

Wolverhampton Local Plan

Planning for Health in Wolverhampton: Evidence Base for the
Wolverhampton Local Plan Policy HW1 – Health and Wellbeing

November 2024



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 with the advice and support of Directors of Public Health.¹

Planning Practice Guidance also identifies NHS England and Clinical Commissioning Groups as consultees for local plans and Integrated Care Systems 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 Group and Hospital Trusts were partners with the Black Country Authorities in developing the draft Black Country Plan's health and wellbeing policies. The partnership, now between the Black Country Integrated Care Board (ICB) and City of Wolverhampton Council's Planning and Public Health Services, has continued with the development of the Wolverhampton Local Plan.

This partnership has ensured that the policies of the Wolverhampton Local Plan align with the wider plans of the Black Country ICB.

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. Policy HW1's Justification in the Wolverhampton Local Plan's Publication Consultation states that evidence demonstrates that residents of Wolverhampton suffer from poorer health outcomes than the rest of England across a broad range of indicators, including those linked to the built and natural environment.

Paragraph 96 of the National Planning Policy Framework² 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 97 states that planning policies and decisions, to provide the social, recreational and cultural facilities the community needs, should plan positively for 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

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

² National Planning Policy Framework, Department for Levelling Up, Housing & Communities, 2023

their physical and mental health and support community engagement and wellbeing.³

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.⁴

The NHS Black Country Joint Forward Plan 2023-2028, updated April 2024⁵, identifies preventing ill health and tackling health inequalities as one of its six strategic priorities. It notes that both life expectancy and healthy life expectancy for Wolverhampton, and all other Black Country Authorities, are below those for England and that the Black Country has a higher recorded prevalence of diabetes, chronic kidney disease and chronic heart disease. Health and wellbeing priorities for Wolverhampton include reducing harm from smoking, alcohol and gambling plus public mental health and wellbeing.

The Joint Forward Plan's '*Strategic and enabling workstreams delivery plans*'⁶ note that many conditions which can contribute to shorter healthy life expectancy are preventable and aims to help people improve their own health through targeted support to help reduce alcohol or tobacco dependency, to offer weight management services and to increase access to cancer screening and diabetes prevention programmes. Another key workstream is improved mental health services including community mental health services and suicide prevention.

The NHS Black Country's Future Primary Care in the Black Country '*5 Year Outline Transformation Strategy*', 2024⁷ notes that the Black Country has poorer outcomes than England for many social determinants of health. It identifies key challenges affecting primary care as including rates of obesity above the average for England, which are projected to rise along with rates of depression and diabetes. It reiterates the strategic priority, including as a priority for investment, of preventing ill health and tackling health inequalities. The operating model includes a holistic approach to health and wellbeing, with a strategic approach aimed at preventing ill health and addressing risk factors, such as obesity, that lead to long term conditions. It identifies the transformation of primary care as achieving a reduction in health inequalities for the population with a collaborative approach to addressing wider determinants of health, delivering healthier people and healthier communities.

³ <https://www.gov.uk/guidance/health-and-wellbeing> Paragraph: 003 Reference ID:53-003-20191101

⁴ <https://www.gov.uk/guidance/health-and-wellbeing> Paragraph: 004 Reference ID:53-003-20190722

⁵ [NHS Black Country Joint Forward Plan 2023 - 2028, updated April 2024](#)

⁶ [Refresh of JFP 5 Year Plan Strategic and Enabling Workstreams Delivery Plans.pdf](#)

⁷ [Future Primary Care in the Black Country, 2024](#)

The NHS Black Country ICB has also produced its own Health Inequalities Strategy 2023-2028⁸, with five strategic pillars including: Achieving Health Equity; Focusing on Prevention' and Wider Determinants of Health.

The Wolverhampton specific Place Delivery Plan⁹ reiterates the health and wellbeing priorities for Wolverhampton including: reducing harm from smoking, alcohol, drugs and gambling; getting Wolverhampton moving more; and public mental health and wellbeing.

In addition to the evidence quoted above, the Justification to policy HW1 in the Wolverhampton Local Plan outlines the findings of Wolverhampton's Vision for Public Health 2030¹⁰, Health Inequalities Strategy 2021-2023¹¹ and Health and Wellbeing Strategy 2023-2028¹², informed by the Joint Strategic Needs Assessment¹³.

The Wolverhampton Local Plan provides a strategic plan up to 2042, in contrast to the shorter timescales of these documents which do, however, identify consistent longer term themes which are consistent with the Local Plan's timescale. These longer term themes have influenced both these documents' strategies and the strategy and policies of the Wolverhampton Local Plan. They identify the key priorities for addressing the disparities both within Wolverhampton and with the West Midlands and England averages.

Policy HW1 of the Wolverhampton Local Plan therefore seeks ensure that all developments contribute to an environment that reduces health inequalities and improves the physical, social and mental health and wellbeing of its residents, employees and visitors, in particular children, other young people and vulnerable adults. It aims to support vibrant centres and local facilities which offer services and retail facilities that promote choice and that enable and encourage healthy choices.

The policy allows the Local Planning Authority to restrict new shops from opening as a stand-alone off-licence without obtaining separate permission. It also states that any development that has the potential to have a negative impact, either city-wide or localised, on health and wellbeing, will only be permitted where it can be demonstrated to the satisfaction of the Local Planning Authority that it will not, in isolation or in conjunction with other pre-existing, planned, committed or completed development, contribute either individually or cumulatively to negative health and wellbeing impacts on the city's population. Such negative impacts include, but are not limited to, contributing to adults or children being overweight or obese, antisocial behaviour, increased crime, alcohol harm, tobacco harm, gambling addiction and debt.

The policy goes on to state that such developments include, but are not limited to:

- a) Hot food takeaways (sui generis) or hybrid uses incorporating such uses.

⁸ [BCICB Health Inequalities Strategy FINAL.pdf](#)

⁹ [Wolverhampton - Place Delivery Plan :: Black Country ICB](#)

¹⁰ [Wolverhampton Vision for Public Health 2030](#)

¹¹ [Wolverhampton Health Inequalities Strategy 2021-2023](#)

¹² [Wolverhampton Joint Local Health and Wellbeing Strategy 2023-2028](#)

¹³ [JSNA - WVInsight](#)

- b) Off-licences, where a condition on any planning permission for new shops prevents the subsequent establishment of a stand-alone off-licence without the need to apply for planning permission.
- c) Public houses, wine bars and other establishments for the drinking of alcohol.
- d) Premises to be used for shisha smoking, which the Local Planning Authority will regard as falling into a sui generis use subject to planning control.
- e) Amusement arcades, betting shops and payday loan outlets.

In assessing the likely health impact of proposed developments, the Local Planning Authority will consider national, regional and local evidence which it considers to be of relevance and may require a Health Impact Assessment as outlined in Policy HW2. Measures will be required, where considered necessary by the Local Planning Authority, to mitigate any negative effects which are identified. Where developments are permitted they may be subject to controls on their operation, including opening hours, with the aim of minimising their negative impact.

The information below provides further evidence of the poor conditions of health and lifestyle in Wolverhampton which justifies the policy approach in HW1. Evidence such as the publication 'Healthy High Streets'¹⁴ point to the importance of access to healthy food and the negative effects of the proliferation of alcohol outlets, payday lenders and betting shops in creating healthy high streets.

One of the health challenges facing Wolverhampton is an ageing, unhealthy population. As seen in Table 1 below, residents of Wolverhampton suffer both from lower life expectancy and lower healthy life expectancy than people in the West Midlands and the rest of England. This means that Wolverhampton residents not only die earlier but live more of their life with 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.

¹⁴ Healthy High Streets: Good place-making in an urban setting, Public Health England & Institute of Health Equity, January 2018

Table 1: Life Expectancy in Wolverhampton

	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	78.9	63.1	82.8	63.9
West Midlands	78.1	61.9	82.2	62.6
Wolverhampton	76.3	60.0	80.4	59.3

Source: PHE Fingertips, November 2024¹⁵

As seen in Table 2 below, Wolverhampton has higher rates than the rest of England of multiple deprivation, of children living in poverty and of unemployment. Wolverhampton also has higher rates of households living in fuel poverty than both the West Midlands and England. These all contribute to poorer health outcomes. Again, local planning controls which seek to address these different inter-related drivers of health inequalities, by supporting and promoting healthier behaviours and providing a quality built and natural environment, are consistent with the National Planning Policy Framework and Planning Practice Guidance.

Table 2: Indicators of Deprivation in Wolverhampton

	Index of Multiple Deprivation	% of children living in poverty	% unemployed	% of households living in fuel poverty
England	21.7	17.1	5.0	13.1
West Midlands Region				19.6
Wolverhampton	32.1	27.1	8.9	23.0

Source: PHE Fingertips, November 2024¹⁶

Additionally, as illustrated in Table 3 below, the evidence suggests that Wolverhampton also underperforms regionally and 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. Wolverhampton has lower rates of physically active adults and children and higher rates of obesity than those for the West Midlands and England. Physical activity benefits both mental and emotional wellbeing, contributes to healthy weights and has a protective effect across a range of chronic conditions such as

¹⁵ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#), indicators A01a & A01b, accessed November 2024

¹⁶ [Local health, public health data for small geographic areas - Data | Fingertips | Department of Health and Social Care & Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#), indicator B17, accessed November 2024

coronary heart disease, obesity and type 2 diabetes. Evidence from the Health and Wellbeing Strategy shows that those living in the more deprived areas of Wolverhampton are less physically active; an environment that enables physical activity therefore has a positive effect on people’s health. 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.

Table 3: Physical Activity in Wolverhampton

	% 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	67.1	47.0	64.0	22.1	35.8
West Midlands Region	64.0	43.9	67.0	23.4	38.4
Wolverhampton	55.8	41.9	70.6	26.2	44.3

Source: PHE Fingertips, November 2024¹⁷

Table 4 demonstrates that Wolverhampton also has lower rates of the population eating ‘five a day’ and higher numbers of fast food outlets than the West Midlands and England as a whole. The nation-wide data on fast food outlets is from 2018. More recent data, from September 2024, showed that the council’s Environmental Health service carried out food inspections on 485 food premises which sold wholly takeaway food or had a significant element of takeaway sales - these included Greggs bakers, KFC and McDonald’s restaurants, cafes and other restaurants. On a narrower definition, there were 274 wholly takeaway food premises, or 103.9 per 100,000 population calculated using the 2021 census population for Wolverhampton of 263,725. It should be noted that this is a different definition to that used in the 2018 national analysis by Public Health England.

Positive influences on the people’s health include having a healthy and balanced diet. 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 tackling obesity as part of a wider plan involving other partners¹⁸. Therefore, planning controls which seek to limit the proliferation of unhealthy food environments such as

¹⁷ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#) indicators C09a, C09b, C10, C16 & C17a accessed November 2024

¹⁸ Using the planning system to promote healthy weight environments, Public Health England, February 2020

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

Table 4: Diet in Wolverhampton

	% of Population Eating 'five a day'	No. of fast food outlets per 100,000 population, 2018	No. of takeaway food premises per 100,000 population, 2024
England	31.0	96.1	
West Midlands Region	28.8	107.9	
Wolverhampton	25.0	116.3	103.9

Source: PHE Fingertips, November 2024¹⁹, Fast food outlets: density by local authority in England, 2018²⁰ and City of Wolverhampton Environmental Health data, 2024 (unpublished).

Lifestyle choices such as smoking, diet, exercise and alcohol are a major influence on people's health. Ambitions of the Health and Wellbeing Strategy include reducing addiction harm including smoking and alcohol harm and gambling harm.

Table 5 demonstrates that adult smoking rates for Wolverhampton are higher than the rates for both England and the West Midlands and child smoking rates are higher than for England. It also shows that smoking attributable and alcohol-specific mortality for Wolverhampton as well as rates of hospital admissions for alcohol related conditions are all significantly higher than for both England and the West Midlands.

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. While not currently numerous in Wolverhampton, there have been recent enquiries about opening new shisha bars and they are a growing cause of health concern in many urban areas. Shisha bars tend to appeal to people who are not usual smokers and so risk increasing smoking levels above current levels. The Local Planning Authority 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.

¹⁹ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#), indicator C15 (new method) accessed November 2024

²⁰ <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>

Table 5: Harmful Behaviour in Wolverhampton

	% of Adults who Smoke	% of Children at Age 15 who Smoke	Smoking Attributable Mortality (per 100,000) (New methodology)	Alcohol-specific Mortality (per 100,000)	Hospital-admissions for alcohol-related conditions per 100,000
England	11.6	5.4	202.2	14.5	475
West Midlands Region	12.0	5.9	203.8	17.3	564
Wolverhampton	14.7	5.9	226.1	22.5	731

Source: PHE Fingertips, November 2024²¹

Ambitions of the Health and Wellbeing Strategy include reducing addiction harm, including gambling harm. Gambling is increasingly normalised in society but, in recent years, national concern about the harms associated with gambling has increased. Gambling-related harm is a multifaceted public health issue requiring a comprehensive approach to mitigate its adverse impacts on the health and wellbeing of individuals, families, communities and wider society. People with gambling problems often experience a range of associated long-term negative effects that can exacerbate existing inequalities and require ongoing social support. These effects include harm to mental health, substance abuse, relationship breakdown, debt and homelessness plus, in more severe cases, resorting to crime or suicide.

It is estimated that over 50% of adults across the UK engage with some form of gambling. Those aged 25-34 are most likely to gamble, when excluding the National Lottery, and those from minority backgrounds are more likely to experience gambling harm²².

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 bookmaker²³.

Research commissioned by the London Borough of Southwark²⁴ and jointly by the Local Government Association and Public Health England²⁵ 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

²¹ [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#), Indicators c18, c21, accessed November 2024

²² [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](#)

²³ Gambling behaviour in Great Britain 2015 Evidence from England, Scotland and Wales, NatCen Social Research, August 2017

²⁴ Betting, Borrowing and Health, Ben Cave Associates, March 2014

²⁵ Tackling gambling related harm: A whole council approach, LGA/ PHE, November 2018

control the density of facilities should be part of a whole council approach, including planning controls. Similar conclusions were reached in research by Geofutures²⁶.

Financial problems can be a significant source of distress, putting pressure on people's mental health²⁷. 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 problem²⁸.

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.

The Gambling Survey for Great Britain – Annual report (2023) shows that there are higher overall rates of gambling in the West Midlands than across England as a whole.²⁹ There is also evidence to show that problem gambling is worse in the West Midlands than for England as a whole. In 2022, research commissioned by the Office for Health Improvement & Disparities (OHID) estimated the number of adults who gamble who might require treatment or support. It was estimated that 3.75% of adults across the West Midlands may require some form of treatment or support for gambling compared to 3.55% for England. If applied to the population of Wolverhampton at the 2021 Census, this would equate to approximately 9,900 people in the city who might require treatment or support³⁰.

Table 6: Adults in Wolverhampton who gamble who might require treatment or support

	Rate per 1,000 population	%age	Point estimate using 2020 Mid-Year Population Estimates	2021 Census Population	Estimate using 2021 Census Population
England	3,554	3.55%	1,580,175		
West Midlands	3,751	3.75%	174,641		
Wolverhampton	3,751	3.75%		263,725	9,891

²⁶ Exploring area-based vulnerability to gambling-related harm: Who is vulnerable?, Heather Wardle, Geofutures, July 2015

²⁷ Debt and mental health: a statistical update, Policy Note Number 15, Money and Mental Health Policy Institute, March 2019

²⁸ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, NHS, 2014

²⁹ [Statistics on gambling participation – Year 2 \(2024\), wave 1: Official statistics](#)

³⁰ [Gambling treatment need and support in England: main findings and methodology - GOV.UK \(www.gov.uk\)](#)

Source: Gambling treatment need and support in England: main findings and methodology, OHID, Updated 23 January 2024³¹.

Wolverhampton's Gambling Topic Joint Strategic Needs Assessment³² shows that, out of the four Black Country Authorities, Wolverhampton has the second highest number of betting shops (29) as well as other gambling outlets and two racecourses. Gambling premises are heavily concentrated in the central and eastern parts of the city and primarily located in wards experiencing higher rates of deprivation. Recently Wolverhampton residents were asked, as part of the City Lifestyle Survey, about their gambling habits. Of those who completed the survey around 1% identified themselves as a problem gambler. Wolverhampton has a Gambling Harm Strategic Partnership, which is developing a strategic multi-disciplinary approach to tackling gambling harm including Public Health, Planning, Licensing and other partners both within and outside the city council.

There is limited evidence 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 the Local Planning Authority 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.

A further key concern of the Health and Wellbeing Strategy is improving mental health and wellbeing. It reports that self-reported wellbeing in Wolverhampton is worse than for England and the West Midlands while the prevalence of depression has risen to be in line with the national average. Smoking, alcohol misuse, lack of physical activity and obesity are all interlinked with mental health and wellbeing. Data shows that, in 2017, over 42,000 people aged 16 and over in Wolverhampton had common mental disorders, or 20.5% of the population. This is greater than the equivalent figures of 17.7% for the West Midlands and 16.9% for England.³³

³¹ [Gambling treatment need and support in England: main findings and methodology - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90122/gambling-treatment-need-and-support-in-england-main-findings-and-methodology.pdf)

³² [JSNA - WVInsight](#)

³³ [Mental Health and Wellbeing JSNA | Fingertips | Department of Health and Social Care](#)

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