935/Adult_Social_Care_-_Stockport_carers_charter.pdf

[16] Nazroo, J and Matthews, K. 2012. The impact of volunteering on well-being in later life. https://www.royalvoluntaryservice.org.uk/Uploads/Documents/Reports%20and%20Reviews/the_impact_of_volunteering_on_wellbeing_in_later_life.pdf

supporting volunteers, particularly through the introduction of 'Stockport Local'[17] which supports people to find groups, events and services in the local area, and also promotes local volunteering opportunities.

3.5.4 Retaining independence

For health services, the focus of action to promote healthy ageing is around preventing falls and improving bone health[18]; identifying, managing, and reducing the incidence of clinical frailty; and preventing, and improving services for, dementia (set out in Stockport's Dementia Strategy[19]). For social care, a focus must be on housing including the availability of home adaptations, home care, supported housing and care home provision (see Chapter on the Health Implications of Housing section on Housing and Care).

Falls and fracture prevention is very much linked to an ageing well / frailty pathway. Many people assessed as being frail will have a risk of falling. As part of the frailty pathway we have therefore developed a sub-pathway: Steady in Stockport – falls and fracture prevention & bone health improvement. The Steady in Stockport pathway aims to improve quality of life and independence and to reduce harm resulting from a fall.

The Steady in Stockport pathway focusses on:

- Falls and bone health awareness: primary prevention
- Secondary prevention of falls and fractures and improved bone health management
- Improved strength and balance & postural stability
- Improved falls prevention management in hospital, care homes and other 24/7 care settings.

The pathway is a multi-agency partnership working between various health and social care organisations in the community, primary and secondary care, pharmacists, optometrists, podiatrists, third sector organisations, fire & rescue service and many other care and housing organisations in the community to support people in Stockport in preventing falls and staying independent. Depending on the remit of the stakeholders they will either deliver (elements) of the multi-factorial falls assessment or undertake a brief screening to identify people who would benefit from a referral to the Steady in Stockport Service. The service with then offer a comprehensive interventions tailored to the individual.

Evidence suggests the following benefits to our approach:

- Effective case-finding and appropriate drug treatment reduces fractures by 50%

[17] https://www.stockport.gov.uk/groups
[18] Stockport Metropolitan Borough Council, 2017. My Care, My Choice, Steady in Stockport. https://www.mycaremychoice.org.uk/steady-in-stockport
[19] Stockport Metropolitan Borough Council, 2017. Stockport Dementia Strategy. https://www.stockport.gov.uk/dementia-care/stockport-dementia-strategy

- Multi-factorial risk assessment and falls prevention interventions reduce falls by 24%
- Strength and balance training reduces risk of first, or further falls
- Falls are highest cause for ambulance call outs, 40% of calls among older people
- 17% of people aged 80+ indicated that having a fall has made them worried to go out of the house.

Public awareness raising for the Steady in Stockport pathway is through promotion of key modifiable risks:

STEADY in STOCKPORT

Slippers, shoes, foot care & clothing**;**
Tablets / medicines and **T**oilet**;**
Eyes and **E**ars**;**
Activity for strength and balance**;**
Drinking and **D**iet**;**
Your Home: environment and technology & **Y**our health.

3.5.5 Active ageing and healthy behaviours

Evidence shows[20] that ageing in itself provides us with challenges for maintaining levels of physical activity in older age, such as:

- The decline in activity levels and capability linked to physiological ageing
- An increase in long-term and life-limiting health conditions with age
- An increase in physical and sensory disability or impairment and mobility problems with age – almost 70% of people with a disability are aged 50+
- A decline in physical capacity in older age, manifested by more difficulty in performing activities of daily living, and more effort needed in doing so, which may lead to a negative view of physical activity and therefore less desire to take part.

This in turn can often lead to changes in psychological resilience, confidence and motivation experienced by many older adults. As a result, older adults may reappraise their physical capabilities as they age; society may limit older people's expectations of themselves and their capabilities, leading to a collective failure to appropriately support and challenge older adults to be more physically active. Biological and social concepts of ageing tend to focus on decline and loss, which as described above should be kerbed by our current understanding of life expectancy for older adults and the role of healthy ageing.

[20] Summarised in Greater Sport, 2017. Evidence summary to support the Greater Manchester Active Ageing bid.

Stockport is part of a Greater Manchester bid to secure funding from Sport England to support development of ways to engage in active older adults in activity and partners should work together to deliver this if funding is secured.

Other healthy behaviours should also be promoted with older adults. As the impact of chronic disease and disability influences an individual's ability to enjoy later life, the health promoting behaviours that can contribute to prevention of these conditions e.g. having good nutrition, stopping smoking, maintaining a healthy weight, should be promoted throughout life, regardless of age. In the particular with older adults, when thinking about good nutrition and healthy weight, we must consider the impact of weight loss and malnutrition. The National Institute for Health and Care Excellence (NICE) defines a person as being malnourished if they have[21]:

- a body mass index (BMI) of less than 18.5 kg/m2
- unintentional weight loss greater than 10% within the past 3–6 months
- a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the past 3–6 months.

Estimate suggest that the majority of the population over 65 are who at risk of malnutrition live in the community. One third (32%) of people aged 65 years or over are at risk of malnutrition on admission to hospital. 50% of people admitted to hospital from care homes were at risk of malnutrition[22]. In Stockport, we are working to design a response to malnutrition, using the PaperWeight nutrition armband project[23] (designed and tested in Salford) as a starting point to engage partners in community awareness raising of the issue.

3.6 Recommendations

These areas for local action are set out in further depth through the Ageing Well Strategy and implementation of this strategy will be a priority for the coming year.

I recommend that all partners commit to supporting and delivering an Ageing Well Strategy for Stockport.

I recommend that all partners seek to identify and reduce age discrimination in their practice.

I recommend that in developing the Local Plan, Stockport Council ensures that the needs of an ageing population are properly accounted for, that increase the opportunities for residents to remain physically and socially active and independent for as long as possible.

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[21] **"Nutrition Support for Adults," Section 1.3, NICE guidelines, Feb 2006,** https://www.nice.org.uk/guidance/cg32/chapter/guidance

22 BAPEN, 2014. Nutrition screening surveys in hospitals in the UK, 2007-2011. http://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf**,**

[23] https://www.ageuk.org.uk/salford/paperweight/

I recommend that local employers, include public sector partners are encourage to become age-friendly workplaces and offer support for employees in planning retirement.

I recommend that all partners adopt and implement the Stockport Carers' Charter.

I recommend that all partners seek to promote volunteering opportunities, particularly identifying where older adults could be engaged as volunteers.

I recommend that Stockport Together/Stockport Neighbourhood Care partners promote the Wellbeing Planning tool for use.

I recommend that all partners promote the falls prevention messages set out through Steady in Stockport: https://www.mycaremychoice.org.uk/steady-in-stockport

I recommend that Stockport Together partners, Life Leisure, the Prevention Alliance and the Wellbeing and Independence Network work together to deliver an active ageing pilot, if successful in securing funding from Sport England.

I recommend that START and the Healthy Stockport range of services promote healthy ageing messages as part of their lifestyle support and behaviour change services.

I recommend that the PaperWeight Nutrition Armband project is used as a starting point to engage partners in addressing the issue of malnutrition in older adults.

This chapter was written by Jennifer Connolly, with thanks to Nicole Alkemade for contributions around Steady in Stockport.

4 Housing

4.1 Summary

Cold housing contributes to the 40,000 non-flu excess winter deaths that occur nationally each year. Cold is linked to increased risk of cardio-vascular, respiratory and rheumatoid diseases, as well as hypothermia and poorer mental health and cold houses obviously contribute, although they are not the only cause. The effect of cold on mortality is felt not only in conditions of extremely cold weather – death rates start to rise when the temperature below that of a spring day.

Housing also contributes to the risk of accidents and falls. Structural defects (such as poor lighting, or lack of stair handrails) increase the risk of an accident. The average cost of a single hip fracture estimated at £30,000. This is five times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls.

Damp and mould are also significant health hazards associated with housing.

Overcrowded housing has adverse impacts on mental health, accidents and spread of infection.

A recent audit found that 41 per cent of homeless people reported a long term physical health problem and 45 per cent had a diagnosed mental health problem, compared with 28 per cent and 25 per cent, respectively, in the general population.

Frequently moving from tenancy to tenancy provides insecurity and stress and disrupts life especially education and relationships leading to stress, isolation and under attainment.

The affordability ratio, the ratio between house prices and earnings, is high and is still increasing, making it more difficult for young people to enter the housing market and increasing the number of concealed households.

At the other end of the age range, there is a shortage of extra care housing, which is an innovative form of housing with care on site enabling people to maintain their independence for as long as possible. This offers older people an attractive alternative to forms of residential and nursing care.

For those who manage to avoid being caught up in the housing shortage, there is concern nationally about housing quality, including concerns about rented property but also a perception that the quality of new homes fails to meet expectations far more often than it should.

For those who choose a nomadic lifestyle rather than fixed housing, gypsies and Travellers are amongst the ethnic groups with the poorest health and lowest life expectancies (10-12 years shorter than the general population). They have the highest levels of perinatal mortality and frequent mental distress. In addition to poor accommodation, discrimination, bereavement, low literacy, poor access to health information and care are recognized contributory factors. So is the stress of being repeatedly moved on.

9% of private rented stock in Stockport has some form of disrepair. When all tenures are included almost 12000 properties in Stockport (about 1 in 10) had Cat 1 hazards and over 10,000 falls hazards.

Stockport Council's comprehensive fuel poverty strategy led to the number of households in fuel poverty falling by half from 16.5% (20,502 properties) in 2011 to 9.2% (11442 properties) in 2016.

The numbers who are actually sleeping on streets in Stockport is relatively small approximately 10 at any time, although this figure would be higher (about 40) if it were not for the availability of The Wellspring and there are larger numbers (about 100) who are sofa surfing.

Stockport does not have adequate provision for people of nomadic lifestyle pausing to stay amongst us for a time. This lack of provision is the direct cause of encampments being established in unsuitable locations with consequent concerns in the host community.

Around 1,000 new houses a year are needed in Stockport. It is important however that we do not assume that all of these will be conventional family homes. There is a growing number of single person households, and an increasing elderly population which would benefit from extra care housing. Affordable housing is a major need. There are also market niches which are underprovided for, such as car free housing, flats close to railway stations, and purpose built cooperative communities. We need to view housing

need not just as one total figure, but as the sum of a number of specific needs. We need to ensure that the proper mix of housing provision is built, not just count overall numbers.

4.2 Health Implications of Housing

In 2010, the Building Research Establishment (BRE) calculated that poor housing cost the NHS at least £600 million per year in England, based on data from the English House Condition Survey, with the total cost to society each year estimated to be greater than £1.5 billion. A major factor in this is falls, leading to otherwise avoidable hospital admissions. Using 2011 data BRE suggests that bringing the highest risk housing up to average standards could save the NHS £435m in first year treatment costs (equating to about £2m in Stockport)

Cold housing is a major contributor to up to 40,000 non-flu excess winter deaths (equating to 200 in Stockport). Cold is linked to increased risk of cardio-vascular, respiratory and rheumatoid diseases, as well as hypothermia and poorer mental health and cold houses obviously contribute.
The National Institute for Health and Care Excellence produced guidelines (March 2015) on health risks associated with cold homes. The conclusions from this paper are summarised as:

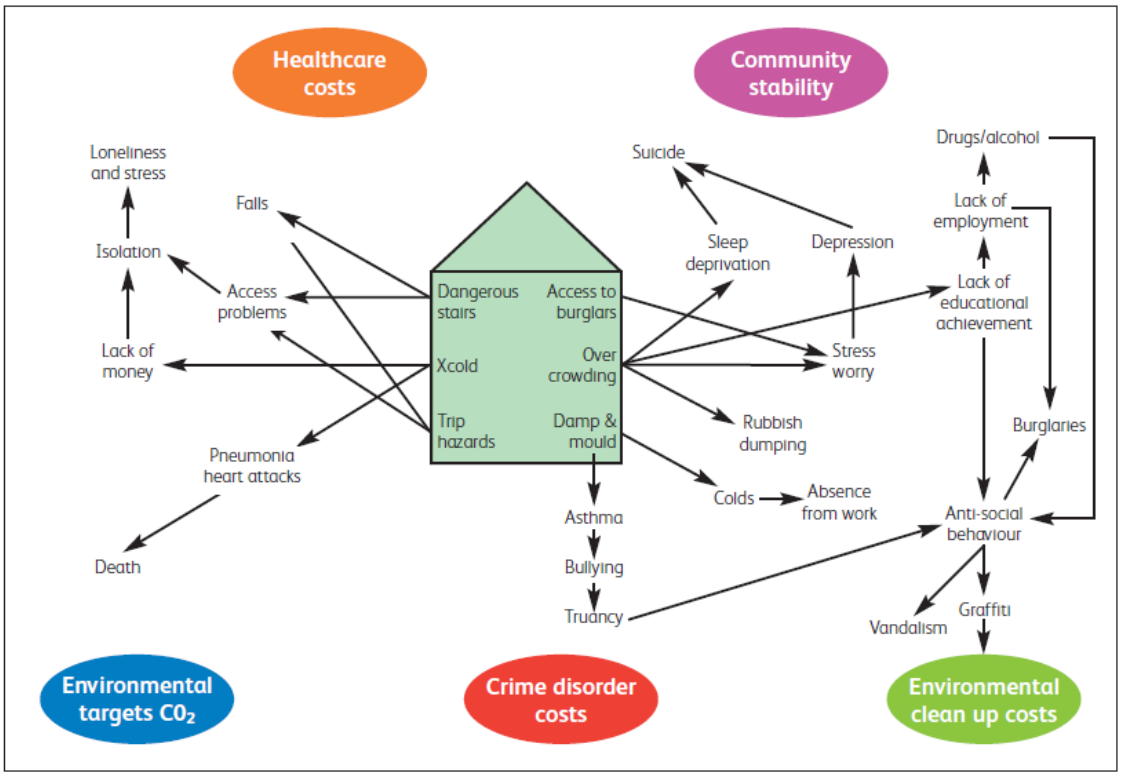
1. Cold temperatures are a significant cause of illness and death in winter.
2. The risk increases with falling temperatures, but the risk starts to increase at relatively moderate cold outdoor temperatures, before emergency responses.
3. Cold homes play a significant part of the problem; fuel poverty is important but also situational/attitudinal factors.

Accidents are one of the major causes of death and 45% of accidents occur in the home. Structural defects (such as poor lighting, or lack of stair handrails) increase the risk of an accident. The majority of injuries to people aged 75 and older occur at home.

Unintentional injury is a leading cause of death among children and young people aged 1–14, with one million visits to accident and emergency departments by children every year (equating to about 5,000 in Stockport) arising from injuries in the home. The annual cost to the UK government from falls in those aged 60+ is £1 billion with the average cost of a single hip fracture estimated at £30,000. This is five times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls.

Damp and mould are also significant health hazards associated with housing.

Overcrowded housing has adverse impacts on mental health, accidents and spread of infection.



The environment in which housing is situated has a number of elements with a significant impact on health. Outdoor air pollution impacts on cardio-respiratory mortality and morbidity. Open/green space brings direct benefits to physical and mental health and wellbeing which are more fully described in the chapter on green infrastructure. Transport accessibility from home to employment, education, social networks and

services is important to reduce isolation and improve opportunities). Street safety impacts on road traffic accidents and on opportunities for physical activity. Low levels of social integration, and loneliness, significantly increase mortality. In neighbourhoods that are perceived to be less safe and/or where there are no community facilities there are usually fewer opportunities for integration, for example through volunteering. Fear of crime and harassment, and the presence of needles and syringes impact on mental wellbeing. Noise from neighbours also has a negative effect.

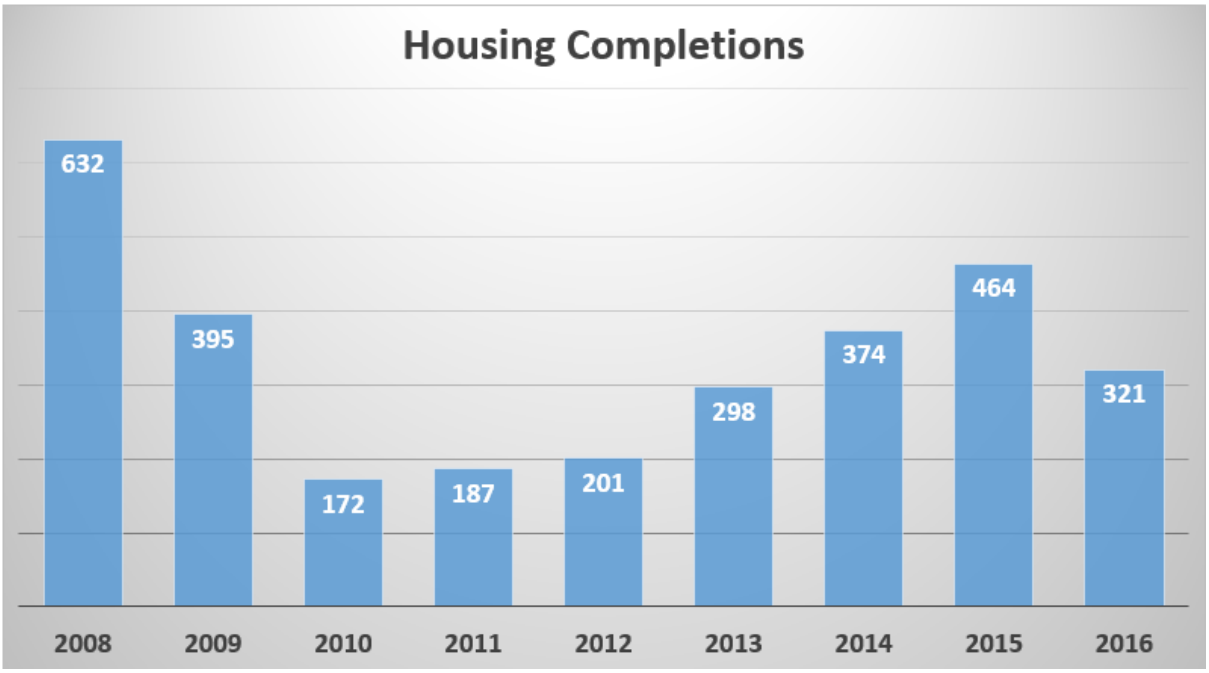
Fuel Poverty is a serious problem faced by a significant number of potentially vulnerable people across Stockport. A fuel poor home is a household unable to afford to heat their homes adequately for health and comfort which leads to the effects of cold described above and also to poor wellbeing. Affordable Warmth is the ability to heat the home to an adequate level for household comfort and health without developing a debt as a result. To heat a home adequately in England, it is recommended that the living room (or main room) is heated to a minimum of 21^{o}c with other rooms heated to 18^{o}c. Anything less can cause detrimental effects on the health and well-being of the occupants. Fuel poverty is faced by thousands of people across the borough. Stockport has approximately 93,571 privately owned properties 13,559 private rented, 17,986 social housing, a total of 127,116 dwellings. Stockport Council has a comprehensive Fuel Poverty Strategy (2015-17) in place coupled with a proactive action plan to reduce fuel poverty. This had led to the number of households in fuel poverty falling by half from 16.5% (20,502 properties) in 2011 to 9.2% (11442 properties) in 2016. The proportion of Fuel Poor households in the North West is 10.9%

Moving house is stressful. It is a life change and like all life changes health is damaged from the point at which the change is anticipated until the individual is securely settled in their new life. For people with insecure housing this life change occurs repeatedly. This is extremely damaging.

4.4 Housing Shortages & Housing Need

On 1 April 2017 there were 128,171 dwellings within the Borough.

The 2014 Household projections indicate that the number of households will grow in Stockport by an average of 900 households per year over the next decade. Between 2007 and 2017 the number of households in Stockport is estimated to have grown by 6090. In the same period 3,704 new homes were provided.



Consequently within the boundaries of the Borough there is a mismatch between the number of new households forming and the number of homes being built. There are currently two major factors on housebuilding that point to a future rise in housing provision in the Borough.

The first is the Greater Manchester spatial framework (GMSF) which is a new statutory development plan for greater Manchester, looking ahead to 2035. The Draft GMSF

published in October 2016 identified a housing need for Stockport of 1,011pa and a housing requirement of 965 homes pa over a twenty year period. This is more than double the figure of 450 new homes per annum set by the current Core Strategy.

The second is the new National methodology on housing need. This was the subject of consultation by the Government until 9 November 2017. Under the proposed new arrangements localised calculations of need would be replaced by a single national methodology which would become the standard for Councils to employ. Under this system more complex assessments are placed by a simple three step calculation based on household calculations and an affordability ratio. Under this system housing need for Stockport would be set at 1,078 homes pa. This further reinforces the fact that need generated in the Borough is currently running ahead of new home construction.

The Housing need figure set out in the GMSF and the National methodology is reflective of housing need across the community as a whole. One of the critical issues facing the Borough is the extent to which the housing stock is being replenished in a way which matches housing need.

It is important that we do not assume that all of these will be conventional family homes.

There is a growing number of single person households, and this may need to be reflected in provision of flats. Flats in the town centre, or close to railway stations are particularly useful for young single professionals. There may be scope to build flats above low rise retail and industrial developments.

There is an increasing elderly population which would benefit from extra care housing as described in a later section of this chapter. Another section of the chapter describes the need for affordable housing which is probably the most significant issue in the current housing market.

There are also market niches which are underprovided for. With a growing number of young people delaying learning to drive there will be an increased demand for car free housing, where the space between houses can be used for children's play and for community interaction. This is a relatively small market niche but it is underprovided for to such a degree that housing in such developments sells at a premium.

There is also a small growing niche for purpose built cooperative communities in which individual houses are smaller but a number of houses share the facilities that are often underused such as spare rooms and dining rooms, or the facilities that many houses lack such as games rooms and libraries, or facilities that can be better equipped if shared such as offices and utility areas. In one such development in Preston the community even shares a large well-equipped kitchen and the various households take it in turn to cook a communal meal.

We need to view housing need not just as one total figure, but as the sum of a number of specific needs. We need to ensure that the proper mix of housing provision is built, not just count overall numbers.

The latest full year of housing data currently available is for 2015/16. Of the total completions in 2015/16, 16% were flats and 84% were houses. This represents a lower proportion of flatted development than seen in recent years, where figures a few percentage points around 50% have been recorded. Just over half (53%) of flats had two bedrooms, with 40% being one-bed flats. Only around 11% of the flats in total were affordable units, made up of six 1-bed properties. For houses, the mix was more skewed towards larger properties, with 2-bed units making up around 12% of the houses, 3-bed properties contributing around 34%

Full details of the composition of new homes is set out in the table:

Dwelling Type / Size	Number of Gross Completions	% of Total	Number of Affordable Completions	% of Total	% of Type
Flat - 1 bed	22	6.51	6	10.71	27.27
Flat - 2 bed	29	8.58	0	0.00	0.00
Flat - 3 bed	1	0.30	0	0.00	0.00
Flat - 4 bed	3	0.89	0	0.00	0.00
House - 1 bed	0	0.00	0	0.00	0.00
House - 2 bed	34	10.06	23	41.07	67.65
House - 3 bed	97	28.07	27	48.21	27.84
House - 4+ bed	152	44.97	0	0.00	0.00
Total	**338**	**100**	**56**	**16.57**	

56 of the 338 completions were affordable dwellings (16.6%) with around 89% of those being houses. Just under half of all the affordable dwellings were 3-bed houses with the remainder being 2 bed properties and 1 bed flats. In contrast 222 out of the 282 market homes were homes of 3 or more bedrooms - some 79% of the total. This illustrates that whilst the housing being built is responding to thriving market sectors it is not necessarily reflective of overall housing needs.

Housing need arises across the Borough – but the extent to which the housing stock is being replenished is far from being evenly distributed across the Borough.

Committee Area	2013/14 Net Completions	% of Total	2014/15 Net Completions	% of Total	2015/16 Net Completions	% of Total
Bramhall	76	20.32	32	6.90	57	17.76
Central	130	34.76	165	35.56	16	4.98
Cheadle	20	5.35	60	12.93	13	4.05
Heatons & Reddish	75	20.05	133	28.66	71	22.12
Marple	51	13.64	33	7.11	9	2.80
Stepping Hill	15	4.01	19	4.09	135	42.06
Werneth	7	1.87	22	4.74	20	6.23
Totals	**374**	**100**	**464**	**100**	**321**	**100**

The rate of building is strongly linked to particular sites coming on stream at any one time. So long as each area has a share of housing over a period of a decade or so,

problems need not arise. However, with development opportunities being limited it is more probable that disparities in provision will arise.

The table of Gross Housing Completions by type' shows that nearly half of all dwellings delivered in this monitoring period were in Stepping Hill. However this Committee Area has seen low delivery in recent years which means that this is redressed somewhat. Heatons & Reddish and Bramhall areas saw the next highest levels of completions. The Central area has seen low levels of development in this monitoring period, however this primarily because the larger existing developments in the town centre have now been completed or have reached a pause in their phasing. A number of schemes either within or adjacent to the town centre area are either under construction or are in the process of being worked up.

More notable are Committee Areas where completions have been relatively low for a number of years – such as Werneth and Marple. This may serve to limit housing choice in those areas.

4.4 Quality of Housing

The Housing Health & Safety Rating System (HHSRS) considers the following hazards:-

A PHYSIOLOGICAL REQUIREMENTS

Hygrothermal Conditions

Damp and mould growth

Excess cold

Excess heat

Pollutants (non-microbial)

Asbestos (and MMF)

Biocides

Carbon Monoxide and fuel combustion products

Lead

Radiation

Uncombusted fuel gas

Volatile Organic Compounds

B.PSYCHOLOGICAL REQUIREMENTS

Space, Security, Light and Noise

Crowding and space

Entry by intruders

Lighting

Noise

C. PROTECTION AGAINST INFECTION

Hygiene, Sanitation and Water Supply

Domestic hygiene, Pests and Refuse

Food safety

Personal hygiene, Sanitation and Drainage

Water supply

D PROTECTION AGAINST ACCIDENTS

Falls - Falls associated with baths etc,

-Falling on level surfaces etc,

- Falling on stairs etc

- Falling between levels

Electric Shocks, Fires, Burns and Scalds -Electrical hazards

- Fire
- Flames, hot surfaces etc

Collisions,

Cuts and Strains

Collision and entrapment

Explosions

Position and operability of amenities etc

Structural collapse and falling elements

The private rented sector makes up 10.6% (13,559 dwellings) of the total housing stock in the borough. The Council are aware that most of the private rented sector in Stockport is made up of landlords who own a small number of properties and a few large scale investors.

BRE were commissioned in 2013 to review the quality of privately owned homes. They produced a series of housing stock models. The last survey highlighted that the stock in Stockport is generally of a good condition. (source: BRE Stock Modelling, 2016 update) but nonetheless estimates that 9% of private rented stock in Stockport has some form of disrepair.

When all tenures are included almost 12000 properties in Stockport (about 1 in 10) had Cat 1 hazards and over 10,000 falls hazards. Cat 1 hazard can be classified as having a serious and immediate risk to a person's health and safety such as damp and mould growth, excess cold, fire risks, faulty boiler, dangerous electrics, excess cold etc. The Council has a range of measures including the enforcement function which has been detailed separately in this report to drive up standards in the borough.

The Council has an Investment and Assistance Policy in place which outlines the types of assistance available from the Council for householders and landlords in the private housing sector and the criteria to qualify for that assistance. All types of assistance are subject to the availability of resources, which since the removal of the Government capital housing allocation, has been limited.

It would be wrong to believe that housing quality is purely a matter of concern for the private rented sector or for old houses whose owners have been unable to maintain them adequately. Concern has also arisen over the quality of new homes and has been sufficiently serious as to give rise to an investigation by the All Party Parliamentary Group on Excellence in the Built Environment. I gave evidence to the enquiry in which I referred to the health problems of the stress of faults in new housing and the difficulties often experienced in getting them put right and the cost of obtaining redress, to the high

tolerance of error in the construction industry, to certain deficiencies in the civil law and to the inadequacy of many warranties. Although the substantial majority of new homes are satisfactory, it would be shocking if this were not the case. It is not sufficient that 90% of new homes are without serious problems – the figure should be 99.9% or even higher. We would not board an aeroplane on the assurance that it had a 90% chance of not crashing. The APPG recommended the establishment of a New Homes Ombudsman.

4.5 Housing Enforcement

The Housing Standards Team consists of 3 Environmental Health Officers and 2 Enforcement Officers dealing with a range of issues across the borough. The team predominantly deal with disrepair in the private rented sector. The team also have powers to deal with owner occupied properties where they are causing a nuisance to others.

The team are responsible for dealing with;
Disrepair in the private rented sector
Housing of Multiple Occupation (HMO) licencing
Filthy and Verminous properties
Empty Properties
Immigration Inspections
Disrepair of owner occupied properties that are effecting others

Legislation is available to enable landlords to gain possession of their property by serving notice on assured shorthold tenants, without needing a justification. Many tenants feel insecure about their tenancy and are unwilling to contact the Council about property conditions as they fear they will be evicted.

Where tenants do make contact there is a range of legislation available for officers to implement.

The Housing Act 2004 is the primary piece of legislation used to improve conditions within private rented properties. The Act introduced the Housing Health and Safety Ratings System which ensures properties are safe to live in. This involves carrying out inspections

based on 29 hazards. These hazards include; Excess Cold, Fire Safety, Electrical Safety, Falls, Personal Hygiene etc.

Where a tenant has a problem with their rented property they access advice on line and a standard template letter is provided on the Council webpages for tenants to use to contact their landlord. However, many tenants contact the Service either after unsuccessfully resolving their issues or instead of making contact themselves.

Where a tenant has a problem that they are not able to resolve, a property inspection is carried out. Following the inspection attempts are made to work with the Landlord to resolve any issues informally, unless the inspection reveals conditions that are an emergency.

Where a problem fails to be resolved informally, or negotiation has failed, the Housing Act 2004 offers a range of enforcement options, including:

- Improvement Notice
- Emergency Remedial Action
- Prohibition Order
- Emergency Prohibition Notice
- Hazard Awareness Notice

Other legislation available to assist tenants includes:

- Environmental Protection Act 1990
- Prevention of Damage by Pests Act 1949
- Building Act 1984
- Public Health Act 1961

Officers are working will colleagues across Greater Manchester in order to maximise the costs coming back to the council. Landlords are made aware that non-compliance leads to the Authority claiming back costs and this message needs to be clear so it acts as an incentive for landlords to improve the standard of their properties without the council having to get involved.

The Housing Standards Team use powers available to them in all the above pieces of legislation to help protect tenants and to ensure that landlords who provide rented accommodation in the borough supply a good quality service to their tenants.

Over the past 5 years the information shared with residents of Stockport has improved, the Service has become more accessible and tenants are more aware of their rights. This has led to has led to an increase in the amount of enforcement action taken by the team.

Publicising this enforcement action spreads the message amongst the Landlord Community that Stockport will not tolerate poor standards in rented accommodation.

In addition to prosecuting rogue landlords, charges have recently been introduced in relation to service of notices with Stockport currently charging £300 per notice. Officers are working with colleagues across Greater Manchester in order to maximise costs coming back to the Council. Landlords are made aware that non-compliance leads to the Authority claiming back costs. It is important that landlords understand that Stockport will not tolerate substandard accommodation

Year	**Number of Disrepair complaints**	**Notices served**	**Prosecutions**	**Total Fine**
12/13	770	10	0	0
13/14	645	48	1	£2,500
14/15	547	33	2	£5,000
15/16	508	118	3	£21,000
16/17	588	163	2	£20,434.95

The Housing & Planning Act 2016 introduced additional powers for Local Authorities to address rogue landlords.

A civil penalty can now be an alternative to prosecution for certain offences under the Housing Act 2004. These include failure to comply with certain notices and offences in relation to licensing of HMO's. The maximum penalty is £30,000. Officers across AGMA

have worked in partnership to produce a policy which ensures civil penalty fines are consistent across Greater Manchester. When considering whether to serve a civil penalty rather than prosecute regard is had to the seriousness of the offence, the harm to the tenant and the impact on the wider community.

The Act also provides power to apply for banning of landlords or letting agents for a minimum of 12 months. Banning Orders would be put in place when rogue landlords commit serious offences against tenants. This could include failing to carry out work required by the council to prevent a health and safety risk to tenants, threatening tenants with violence, or illegally evicting them.

If a Landlord or Property Agent is subject to a banning order they could be prevented from letting or managing a property indefinitely. Their name would also be included in a national database of rogue landlords and property agents.

Regulations have yet to be published by the government but are expected imminently.

Responsibility will be given by the Secretary of State to Local Authorities to maintain a Rogue Landlord and Property Agent's database, containing those with Banning Orders, or those committing Banning Order offences. These powers are also expected imminently.

In 2006 the Government introduced a Mandatory Licencing Scheme for Houses in Multiple Occupation that consist of three storeys, with 5 or more tenants, sharing some amenities. This power was introduced to improve conditions and management standards in higher risk residential accommodation. Changes to HMO licensing requirements are expected by the end of the calendar year. The revised legislation will remove the storeys element, so any property housing 5 or more tenants who share amenities will require a licence. This will lead to a huge increase in licensable properties.

A review of the service has been undertaken to identify how a more targeted approach can further increase the positive impact interventions the Council has on the private rented sector.

The revised proposed approach will involve:

a. *Tenant Self Help* - Improved information available for tenants to enable them to help themselves in some cases. Improving information and advice available on Council web pages will enable tenants to resolve their own problem in some cases, giving the Housing Standards Team time to focus on key cases and take on more proactive work.

b. *Informal and Quick Case Management Complaints* – A system where tenants cases that do not fall into category a, are dealt with quickly and informally. Systems will be put in place to enable officers to deal with the more compliant landlords as soon as made aware of a problem.

c. *Formal and Charge* – The most difficult, worst cases where our efforts are required will be subject to formal action, civil penalties, prosecution on a more frequent basis. Formal systems will be put in place to deal more quickly with Landlords who are not compliant and own properties in poor conditions

In addition the team will use GIS software to identify hotspot areas within localities. This will enable resources to be targeted efficiently in order to carry out co-ordinated enforcement activity to tackle nuisance, environment and housing issues. All this work will aim to further increase standards in the private rented sector and in localities as a whole.

4.6 Housing and Care

Housing can contribute to care by

- extending healthy life expectancy,
- facilitating independent living,
- preventing and reducing hospital admissions, length of stay, delayed discharges and readmission rates[24],
- avoiding loss of mobility and increased disability,

[24] NHS England, 'Quick Guide on Health & Housing'

- falls prevention,
- preventing Winter Deaths,
- supporting people with dementia,
- enhancing mental well-being; and
- prevention of hospital admission and the speeding up of discharge through provision of appropriate accommodation

In addition to meeting the demand for housing for older people, there are other groups who require specialist or supported forms of housing, including those with physical, sensory and learning disabilities. There is also demand for housing for those with additional needs transitioning from the family or other housing as well as housing for people who are at risk of homelessness, fleeing domestic violence or suffering from mental health or other potentially complex issues. Finally, there are also a percentage of homes required to be built to wheelchair design standards.

Older People

The demographic most impacted by housing and care at both a national and Borough level is undoubtedly older people, who are active users of health care. Their state of health and dependency has serious implications for the National Health Service and nationally the older population is increasing. By 2035, projections show[25] the number of people aged over 85 will be almost 2.5 times larger than 2010, reaching 3.5 million and accounting for 5 per cent of UK's population in the same period. Those aged over 65 will account for 23 per cent.

Between 2014 and 2025 the number of people within Stockport aged over 65 is projected to increase 19 percent from 55,600 to 66,500, and of these around 11,000 will be over 85 – a 49 percent increase compared to the 7,400 recorded in 2015[26]. This would mean one

[25] Older People: UK National Statistics Publication Hub
[26] *Stockport 2016-2019 Strategic Joint Needs Assessment*

in five people in the Borough would be over 65, with over half of having some form of health problem or disability and with 20 percent managing two or more conditions[27].

The impact upon health and social care authorities of this shift in population profile is considerable, for example with increased hospital admissions and the need for residential care placements. The key is to increase 'healthy life expectancy' as far as possible, something which can be facilitated by appropriate housing combined with the right care, support and other services.

As people grow older their housing needs can change. Older people spend between 70 and 90 per cent of their time in their home, thus a warm, secure environment that meets individual requirements is crucial. Over the next few decades, there will be a marked increase in the number and proportion of residents aged 65 and over which is expected to increase by 43.6% from 56,700 in 2015 to 81,400 in 2037.

Diversifying the housing market can help the needs of older people in the short, medium and longer term. A significant number of older people would like to remain in their existing homes however consultation and research has demonstrated that this is sometimes because no other choices exist. What independent housing provision specifically designed for older people exists is limited in terms of quality and choice. This is both in terms of type, tenure and affordability. Traditional sheltered accommodation (Category 2), the largest "retirement home" living offer in the social sector, was built at a time when grant rates were relatively generous. It is now often dated and difficult to let precisely because it does not always meet people's current aspirations. Accordingly a comprehensive review of a number of sheltered schemes has led to some of them being either demolished and redeveloped or modernised or remodelled.

The private market is also constrained by date, space standards and/or affordability issues.

[27] *Ibid*

There are around 1132 units of retirement housing for rent in Stockport, plus 1190 units of sheltered housing. Social housing providers also have 521 units of retirement accommodation for sale, whilst private providers have 662 units for sale.

Extra care housing which offers age friendly alternatives to forms of residential care is also limited in terms of size and availability. Provision needs to be increased.

This is an innovative form of housing which offers older people an attractive alternative to forms of residential and nursing care. Although not restricted to frailer older people, precisely to maintain an active community, it offers a form of housing with care on site enabling people to maintain their independence for as long as possible. A number of Extra Care schemes have been developed and now operate in the borough. Stockport currently has extra care schemes in Edgeley, Reddish, Marple and Heald Green. These are managed by a partnership between Stockport Council, Registered Providers – housing associations and Stockport Homes – and a contracted care provider. All the schemes consist of self-contained apartments and are available to rent, with a small proportion of shared-ownership. They range from remodelled former traditional sheltered housing through to new build provision with bistro, hairdressing and other communal facilities on site. These extremely popular schemes reflect market choices and range in tenure from social rent, market rent and shared ownership through to private market provision.

Disabilities

- There is a wide range of disabilities. Ideally mainstream housing would be designed with mobility-impaired and visually-impaired people in mind. However there is also a need for bespoke forms of supported housing for people with learning and other disabilities built to high specifications and standards. Housing developments such as Heys Court, Cherry Tree or Dawlish Avenue have proved enormously popular with residents and led to significant savings in the social care budget. Going forward however, there remains unmet demand for such accommodation, and work will continue to meet these needs although lack of clarity on funding makes this more difficult.

Residential care is for people aged over 18 years old who are no longer able to remain living independently at home due to physical disabilities, sight or hearing loss, frailty or illness. There are currently 58 care homes with 2,351 beds for people aged 65 or over available in Stockport. In Stockport residential homes are all independently owned and managed. Although residents are not exclusively elderly, older people predominate in this housing type.

Dementia

An estimated 4,000 people in Stockport have dementia. Due to increased awareness and opportunistic screening more people are being diagnosed and being diagnosed early. Stockport currently has a diagnosis rate of 74% (Feb, 2017) and has the highest total number of people diagnosed across Greater Manchester due to Stockport's high prevalence. There is a significant deprivation profile for dementia in Stockport, with rates in the most deprived areas more than double those in the least deprived[28].
The 2017-2020 Stockport Dementia Strategy builds on Stockport's first dementia strategy (2010) and focusses on identified gaps. In particular there is a focus on improving dementia care in care homes, improving care provided in people's own homes and improving care for people with more advanced dementia living at home.

Social isolation

Social isolation is a major risk factor for almost all forms of poor physical and mental health, including dementia. The effect of loneliness and isolation on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010), is associated with an increased risk of developing coronary heart disease and stroke (Valtorta et al, 2016) and increases the risk of high blood pressure (Hawkley et al, 2010). Experimental analysis suggests that 13% of the adult population in Stockport may be isolated, looking at three different factors namely: living alone, not participating in an organisation / group and not participating in volunteering. The analysis

[28] Stockport Dementia Strategy

showed that those aged 65 and older, not in good health, or living in areas of high deprivation are more likely to have high social isolation scores.

Mental health and substance misuse

There are three short term rehabilitation housing schemes in Stockport for residents with enduring mental health difficulties, plus a dedicated ward at Stepping Hill for emergency admissions. There is also a small scheme run in partnership between Acorn Recovery and Stockport Homes to support ex-substance misusers through communal living and support, plus the H4 hospital discharge project helping reduce presentations at ED by homeless people. The prevalence of substance misuse and the cost to public services of the resulting healthcare, criminal justice and housing implications makes this an area requiring further resources.

Deprived Areas

There is a strong correlation between care needs and deprivation. Poorer people age more quickly and are far more likely to start to suffer ill health at an earlier stage in life – often when in their fifties[29]. People in poorer areas not only die younger but in their shorter lives experience more years of sickness. Hence the highest demand for care is experienced by those living in areas where social housing is the predominant tenure.

Independent Living

Many provisions are already available in the Borough for residents who want to remain in their own home but require some care and/or support to sustain this.

- Telemonitoring services enable older and vulnerable people to live independently through a range of sensor and equipment installed in their home, including GPS tracking for people with dementia, lifting services to avoid hospital admission and daily checks/reassurance visits to reduce social isolation. The largest service in

[29] *Providing Care for an Ageing Population* – 2017 GMHP

Stockport is Carecall operated by Stockport Homes, which has almost 4,600 customers in 2017.

- Adaptations are provided through Disabled Facilities Grants or self-funded options. A range of equipment is available to help residents remain living safely and independently in their homes. In the financial year 2016/17, 209 adaptations were made within Stockport Homes' properties, with a further 225 for customers in other tenures.
- The Staying Put Scheme, managed by Stockport Homes on behalf of Stockport Council, helps older homeowners, younger homeowners on a low income, and people of any age and tenure living with a disability to live independently. It helps residents to access adaptations or carry out essential repairs and/or improvements. In 2016/17, over 95% of applicants for DFGs or Home Repairs Assistance (HRA) elected to use the SPS
- Stockport Homes' Housing and Care Options for Older People (HOOP) is a free service that provides advice, information and practical help with housing and care issues for people living in Stockport. It helps with advice with a range of issues including housing choices and options, care issues and finance.
- Adults Social Care currently delivers home care to 1510 people, representing around 15,700 hours per week. 1315 people are receiving direct payments (some of these will be personal assistants, community based and home care) and 138 people are receiving day care.
- Stockport Homes Housing Support Team gives short to medium term support to vulnerable people who are struggling to maintain their tenancy, frequently linked to mental health difficulties such as anxiety or depression. Officers primarily work with customers within Stockport Homes' properties, Registered Social Landlords or renting in the private rented sector. Support is provided with setting up home, and settling into the local community as well as to existing residents to successfully maintain their tenancies.

- In Stockport, Older Persons Activities Coordinators linked to The Prevention Alliance amongst other organisations provide regular opportunities for older people to get out of their home and meet others for social events, trips and food.

- A significant strand across the Stockport Together Programme is the total Intermediate Tier offer. This broadly aimed at increasing home based delivery and reducing the needs for intermediate tier bed capacity. A clear priority is a shift from step down to increased step up provision. Two Support at Home services have recently been commissioned, which are flexible re-ablement type services created as a result of piloting step up and step down services during Winter 2016. The service was doubled, with two components: Better at Home (280 hours) providing step up support and the WIRE (280 hours) providing step down support, differentiated to ensure that a proactive as well as reactive service can be provided.

Future Challenges - Hospital discharge and lack of short-term placements for step up/down accommodation, especially for older people.

This is to support timely, targeted use of re-ablement and rehabilitation that is focused on enabling and supporting independence, speedier discharge of people from hospital and in the longer term aims to prevent, reduce and delay the need for residential and nursing home beds. The commissioning of bed based services will need to have due regard for optimising patient flow, such as supporting timely hospital discharge, 7 days admissions, minimising length of stay in the intermediate tier beds and no preventable delays in discharges from the home. The future models of bed based capacity will need to be flexible and innovative solutions to people's needs and circumstances with focus on 'home first'. However, this will need to be balanced with the needs of people presenting with complex needs that can't be met in the person's place of residence. Crucial to achieving a responsive Intermediate Tier service in care home provision is the use of 'trusted assessors' and a culture of trust that supports the external service at times of crisis or concern. Step up accommodation is in shorter supply than step down, and as such more focus could be given to this in future.

Future Challenges - Lack of planning by older people – presenting in crisis, forced to make unsuitable decisions

Older people are frequently unaware of the housing and care options open to them, or do not wish to consider moving from their current accommodation until a move is forced upon them by declining health or a serious incident. A wider range of options is needed,

particularly ones which allow the person to remain in their own home living as independently as possible for as long as possible and publicising these options more widely to both older people and their relatives/carers. The shortage of high quality domicillary care and care homes is a contributory factor to these shortages.

*Future Challenges - Lack of available and affordable land for viable new buil***d**

Stockport has relatively high house prices and a lack of available land for new build. Existing housing stock does not always meet the aspirations of residents needing care, whether this is the unpopularity of bedsits or the lack of specialist schemes for those with particular care needs. Remodelling existing schemes to better meet demand, as well as working creatively with financial models to develop viable new schemes is needed to address these issues.

4.7 Housing and the Creation of Communities

In the full version of the 21st Annual Public Health report published in 2012/13 and its on line revisions and updates for the subsequent reports I have discussed the need for community resilience and the importance of social networks. (Ref:21st Annual Public Health Report for Stockport)

The way in which housing is developed will clearly play an important role in facilitating or hindering the development of communities. Streets can be developed in a way that promotes social action, if treated not primarily as a road for benefit of car users but as a space for all people to meet and be active. Tranquil sitting areas and recreational spaces can also help mould a community together. In a large housing development a community hub should be provided.

Interest is increasingly turning to new forms of housing development in which each house has a minimum number of rooms but extensive shared facilities, including spare bedrooms and recreational rooms housed in a communal building. No such settlement currently exists in Stockport but the benefits of this type of housing in developing communities needs to be promoted.

Demand for housing in the UK is still rising. Yet the economic downturn and upheavals in the public sector means the future of many house building programmes is now uncertain. Past experience shows when housing demand and financial pressures are high, the social aspects of communities are often overlooked.

In addition although much is known about what makes homes physically and environmentally sustainable, much less is known about the social aspects of what makes communities thrive.

Agencies and organisations involved in developing new housing need to balance a great many requirements and the specific needs of local residents for many years to come, producing sustainable outcomes for local people in the long term.

New building in Stockport needs to be set in the context of lessons learned from the building programmes of the of the past and the regeneration work that has taken place across the country over the last two decades.

Future communities, a collaboration between home and communities Agency, Local Government Association and the Young foundation stress that successful new communities will be built by a partnership of practitioners working with future and existing residents identify 10 ingredients of success http://www.futurecommunities.net/.

Put Residents in control

- New settlements provide a huge opportunity to govern communities differently - with residents in command of what happens locally

Early engagement of existing and future residents

- The conversation between people who will live in the new settlements and those involved in building them should start well before the first brick is laid.

Facilitate social networks

- Communities where many residents have strong social links with others living nearby and where people are more likely to get involved in community orientated activities tend to be places with higher levels of resident wellbeing

Choose a stewardship approach

- Planning for the long term management or ‘stewardship' of an area has been found to contribute significantly to the popularity and success of new communities in the past

Community ownership and management of assets

- Transferring assets, such as community centres or parks to local people can give communities a greater opportunity to shape the way these assets are run to ensure that they provide the maximum benefit to local people

Maintain high quality public space

- The quality of the local environment is a key element in what makes somewhere a good place to live

Promote environmentally friendly behaviours

- Meeting the UK's ambitious targets to reduce CO2 emissions by 80 per cent by 2050 will require some radical changes to the way we live

Achieve good design

- New developments should provide communities with homes that are comfortable and well matched to their needs, and a public realm that is safe and inviting.

Economic development

- Economic sustainability is a key ingredient of the overall sustainability of communities.

Community builders lead this

- Local authorities have a strategic role as place-shapers in their area. This will mean that in most cases they will take a lead role in driving forward the creation of new communities.

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· Communities where many residents have strong social links with others living nearby and where people are more likely to get involved in community orientated activities tend to be places with higher levels of resident wellbeing

Choose a stewardship approach

· Planning for the long term management or 'stewardship' of an area has been found to contribute significantly to the popularity and success of new communities in the past

Community ownership and management of assets

· Transferring assets, such as community centres or parks to local people can give communities a greater opportunity to shape the way these assets are run to ensure that they provide the maximum benefit to local people

Maintain high quality public space

· The quality of the local environment is a key element in what makes somewhere a good place to live

Promote environmentally friendly behaviours

· Meeting the UK's ambitious targets to reduce CO2 emissions by 80 per cent by 2050 will require some radical changes to the way we live

Achieve good design

· New developments should provide communities with homes that are comfortable and well matched to their needs, and a public realm that is safe and inviting.

Economic development

· Economic sustainability is a key ingredient of the overall sustainability of communities.

Community builders lead this

· Local authorities have a strategic role as place-shapers in their area. This will mean that in most cases they will take a lead role in driving forward the creation of new communities.

There are national examples on future communities website.

Social Housing Providers, the Council and some faith groups have invested in a number of community development programmes to help build and sustain communities in Stockport, particularly in areas of social housing were the population are more adversely affected by the wider determinants of health. Recent examples include Stockport Homes work to develop community initiatives in Edgeley and Mosscare's work to develop a Bredbury community hub.

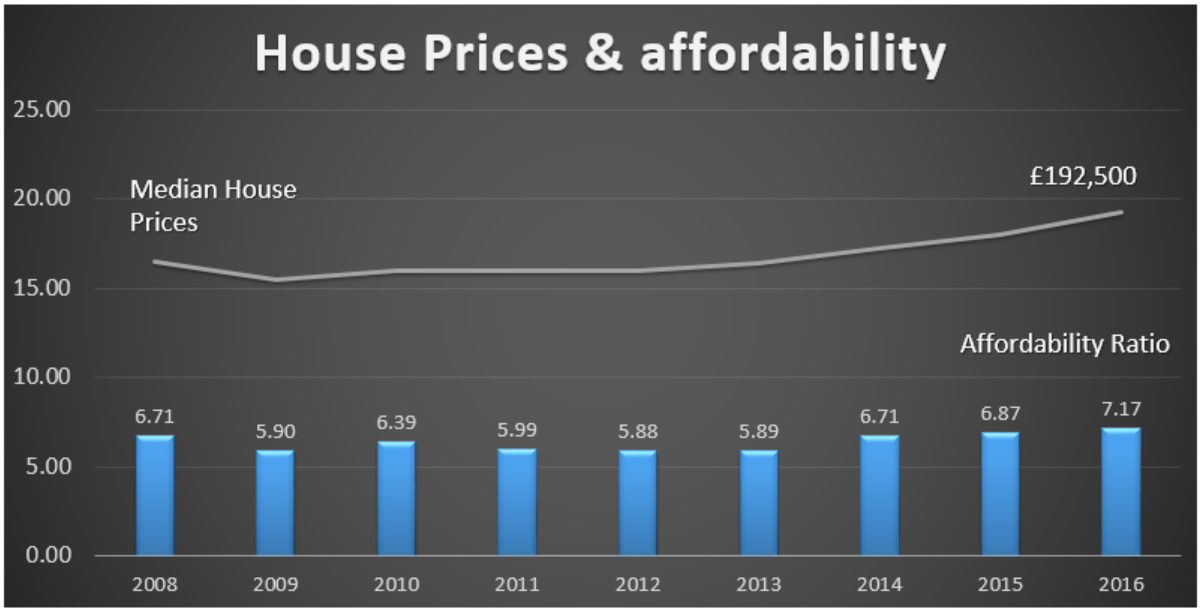
4.8 Greenspace Compatible Development

Greener housing is discussed in the chapter on Green Infrastructure.

4.9 Affordable housing

Stockport forms part of a much wider housing market area that encompasses most of Greater Manchester. The Strategic Housing Market assessment that accompanies the GMSF indicates that whilst there are distinctions within the area, all of Greater Manchester effectively operates as a broad housing market. This means that housing need generated within one district may legitimately be met by homes within a neighbouring district. As a consequence the correlation between housing need, housing supply and housing affordability is a complex one.

What is apparent is that the ratio between house prices and earnings is significant – and it is widening.



The table above shows that by 2014 the affordability ratio had returned to its pre-recession level – due mainly to a steady increase in house prices in recent years. The Government has signalled that where the affordability ratio exceeds a factor of 4, then compensatory measures may need to be taken in terms of housing provision. Some people will clearly be able to obtain housing in the more affordable parts of the Greater Manchester Housing market – but that solution will not be suitable for all. Accordingly for

those people who have strong social or economic reasons to live in the Borough, the affordability of housing to purchase is likely to be an ongoing problem.

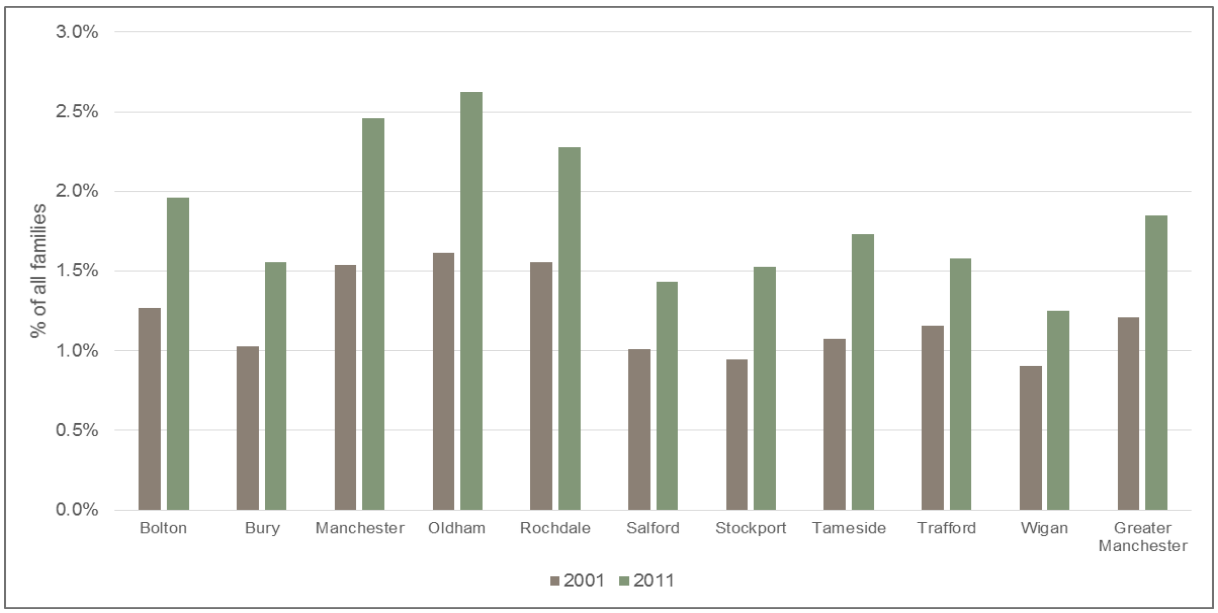
One of the potential consequences of higher house prices is the creation of 'hidden' households – households that otherwise might naturally form, but are prevented from doing so by economic circumstances. Most commonly this might be a younger couple living in the parental home of one of the partners – when ordinarily the couple would form a household in their own right. (A similar situation may arise in the context of other circumstances and relationships)

Across Greater Manchester the proportion of concealed families has increased significantly between the last two censuses. The likelihood is that this proportion will have further risen in the meantime.

Stockport's position is less prominent than in certain other Boroughs within the conurbation – but some of the difference can be accounted for by differing cultural practices amongst communities in each area.

Change in proportion of concealed families 2001 - 2011

1.



2. *Source: 2011 Census*

4.10 Homelessness

The health of people experiencing homelessness is significantly worse than that of the general population, and the cost of homelessness experienced by single people to the NHS and social care is considerable. A recent audit found that 41 per cent of homeless people reported a long term physical health problem and 45 per cent had a diagnosed mental health problem, compared with 28 per cent and 25 per cent, respectively, in the general population. Alcohol, drug and mental health problems are both the cause and result of homelessness in many cases. This means that there is a small but significant group of people who have complex needs and very poor health in Stockport's hospital system, temporary housing schemes, in the prison system and on the streets or sofa surfing. This puts pressure on public sector services.

The Stockport Homeless Health Audit gauged the health needs of this population in 2016 and compared this with a prior survey in 2013. The sample size of 40 is small, but is also a substantial portion of the homeless population in Stockport.

The survey shows that the homeless in Stockport are people with combinations of health problems, which in many cases would intensify the difficulty of dealing with a given health issue. The relationship between their health and housing situation would also be one of compounding difficulties; over half responded they are permanently unable to work due to health issues. As might be expected mental health, physical health and substance use difficulties remain high and secondary care use remains high but more people are **registered with GPs and dentists, (**92.5% and 42.5%) this reflects positive work undertaken by services and the voluntary sector in Stockport that have prioritised getting people registered.

Homelessness is rising nationally and in Stockport. Stockport is committed to preventing homelessness for all groups, reflected in decreasing levels of non-priority homelessness

and rising levels of 'homelessness relief' – rehousing over 500 people since 2012 despite there not being a statutory duty to do so.

In 2016/17 in Stockport there were 238 statutory homelessness acceptances against 491 presentations for homelessness. A significantly larger number (1745) of cases were prevented from becoming homeless as result of intervention and support from Stockport Homes as shown in the following figures

Stockport Homes provide the following statistics in 2016/17

Homelessness prevented	1745
Homeless presentations Of which	491
• considered requiring Full Duty	238
• Intentionally homeless	21
• Not in Priority Need	221
• Not Homeless	3
• Ineligible	8

The main reasons for homelessness from 2009/10 onwards have been consistent each year: domestic abuse and termination of assured shorthold tenancy.

Further information about the homeless needs in Stockport and the homeless prevention strategy can be found here

https://www.stockport.gov.uk/housing-strategies-and-documents/preventing-homelessness-strategy

Based on the numbers of lettings made previously, these two changes alone could see up to 200 young people each year affected by affordability issues.

In 2016/7 there was an average of 61 children in temporary accommodation at any one time. (43 in Stockport Homes Temporary Accommodation and 21 in other community accommodation.)

Homelessness services in Stockport are recognised at a national level as one of the first ten in the country to achieve the Government's Gold Standard. The Gold Standard Challenge is a peer review scheme designed to help local authorities deliver more efficient and cost effective homelessness prevention services. It has been designed to support local authorities to deliver effective and efficient services that prevent and tackle homelessness effectively. By achieving the 10 Local Challenges set out in the Gold Standard, Stockport Homes and the Council have demonstrated that they have comprehensive prevention services in place for all customers, and are dedicated to continually improving these.

The Homelessness Reduction Act 2017 amended the legal framework around homelessness, and will come into effect in April 2018. This will place a requirement upon local authorities to intervene at an earlier stage to try and prevent people from becoming homeless, and requires more structured and on-going support to find and retain accommodation. The Act also places greater responsibilities on local authorities and partners to help relieve homelessness where it does occur. It seeks a partnership approach with people to focus on positive outcomes, and recognises that each household will need different levels of assistance.

In October 2017, the government confirmed that £3.8m would be allocated for the GM Homelessness Prevention Trailblazer Programme. The aim of the programme is to develop a GM-wide homelessness prevention approach in order to improve homelessness prevention outcomes and develop an effective response to homelessness in advance of the Homelessness Reduction Act implementation. The programme funding is for a period of 2 years and covers a number of themes, including Housing First, social lettings and health and housing. A further Government funding of £1.8m for GM has also been made available

for a ‘Social Investment Bond’, focusing upon the most entrenched rough sleepers, with additional resources being sought following an assessment of likely levels of demand.

There is a widespread perception that the introduction of Universal Credit and the freeze on Local Housing Allowance rates for private renters is increasing the number of people made homeless.

The numbers who are actually sleeping on streets in Stockport is relatively small approximately 10 at any time, according to Stockport Homes; this was the confirmed figure in the most recent annual estimate returned to DCLG, which provides a “snapshot” of rough sleepers on given night . Stockport Homes works continually with people sleeping rough, including visiting all reported sites within 24 hours to identify people and offer accommodation and support. According to the Wellspring this figure would be higher (about 40) if it were not for the availability of their organisation and there are larger numbers (about 100) who are sofa surfing.

There are others frequently moving from tenancy to tenancy which provides insecurity and stress and disrupts life especially education and relationships leading to stress, isolation and under attainment. These numbers are hard to estimate, 1,561 people approached the Housing Options Team for advice on their housing situation in 2016/17. This will have been for a variety of reasons, including moving from place to place and also having accommodation that is at risk, e.g. due to receiving notice from their landlord.

There is a continuing need for people who are skilled in helping people navigate the system.

Stockport, Trafford and Oldham are developing a housing first scheme for people who have experienced domestic abuse. This is a model where people are provided with housing on an unconditional basis and provided with intensive support. More likely to sustain tenancies than under previous system whereby support withdrawn relatively

quickly after the tenant moves in. This project will also provide advice and support to people who are fleeing domestic abuse but have no recourse to public funds, a group which are not eligible for assistance under homelessness legislation.

. H4 project picks up frequent attenders at A+E who are homeless or have drug and alcohol problems and supports them to access accommodation upon discharge, and future long-term housing solutions. Since launching in May 2015 H4 Hospital has:

- Worked with 358 homeless people in total
- Supported 272 people to sign up with a GP, Dentist or other primary care professional as required
- Reduced the use of crisis services for 82% of those identified as “frequent flyers”
- Supported 174 people who were threatened with homelessness to access accommodation upon discharge

MARS (multiagency adults at risk) identify and co-ordinates work with adults at risk.

At Greater Manchester level a Social Investment Bond will target entrenched rough sleepers with multiple complex needs. Other GM strategic work includes:

- Establishing dedicated advice hubs for rough sleepers
- Increasing prevention options available, including Social Lettings
- Housing First
- Ensuring customers get a consistent service across GM

The Wellspring is a*n independent* resource centre for homeless and disadvantaged people. It provides one to one support, referral into housing, free food and drink, educational and health services, computer courses, showers clean clothing, social space and activities such as walking groups. Tt is open 365 days a year from 10 am – 2 pm and Monday to Thursday evenings from 5 pm – 8 pm.

Stockport Council and Stockport CCG commission a health service for the homeless and insecurely housed, a GP and an Advanced Nurse Practitioner (ANP) provide drop in appointments at the Wellspring. Between October 2016 and Sept 2017 the service treated on average 63 different people and 96 different treatment episodes a month. Each of these episodes might cover several different health needs therefore appointments are generally relatively long, additional contacts and informal follow up often occurs between recorded appointments.

Asylum seekers are housed through Serco in Northwest whilst waiting for their application to be processed. Numbers in Stockport are small. If given leave to remain they have 3 weeks to find somewhere to live. Stockport homes support any that want to live in Stockport to achieve this.

Asylum Seekers who have received 'Leave to Remain' / Refugee Status and presented themselves to Stockport Homes as homeless:

	Full Duty Accepted	**Not in Priority Need**	**TOTAL**
2016/17	**10**	**4**	**14**
2015/16	**9**	**3**	**12**
2014/15	**8**	**1**	**9**

Refugees have the same rights and responsibilities as other citizens so can access housing by the same routes. Refugees who come to Stockport via the specific Refugee Protection Programmes (approximately 5 households a year) are provided with housing for the first year and supported by Stockport Homes to find permanent accommodation subsequently.

4.11 Nomadic Lifestyles

Poor living environment, insecure accommodation, and the constant prospect of being 'moved on' is a major contributor to poor health[30] of gypsies and travellers. However health does not always improve for those people when obliged to live in bricks and mortar.

Gypsies and Travellers are amongst the ethnic groups with the poorest health and lowest life expectancies (10-12 years shorter than the general population). They have the highest levels of perinatal mortality and frequent mental distress. In addition to poor accommodation, discrimination, bereavement, low literacy, poor access to health information and care are recognized contributory factors.

The recognised health and wellbeing issues for gypsies and travellers include:

Mental Health	▪ 3 times more likely to commit suicide ▪ Twice as likely to feel depressed ▪ Higher levels of domestic abuse (between 60% - 80% of women experience DV). ▪ Bereavement ▪ Impact of discrimination
Maternal Health	▪ Disproportionately represented in maternal mortality data ▪ Higher neonatal death rate ▪ 17% of Gypsy and Traveller mothers have experienced the death of a child compared to less than 1% of the wider population.
Physical Health	▪ Lower life expectancy (by 10-20yrs) ▪ Low rates of immunisation ▪ Susceptible to Measles outbreaks ▪ 3 times more likely to have chronic cough or bronchitis ▪ Approx 38% have long term illness

[30] Greenfields M, Brindley M. Impact of insecure accommodation and the living environment on Gypsies and Traveller Health. National Inclusion Health Board / the Traveller Movement. 2016

Lifestyle & culture	▪ Poorer diet ▪ Smoking prevalence of 47% (c/f 18% in gen population) ▪ Lower levels of physical exercise ▪ Unaccustomed to appointment systems ▪ Distinct gender roles ▪ Lower use of mainstream health services ▪ Poorer uptake of preventative healthcare ▪ Low literacy

An estimated 0.6% of a given population is of Gypsy & Traveller ethnicity. Increasing numbers live in houses or permanent sites - approximately 2/3. Stockport has no permanent site for Gypsies, Travellers or Travelling Show People. Neither does it have an identified transit site. Travellers who need or want to encamp in Stockport are therefore obliged to do so on unauthorised sites. This is costly for the Local Authority, contributes to poor community cohesion and exacerbates prejudice and discrimination and hinders the potential for access to better health

The Gypsy and Traveller Accommodation Assessment (GTAA) of 2007[31] estimated a need for 35 pitches in Stockport. Subsequent to the revocation of the Regional Spatial Strategy, for which the GTAA was undertaken, AGMA agreed that the requirements and provision recommended by the inspector should be implemented[32]. For Stockport this meant providing 1 transit site of 5 pitches and 3 or 4 other permanent sites in the subsequent 5 -15 years. A consultation process was started in October 2011 but no sites were developed before another GTAA was undertaken in 2013.

31 Affordability Research Communities 4. Gypsy and Traveller Accommodation and Service Delivery Needs in Greater Manchester – 2007/8

32 Broyd I. (Inspector appointed by the Secretary of State for CLG). Report to Stockport Metropolitan Borough Council. Feb 2011

This GTAA published at end the of 2014 highlighted a shortfall of 34 pitches 2014/15 – 2019/20 across Greater Manchester for Gypsies & Travellers (p.110[33]) and 139 plots for Show People

Specifically in Stockport there is an estimated need for 9 transit pitches plus 5 pitches for Show People

Recommendation – strategic and proactive planning in individual boroughs but also strategically across GM

The number of unauthorised encampment varies from year to year. In 2011, Stockport had one of the highest averages in Greater Manchester[34].

Table 9.8(b) Summary of unauthorised encampments reported in Stockport 1st April 2010 to 31st August 2013	
Total unauthorised encampments	34
Total caravan days (2013 data)	1,039
Number of months (2013 data)	8
Average caravan days each month	130
Average caravan days each year (2013)	1,039
Average no. caravans	12

[33] Brand S. Greater Manchester Gypsy and Traveller Accommodation Assessment. Arc4. December 2014
[34] Strategic Statistics Division. Gypsy & Traveller caravan sites provided by Local Authority and registered providers in England. CLG. July 2011

Average duration (days)	9
Median no. caravans	12
Median duration (days)	9
Range of number of caravans	1 to 18

Based on the above data, GTAA suggests that nine pitches (accommodating 2 vans each) would have been sufficient to accommodate these unauthorised encampments. It also suggests these might be provided as part of a Manchester-wide approach to transit need.

Show People have different accommodation requirements from gypsy and travellers and there is an identified need for additional sites for this group. The GTAA recognises a shortfall of 5 plots in Stockport.

The GTAA emphasises the role and responsibility of Local Authorities and provision of sites,

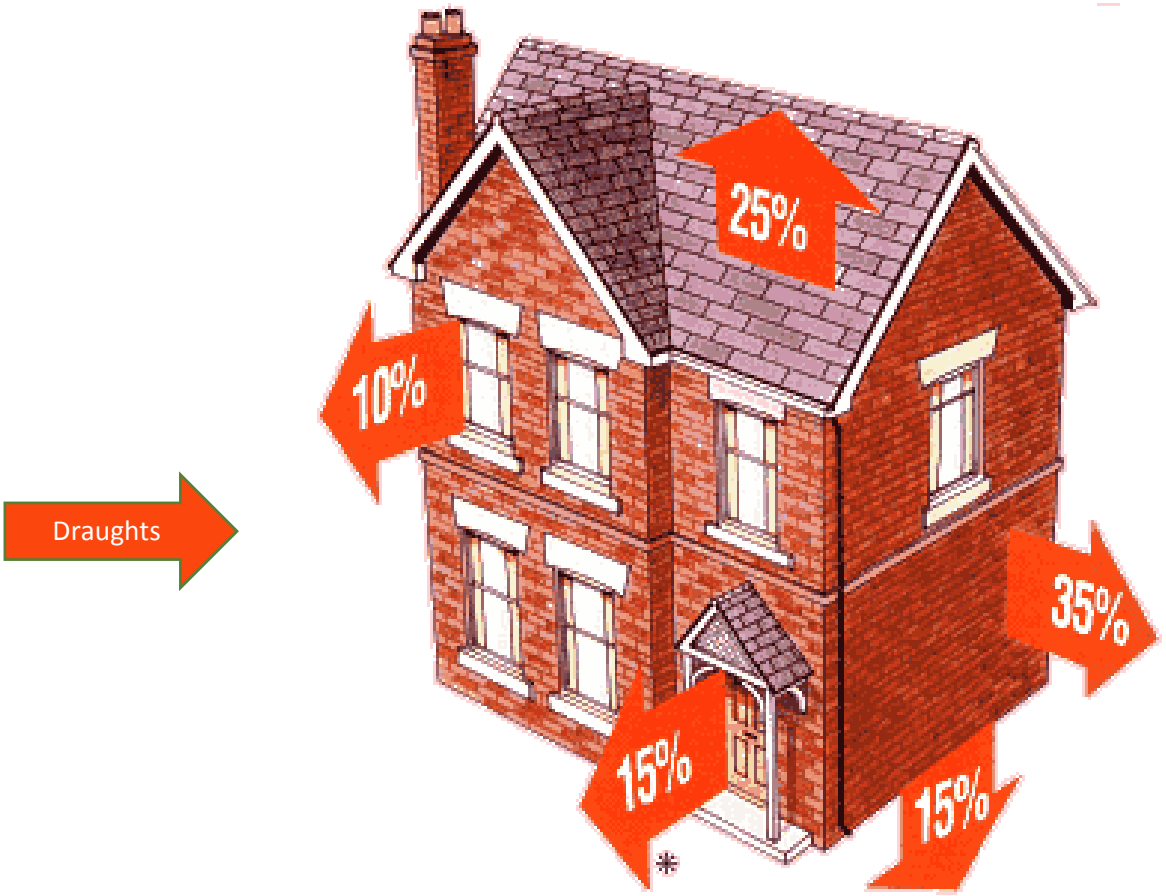
> **"**Local authorities have a legal duty to provide emergency accommodation within their own areas if Travellers present themselves in that area. Whilst a Local authority does not have a duty to find an authorised pitch or site they are expected to facilitate the traditional (Traveller) way of life. A number of other requirements[35], in relation to welfare of children, access to essential services and right to private and family life, make it important that local authorities seek to provide sufficient pitches in their own area to reflect current and meet possible future transit needs".

[35] These are set out in a number of acts and regulations, including The Housing Act 1996; The Criminal Justice and Public Order Act 1994; and The Human Rights Act 1998

4.12 Affordable Warmth

How heat is lost in the home

Most heat is lost through the roof and walls



What can you do to keep your home warm?

Insulation – loft, cavity Draught-proofing Improved heating system / controls

Lifestyle changes Check those bills Fuel switching

Smart meters remove the need for estimated bills

Fuel poverty in England is measured by the Low Income High Costs definition (LIHC), which considers a household to be in fuel poverty if:

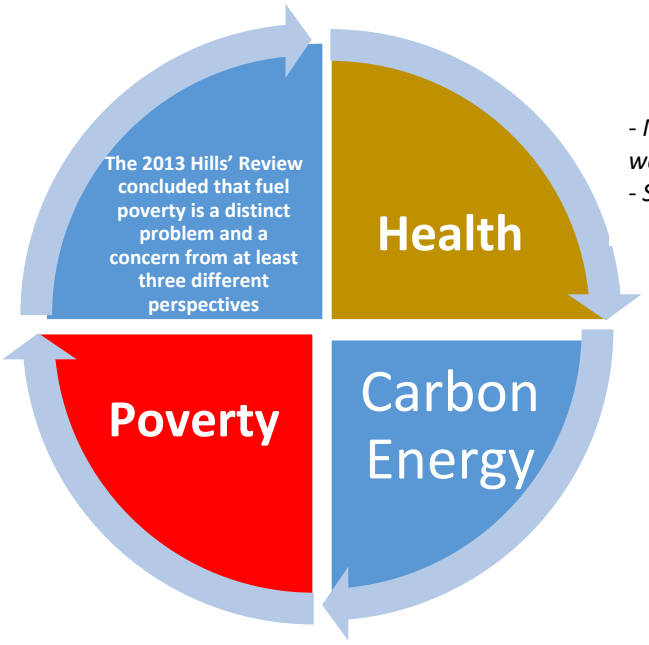
- They have required fuel costs that are above average (the national median level).
- If they were to spend that amount they would be left with a residual income below the official poverty line.

This has replaced the previous definition of a **fuel poor** household as one which needs to spend more than 10% of its income on all fuel use and to heat its home to an adequate standard of warmth. In England, this is defined as 21°C in the living room and 18°C in other occupied rooms.

	10% definition		Low income, high cost	
	No. of FP households	***% of FP households***	***No. of FP households***	***% of FP households***
England[1]	2,615,000	11.6%	2,502,000	11%
Scotland[2]	845,000	35%	*	*
Wales[3]	291,000	23%	132,000	10%
Northern Ireland [4]	294,000	42%	*	*

1. Figures relate to 2015, published by BEIS June 2017
2. Figures relate to 2014, published by the Scottish Government December 2015
3. Figures are projected for 2016, published by the Welsh Government 2016

Fuel Poverty – the perspective



- *High rate of EWDs and morbidity issues in general*
- *Mental health and social well-being*
- *Social isolation*

- *Capital investments out of reach for some*
- *Potential obstacle to carbon mitigation policy delivery, especially where costs go on bills*

- *Unequal ability to convert cash to warmth*
- *Pushed into poverty by high costs*
- *Poor pay more – Pre-Payment Meters (PPM)*

The key drivers behind fuel poverty are:

- The energy efficiency of the property (and therefore, the energy required to heat and power the home)
- The cost of energy
- Household income

19.7% of all households living in properties with the lowest energy ratings (E, F or G) are fuel poor – they make up 36.9% of all fuel-poor households. This is compared to only 3% of households that live in properties with the highest energy ratings (A, B or C) – they make up just 7.8% of all fuel-poor households.*

21.3% of households in the private rented sector are fuel poor – they make up 37.6% of all fuel-poor households.

79.1% of households in fuel poverty are classed as vulnerable, that is one containing children, the elderly, or someone with a long-term illness or disability.*

** Source: Department of Business, Energy and Industrial Strategy fuel poverty statistics, detailed table 2017, England. National Statistics*

2.35M (10.4%) households in England were living in fuel poverty in 2013.[36] The calculated total fuel poverty gap per household in fuel poverty is £405 (based on the Hills definition of fuel poverty).[37]

More than 1 in 5 households in Greater Manchester are in fuel poverty.[38] Greater Manchester schemes assisting fuel poor residents, for example Warm Homes Oldham have significant evidence to show the impact of cold homes on health and health service. Oldham CCG has conducted their own analysis of the Warm Homes Oldham scheme: from a sample of nearly 800 people that were supported through the scheme. A&E attendances for the participants had gone down by 2% and emergency hospital admissions by 32%, with an estimated saving of nearly £40,000 to the CCG. Total GP appointments went down by 8% while the cost of drugs prescribed increased by 14%; this may be due to the patients better managing their conditions at home.[39]

[36] Source: Annual fuel poverty statistics report 2015, DECC and National Statistics.
[37] 'Reducing the Health Impact of winter': Dr Angie Bone (Head of Extreme Events and Health Protection, Public Health England.)
[38] http://www.agma.gov.uk/cms_media/files/7_annex_gm_fuel_poverty_paper.pdf?static=1
[39] Oldham Council: Affordable Warmth Update, Quarter 2 2014-15.

Stockport Council has three key priorities in helping to reduce fuel poverty in the borough, these are:

i. Improve awareness and understanding of Fuel Poverty by bringing together key partnership approaches.
ii. Increase the energy efficiency of Stockport's housing stock.
iii. Improve the effects on health relating to fuel poverty.

Stockport Council assists residents, working in conjunction with Greater Manchester Combined Authorities (GMCA) & energy partners for the installation of replacement or repairs to heating systems, loft & cavity wall insulation, fuel debt/arrears support and advice on renewable energy. Stockport Council also supports community groups and attends events to promote energy efficiency within the Borough. Notable activities in reducing fuel poverty by the Council are:

- Installation of EWI on Park Homes site
- Targeted promotion of GM/Eon Replacement Boiler and Insulation Scheme
- Raising awareness of fuel poverty issues amongst service users/general public
- Raise awareness amongst front line staff from partner agencies in order for them to make referrals for home energy improvements
- Working in partnership will local organisations such as housing providers, private sector landlords, voluntary and community agencies, to ensure the maximum number of residents can obtain up to date and accurate advice;
- Working with the health and social care sector to reach people most at risk of suffering from conditions exacerbated by the cold and reducing excess winter deaths;
- Targeted promotion of GM/Eon Replacement Boiler and insulation scheme.
- Area base/street by street identification for the Replacement Boiler and insulation scheme.

In addition Stockport Homes has:

- Successfully carried out area based heating upgrade which when surveyed after 12 months, reduced residents fuel bills and overall electric costs
- Submitted planning application for a biomass depot
- Carried out PV installation and external wall insulation to thousands of council owned properties.

Partnership working has been embedded throughout the implementation of the Fuel Poverty Strategy. Coordinated action from a wide range of agencies and organizations has generated a strong partnership, which has been vital in delivering the aims and meeting the targets contained in the Strategy to tackle fuel poverty. Partners include (but are not limited to); Stockport Council, Public Health, Stockport ,Partner Registered Providers, Stockport Homes Ltd, Age UK Stockport, Stockport Citizens Advice Bureau/Welfare Rights, Stockport Local Assistance Scheme, Stockport Credit Union/Stockport Food Bank and GMCA (Greater Manchester Combined Authority).

4.13 Recommendations

- I congratulate Stockport Homes on its commitment to health and recommend that this approach continues.
- I recommend that in adopting targets for housing development we recognise the particular kinds of housing that are in need instead of simply assuming that the total will be met entirely by family houses of a conventional type. We should recognise in particular the need for affordable housing, the need for housing for young single people, the need for extra care housing and the need for particular market niches such as traffic free developments and cooperative communities.
- I recommend continued attention to housing quality, and a continued recognition of the importance of enforcement.
- I recommend that Stockport MPs and political parties support the APPG Report on Quality of New Homes and in particular the creation of a New Homes Ombudsman.
- I recommend a continued focus on the creation of communities, using the principles laid out in this report.
- I commend the Council and its various partners on their work on affordable warmth and I recommend this issue continues to have priority
- I recommend the designation of sites for travelling families
- I recommend that we explore the scope for residential development above retail and (where appropriate) industrial development

- I recommend joint funding of supported housing between Adult Social Care and housing providers, including remodelling of existing low demand accommodation to create more flexible options for step up and down accommodation, as well as commissioning of new build schemes in areas of highest demand.
- I recommend recognition of the significant role non-health providers can play in reducing hospital admissions and speeding up discharge, particularly for older people. This would support and enhance the existing intermediate care work prioritised by Stockport Together and emphasise the positive impact of partnership working in delivering outcomes for health commissioners whilst saving money through prevention.
- I recommend greater commissioning of specific support for dual diagnosis patients who struggle to sustain tenancies but are frequently unable to access the support they need to cope with both their mental health and substance misuse issues. This should include both floating support such as H4/Positive Engagement Officers and building on learning from successful more dedicated accommodation to support recovery, such as the Acorn project.
- I commend Stockport Homes for its proactive work in preventing people from becoming homeless and engaging people who are homeless and addressing the related health problems, resulting in Stockport Council being one of the first ten authorities to achieve Gold Standard for its homelessness and housing advice service and I recommend that a high priority continues to be given to avoiding homelessness.

This chapter was written by Stephen Watkins with contributions by Sarah Clarke, Ian O'Donnell, Tanya King, Alison Ricketts, Andy Kippax, Adrian Fisher, Jennifer Connolly, Janet Golding, Vince Fraga, Mark Fitton and Shamim Miah.

5. Green Infrastructure

5.1 Summary

Green infrastructure is of considerable health and ecological importance.

- It improves air quality by absorbing greenhouse gases.
- People are more likely to walk and cycle if the route is attractive
- Sight of greenery reduces stress.
- Exercise taken in green surroundings may have more health benefit than exercise in drab city surroundings
- Greenery reduces the urban heat island effect.
- Greenery reduces flood risk
- Greenery raises the human spirit, and reduces stress
- Greenery contributes to biodiversity, much of which is vital for health.
- Air quality is improved in various ways.
- Some forms of green infrastructure can provide tranquillity, opportunities for physical activity, and various forms of improvements to nutrition.
- Urban drainage is improved and flood risk diminished by green roofs, ponds and wetlands, and surfacing of drives and car parks with lattices to support the vehicles whilst allowing grass to grow through.
- Roof gardens and earth-sheltered buildings allow pressure for development land to be met with much less loss of open space.
- Linear green passages or tree-lined routes can form good walking routes
- Floral displays and water features provide powerful aesthetic contributions which particularly raise the human spirit.
- Parks can provide walking and cycling routes, recreational use, biodiversity, aesthetic displays and tranquil opportunities for relaxation.
- Green walking routes into the countryside encourage recreational walking.
- Tree screens can reduce noise.
- Thorny hedges, or thorny plants on green walls, or planted under windows can be an effective means of security.
- There are various contributions to energy efficiency.

To see green infrastructure as a priority I suggest we set the following goals;

- Most people should see greenery most of the time
- There should be a network of green walking and cycling routes throughout the borough
- All of the Borough should be within a short walk of a green corridor into the countryside
- All of the Borough should be within a short walk of recreational greenspace
- District centres and the town centre should have a green feel to them.
- Greenspace should not be lost to development – greenspace-compatible development technologies should be used to avoid this

5.2 The Value of Green Infrastructure

Trees, flowers, greenery and water features are often seen as merely aesthetic features to be readily sacrificed in order to save money or to make way for other "more important" uses of land. This is an incorrect perception. Green infrastructure is actually of considerable health and ecological importance and provides many other multifunctional benefits. Green Infrastructure also contributes to improved land and property values and brings benefit to local economies.

The following are some of the benefits that green infrastructure produces.

Most forms of green infrastructure provide the following:-

- It improves air quality by absorbing greenhouse gases.
- People are more likely to walk and cycle if the route is attractive
- Sight of greenery reduces stress. Ulrich has shown that people recover faster after an operation if they can see a tree from their window. Similar effects on stress are likely to occur in other settings.
- Evidence is beginning to emerge that exercise taken in green surroundings has more health benefit than exercise in drab city surroundings
- Greenery reduces the urban heat island effect. This is especially important as we experience warmer summers
- Greenery reduces flood risk by delaying the passage of rain into the drains, making communities better resourced to manage increased levels of rainfall
- Greenery raises the human spirit, and reduces stress, thereby improving both physical and mental health.
- Greenery contributes to biodiversity, much of which is vital for health. For example, flowers that help maintain bee populations encourage pollination, thereby making a key economic contribution whilst keeping healthy food options affordable.

- Air quality is improved by the way green infrastructure encourages walking and cycling, the absorption of greenhouse gases, and the way some forms of green infrastructure diminish travel times and food miles.

Some specific forms of green infrastructure make particular contributions:-

- Small patches of green infrastructure can provide areas of tranquillity.
- Large grass areas open to the public can provide important opportunities for physical activity
- Fruit trees available for the public to pick the fruit can help promote the eating of fruit
- Land that is available for cultivation of vegetables can improve nutrition as well as offering a physical activity opportunity
- Volunteer maintenance of green infrastructure can provide a physical activity "green gym" opportunity and also opportunities for social networking.
- Urban drainage is improved and flood risk diminished by green roofs, ponds and wetlands, and surfacing of drives and car parks with lattices to support the vehicles whilst allowing grass to grow through
- Roof gardens and earth-sheltered buildings allow pressure for development land to be met with much less loss of open space
- Linear green passages or tree-lined routes can provide good walking routes
- Floral displays and water features provide powerful aesthetic contributions which particularly raise the human spirit
- Parks can provide walking and cycling routes, recreational use, biodiversity, aesthetic displays and tranquil opportunities for relaxation
- Agriculture within the urban envelope ("city farms") can diminish food miles as can multi-storey farms
- Green walking routes into the countryside encourage recreational walking and reduce the need to use cars to access the countryside
- Tree screens can reduce noise
- Thorny hedges, or thorny plants on green walls, or planted under windows can be an effective means of security
- Green roofs and green walls can improve energy efficiency although the effect is not a large one

5.3 The Prioritisation of Green Infrastructure

All too often green infrastructure is seen as of low priority and an easy win in terms of value engineering on a project. The green roof or roof garden or green wall is the first item to be cut from a scheme. Street trees are regarded as maintenance costs rather than as assets often without full assessment of low maintenance options. Developers assume that policies requiring green infrastructure can be readily ignored by references to

viability. There is a lack of imagination – green walls are not thought of, tarmac is automatically selected without thinking of grass blocks, metal fencing is ordered automatically instead of a thorny hedge, choices of roof covering are made between tiles or slates rather than between green roof and solar panels.

This approach needs to change to one where we see green infrastructure as a priority and where people and organisations are familiar with the ways that they can contribute to its development. Green walls, for example, are very cheap. Green roofs are often perceived as more expensive than ordinary roofs but if considered from the earliest concept stage and factored into the project budget many savings can be made. Such savings include lower maintenance costs (particularly for flat roofs), reduced costs in terms of surface water disposal and some energy efficiency savings from both reduced heating and cooling requirements. Additional benefits include increased property values from reduced insurance costs as insurers recognise the need to tackle climate change impacts on the built environment. Communities can help their own improvement; a terraced street can be transformed by pot plants and hanging baskets.

Housing density will be a key issue in not only delivering the much needed new homes in Stockport but also critical in examining how that housing can incorporate much needed green infrastructure. The Homes & communities Agency has commissioned a Sustainable Suburbia toolkit (http://www.sustainablesuburbia.co.uk/) that highlights the benefits of designing in GI into new housing development whilst achieving maximum densities of housing. These ideas should be applied to urban schemes.

There are economic approaches, such as Natural Capital Accounting, which value the "ecological services" provided by greenspace. Such approaches can produce substantial nominal value for greenspace – a mature street tree, for example, might in some settings be valued at tens of thousands of pounds, and perhaps even £100,000. This can certainly be a way to bring home the importance of green infrastructure. However, like all attempts to monetise social and environmental value, there is fierce debate as to whether this is a sensible way to emphasise value, an artificial attempt to measure the immeasurable, or a philosophically undesirable attempt to monetise everything.

If we are to see green infrastructure as important and essential we should set ourselves some goals. I suggest

- Most people should see greenery most of the time
- There should be a network of green walking and cycling routes throughout the borough
- All of the Borough should be within a short walk of a green corridor into the countryside
- All of the Borough should be within a short walk of recreational greenspace
- District centres and the town centre should have a green feel to them.
- Greenspace should not be lost to development – greenspace-compatible development technologies should be used to avoid this.

5.4 Action on Greenspace

Most people should see greenery most of the time

The Council should set itself the objective of ensuring that greenery is visible from most parts of the highway network and public realm. Sites at which this is not the case should be recorded and opportunities to achieve this should be taken whenever a planning application is considered, or work is carried out on public buildings or on highways. It should be a major consideration whenever the removal of greenery is being considered for any purpose.

An ambitious programme of fruit tree planting should be developed.

Members of the public could be encouraged to adopt small patches of land to grow things on. This could include food following the example of Incredible Edible in Todmorden .

Friends of Groups have a key role in parks and other major areas of greenspace. They could be encouraged to broaden their remit so as to see how the surrounding areas, or the corridors to the parks, could be greened.

Employers and businesses should seriously consider greening the interior of their buildings with plants and the Council should set a good example by encouraging employees to decorate Council buildings with pot plants.

There should be a network of green walking and cycling routes.

A considerable number of pleasant walking routes already exist in the town.

The river valleys have been meticulously preserved.

Areas of countryside have been preserved close to the major centres of the town and are well served by public footpaths.

A number of council estates have been built on the Radford principle in which pedestrian and vehicular routes are separate and pleasant walking routes therefore exist whilst a number of private estates have been built on the "linked closes" principle whereby vehicular access consists of a single main road with a plethora of cul de sacs leading off it, but those cul de sacs are linked by pedestrian passages so that it is possible to walk through the estate passing from one pleasant quiet close to another. Both these approaches to design have gone out of fashion for some years now and indeed are sometimes seen as breaching the Secure by Design guidelines, but this is an unimaginative application of those guidelines.

The planning principle that developers who engulf public footpaths must replace them with attractive routes has been applied in the town for many years and has created a number of pleasant passages through the town.

In some parts of the town many roads are heavily tree lined.

Parks and recreation grounds are a surrogate for countryside.

Pedestrianised shopping areas are also pleasant to walk through.

A network should start with these existing routes, of which there are a considerable number, and aim to link them.

Ways to do this were fully discussed in “Country City” (available on the Annual Public Health Report website) which in turn repeated proposals made in my earlier report “Ginnels, Snickets and Leafy Lanes”.

Opportunities to complete the network mapped in Country City should be taken as they arise, especially when planning applications or highways work takes place adjacent to the network.

All of the Borough Should be Within a Short walk of a Green Corridor into the Countryside

Country City contained a map showing how almost the entire borough is within half a mile of an opportunity to start a country walk. We should be proud of the fact that long distance footpaths come to the very edge of Stockport Town Centre.

As well as the countryside outside the urban envelope countryside is brought deep into the borough by the Mersey Valley, Reddish Vale, Marple Dale, the Micker Brook, the Goyt Valley and the Ladybrook Valley. Linked parks such as Woodbank Park, Vernon Park and Memorial Park bring these even closer to residential communities.

The countryside north of Cheadle Village and the countryside between Bramhall and Woodford help break up what would otherwise be continuous conurbation, as does the lasagne shape of Bramhall with its layers of housing and open space. Some of the golf clubs also contribute.

Mirrlees Open Space and the riverside walk that links it to the Ladybrook Valley provide another green corridor which actually provides almost a tenth of the borough with its green corridor to countryside.

These are complex interrelationships and they must be understood if the current situation is to be retained since a corridor can be blocked at a single point. .

All of the Borough Should be Within a Short Walk of Recreational Greenspace

The following map shows the catchment areas of parks, gardens and natural and semi-natural space. There is good access to recreational greenspace. It is important this is maintained.

District Centres and the Town Centre Should Have a Green Feel to Them

The project based interventions including those highlighted in the Town Centre Urban Green Infrastructure Enhancement Strategy should be brought to fruition, in particularly;

- Transforming Mersey Square to a more pedestrian friendly hard and soft landscaped space, providing more tree planting to the north of the river
- Engaging with businesses in the town centre and district and local centres to provide more greenery such as green roofs and canopies and tree lined avenues
- Improve the main gateways into the town centre and other centres with additional tree planting ie Wellington road and Portwood Street
- Take opportunities to link centres with nearby parks and gardens, create a pocket park within the Town Centre and create a public green area on the roof of the bus station.
- Take opportunities to ensure the River Mersey in the Town centre is more of an asset e.g. thinning trees to open up views, and completing the riverside path from the west to reach Mersey Square and from the east to reach Tiviot Bridge St. so that it follows all the open parts of the river.
- Encourage raised beds in right places similar to the Stevenson Square planters in the Northern Quarter in Manchester
- Green Infrastructure should play an integral role within public realm and should provide places to rest and enjoy the greenery for example via street planting, new public squares and furniture

5.5 Greenspace Compatible Development

It is generally perceived that there is a conflict between development and open space. This conflict is then presented as an obstacle to essential building so that protection of

green space becomes a goal to be weighed in the balance against (and usually trumped by) the need, for example, for more housing.

If priority is then given to protecting the Green Belt the implication is that protection of areas of open space within the urban boundary becomes even more difficult. I have always argued that greenery within the urban envelope and land at the fringes of the Green Belt (where development will put the whole conurbation further from countryside) are especially important and that if greenspace is to be lost the ideal is to create new settlements in the countryside, linked to public transport.

However the question must be asked whether it is actually right to see development and greenspace as in conflict at all.

Roof gardens provide the opportunity to maintain public open space and building on the same piece of land. Earth sheltered buildings take this a stage further with several aspects of the building buried behind or beneath earthen mounds – the building may be invisible from all aspects except one (often the south-facing one) where windows and doors are situated. Light tubes carry the potential to bring in daylight even through the windowless aspects.

Greenspace – compatible development aims to identify the ecological role which a particular piece of greenspace fulfils and ensure that those roles are preserved in any development. A green view can be preserved by screening with plantings. An attractive green walk can be preserved by maintaining an attractive green passage. Wildlife corridors can be built in. If recreational open space is required it can be re-provided in roof gardens. If the land is on the edge of open access countryside or country park then an attractive passage through to the countryside or park would be maintained.

This approach to greenspace no longer thinks of it as just empty space – it asks what uses it fulfils and demands that they be provided in any development. Development changes its character as well becoming not just buildings but also other important functions.

In areas which are short of open space the concept can be extended so that the needs which we would like to see fulfilled by the open space that we would like to see there can also be built into the proposed developments. We should not just be protecting green infrastructure – we should be creating it. The Reddish Vale Country Park was not merely preserved – it was recreated from dumps, disused railway sidings and a rundown industrial estate.

Developers will often argue that the added costs of greenspace-compatible development make it unviable. However this depends on whether the development gain in land value can be captured. The formula H = B + L + P implies that the price of a house (H) is the sum of the building cost (B), the price of the land (L) and the profit (P). H and P can remain constant if any increase in B is matched by a fall in L. L is much higher after the grant of planning permission than before. If strict enforcement of greenspace-compatibility causes L to be less than it would otherwise be this merely reduces a windfall profit; it does not undermine a viable development.

5.6 Recommendations

- I recommend that the full range of benefits of green infrastructure are fully appreciated, that Stockport continues to be proud of its past achievements in this area and that it fully reaffirms its commitment to seeing this as a major priority not a luxury
- I recommend we set the following goals:

  (a) Most people should see greenery most of the time

  (b) There should be a network of green walking and cycling routes throughout the borough

  (c) All of the Borough should be within a short walk of a green corridor into the countryside

  (d) All of the Borough should be within a short walk of recreational greenspace

  (e) District centres and the town centre should have a green feel to them.

  (f) Greenspace should not be lost to development – greenspace-compatible development technologies should be used to avoid this.

- I recommend that whenever work is carried out on public realm or whenever a planning application is considered the opportunity to taken to ensure that

  (a) greenery is visible from any point in the borough

  (b) the network of aesthetically attractive pedestrian routes continues to be protected and to develop

  (c) cycle routes should also be aesthetically attractive

- I recommend an ambitious programme of fruit tree planting should be developed.

- I recommend members of the public be encouraged to adopt small patches of land to grow things on. This could include food, following the example of Incredible Edible in Todmorden.

- I recommend that all employers and businesses encourage the placing of pot plants or similar in indoor areas and that the Council and the NHS take a lead in this.

- I recommend that the principles of greenspace-compatible development be built into the Local Plan and be rigorously insisted on in any development on open space or in areas of open space deficiency
- I recommend the development of green infrastructure in the Town Centre by
  - Transforming Mersey Square
  - Engaging with businesses to provide more greenery such as green roofs and canopies and tree lined avenues
  - Additional tree planting in Wellington road and Portwood Street
  - Linking centres with nearby parks and gardens,
  - Creating a pocket park within the Town Centre
  - Creating a public green area on the roof of the bus station.
  - Ensuring the River Mersey in the Town centre is more of an asset
  - Encouraging raised beds in right places
  - Providing places to rest and enjoy the greenery for example via street planting, new public squares and furniture
- I recommend the vigorous promotion of green walls and green security
- I recommend protection of the accessibility from all parts of the borough of recreational greenspace and of country corridors
- I reiterate the recommendation from Country City that we consider situating a central building in each park to draw people into and through the park. In the current financial climate it could also help resource the park.

This chapter was written by Stephen Watkins with contributions from Angie Jukes and Sally Maguire.

6 Air Quality – What's Stockport's problem?

6.1 Summary

Pollution from the increasing number of motor vehicles using our roads provides the greatest threat to air quality in Stockport and across the UK. Harmful vehicle emissions contribute to breathing and lung problems in susceptible people, and contribute to greenhouse gases which cause climate change. It the largest preventable issue related to air quality. There are health inequalities in the impact of air quality as Children, the elderly and those with pre-existing respiratory and cardiovascular disease, are known to be more susceptible to the health impacts from air pollution.

Measurements from the Greater Manchester's diffusion tube network confirms there are locations that continue to be above the annual mean NO2 air quality objective, but there is an overall trend of declining concentrations. Stockport has contributed and signed up to the Greater Manchester Air Quality Action Plan (AQAP) for Greater Manchester. The AQAP has involved a review of the strategies, policies and plans which tackle or are in some way related to air quality, to develop a set of actions which will deliver changes in terms of air quality.

The key priorities therefore include: changing travel behaviour, reducing emissions from Heavy Goods Vehicles (HGVs) and passenger vehicles, implementing planned infrastructure improvements for sustainable transport including rail electrification, and stimulating the uptake of Ultra Low Emission Vehicles (ULEVs) particularly private car users. To reduce emissions from buses on key local corridors, and continued encouragement in the uptake of smarter travel choices is important.

Stockport's local plan will work in line with the South East Manchester Multi Modal Strategy (SEMMMS) Refresh Strategy which has identified that packages of measures will be required to meet future transportation. Town Centre Access Plan (TCAP) which improves access to and around the Town Centre by all modes, to improve public transport. Measures have already been undertaken by a review of the Stockport Travel plan.

I recommend that it is important to inform the local population of the impact of air pollution on health and to tailor messages to target those members of the public particularly susceptible to air pollution. It is important to work with others to promote initiatives to facilitate active travel (for example healthy schools programmes, school travel plans and cycle to work schemes. I recommend raising awareness of the need to improve air quality through linking to other public health issues such as obesity and through working with Health and Wellbeing Boards to include air quality in Joint Strategic Needs Assessments and Health and Wellbeing Strategies. I recommend reducing the use of the car and promoting a healthier transport system including traffic measures such as optimising variable speed limits on Greater Manchester motorways and public debate

about a 20mph speed limit throughout the Borough. I recommend much wider use of green walls and green security measures to mitigate the effects of air pollution near roads.

6.2 What is the problem for Stockport?

Pollution from the increasing number of motor vehicles using our roads provides the greatest threat to air quality in Stockport and across the UK. Harmful vehicle emissions contribute to breathing and lung problems in susceptible people, and contribute to greenhouse gases which cause climate change. It the largest preventable issue related to air quality. There are health inequalities in the impact of air quality as Children, the elderly and those with pre-existing respiratory and cardiovascular disease, are known to be more susceptible to the health impacts from air pollution.

The main pollutants of concern in the UK are particulate matter (PM), oxides of nitrogen (NOx), and ground level ozone. The most health-damaging particles are those with a diameter of 10 microns or less, (≤ PM10), which due to their size are small enough to penetrate and lodge deep inside the lungs. Population exposure, close to roadsides are often much higher than those in background locations.

Long term exposure to air polution increases the mortality from cardiovascular causes. Exposure to high levels (e.g. during short term pollution episodes) can also exacerbate lung and heart conditions, significantly affecting quality of life, and increase deaths and hospital admissions. There are currently 19,550 people registered with a Stockport GP who have a diagnosis of asthma; a rate of 64.9 per 1,000. Rates have been reasonably steady since 2004/05. Around 3,300 of these diagnoses are for children and young people. Around 500 hospital admissions are made each year for asthma, around a half of which are for children and young people, around £5.8 million is spent on prescribing for asthma each year in Stockport.

6.3 How is the harm caused?

The main pollutants of concern in the UK are particulate matter (PM), oxides of nitrogen (NOx), and ground level ozone. Road transport accounts for 31% of nitrogen oxides (NOx), 19.5% of smaller PM particles and 18% of large PM particle UK emissions. It frequently accounts for more than 64% of air pollution at urban monitoring sites[40]. It is estimated that over 95% of Greater Manchester's transport emissions come from road vehicles. Defra has been estimated that removing all fine particulate air pollution would have a bigger impact on life expectancy in England and Wales than eliminating passive

[40] Air pollution: outdoor air quality and health 2017
https://www.nice.org.uk/guidance/ng70/chapter/Context

smoking or road traffic accidents[41]. Defra estimate the overall population burden is estimated to be equivalent to nearly 23,500 deaths in the UK per year.

Particulate matter (PM)

The most health-damaging particles are those with a diameter of 10 microns or less, (≤ PM_{10}), which due to their size are small enough to penetrate and lodge deep inside the lungs. Chronic exposure to particles contributes to the risk of developing cardiovascular and respiratory diseases, as well as of lung cancer. The biggest impact of particulate air pollution on public health is understood to be from long-term exposure to PM2.5, which increases the age specific mortality risk, particularly from cardiovascular causes. Exposure to high levels of PM (e.g. during short term pollution episodes) can also exacerbate lung and heart conditions, significantly affecting quality of life, and increase deaths and hospital admissions. Children, the elderly and those with pre-existing respiratory and cardiovascular disease, are known to be more susceptible to the health impacts from air pollution. Levels of PM2.5 at short-term concentrations exceeding 200 µg/m3 cause significant inflammation of the airways. Population exposure, close to roadsides are often much higher than those in background locations. It is usually said that asthma is not caused by traffic emissions but that they condition the airways to react more to the actual causal allergens. However if the effect of this is that people suffer regular attacks when they otherwise would not have done so then the distinction between causing asthma and predisposing to asthma may seem an artificial one.

It has been shown that as particulate matter levels increase, so too does mortality and morbidity, both daily and over time presuming other factors remain the same. An association also has been observed between outdoor air pollution and increase in cancer of the urinary tract/bladder as well as cancer of the lung. Heart and blood vessel diseases like strokes and hardening of the arteries are one of the main effects of air pollution. These can be caused by a few years exposure to even low levels of PM2.5. Therefore, reducing concentrations of particulate matter would lead to fewer deaths and less illness in the population.[42] Public Health England conducted a study of local authority areas and claims that anthropogenic particulate air pollution PM 2.5 (produced by humans) in England was attributable for 25,002 deaths in England and 3,427 for the North West directly. Out of this Stockport's attributable to 151 deaths and 1636 life years lost[43].

Nitrogen Dioxide (N02)

Symptoms of bronchitis in asthmatic children increase in association with long-term exposure to NO2. Reduced lung function growth is also linked to NO2 at concentrations currently measured (or observed) in cities of Europe and North America. Defra suggests

[41] Air Quality and Public Health Impacts and local actions 2017 https://laqm.defra.gov.uk/public-health/public-health-impacts.html

[42] Ambient (outdoor) air quality and health 2016 http://www.who.int/mediacentre/factsheets/fs313/en/

[43] Estimating local mortality burdens associated with particulate air pollution (2014) p10 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332854/PHE_CRCE_010.pdf

that on average around 80% of oxide of nitrogen (NOx) emissions in areas where the UK is exceeding NO2 limit values are due to transport, although urban and regional background, non-transport sources are still considerable. The largest source is emissions from diesel light duty vehicles (cars and vans) and there has been significant growth in these vehicle numbers over the last ten years in the UK.[44]

Other important pollutants are Sulphur dioxide (SO2), Non-Methane Volatile Organic Compounds (NMVOCs), Ammonia (NH3), Ozone (O3).

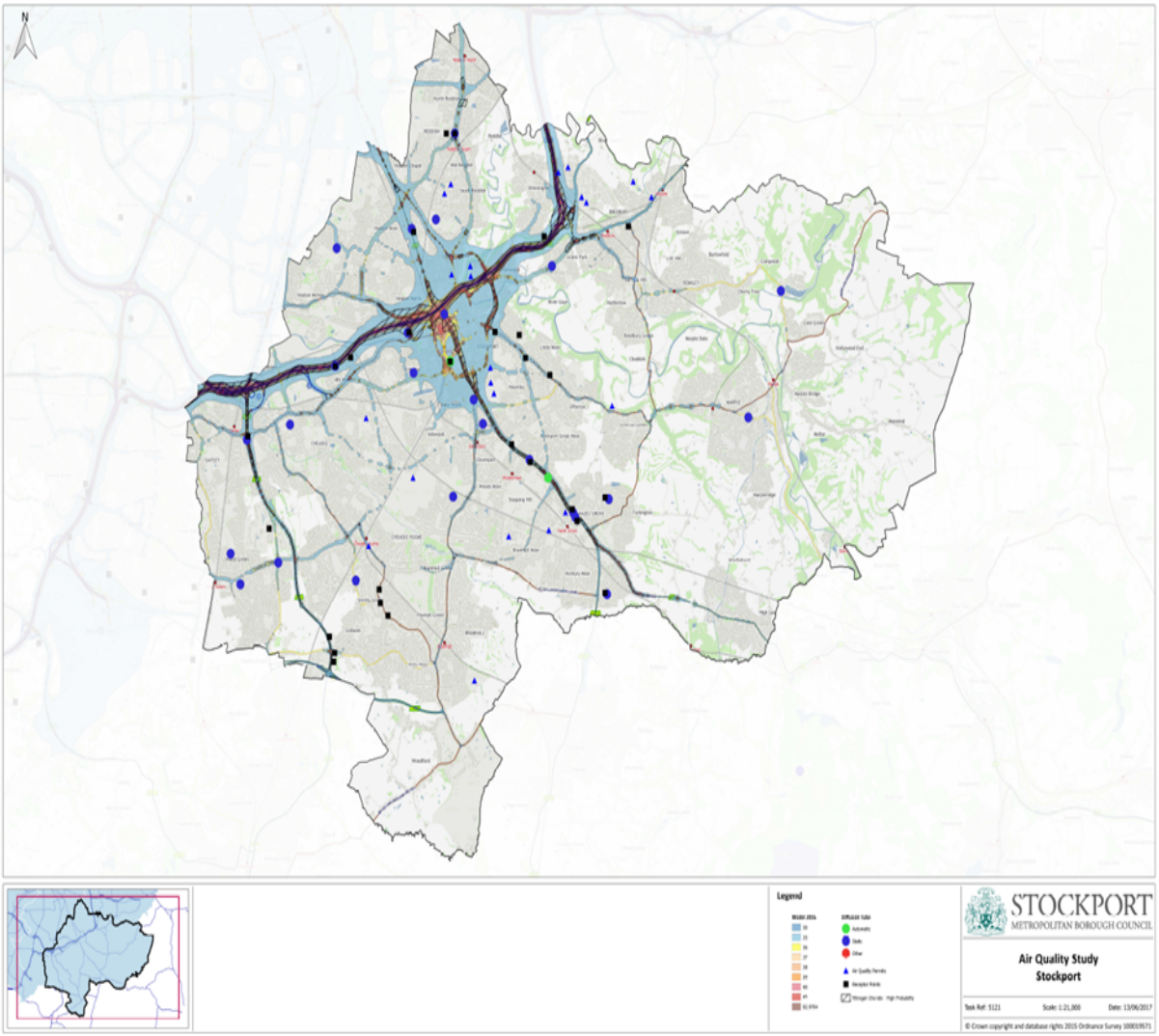
Other Industrial sources, such as manufacturing industry, boilers or large stationary engines, have been recognised as contributing to total pollutant concentrations. However, these sources are regulated through the Environmental Permitting Regulations (EPR) regime and the Industrial Emissions Directive by the local authority and the Environment Agency, depending on the size and type of the process.

6.4 How is this monitored locally?

The national air quality objectives have been set for the UK. These objectives have been put in place to protect people's health and the environment. If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area there. Air pollution varies substantially over small distances. It is typically highest near to emission sources and the amounts can decline rapidly as you move further away from the source. For example, pollution levels next to a busy road can vary from the part of the pavement nearest to the traffic to the part of the pavement farthest away.

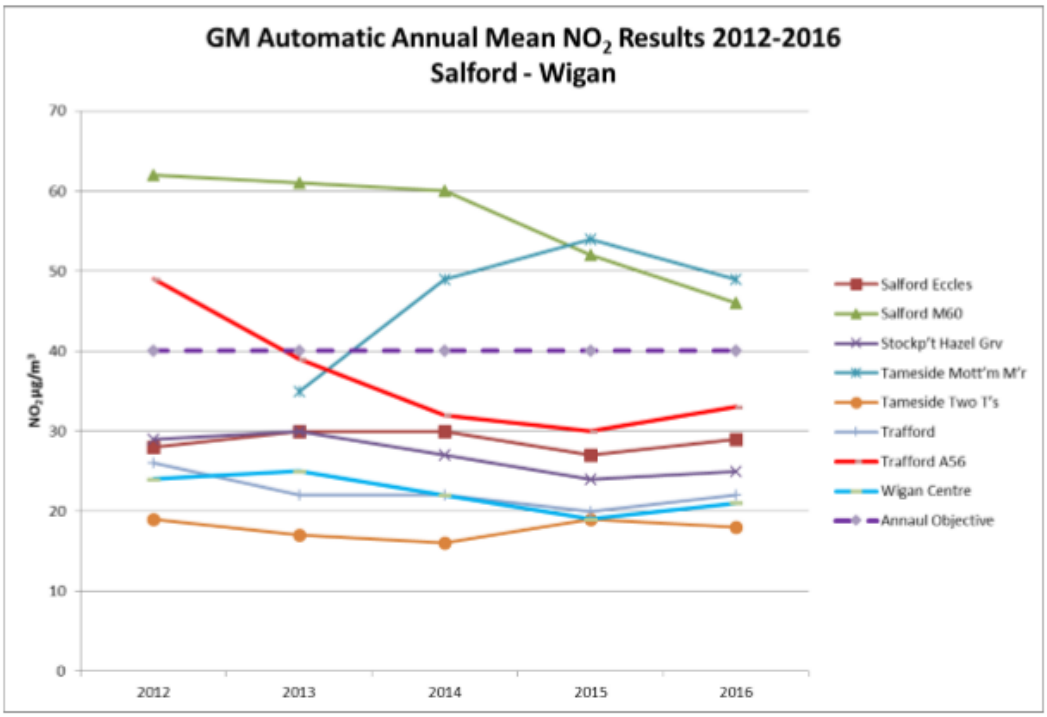
Air Quality Management areas have been declared on the major roads throughout Stockport; the M60, A34, A6 and the A626. Shaw Heath was decommissioned in 2011.

[44] Air Quality; A Briefing for Public Health Directors (March 2017) p17
https://laqm.defra.gov.uk/assets/63091defraairqualityguide9web.pdf

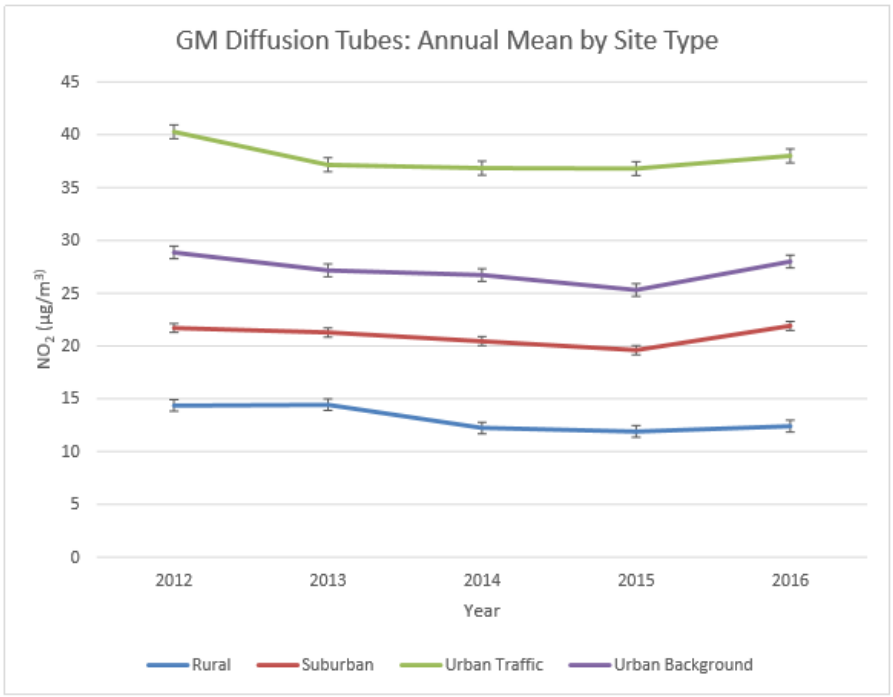


Map of Stockport detailing key AQMAs 2016.

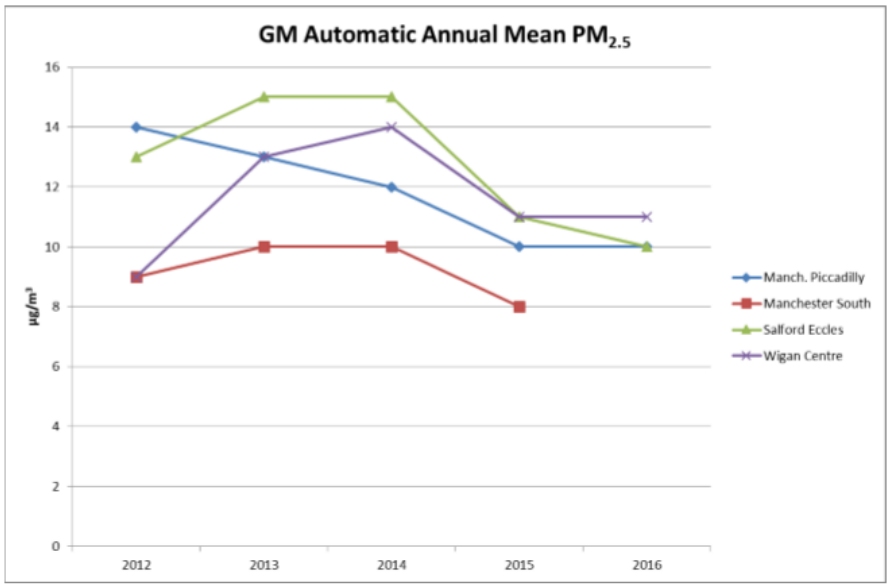
Measurements from the Greater Manchester's diffusion tube network confirms there are locations that continue to be above the annual mean NO2 air quality objective, but there is an overall trend of declining concentrations at different site types as is visible from the graphs.



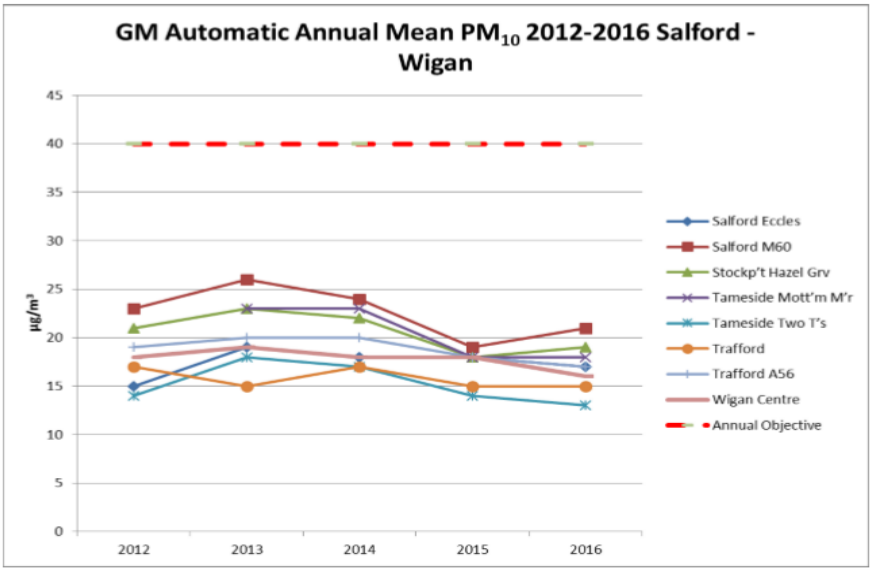
Trends in Annual Mean NO2 Concentrations Measured at Automatic Monitoring Sites Salford - Wigan from 2016 Air Quality Annual Status Report (ASR) for Greater Manchester (July 2017)



GM Diffusion Tubes: Annual Mean by site type from 2016 Air Quality Annual Status Report (ASR) for Greater Manchester (July 2017)



Trends in Annual Mean PM 2.5 Concentrations Measured at Automatic Monitoring Sites from 2016 Air Quality Annual Status Report (ASR) for Greater Manchester (July 2017)



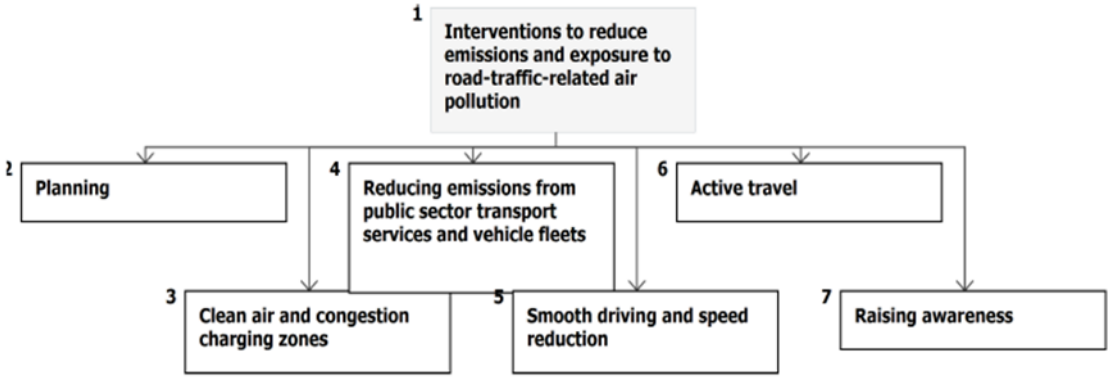
Trends in Annual Mean PM10 Concentrations Measured at Automatic Monitoring Sites – Salford - Wigan from 2016 Air Quality Annual Status Report (ASR) for Greater Manchester (July 2017)[45]

[45] Air Quality Annual Status Report (ASR) for Greater Manchester 2015 p44

6.5 What are our plans to improve air quality?

National - NICE Guidance

In June 2017 NICE Guidance was published which sought to inform the public and advise local authorities on the effects of air pollution. The recommendations were to reduce emissions public transport and fleet, focus on planning – continuity of approach, local travel plans, town planning, traffic planning, and active travel – promotion of walking/ cycling and instigating clean air zones, congestion charges.



NICE interactive Flowchart on Air pollution: outdoor air quality and health June 2017[46].

Greater Manchester - Strategy and Action Plans

Greater Manchester's Combined Authority (GMCA) is made up of the ten Greater Manchester councils and Mayor, who work with other local services, businesses, communities and other partners to improve the city-region. 7 out of 10 Greater Manchester (GM) authorities have been identified as needing to develop action plans on air quality. DEFRA are keen to see GM boroughs working together as one to address the issues. The Greater Manchester Low Emission and Air Quality Strategy states that the 2020 carbon targets will be a core delivery focus and goal of transport strategy and planning will develop, gain funding for and deliver transport interventions which enable (GM) to reduce its emissions, adapt to climate change, improve air quality, raise awareness of the carbon and health impacts of transport choices.[47] The GM Air Quality Action Plan is led and coordinated by Transport for Greater Manchester (TfGM) but implementation of actions is done jointly by TfGM and the local boroughs.

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https://www.trafford.gov.uk/residents/environment/pollution/air-quality/docs/GMASR2015.pdf

[46] NICE interactive Flowchart on Air pollution: outdoor air quality and health June 2017. https://pathways.nice.org.uk/pathways/air-pollution

[47] The Greater Manchester Low Emission and Air Quality Strategy (2016) p7 https://www.greatermanchester-ca.gov.uk/airquality

Stockport has contributed and signed up to the Greater Manchester Air Quality Action Plan (AQAP) for Greater Manchester. The AQAP has involved a review of the strategies, policies and plans which tackle or are in some way related to air quality, to develop a set of actions which will deliver changes in terms of air quality. These actions focus on road transport as it is the major contributor to poor air quality in the region.

The key priorities therefore include: changing travel behaviour, reducing emissions from Heavy Goods Vehicles (HGVs) and passenger vehicles, implementing planned infrastructure improvements for sustainable transport including rail electrification, and stimulating the uptake of Ultra Low Emission Vehicles (ULEVs) particularly private car users. To reduce emissions from buses on key local corridors, and continued encouragement in the uptake of smarter travel choices is important. The introduction of ULEVs will help to reduce impacts on both short and long journeys. HGVs and buses make up a relatively small amount of road transport but contribute significant amounts to emissions. Where necessary and viable identifying 'Clean Air Zones'. A Clean Air Zone is an area of the City in which measures will be introduced with the purpose of reducing pollutants produced by traffic. The main measure within a Clean Air Zone will be to charge a fee for the most polluting types of vehicles to enter the zone.

An overview of the ongoing work towards this for GM includes:

- Three new park and ride sites have opened.
- Salford have reviewed licensing rules requiring applicants for new private hire licence to have vehicle less than 4 years old. Salford are waiving license and testing fee for private hire with electric vehicles.
- The 'A6 Quality Bus Partnership' to achieve 100% of the high frequency 192 service on the A6 corridor to be of Euro 5 standard by January 2014. Targets were phased for services operating only part of their routes on the A6. Stagecoach introduced 40 new hybrid vehicles by 2013.
- 'Anti-idling' policies were promoted with freight companies throughout Greater Manchester.
- A TfGM feasibility study regarding 'Clean Air Zones' is underway.
- There has been an increase in the extent of EV charging network.
- Encouraging the uptake of cycle logistics/ cargo bikes.
- Campaigns have been designed to encourage cycling (e.g. Women on Wheels).
- "Dirty Diesel Campaign" to encourage the public to report smoky or heavily polluting vehicles.

Stockport (SEMMs Refresh and Stockport Local Plan)

Stockport's local plan will work in line with the South East Manchester Multi Modal Strategy (SEMMMS) Refresh Strategy which has identified that packages of measures will be required to meet future transportation needs to cover the period up to 2040. The SEMMMS will deal with transport issues across Stockport, parts of Manchester, Tameside, Cheshire East, and Derbyshire was approved by central Government in 2001.

The multi-modal plan includes developing integrated transport corridors and bus priority measures, improvements to rail stations and services, proposals for Metrolink and tram-train lines and services, improvements to town, district and local centres, pedestrian and cycle facilities, new roads, and a 'smarter choices' programme to help people to choose to reduce their car use. These measures may include: Metrolink/tram train routes to Marple, Stockport town centre, the airport and Hazel Grove. Segregated bus routes and bus priority schemes, improved rail services and new/ improved rail stations. New roads built such as the A6 to M60 Relief Road. There have already been a wide range of improvements to routes including, Connect 2 route, TPT improvements, Middlewoodway improvements, and the cycle route to Manchester Airport. The SEMMs refresh will improve walking and cycling routes and facilities on and off the highway. It will also improve public realm in the district and local centres. It aims to create connected neighbourhoods that encourage the use of more sustainable forms of transport. The improvement of the provision of transportation infrastructure will support the introduction of smarter choices to encourage the use of sustainable transport.[48]

Stockport Town Centre is a key focus for a number of proposed transport improvement schemes including the completion of the Town Centre Access Plan (TCAP) which improves access to and around the Town Centre by all modes, a new transport interchange, substantial improvements to Stockport Rail Station, new tram train/metrolink routes and a masterplan to improve the A6 Corridor through the Town Centre. The TCAP work in the Town Centre is focused on the improvement of walking, cycling and public transport usage as well as reducing the congestion of local routes through the centre.

A review of Stockport's sustainable travel plan in 2017 has included an increase in electric charging points the town centre and free parking on street bays for EVs, Metroshuttles buses have been moved to diesel hybrid and there is an ongoing increase in hybrid buses on a number of routes through Stockport. Taxi licencing has encouraged/enforced a move to lower emission vehicles. A total of 152 drivers in the Council and partner fleets have received SAFED training and have achieved a reduction of 9% in fuel usage. There has been an increased synergy between public health policy and transport policy to encourage active transport. A 20mph speed limit zones have been implemented affecting a number of primary schools within Stockport as part of 'Safer Routes to School'.

As part of the travel plan there are local walking maps, a 'walk a day' scheme, and improvements to way-finding district within the district. Stockport Metropolitan Council run a 'walk to work week' and a bike week, There is a GM cycle map and Stockport have piloted a scheme for this in Hazel Grove. A cycle link bridge between Marple – Stockport has been built, new cycle routes are planned from GM funding, and cycle training in primary schools has been rolled out across Stockport. There are plans to roll out the Mobike scheme across Stockport, currently used in Manchester, in early 2018. This is a

[48] Stockport Local Plan Issues Paper 2017 p43
http://stockport-consult.objective.co.uk/portal/localplan/slpip

low cost bike-sharing scheme. Mobike users can book their bikes via an app and unlock them using a code obtained.

6.6 What more could be done?

Long term solutions

I recommend the use of driverless vehicles and the use of hotlanes**.** Driverless vehicles will make driving easier, allow people to be more productive and offer greater mobility to a wider range of people than ever before. They will also help improve road safety, reduce emissions, and ease congestion. As a result they could provide significant economic, environmental and social benefits, including improving social inclusion. Instead of today's car ownership model, consumers would buy a service like ordering a taxi today, but with a wider range of vehicle configurations to suit different types of travel – family outings, long-distance sleeper travel, or shared commutes You don't need to give up a room of your house or a part of your garden or a potential communal area of your street to park it. You pay only for the use you make of it – you don't need to pay the insurance and depreciation whilst it stands idle. What overrides these benefits is the logistical cost of delivering the car to your door when you need it. With driverless vehicles these costs disappear. Car hire, car clubs and driverless taxis merge into a single concept.

I recommend hotlanes (high occupancy toll lanes) which are highway lanes which convey public transport vehicles but sell spare capacity to private vehicles prepared to pay a toll and vary the toll so as to benefit vehicles with multiple passengers. A guided hotlane available only to vehicles fitted with guidance devices and systems for computer control would offer private drivers the option of paying extra (both in modifying their car and by way of a toll) for a significant congestion-avoiding driverless portion of their journey. Such tolls could raise the funding for infrastructure investment to make a significant part of the bus network driverless. On congested city roads this could be seen as an advantage for both public and private transport.

I recommend that the Hyperloop could replace HS2 and HS3. The Hyperloop is a variant on a very old concept, first developed by a British physicist in the 19th century, of a train running in a depressurised tube. Such a train can potentially achieve very high speeds. Could the Hyperloop provide such rapid transport between airports that it was possible to operate the four London airports, Manchester Airport and perhaps some other regional airports as a single hub airport? Bear in mind that the Hyperloop is much cheaper, much more energy efficient (powered by solar panels on the outside of the tube so better for the environment/air quality) and much easier to construct – it can be elevated on poles, built on the ground, buried, submerged, or built above motorways or railways or canals. This would be much less demanding of land and much less intrusive on neighbouring areas and fast enough to allow reasonable journey times via links to hubs. The proposal would be to develop a complete national system via six phases.

Short term solutions

I recommend that it is important to inform the local population of the impact of air pollution on health and to tailor messages to target those members of the public particularly susceptible to air pollution. It is important to work with others to promote initiatives to facilitate active travel (for example healthy schools programmes, school travel plans and cycle to work schemes. I recommend raising awareness of the need to improve air quality through linking to other public health issues such as obesity and through working with Health and Wellbeing Boards to include air quality in Joint Strategic Needs Assessments and Health and Wellbeing Strategies. I recommend reducing the use of the car and promoting a healthier transport system including traffic measures such as optimising variable speed limits on Greater Manchester motorways and public debate about a 20mph speed limit throughout the Borough. I recommend much wider use of green walls and green security measures to mitigate the effects of air pollution near roads.

This chapter was written by Lucy Webster with material and recommendations by Stephen Watkins, thanks go to Stephen Brown and Maciek Drozda for their data contributions and mapping support and to Jennifer Connolly for comments.

RECOMMENDATIONS

7.1 Recommendations Relating to Children's Mental Health

- I congratulate Stockport CCG and SMBC in their development of a whole school approach to mental wellbeing and recommend that this approach continues. I strongly recommend that schools support these programmes. I am encouraged by the partnership work that is in place and the priorities that schools are giving to this area of work.
- I am keen to encourage further consideration and encouragement of local Voluntary Sector organisations and Statutory Sector organisations on shaping a future Voluntary Sector model for promoting young people's mental wellbeing.
- I recommend partnership work with our schools and young people to consider further how technology could be used to scale up wellbeing and resilience interventions
- I recommend partnership working to better align resources in order to improve early support for children and young people with mental health concerns.

- *Recommendations Relating to Antimicrobial Resistance*
- I recommend that the Health and Wellbeing Board champion Antimicrobial Stewardship in Stockport
- I recommend that the Council, CCG and Foundation Trust participate actively in all national campaigns to raise public awareness of using antibiotics only when needed
- I recommend that the Council, CCG and Foundation Trust encourage members of the public to become antibiotic guardians, with champions in every neighbourhood.
- I recommend that the Council, CCG and Foundation Trust identify antibiotic Guardian champions in every general practice, community clinic and ward.
- I recommend that the CCG and Foundation Trust continue to work together to identify inappropriate prescribing and put controls in place to reduce this.
- I recommend that the Foundation Trust ensure that hospital in-patients on empirical IV antibiotics receive a comprehensive review within three days and the IV therapy is stopped and patients moved to oral therapy or directed therapy where possible.
- I recommend that the Council, CCG, Foundation Trust, Viaduct Health and Pennine Care work collaboratively to prevent infections by maximising the uptake of required vaccinations (especially influenza) in at-risk patient groups, care home staff, children and all community and hospital healthcare workers.
- I recommend that the CCG continues to review and improve variation in prescribing in primary care by:
    - Using national recommended diagnostic support FeverPAIN for patients over age 3 years presenting with sore throat, to guide management

- Using no or delayed / back-up antibiotic strategies for respiratory tract infections including sore throat
- Using the TARGET Treating Your Infection patient information leaflet to promote both self-management of respiratory tract infections and safety netting
- Using the TARGET Patient information leaflets for parents of children, particularly 'Caring for children with cough' which can be distributed within childhood vaccination programmes.

7.2 Recommendations Relating to Healthy Ageing

- I recommend that all partners commit to supporting and delivering an Ageing Well Strategy for Stockport.
- I recommend that all partners seek to identify and reduce age discrimination in their practice.
- I recommend that in developing the Local Plan, Stockport Council ensures that the needs of an ageing population are properly accounted for, that increase the opportunities for residents to remain physically and socially active and independent for as long as possible.
- I recommend that local employers, include public sector partners are encourage to become age-friendly workplaces and offer support for employees in planning retirement.
- I recommend that all partners adopt and implement the Stockport Carers' Charter.
- I recommend that all partners seek to promote volunteering opportunities, particularly identifying where older adults could be engaged as volunteers.
- I recommend that Stockport Together/Stockport Neighbourhood Care partners promote the Wellbeing Planning tool for use.
- I recommend that all partners promote the falls prevention messages set out through Steady in Stockport: https://www.mycaremychoice.org.uk/steady-in-stockport
- I recommend that Stockport Together partners, Life Leisure, the Prevention Alliance and the Wellbeing and Independence Network work together to deliver an active ageing pilot, if successful in securing funding from Sport England.
- I recommend that START and the Healthy Stockport range of services promote healthy ageing messages as part of their lifestyle support and behaviour change services.
- I recommend that the PaperWeight Nutrition Armband project is used as a starting point to engage partners in addressing the issue of malnutrition in older adults.

7.3 Recommendations Relating to Housing

- I congratulate Stockport Homes on its commitment to health and recommend that this approach continues.

- I recommend that in adopting targets for housing development we recognise the particular kinds of housing that are in need instead of simply assuming that the total will be met entirely by family houses of a conventional type. We should recognise in particular the need for affordable housing, the need for housing for young single people, the need for extra care housing and the need for particular market niches such as traffic free developments and cooperative communities.
- I recommend continued attention to housing quality, and a continued recognition of the importance of enforcement.
- I recommend that Stockport MPs and political parties support the APPG Report on Quality of New Homes and in particular the creation of a New Homes Ombudsman.
- I recommend a continued focus on the creation of communities, using the principles laid out in this report.
- I commend the Council and its various partners on their work on affordable warmth and I recommend this issue continues to have priority
- I recommend the designation of sites for travelling families
- I recommend that we explore the scope for residential development above retail and (where appropriate) industrial development
- I recommend joint funding of supported housing between Adult Social Care and housing providers, including remodelling of existing low demand accommodation to create more flexible options for step up and down accommodation, as well as commissioning of new build schemes in areas of highest demand.
- I recommend recognition of the significant role non-health providers can play in reducing hospital admissions and speeding up discharge, particularly for older people. This would support and enhance the existing intermediate care work prioritised by Stockport Together and emphasise the positive impact of partnership working in delivering outcomes for health commissioners whilst saving money through prevention.
- I recommend greater commissioning of specific support for dual diagnosis patients who struggle to sustain tenancies but are frequently unable to access the support they need to cope with both their mental health and substance misuse issues. This should include both floating support such as H4/Positive Engagement Officers and building on learning from successful more dedicated accommodation to support recovery, such as the Acorn project.
- I commend Stockport Homes for its proactive work in preventing people from becoming homeless and engaging people who are homeless and addressing the related health problems, resulting in Stockport Council being one of the first ten authorities to achieve Gold Standard for its homelessness and housing advice service and I recommend that a high priority continues to be given to avoiding homelessness.

7.4 Recommendations Relating to Green Infrastructure

- I recommend that the full range of benefits of green infrastructure are fully appreciated, that Stockport continues to be proud of its past achievements in this

area and that it fully reaffirms its commitment to seeing this as a major priority not a luxury.

- I recommend we set the following goals:
- Most people should see greenery most of the time
    - There should be a network of green walking and cycling routes throughout the borough.
- All of the Borough should be within a short walk of a green corridor into the countryside.
- All of the Borough should be within a short walk of recreational greenspace.

- District centres and the town centre should have a green feel to them.
- Greenspace should not be lost to development – greenspace-compatible development technologies should be used to avoid this.

- I recommend that whenever work is carried out on public realm or whenever a planning application is considered the opportunity to taken to ensure that
    - greenery is visible from any point in the borough
    - the network of aesthetically attractive pedestrian routes continues to be protected and to develop
    - cycle routes should also be aesthetically attractive
- I recommend an ambitious programme of fruit tree planting should be developed.
- I recommend members of the public be encouraged to adopt small patches of land to grow things on. This could include food, following the example of Incredible Edible in Todmorden[49].
- I recommend that all employers and businesses encourage the placing of pot plants or similar in indoor areas and that the Council and the NHS take a lead in this.
- I recommend that the principles of greenspace-compatible development be built into the Local Plan and be rigorously insisted on in any development on open space or in areas of open space deficiency
- I recommend the development of green infrastructure in the Town Centre by
    - Transforming Mersey Square
    - Engaging with businesses to provide more greenery such as green roofs and canopies and tree lined avenues
    - Additional tree planting in Wellington road and Portwood Street
    - Linking centres with nearby parks and gardens,
    - Creating a pocket park within the Town Centre
    - Creating a public green area on the roof of the bus station.
    - Ensuring the River Mersey in the Town centre is more of an asset
    - Encouraging raised beds in right places

[49] https://www.incredible-edible-todmorden.co.uk/

    - Providing places to rest and enjoy the greenery for example via street planting, new public squares and furniture
- I recommend the vigorous promotion of green walls and green security
- I recommend protection of the accessibility from all parts of the borough of recreational greenspace and of country corridors
- I reiterate the recommendation from Country City that we consider situating a central building in each park to draw people into and through the park. In the current financial climate it could also help resource the park.

7.5 Recommendations Relating to Air Quality

- I endorse, and recommend continued implementation of, the Air Quality Strategy
- I recommend that there be firm commitments to measures to reduce road traffic, to optimise traffic flows, and to improve active travel and public transport
- I recommend that it is important to inform the local population of the impact of air pollution on health and to tailor messages to target those members of the public particularly susceptible to air pollution.
- I recommend raising awareness of the need to improve air quality through linking to other public health issues such as obesity and through working with Health and Wellbeing Boards to include air quality in Joint Strategic Needs Assessments and Health and Wellbeing Strategies.

7.6 Recommendations Relating to Roadbuilding

- I reiterate the advice I have given in the past, both in past Annual Public Health Reports and in my comments supportive of the planning application for the A6 Manchester Airport Relief Road (A6MARR) as to the circumstances in which roadbuilding is beneficial to health by increasing access or avoiding damaging traffic flows and the circumstances in which it merely opens up unmet demand for relocation until the congestion levels stop this by returning to original levels.

The Council has in the past accepted this advice and indeed built into the A6MARRscheme complementary measures based on it, but I fully appreciate that it is difficult to know what should consequentially be done when, as is currently the case in the east of the borough, there are serious traffic congestion problems and national funding may be available for new highways schemes but cannot readily be redirected to public transport or active travel solutions due to the nature of national transport funding. To address that dilemma:-

- I recommend that in the context of the SEMMM Strategy Refresh and further development ofthe business case for the A6 to M60 Relief Road, there should also be examination of a public transport/ active travel-led solution based on the principles set out above, as well as a highways-led approach. If it is demonstrated that it would be more cost-beneficial to adopt the public transport/ active travel-led approach,

priority should be given to it due to the wider societal and health benefits it would likely deliver. In order to deliver this, and if direct funding opportunities are not available under existing funding programmes, the Council, Stockport political parties and MPs should present a case that financial silos should not preclude the transfer of funds from highways-focused funding streams.

- I recommend that a broad range of options are considered and reviewed as part of the public transport/ active travel-led option, including those consulted upon as part of the recent Stockport Transport Issues and Options consultation. Without in any way wishing to constrain the range of options being considered in the alternative business case I recommend that options considered should also include those which I recommended in my 2006 Annual Public Health Report, those which I had suggested in previous reports and any other proposals likely to benefit the traffic flows in question.

7.7 Recommendations Relating to Health and Social Care Resource Optimisation

In my last two Annual Public Health Reports I have recommended that all the resources of the health and social care system be considered as an integrated whole and used in the way that best benefits the system as a whole, instead of being considered by the NHS and the Council separately. As this recommendation has been accepted on both of the previous two years both by the Council and the CCG, I was disappointed that Stockport Together did not consider the savings programmes of the NHS and of social care and public health together but instead left them to be determined by the two agencies separately. The effect of this, given the financial situation of the Council, was inevitably that social care and public health were cut disproportionately to cuts in the NHS. For the avoidance of doubt I do not believe that the Council had any choice but to do that once the decision had been made that each agency would address its own issues Given the interaction between the different parts of the system, the extent to which NHS problems result from rising demand and from inefficiencies in patient flow, the fact that every £1 of public health expenditure saves on average £14 of NHS expenditure and the significance of social care to patient flow, it seems to me that there is at least scope to debate whether allowing this to happen was in the interests of the system as a whole, or indeed even of the NHS in isolation. It may be that it would have been better to use NHS funds to ameliorate the situation. It also seems to me that there is a need to consider the compatibility of this approach with the financial plans for the NHS over the next few years which are dependent on whole system transformation and demand management.

- For the third consecutive year I recommend that the Council and the NHS aim to optimise the use of resources across the health and social care system in a way which emphasises outcomes rather than agency boundaries and which focuses on reducing need. If this recommendation is accepted for the third time I request that it be implemented in the financial planning of the pooled budget by addressing the financial problems of the system as a whole in a shared process.

It seems likely at the moment that resources for the NHS and the Council will be extremely difficult over the next few years. I have in the past commended the Council and the NHS locally for their acceptance of the principle that this situation cannot be addressed by incremental change but only by transformational change focused on outcomes. However for this to be given effect in actual budget decisions it is necessary that outcome-oriented visions are developed in sufficient detail to ensure that annual budget decisions pursue them rather than being a separate process.

- I reiterate my congratulation to the Council and the NHS locally on their commitment to outcome-oriented transformational change and I recommend that there is further development of the visions necessary to enable that change to be consistently pursued

I recommended the year before last that Stockport MPs and local political parties debate various aspects of health service funding and last year I reiterated this recommendation and urged them to consider some specific issues. In again reiterating this advice, I would request this year that it be pursued on a cross party basis in view of the emergence nationally of cross party back bench alliances on these issues

- I recommend that Stockport MPs and political parties conduct cross-party discussions aimed at achieving a local consensus which can then be pursued in national discussions concerning the following:-
    - The impact on health service demand from population growth and demographic change
    - The adequacy of funding of social care and the burden placed on the NHS if social care is inadequate
    - The cross-party recommendations of the Health Select Committee of the House of Commons and in particular its view that funding of the whole of the health and social care system should be considered together
    - The emphasis on prevention in the financial plans of the Five Year Forward View on which NHS funding was based and whether this is consistent with the reductions that have taken place in funding of public health grant and Public Health England
    - Recent research findings which suggest the Keynesian multiplier for health and care expenditure (and also for various other aspects of public services including education, cultural services and environmental services) to be significantly higher than previously assumed, making such expenditure more affordable