

## West Lothian Local Development Plan 2 Evidence Report

### Schedule

### 9. Health, Wellbeing and Equalities

Information required by the Act and NPF4 regarding the issue addressed in this section

Town and Country Planning (Scotland) (Act) 1997, as amended:

- section 15(5)(a) ‘the principal physical, cultural, economic, social, built heritage and environmental characteristics of the district’
- section 15(5)(c) the size, composition, health and distribution of the population of the district,
- section 15(5)(cd) the health needs of the population of the district and the likely effects of development and use of land on those health needs
- section 15(5)(d) the infrastructure of the district (including communications, transport and drainage systems[F11, systems for the supply of water and energy, and health care and education facilities]), in subsection (5)(d), references to systems for the supply of energy include in particular land available for the development and use of facilities for renewable sources of energy.

#### National Planning Framework 4 (adopted 13 February 2023)

- Policy 23 - LDP spatial strategies should seek to tackle health inequalities particularly in places which are experiencing the most disadvantage. They should identify the health and social care services and infrastructure needed in the area, including potential for co-location of complementary services, in partnership with Health Boards and Health and Social Care Partnerships. LDPs should create healthier places for example through opportunities for exercise, healthier lifestyles, land for community food growing and allotments, and awareness of locations of concern for suicide. Spatial strategies should maintain appropriate distances between sites with hazardous substances and areas where the public are likely to be present and areas of particular natural sensitivity or interest

Linked Policies: 1, 2, 6, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 24, 26, 27, 28, 31, 32, 33

This schedule aims not to repeat the content of other topics covered by the LDP2 Evidence Report. Other schedules which should be read alongside this schedule on Health and Wellbeing are:

- Affordable and Specialist Homes
- Blue and Green Infrastructure
- Design
- Local Living
- Sustainable Transport
- Site Appraisal Methodology

## Links to Evidence referenced in this schedule

- UK Government, [Equality Act 2010](#)
- UK Government, [Human Rights Act 1998](#)
- Public Health Scotland [Strategic Plan](#)
- Improvement Service, [Place and Wellbeing Outcomes](#)
- Health & Wellbeing Paper
- Health and Housing Paper
- West Lothian Council, [Local Outcomes Improvement Plan](#)
- West Lothian Council, [West Lothian Food Growing Strategy 2020-2025 \(Open Space Plan Annex B\)](#)
- [West Lothian IJB Strategic Plan](#)

## Summary of Evidence

### Purpose, scope and structure of this schedule

This schedule focuses on health and wellbeing within West Lothian. The schedule and its evidence are set out in the following sections:

1. National Context for Equalities and Public Health
2. West Lothian Health and Wellbeing Headline Indicators
3. Health and Housing
4. Related Council Strategies
5. Healthcare Infrastructure

### Part 1 – National Context for Equalities and Public Health

#### Equalities

- 1.1 The **Fairer Scotland Duty (the Duty)** came into force on 1 April 2018 and places a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.
- 1.2 Having less access to resources can mean that individuals fare worse on outcomes including health, housing, education or opportunities to work or train, and these negative outcomes can reinforce each other. Adversity in childhood can have life-long impacts, and growing up in poverty is associated with poorer educational attainment, employment prospects and health inequalities.
- 1.3 Section 149 of the Equality Act 2010 (**'the Public sector equality duty'**) requires the council, as a public authority, in exercise of its functions to ensure people are not discriminated against, harassed or victimised on the grounds of their 'Protected Characteristic'. The Protected Characteristics are:
  - age,
  - disability,
  - gender reassignment,
  - marriage and civil partnership,
  - pregnancy and maternity,
  - race – this includes ethnic or national origin, nationality and also includes Gypsy/Travellers,
  - religion or belief (including lack of belief),
  - sex (gender),
  - sexual orientation.

1.4 Taking a human rights based approach is about making sure that people's rights are put at the very centre of policies and practices. The PANEL principles (detailed below) are one way of breaking down what this means in practice. These are as follows:

- Participation – people should be involved in decisions that affect their rights. Participation must be active, free, meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood
- Accountability – there should be monitoring of how people’s rights are being affected, as well as remedies when things go wrong
- Non Discrimination – All forms of discrimination must be prohibited, prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritise
- Empowerment – Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives
- Legality – requires the recognition of rights as legally enforceable entitlements and is linked in to national and international human rights law

1.5 The above paragraphs will be covered in an Integrated Impact Assessment (IIA), which will accompany the finalised Evidence Report to be approved by West Lothian Council.

### **Public Health Scotland Strategic Plan**

1.6 The **Public Health Scotland (PHS) Strategic Plan 2022-2025** sets out three shared outcomes that PHS will work with partners on:

- Prevent disease
- Prolong healthy life
- Promote health and wellbeing

1.7 The ‘Promote health and wellbeing’ chapter of the plan notes that the places where we live shape our health, as well as a place nurturing good or poor health depends on a number of factors related to:

- the buildings, streets, public spaces and natural spaces that make up the physical environment of neighbourhoods
- the relationships, social contacts and support networks that make up the social environment of neighbourhoods

1.8 In addition, it is noted that “takeaways and shops selling alcohol and tobacco are often more concentrated in poorer neighbourhoods, whereas access to greenspace is more limited. Addressing these spatial and commercial factors will play an important part in addressing health inequalities....[and]

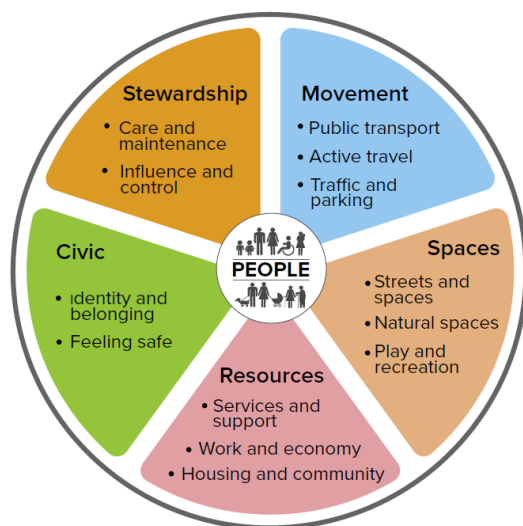
Neighbourhood design is a vital way to support Scotland to achieve net zero carbon emissions and mitigate the adverse health impacts of climate change. As fuel prices rise, people living in poor-quality housing with less insulation are more at risk of being pushed into fuel poverty”.

1.9 This point links to the data in para 2.11 and 2.12 of this schedule below and the schedule on Town Centres and Retail. NPF 4 policy 27 requires LDPs to “be informed by evidence on where clustering of non-retail uses may be adversely impacting on the wellbeing of communities”. When examining

whether there are clusters of hot food takeaways are adversely impacting communities, this will need to be linked to health data on an area basis.

## Place and Wellbeing Outcomes

- 1.10 The Improvement Service document **‘Briefing: Place and Wellbeing Outcomes’** sets out five overarching themes to deliver a number of interlinked outcomes. These are set out in the diagram below:



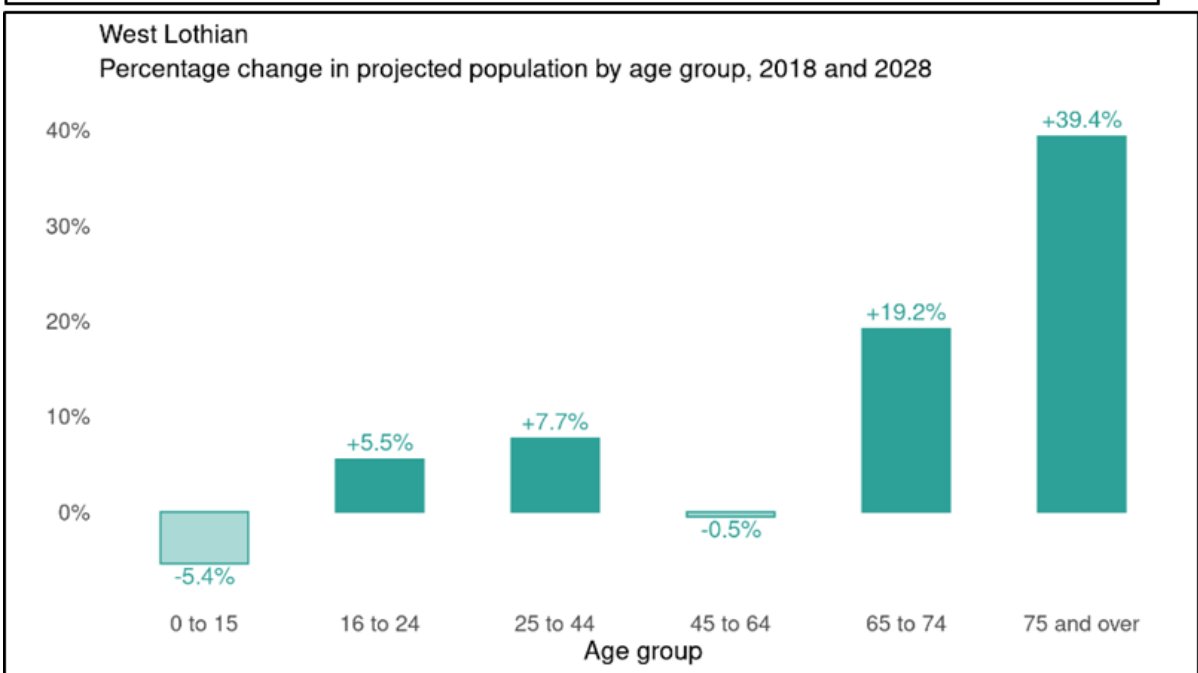
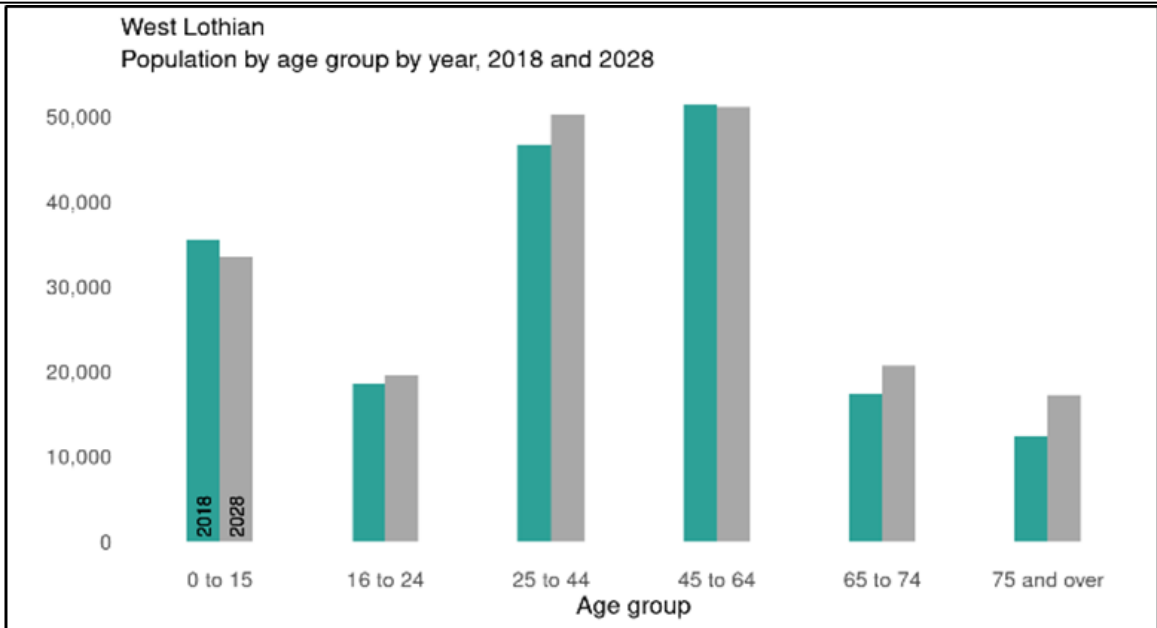
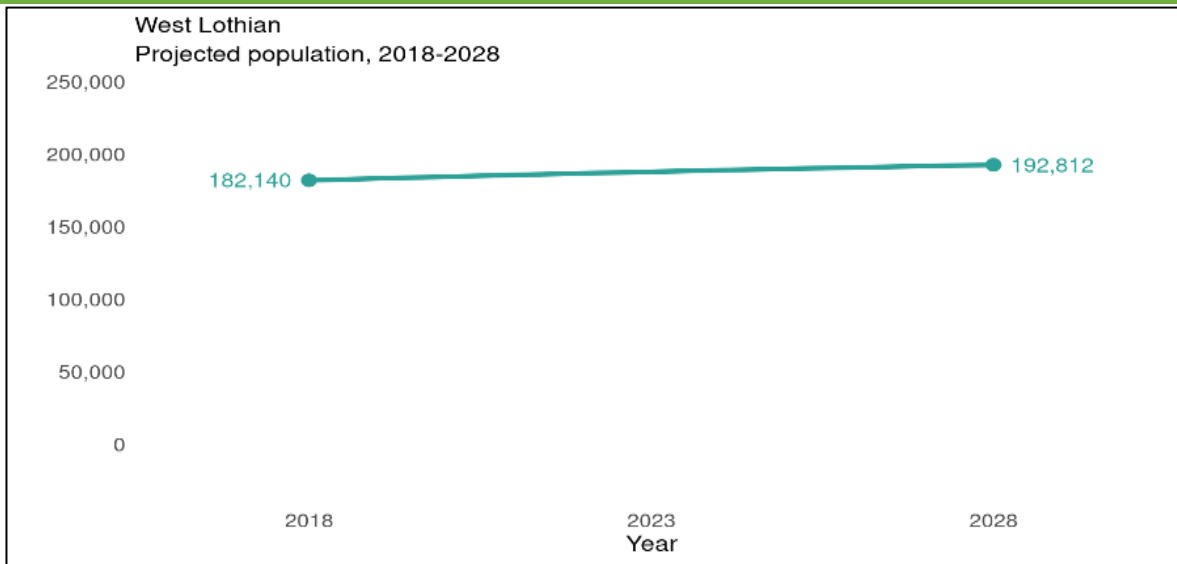
The principles of equality, net-zero emissions and sustainability underpin all of these themes, and all themes should be embedded in policy and action

- 1.11 The document notes that a way of using the outcomes is to carry out a [Place and Wellbeing Assessment](#) on a plan or strategy.
- 1.12 Carrying out a Place and Wellbeing Assessment of the Proposed Plan during its preparation should be considered.

## Part 2 – West Lothian Health & Wellbeing Headline Indicators

### Population Characteristics

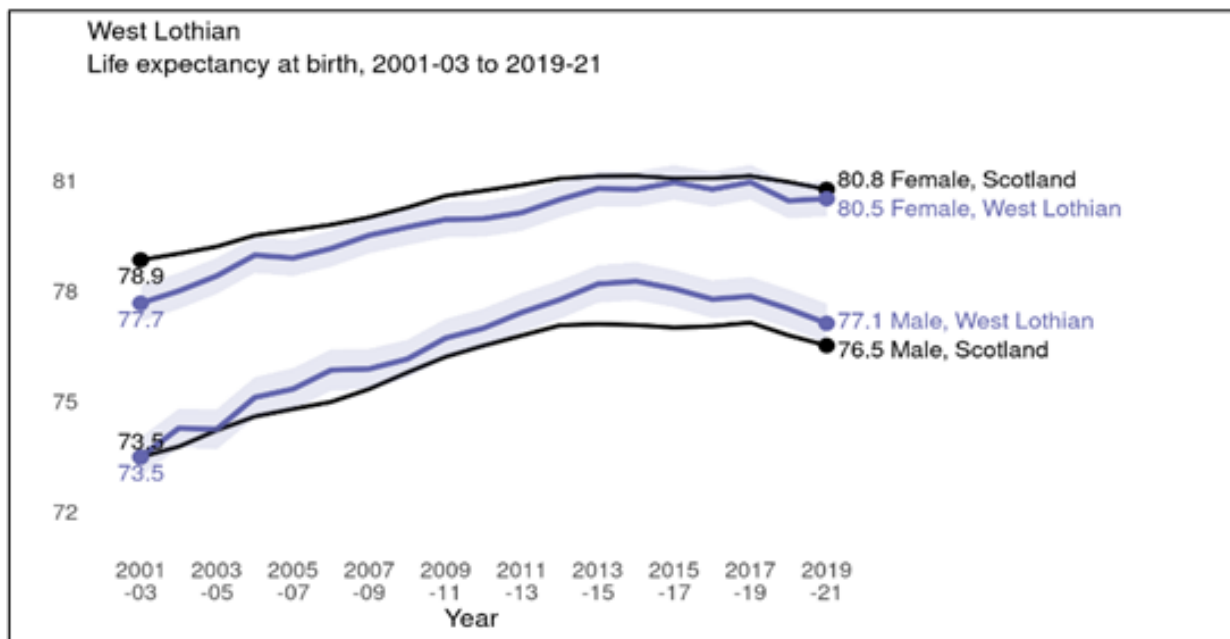
- 2.1 The 2022 census highlights an increase in population of 3.5% between 2011 and 2022. Between 2018 and 2028, the population of West Lothian is projected to increase from 182,140 to 192,812. This is an increase of 5.9%, which compares to a projected increase of 1.8% for Scotland as a whole.
- 2.2 West Lothian is projected to have the 9th highest population out of the 32 council areas in Scotland in 2028. Between 2018 and 2028, 14 councils are projected to see a population decrease and 18 councils are projected to see a population increase.
- 2.3 The average age of the population of West Lothian is projected to increase as the baby boomer generation ages and more people are expected to live longer.
- 2.4 Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-5.4%) and the 75 and over age group is projected to see the largest percentage increase (+39.4%). In terms of size, however, 45 to 64 is projected to remain the largest age group.



2.5 Life expectancy has increased in Scotland, and West Lothian has followed a very similar trend. In West Lothian, life expectancy at birth was higher for females (80.5 years) than for males (77.1 years) in 2019-21. Male life expectancy at birth has increased more rapidly than female life expectancy at

birth between 2001-03 and 2019-21. In West Lothian, female life expectancy at birth is very slightly lower than Scotland and male life expectancy at birth is slightly higher than the Scotland level.

### West Lothian life expectancy at birth. Source: National Records of Scotland (2021) Life Expectancy in Scotland.



- 2.6 Despite a rise in life expectancy, there are clear deprivation and gender inequalities with people (particularly men) experiencing shorter life expectancy than females, particularly in SIMD quintiles 1 and 2. Male life expectancy ranges from 85 years in Linlithgow north to only 73 in Dedridge, highlighting a gap of 13 years. For females, 87 years in Linlithgow South to 76 years in Blackburn highlighting a gap of 11 years.

### Health Inequalities and Social Determinants of Health

- 2.7 Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Important unjust and avoidable differences in people's and between specific population groups are termed health inequalities. They arise from systematic differences in the social conditions in which people are born, grow, live, work and age and the systems around them which shape daily life.

### Health and Place

- 2.8 The building blocks of health also have an indirect effect as many lifestyle factors such as unhealthy behaviours are often a result of a lack of choice and control, for example being unable to access a healthy diet due to cost and lack of transport, or inability to be active due to not feeling safe where you live, the cost of taking part in activities or poor mental health. Substance misuse is often a maladaptive stress coping strategy rather than a lifestyle 'choice'. Similarly, factors such as transport, income and working conditions can influence people's ability access to healthcare in particular preventive measures such as dental check-ups and screening programmes thereby affecting their long-term health and ability to stay well.
- 2.9 In West Lothian 14.8% of residents are living in SMID quintile 1, 28.3% in quintile 2 and 19.1% of in quintile 3. This SMID metric is a relative measure of deprivation across small areas called data zones. Lower quintile numbers reflect an area has been identified as having fewer resources or

opportunities in relation to the seven domains of income, health, employment, education, access to services, crime and housing. Therefore, in West Lothian a sizeable proportion of the population are living in areas of higher deprivation.

#### *Deprivation and Weight*

- 2.10 In West Lothian, only 24% of men and 30% of women are considered healthy weight. Notably, obesity and “pre-obesity” also described as “overweight” increases in prevalence as deprivation increases. In the least deprived areas of West Lothian 28.6% of individuals are obese compared to 41.6% in the most deprived area.
- 2.11 Amongst children in West Lothian, 10% of girls and 11% of boys are considered at risk of obesity at entry to primary 1. Again, risk of obesity is almost double amongst children from the most deprived communities compared to the least deprived (14.8% versus 8.8% respectively).

#### *Wellbeing*

- 2.12 In the period 2012/15 to 2018/22, the average mental wellbeing score (as measured on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for women in West Lothian has remained relatively static at 49, although there was a slight dip to 48 in the period 2014/17. Mental wellbeing scores for men did not differ greatly from female scores, but there has been a gradual overall decrease in male mental wellbeing from 51 to 49 in the period 2012/15 to 2018/22. These figures reflect national levels.
- 2.13 In 2023 across a survey of West Lothian residents, 57.6% of women and 49% of men self-reported some degree of anxiety or depression. Self-report of some extent of anxiety or depression was more common in younger age groups (69.6% in 16 to 24-year-olds versus 43.6% in those aged over 75) and those from areas of greater social disadvantage (59.5% in those in the most deprived areas compared to 48.4% of those in the least deprived).
- 2.14 The link between natural and green space and mental wellbeing has been long established. The Marmot Review (2022) highlights that people experience less mental distress, anxiety and depression, and greater wellbeing when living in areas where they have access to a local park or green space a walking distance from their house.
- 2.15 The Scottish Government’s mental health and wellbeing strategy aims to tackle inequalities in mental wellbeing through a health-promoting, preventative approach to create the best social circumstances possible for positive mental health and wellbeing.
- 2.16 The strategy recognises the importance of taking action at place to both reduce individuals’ exposure to harmful factors and capitalise positive building blocks of mental health such as creating environments and communities that facilitate social support, good employment, and community wealth. For example, stressful experiences, material deprivation, unemployment, poor housing (i.e. dampness, disrepair, lack of adequate heating) or homelessness can adversely affect mental wellbeing, ill-health, and the ability to manage mental health conditions.
- 2.17 Linked to housing, is access to safe active travel options and reliable and affordable public transport, which are well documented to have an impact on mental health by way of reducing loneliness and isolation, enable independence, and provide links to essential services.

2.18 The above points link to schedules on design, local living, sustainable transport, blue and green infrastructure and affordable and specialist homes.

*Death Rates and Early Causes of Death (Less than 75 years old)*

2.19 More deprived areas have a 78% higher death rate than West Lothian as a whole and death rates in West Lothian would be 48% lower if the levels of the least deprived population were experienced across the whole population.

2.20 Despite West Lothian being similar to the Scottish average for early deaths from coronary heart disease (56 per 100,000), the higher the deprivation levels result in a higher the number of early deaths. This is evident when you look at the data in relation to the East and West locality, East is below the Scottish average and the West is above the Scottish average.

2.21 Whilst West Lothian has overall similar rates of cancer deaths to the Scottish average, there are significant inequalities, with some intermediate data zones being significantly higher than the Scottish average and again West locality being significantly higher than national figures.

2.22 Once again this is likely to be related to the pattern of increased rates of early death from cancer amongst areas of high deprivation compared to low deprivation.

2.23 West Lothian is doing significantly worse than Scotland in relation to patient hospitalisation by COPD, the most deprived have a 91% higher number than the rest of West Lothian.

2.24 Similar patterns are seen for asthma. This is important as both asthma and COPD exacerbations and hospitalisations can be associated with peaks in the air pollution & damp within housing.

### **Part 3 – Health and Housing**

#### **Relationship between Housing and Health**

3.1 Housing and the conditions within which people live have a significant impact upon health and wellbeing, and there is a long-established and recognised relationship between poor housing and poor health. It is widely acknowledged that bad housing and overcrowding in housing can lead to physical health problems such as asthma, respiratory illnesses and heart disease.

3.2 Housing also has a huge influence on mental health and wellbeing; the stress and anxiety caused by bad housing, along with the uncertainty and instability within the housing market, can lead to mental health problems. Research commissioned by Shelter in 2017 found that one in 20 adults had visited a GP in the previous year with a mental health issue related to their housing. GPs reported that housing issues were both a primary cause, as well as an exacerbating factor in their patients' mental health problems.

3.3 A report generated for current applications (as July 2024) on the council's Open Housing System shows that at the moment 8773 applicants have selected all of the following reasons for applying for housing:

- Disrepair
- Overcrowding
- Property Does not meet physical needs
- Property affecting Mental Health



- Under occupation

### **Housing and Ageing in Place**

- 3.4 Currently, there are 2,000 households in West Lothian are living in properties where they do not have the specialised adaptations or support they require.
- 3.5 At the moment this pressure is already being seen in existing housing waitlists. HNDA3 for South East Scotland Local Authorities, 2021, indicated that, across South East Scotland, West Lothian had the highest number of households requiring older persons' housing, 2,694. Due to the ageing population, it is anticipated that this figure will continue to rise unless significant changes are made to the support available to provide additional housing units for older persons.
- 3.6 The current target in West Lothian is 10% wheelchair assessable housing. In terms of current plans, the Strategic Housing Investment Plan (SHIP) 2024/25-2028/29 plans to build 2,500 homes with 136 (5%) wheelchair homes and 201 (8%) homes that could be suitable for older people.
- 3.7 It will need to be considered whether a specific policy is required to should be put in place to ensure the development of suitable private accommodation (bungalows, wheelchair accessible, retirement living etc.) to meet local need over the next 10+ years.
- 3.8 In addition, a review of affordable housing policies should be considered for provision of specialist housing, create housing options across all tenures that cater to diverse demographics, so that we can ensure that our communities are well-equipped to meet the evolving needs of our society.
- 3.9 Further evidence on this matter is set out in schedule 10 on Affordable and Specialist Homes.

### **Local Housing Strategy**

- 3.10 The **Local Housing Strategy (LHS) 2023-2028** sets out 7 themes and 11 linked outcomes to deliver the LHS. Each theme also notes the relationship with national outcomes and Local Outcome Improvement Plan (LOIP) outcomes.
- 3.11 In particular, the relevant themes to health and wellbeing and planning are:
- Housing Delivery
  - Placemaking
  - Health and Social Care Integration and Specialist Provision
- 3.12 Other themes link to health and wellbeing more generally.
- 3.13 The relevant specific outcomes are:
- Accessible housing is made available by private developers and affordable housing providers.
  - With our partners we will ensure that our communities are great places to live and work.
- 3.14 The LHS notes the important influence of housing on human health and housing being an important component of healthy neighbourhoods. For an ageing population and people living with long-term conditions or disabilities, homes for varying needs are key to independent living and better quality of life.

- 3.15 The contribution that joint working with Health and Social Care can have in the delivery of quality housing, specialist housing provision and other housing related services and the impacts these have on health improvements, well-being and the reduction of health inequalities.
- 3.16 There is good quality evidence that well designed, warm, ventilated, affordable homes are good for people's health. But the evidence base also highlights the importance of greenspace, street design, access to services, work and education, transport links and community facilities. Housing is part of what makes a place which in turn shapes people's health and wellbeing.
- 3.17 The above points link to the affordable and specialist homes and indicative local housing land requirement schedules. The right number of houses in the right places, which are well designed and cater to a range of demographics, has a clear link to health and wellbeing.

## **Part 4 – Related Council Strategies**

### **Local Outcome Improvement Plan**

- 4.1 Improving health and wellbeing is one of the four 'pillars' of the **Local Outcome Improvement Plan (LOIP) 2023-2033** that has been produced by the West Lothian Community Planning Partnership.
- 4.2 The LOIP seeks to improve health and wellbeing through the following measures:
- early intervention and support for ongoing mental wellbeing, ensuring the focus is on supporting people to stay mentally well and not just intervening at crisis point. Building resilience in individuals and communities is fundamental to improving mental wellbeing
  - a more coordinated, coherent and preventative approach to reducing the negative impact of alcohol on our communities and will work closely with the ADP to improve understanding of the negative effects of alcohol.
  - Improvements to the food and physical activity environment are shaped by key placemaking strategies such as the Local Development Plan
- 4.3 The LOIP seeks to achieve the following outcomes through the measures above:
- Preventative approaches are embedded to address health inequalities and the underlying determinants of health. Activity is developed with and for communities. Population level health and wellbeing, inclusive of mental, physical and social wellbeing, is improved by taking a place and wellbeing approach, maximising the benefits of community strengths and assets.
  - Communities are more informed about health and wellbeing with increased knowledge, skills and confidence, to develop resilience, self-manage and support their own health and wellbeing.
  - Community planning partners understand and value the contribution they make to prevention and enhancing good health and wellbeing by increased collaborative working, improved communication and clear pathways for support.

### **West Lothian Food Growing Strategy**

- 4.4 The production of a food growing strategy is a requirement of Part 9, Section 119 of the Community Empowerment (Scotland) Act 2015.

- 4.5 The current **West Lothian Food Growing Strategy 2020-2025** is an annex to the council's Open Space Plan.
- 4.6 The stated purpose of the food growing strategy is to provide a rationale, establish key processes and identify significant actions which will promote and make it easier for people in West Lothian to grow their own food, principally in community food-growing settings.
- 4.7 The strategy has a general vision, which is that, by 2040, food growing will be embedded into principal council policies and everyday formal education, to have easy access to locally produced fresh fruit and veg, support for local enterprise, and easy access to land on which to 'grow your own'
- 4.8 The strategy sets out 7 actions to achieve this vision:
- 1) Reducing the barriers to food growing
  - 2) Updating the allotment waiting list process
  - 3) Identifying suitable land for community food growing
  - 4) Helping to get groups started
  - 5) Supporting the sharing of knowledge and skills
  - 6) Publicity and Signposting and
  - 7) Monitoring and reviewing progress
- 4.9 It is noted in the 'barriers to growing' section that barriers to food growing include securing suitable land for sites, land contamination, soil tests and planning applications.
- 4.10 LDP policy ENV 15 (Community Growing and Allotments) supports the development of community growing spaces where there is no detriment to the existing recreational use or natural heritage, biodiversity or landscape provisions and adjacent uses.
- 4.11 LDP policy ENV 16 (Temporary / Advance Greening of Development Sites) supports temporary greening of stalled, allocated development sites, which could include community growing, as long as this does not prevent future development of these sites for their allocated uses in the long term.
- 4.12 LDP policy EMG 6 (Vacant, Derelict and Contaminated Land) states that "the greening of vacant and derelict land is encouraged by this plan" through "a wide range of environmental measures". The policy also states that "development of or exceeding 2 hectares on vacant and derelict land for...allotments will be treated as national development and supported in principle".
- 4.13 It should be considered whether new housing allocations, and any associated site briefs, should incorporate provision of allotments/food growing.

#### **West Lothian IJB Strategic Plan**

- 4.14 The West Lothian Integration Joint Board (IJB) sets out how the IJB will deliver the nine national health and wellbeing outcomes through our strategic priorities. One of these strategic priorities is 'improving health inequalities in partnership', as show in the diagram below:

## Improving Health Inequalities in Partnership

- Focus on prevention and supporting people to self-manage
- Supporting people to make informed choices
- Working with communities in partnership with others to maximise impact
- Alignment with Local Outcomes Improvement Plan and locality priorities
- Wider determinants

## Part 5 – Healthcare Infrastructure

- 5.1 Schedule 22 on healthcare infrastructure sets out current primary healthcare provision, including current capacity, in West Lothian. In addition, future demand for primary care is also examined in this schedule, as well as next steps for examining developer funding towards healthcare infrastructure.
- 5.2 As noted in schedule 22, officers are working with NHS Lothian to examine the potential for healthcare infrastructure contributions in future. A full analysis of current Annual Consultation Rates, building capacities and utilisation by non General Practice staff and current building investment plans is needed to understand any future capacity shortfalls and investment requirements.

### Summary of Stakeholder Engagement

*This will summarise the steps taken by the planning authority to seek the views of all relevant stakeholders. This will also summarise the views expressed, and explain how they have been taken account of in the Evidence Report. (hyperlinks to records of engagement may be added where appropriate)*

### Statements of Agreement / Dispute

*This will include statements from stakeholders highlighting their agreement or the areas they dispute.*

### Summary of Implications for the Proposed Plan

*This will cover what the evidence means for the plan, e.g. the spatial strategy, the Delivery Programme or plan preparation.*

Based on the evidence the proposed plan is required to:

1. Recognise the relationship between health and place and reduce social and economic inequalities, including health inequalities.
2. Ensure development takes place in well connected, sustainable locations and is of a high quality
3. Ensure that there are safe active travel and reliable public transport options for new developments.
4. Ensure there is sufficient open space provision across the council area.
5. Ensure that housing caters to a wide range of demographics, including for older people in affordable and private housing mixes.
6. Consider options for healthy food growing as part of new developments.
7. Consider whether a policy on preventing further non-retail clusters, such as hot-food takeaways, is required in town and local centres.
8. Ensure potential new infrastructure is carefully matched to any current and future development sites to ensure sufficient healthcare infrastructure is in place across West Lothian.