

Black Country | Plan

Planning for the future of the Black Country



HOUSING



ENVIRONMENT



EMPLOYMENT



TRANSPORT

Draft Black Country Plan Health Evidence Base

August 2021

We are reviewing the Black Country Plan and we would like to hear your views!

Dudley
Metropolitan Council

Sandwell
Metropolitan Council



Walsall Council

CITY OF WOLVERHAMPTON
COUNCIL

Planning for Health in the Black Country: Evidence Base for Black Country Plan Health & Wellbeing Chapter

Introduction

Government policy, as outlined by Planning Practice Guidance, identifies Health and Wellbeing Strategies, informed by Joint Strategic Needs Assessments, as key strategies that local planning authorities should take into account to improve health and wellbeing; along with other strategies covering issues such as obesity and healthy eating, physical activity, dementia care and health inequalities. It advises that this should be done working alongside Directors of Public Health.¹

Planning Practice Guidance also identifies NHS England and Clinical Commissioning Groups as consultees for local plans and Sustainability and Transformation Partnerships as authors of both more coordinated plans to improve the health of local communities and of strategic estate plans.

The Black Country Councils' Public Health Departments, Clinical Commissioning Groups (CCGs) and Hospital Trusts have been partners with the Local Planning Authorities in developing the Black Country Plan's health and wellbeing policies. From 1 April 2021 the four CCGs covering the Black Country have merged to form one Black Country and West Birmingham CCG.

This partnership has ensured that the policies of the Black Country Plan align with estates strategies and wider plans of the Black Country and West Birmingham Sustainability and Transformation Partnership (STP), which is in the process of establishing itself as an Integrated Care System, in line with latest national NHS policy.

¹ <https://www.gov.uk/guidance/health-and-wellbeing> Paragraph: 002 Reference ID:53-002-20190722

In June 2019, the STP produced its STP Primary Care Strategy 2019-24, detailing the Clinical Commissioning Groups' approach to tackling the challenges which the STP faces.²

In its Executive Summary, the Primary Care Strategy states:

We have many deprived areas. We have some of the highest infant mortality rates in the country, poorest academic achievement of school leavers which in turn impacts upon economic prospects, growing prevalence of obesity accompanied by low physical activity and many households living in fuel poverty to name but a few.

Now more than ever, and with greater determination, we need to progress initiatives aimed at supporting healthier lifestyle choices, mental wellbeing and addressing socio-economic and environmental issues that contribute to poor health and inequalities.

In Section 5, 'The case for change', the Strategy states:

Across the STP we have identified a number of key drivers that play a significant role on the development of future illness which directly links to our primary care provision. These are: education, employment, wealth, housing, nutrition, family life, transport and social isolation.

The Primary Care Strategy also identifies the following challenges:

- Depression rates are higher across the STP compared to England average.
- Diabetes prevalence is much higher across the STP when compared to the England average.
- We have some of the highest infant mortality rates in the country, whilst smoking rates in pregnancy remain high, and breast-feeding rates are low.
- By the time a child starts school, they are much less likely to be ready for school than in other areas. Starting school ill-prepared makes it more difficult to catch up later, which is reflected in poorer GCSE results. In turn this leads to poorer employment opportunities, less earning potential, greater likelihood of teenage pregnancy, unemployment or providing unpaid care.

² STP Primary Care Strategy 2019/20 to 2023/24, Black Country and West Birmingham Sustainability and Transformation Partnership (STP), June 2019 (updated November 2019)

- Both child and adult obesity rates are high, whilst physical activity levels are relatively low. Poor air quality is harmful to health, and unhealthy fast food is easily available. In turn this increases the risk of diabetes and other weight-related conditions prematurely.
- Rates of admissions for alcohol and for violence are high, and many users of adult social care say they feel socially isolated and experience poor health related quality of life.
- Rates of falls and hip fractures in older people are high, as are households living in fuel poverty meaning people are exposed to the risk of cold housing in winter exacerbating long-term conditions.
- Mortality from conditions considered preventable is relatively high and we have a high prevalence of long-term conditions compared with England and West Midlands averages, especially in relation to hypertension, diabetes, chronic kidney disease, chronic heart disease, depression and dementia.

The strategy therefore recognises a need to progress initiatives aimed at supporting both healthier lifestyle choices and mental wellbeing, as well as addressing socio-economic and environmental issues that contribute to poor health and inequalities. Many of these challenges relate to lifestyle and the built and natural environment, all factors which can be influenced by planning policy and by development which is managed by the planning system. Supportive planning policy, successfully implemented, is therefore a key initiative which can address these needs.

Each of the four Black Country boroughs has a partnership which has produced a Health and Wellbeing Strategy for the area, drawing on each Joint Strategic Needs Assessment. The structure and nature of the partnerships vary but they typically include the local authority, Clinical Commissioning Group, Healthwatch, NHS trusts, West Midlands Police and West Midlands Fire Service as well as other partners such as educational and housing organisations.

The Black Country Plan provides a strategic plan up to 2039; in contrast Health and Wellbeing Strategies have a timescale of up to five years. Health and Wellbeing Strategies do, however, provide consistent themes, both across time and across the

Black Country, which have informed the strategy and policies of the Black Country Plan. In combination, these strategies inform and identify the key priorities for health and wellbeing to address the disparities within the Black Country and when compared to the England averages.

The Black Country's Health and Wellbeing Strategies identify the following key priorities for tackling health and wellbeing in planning-related areas:

- Healthy lifestyles including physical activity, healthy eating, tobacco and alcohol consumption and obesity
- Access to employment, education and training
- Quality, affordable homes which people can afford to heat
- Mental health and wellbeing, including having social connections and feeling lonely or isolated
- Air quality and the wider environment

These are consistent with the themes and challenges identified by the STP Primary Care Strategy.

Policy: HW1 - Health and Wellbeing

The Primary Care Strategy and Health and Wellbeing Strategies, as described above, present a number of challenges and priorities for the health sector which relate to the built and natural environment.

Paragraph 92 of the National Planning Policy Framework³ state that planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, are safe and accessible and enable and support healthy lifestyles, especially where this would address local health and wellbeing needs. It provides a range of examples of how the built environment can meet these aims through mixed use developments, strong neighbourhood centres, pedestrian and cycle-friendly streets and public spaces, safe and accessible green infrastructure, sports facilities and access to healthier food and allotments.

Paragraph 92 states that planning policies and decisions, to provide the social, recreational and cultural facilities the community needs, should plan positively for

³ National Planning Policy Framework, Ministry of Housing, Communities & Local Government, July 2021

shared spaces, community facilities and other local services and take into account and support the delivery of local strategies to improve health, social and cultural wellbeing for all sections of the community.

Planning Practice Guidance notes that a healthy place is one which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It will provide the community with opportunities to improve their physical and mental health and support community engagement and wellbeing.⁴

Planning Practice Guidance also states that planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies and supplementary planning documents can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate. In doing so, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards may be relevant. Planning policies may have regard to a range of factors including evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations.⁵

Some developments and uses can have a detrimental effect on the physical and mental health and wellbeing of residents, especially if located in certain areas or in high concentrations.

Evidence suggests that the Black Country has worse socio-economic and health problems than England as a whole. Many of these problems are related to the condition of the built and natural environment and to lifestyle, which itself can be influenced by the environment.

Policy HW1 therefore seeks to support the wide range of development and uses which can enable and support healthy lifestyles and environment. These developments and uses are largely supported by other policies and this policy seeks to emphasise their importance to health and wellbeing and to provide a comprehensive view of the role of the built and natural environment in promoting health and wellbeing. The justification

⁴ <https://www.gov.uk/guidance/health-and-wellbeing> Paragraph: 003 Reference ID:53-003-20191101

⁵ <https://www.gov.uk/guidance/health-and-wellbeing> Paragraph: 004 Reference ID:53-003-20190722

for many of these developments, including their recognised health and wellbeing benefits, is provided in the relevant policies.

Policy HW1 also seeks to allow individual Black Country Authorities, where national and local evidence exists, to manage the location, concentration of and operation of certain uses which are contrary to the aim of supporting vibrant centres and local facilities which offer services and retail facilities that promote choice, enable and encourage healthy choices and protect children, other young people and vulnerable adults. Such uses include (but are not restricted to): amusement arcades/adult gaming centres; casinos; betting offices/shops; pay day loan shops; public houses, wine bars or drinking establishments; hot food takeaways; and shisha bars.

These controls may include the location and concentration of uses to protect children, other young people and vulnerable adults who may live in or visit a specific area, such as by preventing hot food takeaways locating close to schools. They may also include controls over the operation of facilities, such as over the opening hours of hot food takeaways which are permitted near schools, to prevent them being open around school lunchtimes or after school when they are more likely to attract custom from schoolchildren. The introduction of such controls is increasingly recognised as relevant in land use planning as evidence emerges on the critical physical and mental health issues that the nation faces and relationship of these issues to certain activities.

The evidence below, therefore, seeks to demonstrate the poor conditions of health and lifestyle in the Black Country which justify such controls, where individual Black Country Authorities chose to implement them.

As seen in Table 1 below, residents of the Black Country suffer both from lower life expectancy and lower healthy life expectancy than people in the rest of England. This means that Black Country residents live shorter lives with more of their life in poor health. This has implications for both the economy, as it affects people's ability to be in productive work, and demand for health and other services. It also affects how accessible people find the built and natural environment and their ability to live active lives. Local planning policies which seek to address these inequalities, by supporting and promoting healthier behaviours and environments, are consistent with the National Planning Policy Framework and Planning Practice Guidance.

Table 1: Life Expectancy in the Black Country

	Life Expectancy at Birth (Male) - Years	Healthy Life Expectancy at Birth (Male) - Years	Life Expectancy at Birth (Female) - Years	Healthy Life Expectancy at Birth (Female) - Years
England	79.8	63.4	83.4	63.9
Dudley	79.4	59.4	82.7	60.3
Sandwell	77.0	57.1	81.3	57.9
Walsall	77.8	56.4	82.0	55.7
Wolverhampton	77.3	58.7	81.9	58.0

Source: PHE Fingertips, April 2021⁶

As seen in Table 2 below, the Black Country has higher rates than the rest of England of multiple deprivation, of children living in poverty, of unemployment and of households living in fuel poverty. These all contribute to poorer health outcomes. Again, local planning controls which seek to address these inequalities, by supporting and promoting healthier behaviours and environments, are consistent with the National Planning Policy Framework and Planning Practice Guidance.

⁶ [Public Health Outcomes Framework - PHE](#), accessed April 2021

Table 2: Indicators of Deprivation in the Black Country

	Index of Multiple Deprivation	% of children living in poverty	% unemployed	% of households living in fuel poverty
England	21.7	19.9	1.9	10.3
Dudley	24.1	22.0	3.2	10.6
Sandwell	34.9	29.9	3.5	12.0
Walsall	31.6	28.4	2.9	11.8
Wolverhampton	32.1	31.3	4.2	12.7

Source: PHE Fingertips, October 2020⁷

Additionally, as illustrated in Table 3 below, the evidence suggests that the Black Country also underperforms nationally with regards to risk factors for poor health outcomes that are linked to the built environment. Obesity is considered a risk factor for cancer and diabetes and maternal obesity is a risk factor for infant mortality. The Black Country has lower rates of physically active adults and children and higher rates of obesity than those for England. Planning policies which seek to encourage more physical activity and address the causes of obesity, where supported by local evidence, are consistent with the National Planning Policy Framework and Planning Practice Guidance.

⁷ [Public Health Outcomes Framework - PHE](#) & [Local Health - PHE](#), accessed October 2020

Table 3: Physical Activity in the Black Country

	% of Adults who are Physically Active	% of Children & Young People who are Physically Active	% of Adults Classified as Overweight or Obese	% of Children who are Overweight or Obese in Reception Year	% of Children who are Overweight or Obese in Year 6
England	62.8	46.8	62.3	22.6	34.3
Dudley	51.1	41.6	71.5	25.5	39.4
Sandwell	51.9	43.4	70.9	24.6	43.2
Walsall	50.6	38.8	73.2	25.9	40.4
Wolverhampton	51.9	46.5	67.3	27.3	44.1

Source: Sport England Active Lives, March 2021 & PHE Fingertips, October 2020⁸

Table 4 demonstrates that the Black Country also has lower rates of the population eating ‘five a day’⁹ and higher numbers of fast food outlets than England as a whole. There is a growing body of evidence of the association between exposure to fast food outlets and obesity and also strong evidence linking the availability of fast food outlets and increasing level of area deprivation. Guidance produced by Public Health England outlines the role that controlling hot food takeaways can play in in tackling obesity as part of a wider plan involving other partners¹⁰. Therefore, planning controls which seek to limit the proliferation of unhealthy food environments such as hot food takeaways,

⁸ [Active Lives data tables | Sport England](#), accessed March 2021 & [Public Health Outcomes Framework - PHE](#), accessed October 2020

⁹ Five portions of fruit and vegetables per day

¹⁰ Obesity and the environment, density of fast food outlets, 31 December 2017, Public Health England, 2018 <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england> and Health matters: obesity and the food environment, 31 March 2017, Public Health England [Health matters: obesity and the food environment - GOV.UK \(www.gov.uk\)](#)

supported by local evidence, are consistent with the National Planning Policy Framework and Planning Practice Guidance.

Table 4: Diet in the Black Country

	% of Population Eating 'five a day'	No. of fast food outlets per 100,000 population
England	54.6	96.1
Dudley	49.4	97.3
Sandwell	35.7	118.4
Walsall	42.4	107.9
Wolverhampton	51.0	116.3

Source: PHE Fingertips, October 2020 & Fast food outlets: density by local authority in England, 2018¹¹

Table 5 demonstrates that adult and child smoking rates are variable across the Black Country; those for Dudley and Sandwell are lower than the rate for England while those for Walsall and Wolverhampton are higher. All boroughs except Dudley, however, have higher rates of smoking attributable mortality than for England as a whole. All four boroughs have higher rates of alcohol-related mortality than for England as a whole.

While planning measures to address harmful behaviours such as alcohol consumption and smoking need to be part of a broad approach, they are consistent with National Planning Policy Framework and Planning Practice Guidance by seeking to achieve healthy, inclusive and safe places, including enabling and supporting healthy lifestyles and to improve both physical and mental health. Shisha bars are not currently numerous in the Black Country but are a growing cause of health concern in many urban areas. They tend to appeal to people who are not usual smokers and so risk

¹¹ [Public Health Outcomes Framework - PHE](https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england), accessed October 2020 & <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>

increasing smoking levels above current levels. The Black Country Authorities would therefore like to be able to introduce controls on shisha bars where local evidence demonstrates that their proliferation presents a risk to public health. Similarly, they would like to be able to introduce local controls on public houses, wine bars and other drinking establishments where local evidence presents a concern about their potentially negative effect on public health.

Table 5: Harmful Behaviour in the Black Country

	% of Adults who Smoke	% of Children at Age 15 who Smoke	Smoking Attributable Mortality (per 100,000)	Alcohol-related Mortality (per 100,000)
England	13.9	5.4	250.2	46.5
Dudley	13.5	4.9	248.5	53.2
Sandwell	13.7	3.7	313.9	60.2
Walsall	15.0	5.9	289.4	58.4
Wolverhampton	15.1	5.9	277.6	60.5

Source: PHE Fingertips, October 2020¹²

People with gambling addictions often experience debt and health problems, including mental health challenges, that can lead to relationship breakdown, crime and suicide. Because of this, there are increasing calls for gambling to be recognised as a public health issue.

¹² [Public Health Outcomes Framework - PHE](#), [Local Health - PHE](#) & [Mental Health, Dementia and Neurology - PHE](#), accessed October 2020

In 2015, 0.8% of adults in Great Britain were identified as problem gamblers, with the highest incidence among those who engaged in multiple activities, including playing poker in pubs/ clubs and using machines in a bookmaker¹³.

Research commissioned by the London Borough of Southwark¹⁴ and jointly by the Local Government Association and Public Health England¹⁵ showed that prevalence of venues increases gambling activity and problem gambling and that problem gambling is linked to poor health, mental ill health and a co-dependence on alcohol. It also showed that gambling premises and machines and their customers are typically located in areas which have higher rates of crime, deprivation, unemployment and ethnic diversity. This research suggests that any actions to control the density of facilities should be part of a whole council approach, including planning controls. Similar conclusions were reached in research by Geofutures¹⁶.

Financial problems can be a significant source of distress, putting pressure on people's mental health¹⁷. The 2014 Adult Psychiatric Morbidity Survey, a nationally representative survey of mental health among English adults carried out by the NHS, showed that 18% of people with mental health problems are in problem debt, compared to 5% of people without a mental health problem¹⁸.

The research commissioned by the London Borough of Southwark, referenced above, showed that unmanageable payday lending is also linked to poor mental health and can trap users in a spiral of debt. There was not sufficient evidence, however, to show that areas with high levels of payday lenders have greater levels of unmanageable debt.

There is currently no evidence to show that problem gambling is worse in the Black Country or wider West Midlands than for England as a whole. Nor is there evidence

¹³ Gambling behaviour in Great Britain 2015 Evidence from England, Scotland and Wales, NatCen Social Research, August 2017

¹⁴ Betting, Borrowing and Health, Ben Cave Associates, March 2014

¹⁵ Tackling gambling related harm: A whole council approach, LGA/ PHE, November 2018

¹⁶ Exploring area-based vulnerability to gambling-related harm: Who is vulnerable?, Heather Wardle, Geofutures, July 2015

¹⁷ Debt and mental health: a statistical update, Policy Note Number 15, Money and Mental Health Policy Institute, March 2019

¹⁸ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, NHS, 2014

that debt problems arising from payday loan companies are worse than for England. Given the danger which is posed to health and wellbeing by gambling and uncontrolled debt, however, individual Black Country Authorities may wish to introduce planning restrictions on amusement arcades, adult gaming centres, betting shops and payday loan shops should local evidence support this, during the lifetime of the Plan. Such measures would be as part of a wider strategy to address these issues and are consistent with National Planning Policy Framework and Planning Practice Guidance by seeking to achieve healthy, inclusive and safe places, including enabling and supporting healthy lifestyles and to improve both physical and mental health.

Policy HW2 - Healthcare Infrastructure

In addition to the need for more physical and operational capacity to manage population growth in the Black Country, there are several wider challenges specific to this area, as outlined in the sections above.

The combination of population growth and our wider challenges make it essential that the health sector provides the physical estates infrastructure to support the growth and redesign of services.

Paragraph 96 of the National Planning Policy Framework states that local planning authorities should work proactively with statutory bodies to plan for required facilities and resolve key planning issues before applications are submitted.¹⁹

The STP, in its STP Primary Care Strategy 2019-2024, sets out its key commitments according to specific clinical, operational and strategic portfolios and programmes for the next five years and how they will be delivered. It represents the collaborative approach of all health and care organisations and services in the Black Country and West Birmingham. Whilst the plan specifically addresses the five-year period 2019-2024, in line with NHS

¹⁹ National Planning Policy Framework, Ministry of Housing, Communities & Local Government, July 2021

planning timescales, it also provides a foundation for the health service blueprint well beyond 2024.

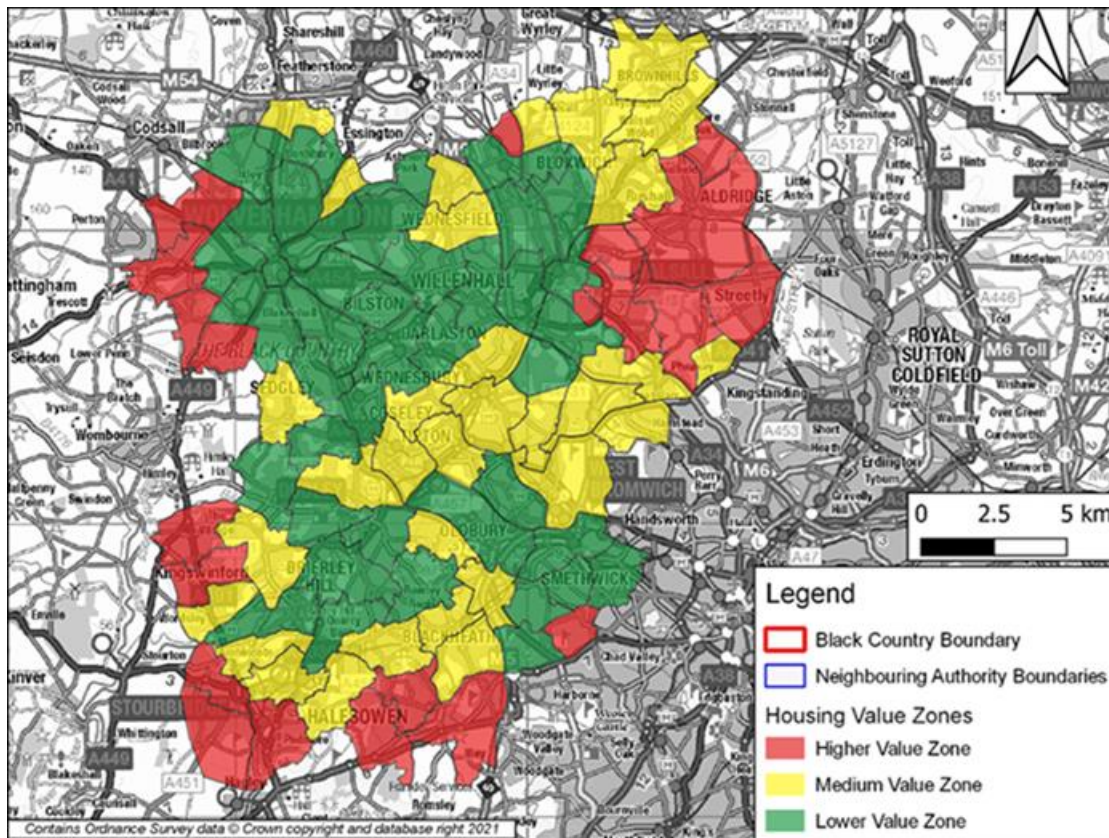
This plan provides the basis for the engagement by the NHS bodies with the Black Country Local Planning Authorities, Public Health Departments and the Black Country Plan on the need for the provision of new health infrastructure and services to meet population changes and growth.

In establishing the need for and level of any developer contribution, residential developments will be assessed against the ability of nearby primary, secondary and community healthcare provision to be delivered without being compromised by demand from additional residents. Assessment of the capacity of existing healthcare facilities to meet the demand generated by residents of new development uses an established method adopted by the Clinical Commissioning Group. Applicants should consult the CCG in advance of submission of a planning application where a significant amount of housing is proposed. It is proposed to produce separate guidance on the methodology used for calculating the appropriate level of developer contribution.

The requirement for contributions will be subject to consideration of the viability of the development. The Viability and Delivery Study produced for the Black Country Plan indicates that, depending on the extent of other planning obligations required, such contributions may not be viable on some sites, particularly those located in lower value zones as shown on Figure 1²⁰. Where it can be proved that it is not viable for a housing developer to fund all its own healthcare needs, alternative funding sources will be sought.

²⁰ Black Country Viability and Delivery Study, 2021

Figure 1 Housing Value Zones



Black Country Plan - Planning & Health Group, July 2021