

# Black Country Core Strategy

## Joint Local Plan Issues and Options Consultation

### Health and Wellbeing Technical Paper



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# 1. What we are required to do

## National Planning Policy Framework

- The National Planning Policy Framework (NPPF, Para. 69) states that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and well-being (para. 171).
- Planning policies and decisions should consider the effect (including cumulative effects) of pollution on health (para. 120), avoid noise from giving rise to adverse impacts on health and quality of life (para. 129a) and mitigate and reduce adverse impacts on health and quality of life arising from new development (para. 129a).
- Local planning authorities should set out the strategic priorities to deliver the provision of health, security, community and cultural infrastructure and other local facilities for the area in the Local Plan (para. 156d). The NPPF also states that policies have an important role to play in contributing to wider sustainability and health objectives such as transport (para. 29). Local authorities should seek opportunities to provide better facilities for users, for example by adding links to existing rights of way networks including National Trails (para. 75). National trails are defined by the NPPF as long distance routes for walking, cycling and horse riding. Planning policies should also protect and enhance public rights of way and access.
- The NPPF states that planning can make an important contribution to the health and well-being of communities by ensuring access to high quality open space (para. 73.) and opportunities for sport and recreation (para. 73). Open space is considered of public value, and defined as including not just land, but also areas of water (such as rivers, canals, lakes and reservoirs) which offer important opportunities for sport and recreation and can act as a visual amenity. Existing open space, sports and recreational buildings and land, including playing fields, should not be built on unless assessments are undertaken (para. 74).
- Local communities through local and neighbourhood plans should be able to identify special protection for green areas of particular importance to them. By designating land as Local Green Space, local communities will be able to rule out new development other than in very special circumstances. Identifying land as Local Green Space should therefore be consistent with the local planning of sustainable development and complement investment in sufficient homes, jobs and other essential services. Local Green Spaces should only be designated when a plan is prepared or reviewed, and be capable of enduring beyond the end of the plan period (para. 76.)

## Inclusive design and the wider determinants of health

- The NPPF states that it is important to plan positively for the achievement of high quality and inclusive design for all development, including individual buildings, public and private spaces and wider area development schemes (para. 57). Inclusive design is defined as designing the built environment, including buildings and their surrounding spaces, to ensure that they can be accessed and used by everyone.
- Planning policies and decisions should aim to ensure that developments will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development; establish a strong sense of place, using streetscapes and buildings to create attractive and comfortable places to live, work and visit; create safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion; and are visually attractive as a result of good architecture and appropriate landscaping (para. 58). Development schemes should optimise the potential of the site to accommodate development, create and sustain an appropriate mix of uses (including incorporation of green and other public space as part of developments) and support local facilities and transport networks.
- A healthy population can have a wider impact on the economy by reducing the need for health and social care and other public sector services. Good health can increase productivity by getting people work ready, reducing sickness absence, and keeping people in the labour market for longer and these themes are currently missing in this section of the technical paper.
- Although visual appearance and the architecture of individual buildings are very important factors, securing high quality and inclusive design goes beyond aesthetic considerations. Therefore, planning policies and decisions should address the connections between people and places and the integration of new development into the natural, built and historic environment (para. 61).
- A representation of this relationship is provided in Figure 1 overleaf, “*The Health Map*” (2006) by Hugh Barton and Marcus Grant. The urban development process, and more particularly the design and planning of settlements, reside in one sphere – the built environment. Thus planners can see their place in determining health. In direct terms, they can affect the quality of that environment, for example, housing. But the importance of the model is that it can be used to analyse the knock-on effects which are often much more significant in terms of health. Take a new road, for example; the pattern of human activity – travel behaviour and destinations – is changed. Activity in turn impacts on the local natural environment (e.g. air pollution) and the global ecosystem (greenhouse emissions). It also affects local economic efficiency and people’s lifestyle choices (the likelihood of walking or driving). Lifestyle changes may well impact on the pattern of social networks. It is apparent that every sphere representing health determinants – except the inherited characteristics - is impacted to a certain extent. The model can help

distinguish these processes and contribute to sustainability and health impact assessment.

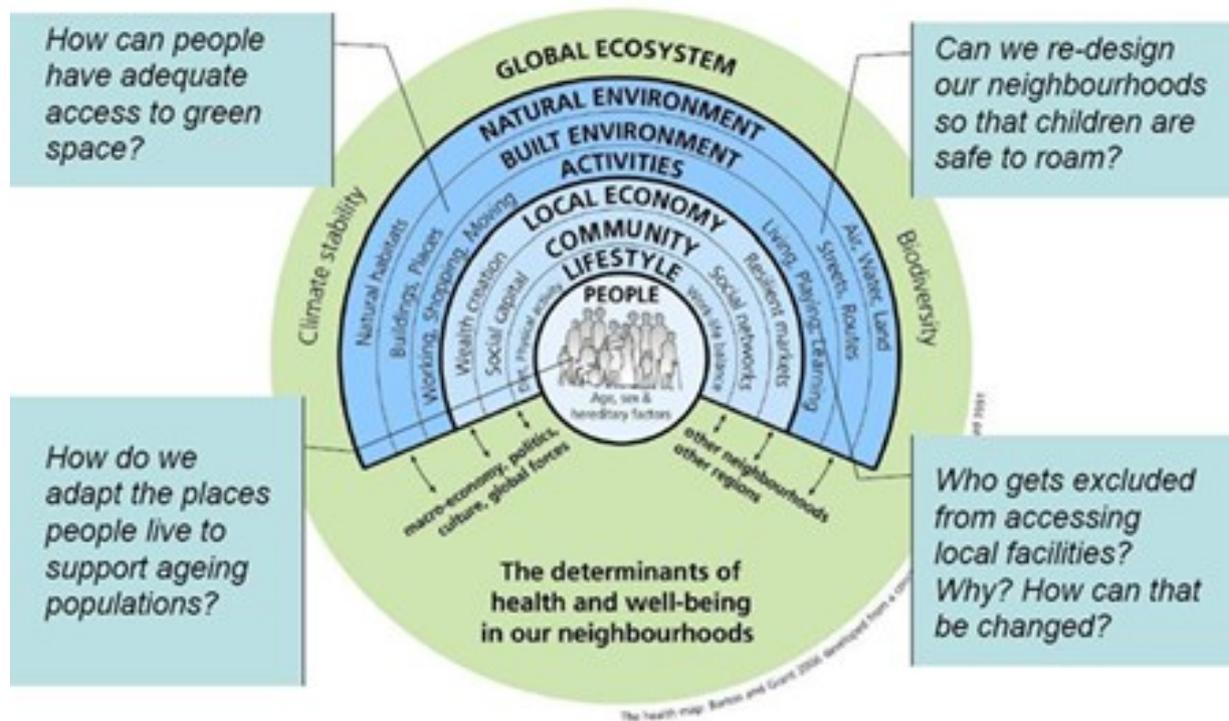


Figure 1: Hugh Barton and Marcus Grant (2006) “The health map”. Adapted version by Carl Petrokofsky, Public Health England (2014).

## 2. Our approach in the past

### Local Planning Policy

#### Black Country Core Strategy 2011 - 2026

- In the existing adopted Black Country Core Strategy (BCCS) (2011), the link between planning and health is not made explicit; for example the need to build developments and communities that promote and encourage healthy lifestyles is not stated in any policies but implied in other policies linked to transport (TRAN2), housing (HOU2, HOU5, ENV3) and environment (ENV3, ENV7, ENV8). For example, it encourages sites to be developed where there is adequate accessibility to community facilities including health care, education and food shops.
- The BCCS (2012) states that quality and quantity of the Black Country’s natural assets will be protected, maintained and enhanced (ENV1) with no net reduction in the area of designated nature conservation sites through development. The plan area’s open space, sports and leisure assets will be enhanced, maintained and protected (ENV6). All development planned and delivered through the BCCS should avoid and mitigate adverse impacts, and

wherever possible enhances, the plan area's distinctive natural assets, landscape character, waterways, network of urban green corridors and priority species and habitats.

## **Local and sub-regional planning policies related to health**

- **Black Country Air Quality Supplementary Planning Document (2016)**  
The Air Quality Supplementary Planning Document (SPD) was recently developed across the sub-region and allows the 4 Black Country local authorities to give weight to mitigation measures to reduce the effects of harmful emissions on development proposals. Measures could include increasing the distance between the development facade and the pollution source, implementing Low Emission Strategies in areas of high pollutant concentrations, the design of schemes to place residential units at the rear of the development or on higher floors, design of schemes to avoid the creation of street canyons, allowing a greater degree of pollutant dispersal, or additional measures that may be required by either planning condition or planning obligation to make the development acceptable.
- **Playing Pitch Strategies (*various*)**  
All four Black Country boroughs have developed their own Playing Pitch Strategies, which audit the current provision of playing pitches and courts, analyse the current level of pitch and court provision, and interpret the demand for pitches and courts in all 4 boroughs, both now and in the future. Local standards have been developed reflecting both qualitative and quantitative issues. Information and evidence have been provided to inform the decision making process and determine future development proposals.

### **Dudley**

- **Dudley Healthy Urban Planning Supplementary Planning Document (2013)**  
The Healthy Urban Planning SPD ensures that health and wellbeing are key considerations in the planning process and that health and wellbeing issues are given weight in creating planning policies and in making planning decisions. This document provides the policy context and background to health issues within Dudley. The document also provides guidance on the use of Health Impact Assessments (HIA) as a systematic approach to identifying the health and wellbeing impact of policies, plans and projects.
- **Dudley Planning Obligations Supplementary Planning Document (2016)**  
Planning obligations, commonly known as Section 106 agreements, can be used to make a development proposal acceptable in planning terms, which would not otherwise be acceptable. They are focused on site specific mitigation of the impact of development. S106 agreements are also referred to as 'developer contributions'. The SPD sets out detailed guidance on the Council's planning obligation requirements, assisting all those involved in the submission and determination of those planning applications, where planning obligations will be required in Dudley. Planning Obligations are important to

deliver affordable housing. The SPD therefore provides detail in relation to the provision of affordable housing through new development.

- **Dudley New Housing Development Supplementary Planning Document (2013)**

The aim of the SPD is to provide guidance in relation to design and density, ensuring that local context and distinctiveness help define successful housing development. The SPD incorporates technical detail relating to minimum standards relating to the design and layout of new housing development.

- **Dudley Open Space, Sport and Recreation Supplementary Planning Document (2007)**

The SPD contains guidance on Dudley's open space, sport and recreation provision requirements. It provides further detail on the delivery of the provisions of the adopted Black Country Core Strategy Policy ENV6 (Open Space, Sport and Recreation). It is used to provide evidence and guidance to assist applicants when submitting residential and larger scale commercial planning applications.

- **Dudley Parking Standards Supplementary Planning Document (2012)**

The SPD aims to ensure that parking provision in new development is designed to meet expected demand whilst making the most efficient use of land and maintaining the principles of sustainable development. A partial review has been undertaken on the SPD with a revised document to be adopted by the Council during 2017.

### **Sandwell**

- **Sandwell Hot Food Takeaway Supplementary Planning Document (2012, revised 2016)**

The Hot Food Takeaway SPD sets out the Council's guidance for new planning applications relating to Hot Food Takeaways (A5 use) in the borough. The policies in the SPD focus on new applications for takeaways near to secondary schools and new applications for takeaways in major, district and local centres. It sets a 400 metre exclusion zone for new takeaways that want to open near to a secondary school, and sets ratios for takeaways in major, district and local centres in the borough on the basis of existing concentrations of takeaway premises. It was revised in 2016 to take account of childhood obesity levels. The document has been successful in outlining planning principles, guiding applicants through the planning process, and providing clarity on planning appeals.

- **Sandwell Planning Obligations Supplementary Planning Document (2015)**

The Planning Obligations SPD sets out the Council's approach to assessing viability where a developer considers that the proposed development is not sufficiently viable to be able to meet some or all planning obligations. It details that the developer must share information substantiating their case on an open book basis.

- **Sandwell Residential Design Guide Supplementary Planning Document (2004, revised 2014)**

The comprehensive policy document sets out detailed design policies on a wide range of subject matter including highway design. It aims to raise residential quality consistently across the borough as well as ensuring that housing environments are attractive, integrated, accessible, flexible, comfortable, safe and identifiable for those people who live in the borough, as well as improve the perception of housing in Sandwell. The guide is designed as a working document that enables developers, officers and other interested parties to reference detailed design policies linked to Building for Life 12 (BfL12). The council's approach to link locally adopted residential design policy to BfL12 will ensure consistency in applying policy to the national framework and provide a basis for negotiation with developers to improve schemes where necessary. This will also influence the structure of supporting design and access statements so that the commitment to residential quality is clear. The application of BfL12 will be particularly relevant to major schemes of 10 units or more, where the council will also use the framework to evaluate that schemes achieve high scoring before being recommended for approval.

- **Sandwell Cycling Supplementary Planning Document (2004)**

This document indicates some basic considerations when designing for cyclists, the hierarchy of measures available, how to find an appropriate approach, and the use of planning agreements. There are also checklists designed to aid the proper consideration of cycling by all participants. It provides a 'tool box' of detailed measures which are considered to be successful responses to particular circumstances, and it gives standards for the number, specification, design and location of cycle parking/storage.

- **Sandwell Preparation of Transport Assessments and Travel Plans Supplementary Planning Document (2006)**

This document provides additional, more detailed advice on planning policy to anyone intending to make a planning application or develop a proposal. As most new developments and changes of use will have some form of transport implication, the document ensures that transport aspects of development proposals are identified and dealt with as early as possible in the planning process.

## **Walsall**

- **Walsall Affordable Housing Supplementary Planning Document (2008, revised 2013)**

This document notes that housing need to be provided for all communities and ensure that the plan is sustainable in relation to a whole range of social inclusion issues that arise from affordable housing. This document provides guidance on the delivery of affordable housing in Walsall. The SPD sets out a range of approaches, standards and mechanisms to secure affordable housing. This will ensure local needs are met, and sustainable communities and a balanced housing market are created. Affordable Housing is required on all new developments of 15 homes or over, which has been revised to provide more larger affordable social rented properties.

- **Walsall Urban Open Space Supplementary Planning Document (2006)**  
The purpose of this SPD is to explain the requisite local standards and the contributions that developers will be required to make towards the provision and improvement of open spaces. The SPD is chiefly a guide to the scale and kind of contribution that developers will be required to make towards the provision of new, and the improvement of existing, open spaces. The local standards will also be used as a guide to how much on-site provision will be required for larger developments.

### **Wolverhampton**

- **City of Wolverhampton Open Space, Sport and Recreation Supplementary Planning Document (2014)**  
The objectives of this SPD are to set out local open space standards and explain the status of these standards for planning purposes, to explain how local plan policies for the protection of open space and provision of open space to serve new developments will be applied in the context of the new open space standards and to set out current costs for open space and play provision and maintenance in order to inform negotiations on developer contributions.
- **City of Wolverhampton Planning for Sustainable Communities Supplementary Planning Document (2008)**  
This document encourages developments to use a checklist to address sustainability issues set out in national and regional policy. The Checklist has been tailored to reflect issues of importance to the West Midlands by the Building Research Establishment (BRE). Completion of the Checklist will be required for all applications falling within the following categories;
  - (a) the provision of dwelling houses where –
    - (i) the number of dwellings to be provided is 10 or more or;
    - (ii) the development is to be carried out on a site having an area of 0.5 hectares or more and the number of dwellings is not known
  - (b) all other development where the proposed gross external floorspace is 1000sq metres or more.
- **City of Wolverhampton Renewable and Low Carbon Energy Supplementary Planning Document (2012)**  
The SPD contains guidance on Wolverhampton's renewable energy requirements. It provides further detail on the delivery of the provisions of the adopted Black Country Core Strategy Policy ENV7 (Renewable Energy). It is used to provide evidence and guidance to assist applicants when submitting residential and larger scale commercial planning applications.
- **City of Wolverhampton Affordable Housing Supplementary Planning Document (2006)**  
The aim of this SPD is to help meet housing needs and create mixed, balanced and sustainable communities in the City by maximising opportunities to provide affordable housing. The SPD provides a mechanism for securing and delivering affordable housing in accordance with Government guidance and aims to reduce uncertainty, ensure a consistent approach and provide

clear guidance for developers regarding the Council's approach towards affordable housing provision.

### 3. Other national documents

- **Department of Health. White Paper: Healthy Lives, Healthy People: Our Strategy for Public Health in England (2010)**

This White Paper responds to Professor Sir Michael Marmot's Fair Society, Healthy Lives report and adopts its life course framework for tackling the wider social determinants of health. The White Paper seeks to address the root causes of poor health and wellbeing, reaching out to the individuals and families who need the most support. Now local government control public health resources, local communities have the power and accountability to create healthy places to grow up and grow older in, with new partnerships in important areas, such as housing, planning, schools and transport. The White Paper sets out how communities can help address long-term challenges like climate change while having a positive impact on health in the short-term, through:

- Active travel – delivering low-cost health improvements and reducing emissions;
- Green spaces – improving mental health and the quality of community life, offering some protection from the expected increase in heatwaves and flooding;
- Spatial planning – promoting local ownership and occupation of public spaces;
- Behaviour change – embedding new ways of sustainable living and working; and
- Community projects to harness renewable energy – mitigating the effects of climate change.

- **Local Government Association and Public Health England. Healthy people, healthy places briefing: Obesity and the environment: regulating the growth of fast food outlets (2014).**

This report addresses the opportunities to limit the number of fast food takeaways (primarily hot food takeaways, especially near schools) and ways in which fast food offers can be made healthier. It summarises the importance of action on obesity and a specific focus on fast food takeaways, and outlines the regulatory and other approaches that can be taken at local level with implications for planners.

- **Department for Communities and Local Government; Department of Health; Department for Work and Pensions. Lifetime Homes, Lifetime Neighbourhoods (2008).**

This strategy paper sets out how developing housing and planning communities for an ageing population will become a national priority linked to well-being in all its forms. The documents sets out aims to plan at all levels – local, regional and national – for homes and communities so that people can live out their lives, as long as possible, independently, safely and happily with

their families and friends around them. To ensure that there is the right range of choices of 'specialist' housing available for those who need more support, homes at the heart of the community that look and feel like home. The document states that Housing should be well designed with growing older in mind; it should meet the needs of all age groups and should build adaptable 'homes for life'.

- **Royal Society of Public Health: Health on the High Street (2015)**

In 2015, the Royal Society of Public Health (RSPH) carried out research exploring how businesses on the high street can impact the health of the public and includes league tables ranking the 'unhealthiest' high streets across London and the UK. The report also includes a range of measures to make high streets more health promoting, including:

- local authorities to use planning powers to prevent the proliferation of betting shops, payday lenders and fast food outlets
- public health criteria to be a condition of licensing for all types of business
- a limit of 5% of each type of business on a high street in order to avoid oversaturation and provide affordable choice
- legislation to enable local councils to set their own differential business rates to encourage healthier outlets and discourage those that are detrimental to health

- **Town and Country Planning Association (TCPA): Planning Healthy-Weight Environments (2014)**

This document is a practical resource for planning and public health practitioners to use when working together to enable the creation of healthy-weight environments by setting out a framework of 6 Planning healthy weight environment elements.

- **Local Government Association: Building the Foundations – Tackling Obesity through Planning and Development (2015)**  
**Local Government Association: Tipping the Scales – Case Studies on Using Planning Powers to Restrict the Growth of Hot Food Takeaways (2015)**

These reports build on the learning and knowledge included in the TCPA's 2014 document 'Planning healthy-weight environments'. Produced in partnership with PHE, the report identified a series of themes and more specific elements that help to create healthy-weight environments and policies to stop the proliferation of hot food takeaways.

#### 4. Other West Midlands-wide documents

- **Movement for Growth (2016)**  
The West Midlands Combined Authority's (WMCA) approved Strategic Transport Plan "Movement for Growth" sets out a vision to improve the transport system, which in turn will support economic growth and regeneration, underpin new development and housing, and improve the health of the region.
- **Strategic Economic Plan (2016)**  
The Strategic Economic Plan (SEP) sets out the objectives and actions to improve the quality of life for everyone who lives and works in the West Midlands.
- **West Midlands Cycle Charter (2016)**  
The West Midlands Cycling Charter sets out design standards for cycling facilities and provides key principles to delivering a step change in cycling.

## 5. Past trends

### Life Expectancy and Healthy Life Expectancy

- Table 1 and Table 2 compares current life expectancy<sup>1</sup> and current healthy life expectancy<sup>2</sup> at birth (ONS, 2015) for the four Black Country boroughs with the regional and England average. Although Life Expectancy in the Black Country has been increasing over the past few years, it still remains lower than the national average. Healthy Life Expectancy on the other hand continues to fall. Both life expectancy at birth for females (82.7) and males (78.6) and healthy life expectancy at birth for females (63.2) and males (62.2) is currently lower than the national average for both life expectancy (83.2 for females, 79.5 for males) and healthy life expectancy (64.8 for females, 63.5 for males)

Table 1: Life Expectancy at birth (years)

Year	Dudley		Sandwell		Walsall		Wolverhampton		Black Country		England	
	M	F	M	F	M	F	M	F	M	F	M	F
2009-13	79.0	83.0	76.5	81.3	77.8	82.7	77.3	81.6	78.6	82.7	79.1	83.0

Source: ONS, 2015, Public Health England, 2015 and Health Profiles, 2015

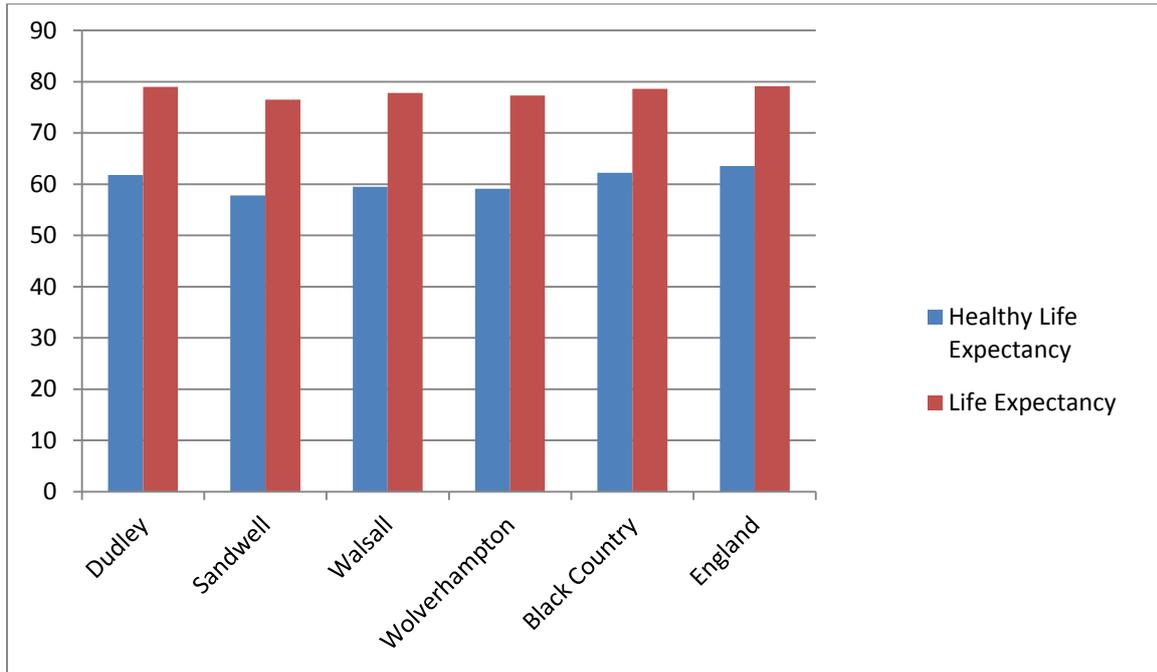
Table 2: Healthy Life Expectancy at birth (years)

Year	Dudley		Sandwell		Walsall		Wolverhampton		Black Country		England	
	M	F	M	F	M	F	M	F	M	F	M	F
2009-13	61.8	62.7	57.8	58.2	59.5	60.7	59.1	59.6	62.2	63.2	63.5	64.8

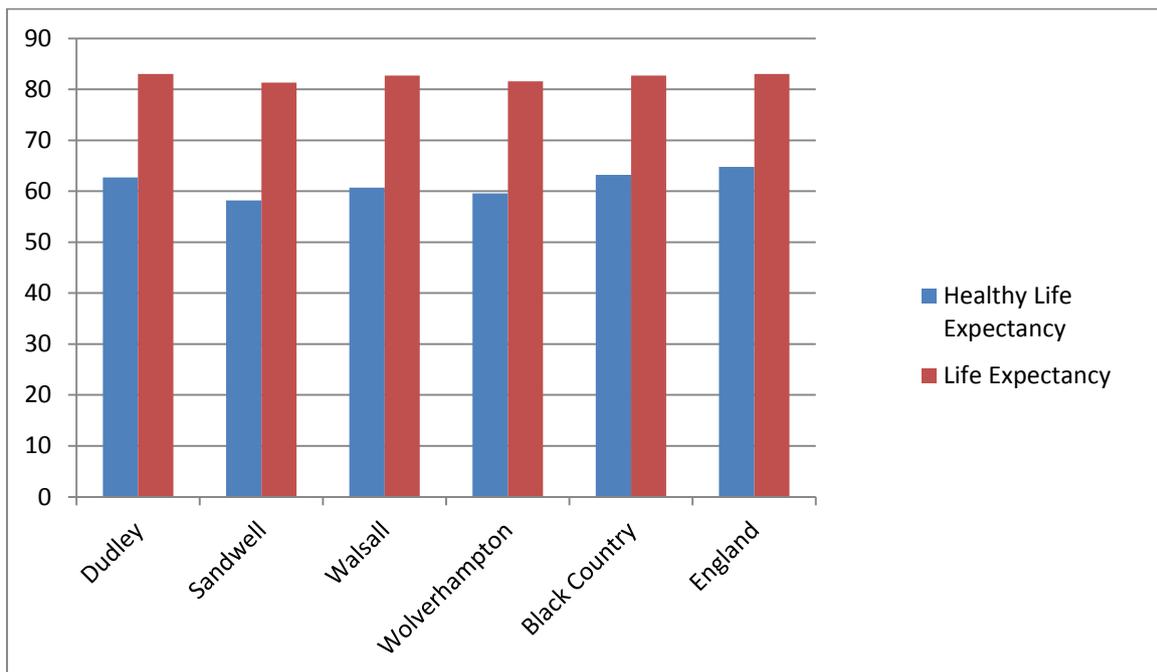
Source: ONS, 2015, IHE, 2015, Public Health England, 2015 and Health Profiles, 2015

<sup>1</sup> The average number of years a male or female would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. For a particular area and time period, it is an estimate of the average number of years a newborn would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period through their life.

<sup>2</sup> The average number of years a male or female would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn would survive if he or she experienced the age-specific mortality rates for that area and time period through their life.



**Figure 2: The gap between Life Expectancy and Healthy Life Expectancy in Males across the Black Country boroughs, 2009-13**



**Figure 3: The gap between Life Expectancy and Healthy Life Expectancy in Females across the Black Country boroughs, 2009-13**

## Deprivation and the social determinants of health

- The Index of Multiple Deprivation score (IMD, 2015) varies across the Black Country however all boroughs are higher or significantly higher than the national average. Table 3 also shows that for each borough, at least one indicator of unemployment, child poverty or fuel poverty is significantly higher than the England average, and in Sandwell and Wolverhampton, all three indicators are significantly higher.

Table 3: Deprivation and the social determinants of health

Indicator	Year	Dudley	Sandwell	Walsall	Wolverhampton	Black Country	England
IMD Score	2015	23.0	34.6	30.4	33.2	30.3	21.8
Unemployment	2015	10.8	12.6	8.8	14.9	11.8	4.6
Children in Poverty (under 16)	2013	21.3	27.6	27.2	29.7	26.5	18.6
Fuel Poverty	2012 2013 2014	14.3 12.8 10.4	18.0 16.4 12.8	16.2 14.3 11.7	18.3 16.3 13.1	16.7 14.9 12.0	12.2 11.7 11.5
Social Isolation: % of adult social care users who have as much social contact as they would like	2015-16	44.8	51.4	43.1	50.8	47.5	45.4
Social Isolation: % of adult carers who have as much social contact as they would like	2015-16	40.5	43.7	33.7	32.1	37.5	38.5

Source: ONS, 2015, Public Health England, 2016

## Active Lifestyles

- Diabetes is a consequence of obesity and sedentary behaviour and it can be largely prevented or delayed through lifestyle changes such as exercise, weight loss, and healthy eating. The number of people diagnosed with diabetes is increasing in the Black Country. Compared with the national average (6.2%), the number of adults (aged 17 and over) diagnosed with diabetes in 2011-14 was significantly higher in all Black Country boroughs (8.1%), especially Walsall (8.7%).
- Table 4 presents health indicators related to physical activity, obesity and diabetes. In 2015, the number of physically active adults, aged 16 and over in the Black Country (49.2%) is significantly lower than the National average (57%). The percentage of the population who reported to walk or cycle to

work (5.9%) in the latest Census (2011) is significantly below the national average (14.1%).

- The percentage of adults, aged 16 and over with excess weight (2012-14) is significantly higher in the Black Country (68.6%) than the national average (64.6%). The percentage of children aged 10-11 years (year 6) who are classified as obese (24.6%) remains significantly higher than the national average (19.1%).
- In 2017, the number of hot food takeaways per 100,000 population in the Black Country (96.4) was far higher than the national average (78.3).

Table 4: Active Lifestyle Indicators (%)

Indicator	Year	Dudley	Sandwell	Walsall	Wolverhampton	Black Country	England
Active adults	2015	46.5	50.8	49.5	49.9	49.2	57.0
Hot Food Takeaways (per 100,000)	2017	81.7	114.3	93.7	95.7	96.4	78.3
Excess weight (adults)	2012-14	69.3	68.6	68.8	67.5	68.6	64.6
Obese children (year 6)	2014-15	23.4	25.7	23.3	25.9	24.6	19.1
Diabetes	2014-15	7.0	8.6	8.7	8.1	8.1	6.4
Active commute	2011	5.5	5.9	5.8	6.7	5.9	8.2
Public transport	2011	6.4	10.5	6.9	9.0	8.2	10.6
Sedentary commute	2011	45.8	38.4	41.4	38.2	40.9	38.9

Source: ONS, 2001, 2011, Public Health England, 2015, 2017, NOO, 2010, 2015 and HSCIC, 2015

- A potential way planning can directly influence physical activity is through ensuring developments promote active travel by creating permeable and walkable environments. Investing in cycling infrastructure and public transport can also encourage active travel. The way that people travel is also an important part of physical and mental health and opportunities for greater levels of physical activity during travel can reduce obesity and associated conditions such as heart disease or strokes. In the Black Country, there has been a reduction in active travel and use of public transport and an increase in sedentary commuting (car, passenger, taxi). This is in contrast to the national trend which has seen an increase in public transport use and a decrease in sedentary commuting. Table 5 shows that between 2001 and 2011, the number of private vehicles has increased by 8%. There are fewer households without access to a vehicle and fewer households with access to only one vehicle alongside an increase in the number of houses with access

to four or more vehicles. Table 4 shows that public transport use is much lower and driving is much greater in the plan area than the England average, across a range of distances.

Table 5: Percentage of cars or vans per household

Indicator	Year	Dudley	Sandwell	Walsall	Wolverhampton	Black Country	England
Cars/Vans per 1000 people	2011	509	378	438	406	433	519
% change since 2001	2011	8.9	7.5	8.3	7.7	8.1	11.0
% of households with car/van	2011	77.0	66.1	71.2	66.4	70.2	74.2
% change since 2001	2011	3.1	5.7	3.3	2.3	3.6	7.0
% of households with 4+ cars/vans	2011	2.0	1.1	1.6	1.3	1.5	1.9
% change since 2001	2011	47.0	66.0	62.0	65.0	60.0	51.0

Source: ONS, 2001, 2011

## Mortality and Premature Mortality

- Table 6 presents selected mortality and premature mortality rates across the Black Country. In 2012-14, premature mortality rates (under 75 years of age) for cancer were significantly higher than the national average. Premature mortality rates for cardiovascular disease were significantly higher than the national average but respiratory disease was significantly lower. Suicide rates in 2012-14 were significantly higher than the national average. Excess winter deaths in 2011-14 were slightly higher than the national average. Air particulate attributable deaths in 2015 were broadly similar to the national average.

Table 6: Mortality and premature mortality rates

Indicator	Year	Dudley	Sandwell	Walsall	Wolverhampton	Black Country	England
Cancer (under 75) per 100k	2012-14	146.7	169.5	164.6	158.8	159.9	141.5
Cardio-vascular (under 75) per 100k	2012-14	73.6	102.0	91.8	97.4	91.2	75.7
Respiratory (under 75) per 100k	2010-14	108.2	121.2	101.7	108.7	109.9	120.6
Suicide per 100k	2012-14	62	70	66	64	65.5	8.6
Excess winter deaths index	2011-14	13.2	13.0	20.7	16.2	15.8	15.6
Air particulate attributable fraction (%)	2015	4.8	5.9	5.4	5.0	5.3	5.3

Source: Public Health England, 2015

## 6. What we need to do

### Integrate Health in All Policies

Health in All Policies (HiAP) is an approach that acknowledges the wider determinants of health (i.e. environment, housing, education, income) and encourages cross-sector collaboration to improve health and well-being in all its forms. The World Health Organisation recognises this approach and encourages government agencies across all sectors to routinely consider both the positive and negative health outcomes when making decisions. The Public Health and Planning departments in each of the 4 Black Country boroughs should work together closely to engrain health considerations throughout the Black Country Core Strategy and other Local Plan documents.

### Embed Healthy Urban Planning Indicators

The Black Country boroughs already consider how planning can directly and indirectly influence health, but we also need to measure these influences. In addition to the indicators previously discussed, Table 7 (below) presents a number of indicators that are directly or indirectly influenced by planning decisions and these can be compared with the national average. In the Black Country, the majority of these indicators are currently significantly worse than the England average:

Table 7: Remaining healthy urban planning indicators (%)

Indicator	Year	Dudley	Sandwell	Walsall	Wolverhampton	Black Country	England
Income deprivation	2010	22.5	24.1	22.5	22.5	22.9	14.7
Long-term illness or disability	2011	20.3	21.0	20.7	21.0	20.8	17.6
Bad or very bad general health (%)	2011	6.5	7.7	7.3	8.0	7.4	5.5
Over-crowding	2011	5.0	9.0	7.0	8.0	7.3	8.7
The rate of complaints about noise	2014-15	4.4	3.1	11.0	7.7	6.6	7.1
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2014-15	81.2	72.3	77.8	79.7	77.8	59.7
Publicly accessible green space (ha per 1000 population)	2014	4.51	3.90	4.96	2.93	4.08	2.40

Source: ONS, 2011, Public Health England, 2015, HSCIC, 2015

## **Use Joint Strategic Needs Assessments (JSNA) to Assess Population-Level Place-Based Health Determinants**

There are a number of characteristics of the Black Country as a place that can affect health and social need, and that impact on health inequalities between the sub-region and the rest of England, and inequalities within the sub-region. Each of the 4 Black Country boroughs should incorporate these place-based health determinants into future needs assessment, taking into account the influence that the built environment can have on population health:

### **Physical environment**

- Ongoing assessment of provision of publically-accessible green space
- Ongoing assessment of high noise levels from transport during the daytime.

### **Air Quality**

- Ongoing assessment of long-term exposure to fine particulates (PM10/PM2.5) and Nitrogen Dioxide (NO2) emissions.

### **Housing**

- Ongoing assessment of household composition, tenure and size.
- Ongoing assessment number of households that approach councils and are interviewed as at risk of homelessness.
- Ongoing assessment of tenants being placed in temporary accommodation and the number of cases that are repeat stays.

### **Shops and Businesses**

- Ongoing assessment of the number and proportion of fast food outlets in the A5 premise use class in major, district and local centres, compared to other uses.
- Ongoing assessment of concentrations of betting shops, compared with areas of high deprivation and deemed as being at risk for gambling-related harm.

## **Encourage Design Standards that Promote Healthy Lifestyles and Environments**

- Developments should be encouraged to go beyond the principles of Manual for Streets (2007) and By Design (2000), which were referred to in current BCCS policy ENV3 but have since been superseded by more up-to-date practice. This could be through adopting Manual for Streets 2 (2012), design standards in Chapter 3 of the Active Design Guidelines (2010) or the Ten Principles of Active Design (2015).
- Pedestrians, cyclists and users of other transport that involve physical activity need the highest priority when developing or maintaining streets or roads. This could mean reallocating road space to support walking and cycling, restricting motor vehicle access, traffic calming measures such as filtered permeability, and creating safe routes to schools and childcare settings.

- Car-free residential developments should be promoted and the concept of Play Streets encouraged.
- Direct lines for walking and cycling should be encouraged in development, for example through filtered permeability.
- High levels of well-placed and well-thought-out cycle parking should be required in development schemes.
- Developers should be required to demonstrate that they have used the Play England “Design for Play” 10 key design principles for creating successful play areas for any proposed play space on their development.

### **Encourage Community Resilience through Placemaking**

- The creation of Lifetime Neighbourhoods should be encouraged. There are three principles of lifetime neighbourhoods which include neighbourhoods that:
  - are well-connected and walkable
  - where people, as far as possible, have a choice of homes, accessible infrastructure and services, places to spend time and to work, with a mix of accessible and adaptable uses
  - where people can belong to a cohesive community which fosters diversity, social interaction and social capital.
- Take opportunities to maintain an environment that enables people to be physically active and enhances mental health through strategic planning.
- With an ageing population, there is a need to monitor and plan for age friendly housing.

### **Encourage Healthy Premise Types in Major, District and Local Centres**

- The over-concentration of premise types in major, district and local centres that detract from the ability of people to make healthy choices should be restricted.
- Ensure that the elements of a healthy street contained in the TfL Healthy Streets Plan (2016) are adapted to a Black Country context and are taken into account when deciding an application that will impact on a high street.

### **Consider Potential Health Impacts of Development Schemes**

- A Health Impact Assessment with scope and proposed methodology agreed with the relevant Black Country borough’s Public Health team, should be carried out at an early stage, and be submitted as part of a planning application for:
  - major housing developments (50 units or more)

- developments which contain any of the following elements or uses – education facility, health facility, leisure or community use, publically available open space, proposed A5 Hot Food Takeaway or Sui Generis betting shop/payday lender uses
- in locations with significantly lower life expectancy and healthy life expectancy (male or female) than for England

### **Why do we need to explicitly consider health in local plan making?**

Evidence from across the United Kingdom shows us that the pattern established by the local plan is reflected in related plans. All the Area Action Plans (AAP) in areas where local plans featured health fully or partially, themselves had explicit health-oriented policies demonstrating determination to carry principles through to detailed policy. Some areas, like Croydon, Newcastle/Gateshead and Glasgow stand out however as they have made health and well-being central to their local plan. In all cases the rhetoric of broad health objectives is translated into policies explicitly intended to achieve healthy goals. Health inequality is the most significant issue, with physical activity also important. At this level these could well be appropriate, as both can only be tackled effectively through overarching area-wide strategies.

The evidence presented demonstrates the need for seamless planning policy to improve health and reduce health inequalities. We need to take this approach because of the need to take fundamental action to overcome an unacceptable and worsening level of deprivation, health inequality and urban decay.

## Health and wellbeing: strengths and weaknesses

Table 8: Dudley strengths and weaknesses

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Fuel poverty lower than England average</li> <li>• Cardiovascular disease mortality rates per 100,000 population lower than England average</li> <li>• Respiratory disease mortality rates per 100,000 population lower than England average</li> <li>• Excess winter deaths lower than England average</li> <li>• Mortality attributable to particulate air pollution lower than England average</li> <li>• Housing overcrowding lower than England average</li> <li>• Rate of complaints about noise lower than England average</li> <li>• Adults in contact with secondary mental health services who live in stable and appropriate accommodation higher than England average</li> <li>• Dudley canals are an asset which can be developed to enhance active travel within the area.</li> <li>• Dudley has the potential for well-connected cycling infrastructure if 'gaps' are addressed through development.</li> <li>• Dudley's Planning for Health SPD provides a clear and explicit vision for how it is going to address health issues through the planning process</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment higher than England average</li> <li>• Children in poverty higher than England average</li> <li>• Active adults lower than England average</li> <li>• Hot Food Takeaways per 100,000 population higher than England average</li> <li>• Excess weight amongst adults higher than England average</li> <li>• Proportion of obese children higher than England average</li> <li>• Diabetes higher than England average</li> <li>• Active commuting lower than England average</li> <li>• Public transport usage lower than England average</li> <li>• Sedentary commuting higher than England average</li> <li>• Cancer mortality rates per 100,000 population higher than England average</li> <li>• Suicide mortality rates per 100,000 population higher than England average</li> <li>• Income deprivation higher than England average</li> <li>• Proportion of population in long-term illness or disability higher than England average</li> <li>• Proportion of population in bad or very bad general health higher than England average</li> </ul>

Table 9: Sandwell strengths and weaknesses

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• <b>Public transport usage broadly similar to England average</b></li> <li>• <b>Sedentary commuting lower than England average</b></li> <li>• <b>Excess winter deaths lower than England average</b></li> <li>• <b>Rate of complaints about noise lower than England average</b></li> <li>• <b>Adults in contact with secondary mental health services who live in stable and appropriate accommodation higher than England average</b></li> <li>• <b>Publically accessible green space higher than England average</b></li> <li>• <b>Sandwell’s canals are an asset which can be developed to enhance active travel within the area.</b></li> <li>• <b>Sandwell has the potential for well-connected cycling infrastructure if ‘gaps’ are addressed through development.</b></li> <li>• <b>Sandwell’s Hot Food Takeaway SPD provides a clear and explicit vision for how it is going to address the proliferation of hot food takeaways in the area</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Unemployment higher than England average</b></li> <li>• <b>Children in poverty higher than England average</b></li> <li>• <b>Fuel poverty higher than England average</b></li> <li>• <b>Active adults lower than England average</b></li> <li>• <b>Hot Food Takeaways per 100,000 population higher than England average</b></li> <li>• <b>Excess weight amongst adults higher than England average</b></li> <li>• <b>Proportion of obese children higher than England average</b></li> <li>• <b>Diabetes higher than England average</b></li> <li>• <b>Active commuting lower than England average</b></li> <li>• <b>Cancer mortality rates per 100,000 population higher than England average</b></li> <li>• <b>Cardiovascular disease mortality rates per 100,000 population higher than England average</b></li> <li>• <b>Respiratory disease mortality rates per 100,000 population higher than England average</b></li> <li>• <b>Suicide mortality rates per 100,000 population higher than England average</b></li> <li>• <b>Mortality attributable to particulate air pollution higher than England average</b></li> <li>• <b>Income deprivation higher than England average</b></li> <li>• <b>Proportion of population in long-term illness or disability higher than England average</b></li> <li>• <b>Proportion of population in bad or very bad general health higher than England average</b></li> <li>• <b>Housing overcrowding higher than England average</b></li> </ul>

Table 10: Walsall strengths and weaknesses

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Fuel poverty broadly similar to England average</li> <li>• Respiratory illness mortality rates per 100,000 population lower than England average</li> <li>• Mortality attributable to particulate air pollution lower than England average</li> <li>• Housing overcrowding lower than England average</li> <li>• Adults in contact with secondary mental health services who live in stable and appropriate accommodation higher than England average</li> <li>• Publically accessible green space higher than England average</li> <li>• Walsall’s canals are an asset which can be developed to enhance active travel within the area.</li> <li>• Walsall has the potential for well-connected cycling infrastructure if ‘gaps’ are addressed through development.</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment higher than England average</li> <li>• Children in poverty higher than England average</li> <li>• Active adults lower than England average</li> <li>• Hot Food Takeaways per 100,000 population higher than England average</li> <li>• Excess weight amongst adults higher than England average</li> <li>• Proportion of obese children higher than England average</li> <li>• Diabetes higher than England average</li> <li>• Active commuting lower than England average</li> <li>• Public transport usage lower than England average</li> <li>• Sedentary commuting higher than England average</li> <li>• Cancer mortality rates per 100,000 population higher than England average</li> <li>• Cardiovascular disease mortality rates per 100,000 population higher than England average</li> <li>• Suicide mortality rates per 100,000 population higher than England average</li> <li>• Excess winter deaths higher than England average</li> <li>• Income deprivation higher than England average</li> <li>• Proportion of population in long-term illness or disability higher than England average</li> <li>• Proportion of population in bad or very bad general health higher than England average</li> <li>• Rate of complaints about noise higher than England average</li> </ul>

Table 11: Wolverhampton strengths and weaknesses

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• <b>Sedentary commuting lower than England average</b></li> <li>• <b>Respiratory illness mortality rates per 100,000 population lower than England average</b></li> <li>• <b>Mortality attributable to particulate air pollution lower than England average</b></li> <li>• <b>Housing overcrowding lower than England average</b></li> <li>• <b>Rate of complaints about noise lower than England average</b></li> <li>• <b>Adults in contact with secondary mental health services who live in stable and appropriate accommodation higher than England average</b></li> <li>• <b>Publically accessible green space higher than England average</b></li> <li>• <b>Wolverhampton’s canals are an asset which can be developed to enhance active travel within the area.</b></li> <li>• <b>Wolverhampton has the potential for well-connected cycling infrastructure if ‘gaps’ are addressed through development.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Unemployment higher than England average</b></li> <li>• <b>Children in poverty higher than England average</b></li> <li>• <b>Fuel poverty higher than England average</b></li> <li>• <b>Active adults lower than England average</b></li> <li>• <b>Hot Food Takeaways per 100,000 population higher than England average</b></li> <li>• <b>Excess weight amongst adults higher than England average</b></li> <li>• <b>Proportion of obese children higher than England average</b></li> <li>• <b>Active commuting lower than England average</b></li> <li>• <b>Public transport usage lower than England average</b></li> <li>• <b>Cancer mortality rates per 100,000 population higher than England average</b></li> <li>• <b>Cardiovascular disease mortality rates per 100,000 population higher than England average</b></li> <li>• <b>Suicide mortality rates per 100,000 population higher than England average</b></li> <li>• <b>Excess winter deaths lower than England average</b></li> <li>• <b>Income deprivation higher than England average</b></li> <li>• <b>Proportion of population in long-term illness or disability higher than England average</b></li> <li>• <b>Proportion of population in bad or very bad general health higher than England average</b></li> </ul>



