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Wirral Borough Council

Interim Health Impact Assessment of Emerging Wirral Council Local Plan

November 2019

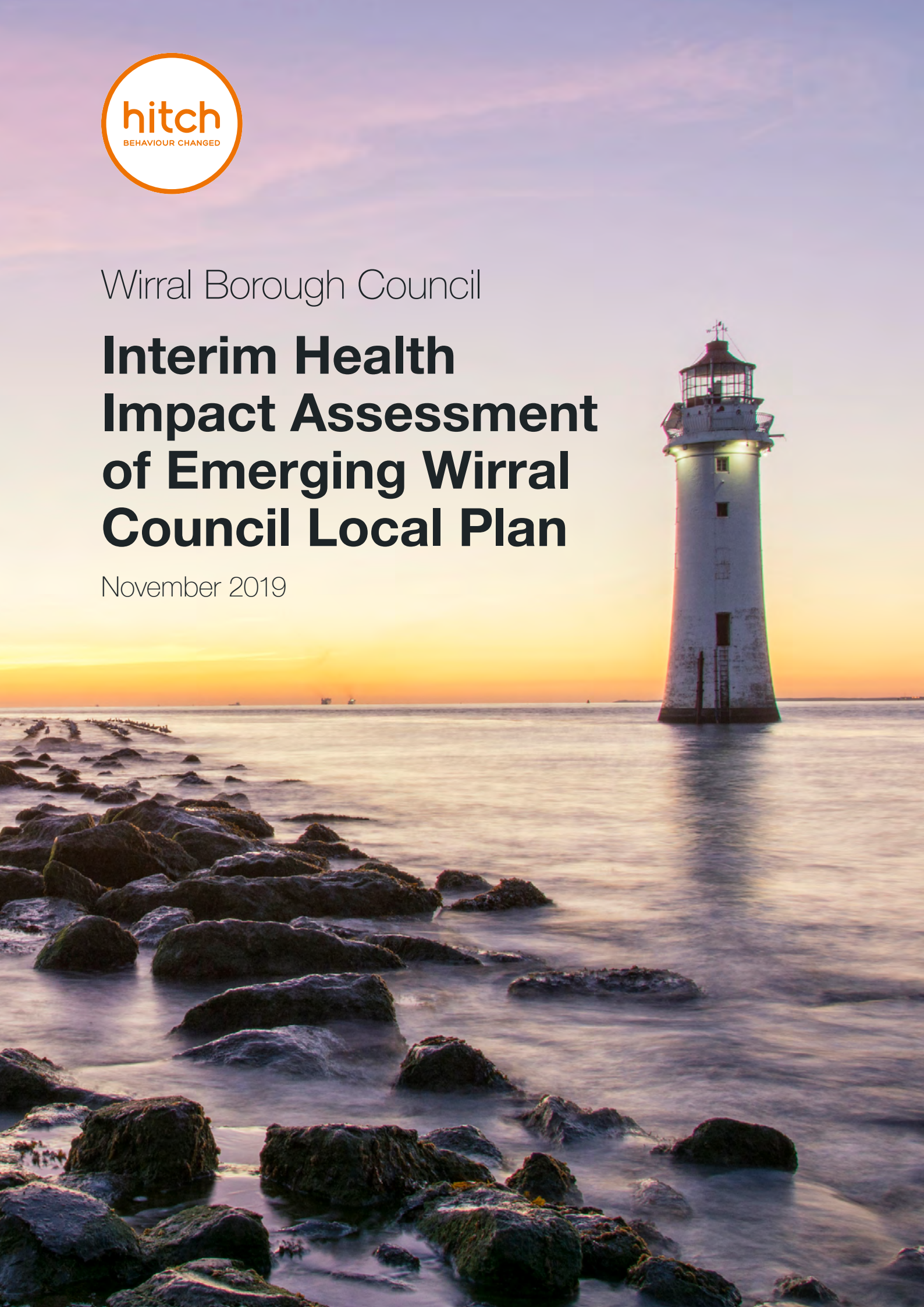

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Table of abbreviations

In alphabetical order:

Abbreviation	Description
ASB	Anti-social Behaviour
ASR	Annual Status Report
BME	Black Minority Ethnic
CCC	Committee on Climate Change
CIL	Community Infrastructure Levy
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
DLA	Disability Living Allowance
ESA	Employment Support Allowance
EqIA	Equality Impact Assessment
EV	Electronic Vehicles
GCSE	General Certificate of Secondary Educa-tion
GVA	Gross Value Added
HIA	Health Impact Assessment
HLE	Healthy Life Expectancy
IMD	Index of Multiple Deprivation
LE	Life Expectancy
LGBTQ+	Lesbian, Gay, Bisexual, Transsexual, Queer +
LSOA	Lower Layer Super Output Area
LTC	Long-Term Condition(s)
LWYL	Love Where You Live
MYE	Mid-year estimate (population)
NEET	Not in Employment, Education or Training
NHS	National Health Service
NICE	National Institute for Health and Care Ex-cellence
NW	North West
OBE	Order of the British Empire
ONS	Office of National Statistics
OPII	Older People Isolation Index
PHE	Public Health England
PIP	Personal Independent Payment
QOF	Quality and Outcomes Framework
RoSPA	Royal Society for the Prevention of Acci-dents
RTCs	Road Traffic Collisions
SHMA	Strategic Housing Market Assessment
UK	United Kingdom
USPs	Unique Selling Propositions
WHO	World Health Organisation
YOT	Youth Offending Team

Section 1: Introduction

This document summarises the context and potential health impacts of Wirral Borough Council's (the Council) emerging Local Plan. Using desktop research, other research evidence and stakeholder engagement feedback, a rapid Health Impact Assessment (HIA) was undertaken in order to assess these potential impacts and inform the development of the Plan. Given the emerging nature of the Local Plan, effects of specific action are not yet definable with precision.

1.1 The Local Plan

The Local Plan is a statutory document that sets out the place/planning ambition for Wirral and guides decisions on planning applications for local developments. Wirral's Local Plan is currently being updated to reflect the Council's long-term vision, objectives and spatial strategy for the Borough. The Council's highest corporate priority is to produce a quality Local Plan for Wirral that complies fully with all relevant Local Plan legislation and national policy.

The Local Plan will contain policies to guide new housing, business development and infrastructure, and to inform decisions that impact on the environment. This plan will set out the guidelines for development in Wirral for the next 30 years. The link between the environment and public health is well established and the impact on health, both negative and positive, is widely acknowledged. Supporting the creation of healthy communities and environments through good design, active travel, physical activity and providing access to facilities and services and high-quality open spaces is key to improving the health of Wirral residents and reducing health inequalities. Conversely, living in poor housing in a deprived neighbourhood with a lack of access to open space impacts negatively on physical and mental health.

Health inequalities are a significant issue for Wirral and there is a clear geographical divide in terms of health outcomes across the population. A key challenge is to ensure that the Plan provides opportunities to address inequalities arising from employment, affordable and quality housing and the wider 'lived' environment where people can aspire, thrive and become more personally resilient.

In recognition of the significant impact the Local Plan has on the health and wellbeing of communities in Wirral, the Council commissioned Hitch Marketing Ltd, using an HIA, to assess the developing Local Plan and to provide a set of recommendations to inform the ongoing development of the emerging Local Plan.

1.2 Health impact assessment

1.2.1 Aims and objectives

The aim of this HIA was to appraise the strategic objectives of the developing Local Plan, providing recommendations to inform decision makers and the ongoing development of the Plan. Therefore, a desk-based HIA of the Wirral Local Plan was undertaken, using a systematic and objective methodology to identify and inform how positive impacts can be maximised and negative impacts mitigated or minimised.

The HIA included the following:

1. A rapid review of Wirral's current health indicators and priorities;
2. A review of the developing Local Plan, associated policies and the accompanying Sustainability Appraisal, to assess the degree to which any health impacts have been considered;
3. A tabulated appraisal of the Plan Strategic Objectives to identify potential positive and negative health impacts on the population;
4. A collation of proposals to maximise positive impacts and mitigate or minimise negative impacts;
5. A review of good practice related to the appraisal, identifying ways in which prevention of ill health and improvements to health and wellbeing can be actively embedded into the Local Plan;
6. A stakeholder workshop to review and update the draft HIA before finalising.

It should be noted that some of the mitigations highlighted in Section 5 of this report may fall outside of the scope of the Plan. Looking forward, we would propose that other policies that contribute to the Plan should consider some of the highlighted mitigations and measures.

1.2.2 Definitions

2.2.2.1 Health

The definition of health used throughout this document is:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

- World Health Organisation (WHO), 1948[1]

1.2.2.2 Health Impact Assessment

The European Centre for Health Policy (1999) Gothenburg Consensus[2] is widely accepted as the seminal definition of an HIA:

"A combination of procedures, methods and tools by which a policy, programme or project many be judged as to its potential effects within the health of a population, and distribution of those effects within the population."

1.2.3 Limitations

- It is not the purpose of this HIA to justify or challenge the rationale behind the Council's Plan;
- The purpose of this HIA is to assist decision makers, not determine the decision; it will inform not decide;
- The stage of development of the Local Plan precludes the estimation of effect of specific actions as, at this stage, specific actions are not yet defined. This HIA therefore aims to steer the next stages of Plan development by highlighting key considerations for the population of Wirral Peninsula.

Section 2: Scoping

Issue	Answer
What is the Local Plan seeking to achieve?	The development of a prosperous and sustainable Borough by 2035, with particular focus on regeneration of central Bir-kenhead, New Ferry, Liscard and the river corridor from Sea-combe to New Brighton. New employment opportunities, sus-tainable active lifestyles and the protection and effective man-agement of environmental assets are particular themes.
What population will the HIA encompass?	Primarily residents of the Wirral Local Authority area (323,200 according to the 2018 Office of National Statistics (ONS) Mid-Year Estimate (MYE) estimate[3]) but also including those spending significant leisure and/or work time in the peninsu-la.
Specific population cohorts will be considered where these relate to areas of potential health inequality.	Black Minority Ethnic
What geographical area will it cover?	The Wirral Local Authority footprint, which is comprised of the four Wirral Constituencies – Birkenhead, South Wirral, Walla-sey and West Wirral.
Who will lead on the project management?	Hitch Marketing Ltd.
Who will make up the steer-ing group?	Wirral Borough Council, Hitch Marketing Ltd (including con-sultants Dr Janet Atherton OBE and Dr Will Sopwith).
Definition of health	The WHO definition of 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'1 will be used.
What HIA model?	There is no one definitive methodology for a HIA, although toolkits are currently being developed4. The WHO recom-mends including the following stages in the development of an HIA and will therefore be used as a structure for this HIA: 1. Screening; 2. Scoping; 3. Appraisal; 4. Reporting. For further detail on how these stages were utilised during the development of this HIA, please see below under 'methods'.

Issue	Answer
Timescale	Rapid scoping w/c 30th & w/c 7th October. Interim report (draft) w/c 14th October. Stakeholder feedback workshop 23rd October. Client feedback on interim report end w/c 21st October. Final report by 31st October.
Are there any specific issues that the HIA should focus on?	General population health with specific reference to the main determinants of health inequality and priorities for health improvement in Wirral (see below).
Are there any specific population sub-groups / communities which the HIA should focus on?	This HIA focuses on general population health but includes reference to specific cohorts of interest/importance (see below).
Will the report make recommendations or detail potential health impacts to allow others to make the decisions?	The report will make recommendations based on potential health impacts identified; including how any negative impacts on health can be mitigated and how positive impacts can be maximised.
What professional and community stakeholders should be involved in developing the HIA?	Wirral Borough Council and NHS Wirral Clinical Commissioning Group. Public consultation was not part of the scope of this appraisal. This will happen as part of the Local Plan consultation.
What professional and community stakeholders should be consulted about their experience?	A stakeholder feedback workshop was conducted in October 2019 where the findings from the assessment were presented and activities were carried out to extend the report findings, taking into account stakeholder specific comments and feedback. These were then considered for inclusion in the final version of this document. This event was arranged and hosted by the Council.

Issue	Answer
What methods will be used in the HIA?	The WHO recommends the following procedures when under-taking the assessment[4] : **Screening** • "Screening" determines the potential health implications of the policy or project under consideration to determine if an HIA is, in fact, required. **Scoping** • Key health issues and public concerns are identified that should be considered in the assessment. Health deter-minants that may be included in the scope of the review include factors such as the social and physical environ-ment (i.e. housing quality, crime rates, and social net-works), personal or family circumstances (i.e. diet, exer-cise, risk-taking behaviour, and employment), and ac-cess to public services. **Appraisal** • Within the defined scope, available evidence is gathered and used to estimate the potential health gains or losses. • Considerations should include questions as to who will be affected by the proposed policy intervention or set of interventions and a review of baseline data indicating current population health status in the areas defined as determinants • Predictions are made as to likely changes in health sta-tus as a result of the intervention, and possible strategies that would mitigate environment and health impacts. • Rapid or in-depth assessment procedures may be cho-sen depending on limitations of time, budget and epide-miological/ quantitative evidence. **Reporting** • Conclusions are drawn from available data, and recom-mendations are made that might remove/mitigate nega-tive impacts on environment and health and enhance positive benefits. **Monitoring** • Action, where appropriate, is taken in order to monitor the actual impacts on health of the intervention, and to enhance the existing evidence base regarding impacts." Please note that 'screening' was undertaken by the Council prior to the Hitch Marketing being commissioned and is there-fore not a part of the HIA as presented in this document.

Issue	Answer
What research and evidence will be used for the HIA? Will any consultation be done?	Literature used to inform this HIA, as well as the process generally, was sourced either directly from the Council or through Hitch's own desktop research. A list of the documents cited throughout this impact assessment can be found in the references section at the end of this report. A stakeholder feedback workshop was conducted in October 2019 where the findings from the assessment were presented and activities were carried out to extend the report findings, taking into account stakeholder specific comments and feedback. These were then considered for inclusion in the final version of this document. Public consultation was not part of the scope of this appraisal. Wirral Council Policy Documents: 1. Introduction & Structure 21-6-19 EF 2. Spatial Vision & Objectives 28-8-19 EF 3. Strategic Sustainable Development EF 28-8-19 4. Broad Spatial Strategy & Settlements Areas 21-6-19 EF 5. Business & Employment 21-6-19 EF 6. Housing 21-6-19 EF 7. Retail 21-6-19 EF 8. Green Infrastructure 21-6-19 EF 9. Environmental Protection 21-6-19 EF 10. Minerals & Waste 21-6-19 EF 11. Transport EF 21-6-19 12. Heritage Assets 21-6-19 EF 13. Phasing Infrastructure & Contributions 21-6-19 EF 14. Appendix 5 - Detailed Delivery Timetable 15. life-expectancy-update-2015-17-final 16. public-health-annual-report-2019-final 17. Sustainability Appraisal scoping consultation letter 25 March 2019 18. Wirral Council Plan - a 2020 Vision 19. Wirral Local Plan Action Plan - April 2019 20. Wirral Local Plan Equality Impact Assessment (EqIA) Scoping Report March 2019 21. Wirral Local Plan Sustainability Appraisal Scoping Report March 2019 Desktop and literature review documents are referenced in Section 8 of this report.

Section 3: Community profile

3.1 Background

In order to undertake an extensive HIA, it is necessary to gain an understanding of the key health indicators and issues to be included in the assessment. The community profile below was therefore produced, using the most up-to-date data available from a number of sources.

Wirral is a small peninsula in the North-West of England and covers 60 square miles, with 24 miles of coastline[5] and a higher population density than the England average (Table 1).

Table 1: Population density data for Wirral and England

	Wirral	Description
Urban (total)	26.1	21.8
Rural (total)	**1.0**	0.8
Total	**20.4**	4.1

Source: ONS census 2011 (http://www.ons.gov.uk)

The population of Wirral is unevenly distributed, both in terms of numbers and Mosaic Groups[6] - (Mosaic is a cross-channel consumer classification system which segments the population into 15 groups and 66 types that helps you to understand an individual's likely customer behaviour). East Wirral includes the most deprived communities, where the West of the peninsula is dominated by more affluent groups. Internal inequality is important to note when the health in Wirral is compared to the average for England.

3.2 Population and demographics

The latest ONS census (2011) recorded 319,783 Wirral residents. The population has shown growth in recent years, with the 2018 MYE suggesting that this number has grown to 323,200[7]. The population of the Wirral is projected to grow by 1.0%, reaching 324,226, by the next census in 2021. It is also expected that by 2039, the population will reach 328,500, which is an increase of 2.7% from the 2011 census figure.

3.2.1 Population profile

Age

The 2018 resident profile data indicates that Wirral has a slightly older age profile than both the North West (NW) region and England, with increased proportions in the 50+ age group and decreased in the 20-39 group.

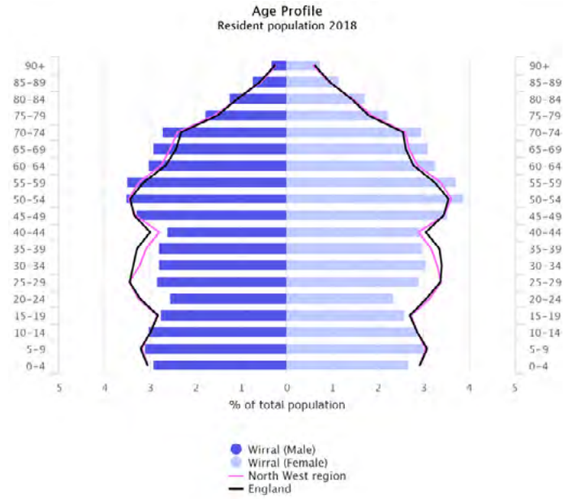

Figure 1: Age profile of Wirral showing NW and England comparators, by sex

Population growth is not uniform between age groups, and the number of those aged 65 and over is expected to grow at the fastest rate – projected to increase by 30.6% in the next two decades[8]. Those aged 90 and older are expected to increase by 102.9%, in contrast to a projected 7.7% decrease amongst children 0-4 years old.

Ethnicity

Wirral has a low Black Minority Ethnic (BME) population compared to that of the average England figures. According to 2011 ONS data[9], the majority of people living in Wirral identify as White British (95.0%), which is higher than the national average (79.8%). Additionally, 6.5% of school children in Wirral identify as BME. A full breakdown of the number and percentage of ethnic groups in Wirral and England from the 2011 census can be found in Appendix A. There has, however, been an increase in the BME population in Wirral in recent years – 16,101 (5.03%) residents identified as BME on the 2011 census, which is a growth of 47.7% since 2001 (10,900 residents).

Sexual orientation

Information available on the numbers of people who are Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) in Wirral is of limited reliability, and estimated numbers are likely to be under-estimates. Although the 2011 Census did not ask specific questions regarding sexual orientation, 446 people (0.18% of the 16+ Wirral population) reported being in a same sex Civil Partnerships.

Multiple Deprivation Inequalities

According to the 2019 Index of Multiple Deprivation (IMD), levels of deprivation in Wirral have grown since 2015. In 2019, Wirral was the 24th most deprived authority in England (compared to 36th in 2015), based on the proportion of areas which are in the most deprived 10.0% nationally[10]. These figures also show that Wirral Lower Layer Super Output Area (LSOA) 011C (a neighbourhood in the Bidston and St James ward) has consistently been ranked among the most deprived 100 LSOAs on each IMD update since 2004 - and continues to be so on the 2019 update[11]. In 2019, 25.0% of the LSOAs in Wirral (52/206) were amongst the 10.0% most deprived in the whole of England, which is a 4.0% increase from 2015. Additionally, 35.0% (72/206) were amongst the 20.0% most deprived in the country. Public Health England[12] (PHE) figures from 2016 also showed that 19.2% of children under the age of 16 in Wirral lived in low-income families, which is more than the average for England of 17.0%.

By contrast, Wirral LSOA 040E (in the Heswall ward) was ranked 32,247 of the 32,844 LSOAs in England. This area is amongst the 10.0% least deprived areas in the country, as well as being the least deprived locally. IMD 2019 figures also show that 13 of the 206 LSOAs in Wirral (6.0%) are amongst the 10.0% least deprived areas in England . Additionally, 28 of the 206 LSOAs in Wirral (13.0%) are also amongst the 20.0% least deprived in the country.

There is a clear geographical distribution of deprivation in Wirral; the most deprived LSOA are located across East Wirral, with the exception of one LSOA near West Kirby on the West side of Wirral (Figure 2).

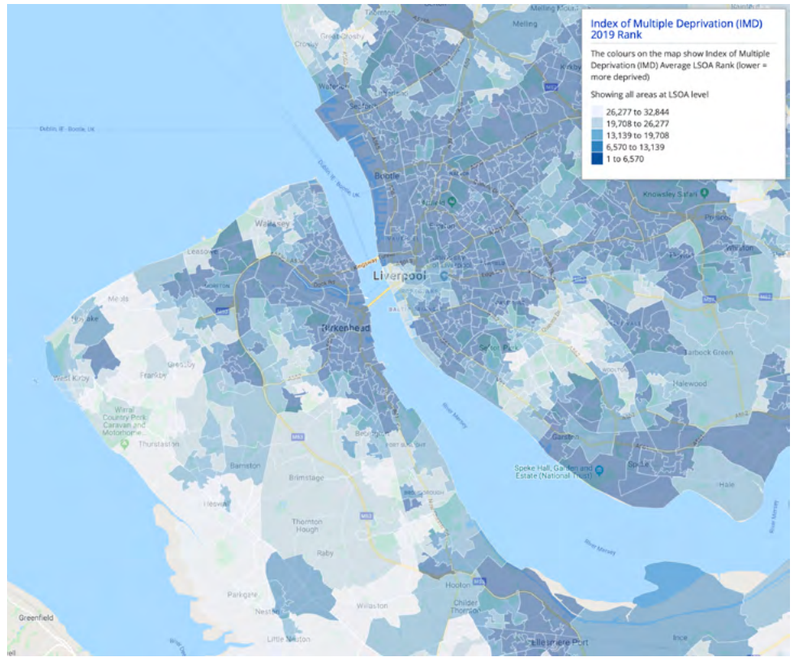

Figure 2: Representation of deprivation within Wirral[13] (Source: Wirral Intelligence Service)

Poverty
There are a greater percentage of children living in poverty in Wirral than the England average, and children in the area also face inequitable gaps in LE depending on the ward in which they live. According to data from 2016, there has been a reduction in children living in poverty, from 16,665 children in 2011 (23.8%), to 12,920 children in 2016 (18.9%)[14]. This reduction in childhood poverty between 2011-2016 was the case for all Wirral wards. However, significant childhood poverty still remains within Bidston and St. James, Birkenhead and Tranmere, Seacombe and Rock Ferry wards, where 1 in 3 children are living in poverty. Heswall, Greasby, Frankby and Irby, worklessness, but also working inadequate hours and/or low pay. According to data from IMD2019, 50 LSOAs in Wirral (out of a total of 206), ranked as being amongst the 10.0% most Income deprived areas in England[15]. Wirral had 10 LSOAs where more than 48.0% of residents were classed as being income deprived in 2015 (Table 2).

Life expectancy
Life expectancy (LE) for both men and women in Wirral is lower than the national average . Between 2015-2017, LE at birth in Wirral was 78.3 years for males and 81.8 for females, with the national average[17] being 79.6 and 83.2 years, respectively.

Table 2: Ten most deprived LSOAs in Wirral in relation to measures of income

LSOA code	LSOA name	Overall IMD Rank (1= most deprived)	Income Score (rate)	Income Rank (1= most deprived)
E01007133	Birkenhead East Float	133	59.0%	9
E01007122	Bidston St James East	36	58.0%	10
E01007274	Seacombe Ferry	100	56.0%	21
E01007293	Lower Tranmere	108	54.0%	36
E01007127	Birkenhead West	56	51.0%	87
E01007124	Beechwood North	346	50.0%	102
E01007289	Tranmere Woodward	270	50.0%	107
E01007123	Bidston St James West	460	49.0%	128
E01007220	Egremont Central	288	48.0%	137
E01007128	Birkenhead Central	94	48.0%	153

Source: IMD 2015[16]

Clatterbridge and Hoylake and Meols have the least proportion of children living in poverty, with less than 1 in 20 children living in low income families in 2016, which equates to 5.0% or less.

The most impactful driver for poverty within families in Wirral is the lack of sufficient income from parental employment. This not only includes

There are apparent inequalities in LE between different areas of Wirral, as LE in the most deprived areas of the Borough is 12.5 years lower for men and 10.1 years lower for women when compared to the least deprived areas. Rock Ferry was the ward with the lowest LE at birth (72 years) in 2015-2017, with Heswall having the highest LE (84 years) (Figure 3).

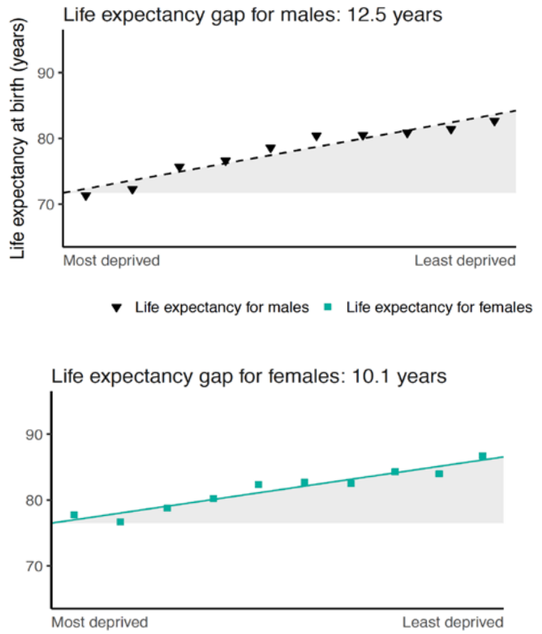

Figure 3: Differences in life expectancy at birth for males and females in Wirral, by deprivation level[18] (Source: PHE)

According to the IMD2019, the four wards with the lowest life expectancies in Wirral (Rock Ferry, Bidston & St James, Seacombe and Birkenhead & Tranmere) are also the most deprived.

In terms of the contributing factors to the gap between LE in Wirral and England generally, PHE data gives an indication of the causes of death driving the inequalities[19] . In Wirral, respiratory causes (23.8%) (which include flu, pneumonia and chronic obstructive respiratory disease) are the largest contributing factors, followed by cancer (20.2%) and digestive causes (the majority being alcohol-related conditions such as chronic liver disease and cirrhosis) (13.2%)[20] . Deprivation is linked to poor health generally, particularly a higher prevalence of behavioural risk factors associated with premature death, and the inequality described further contributes to the gaps in LE experienced in Wirral and other similar areas.

Healthy Life Expectancy (HLE) is an estimate of the number of years a person can expect to spend in 'very good' or 'good' health based on the current mortality and health status of a population. Similar to the whole of England, a rapid increase in LE has been reported for Wirral over the last few decades but HLE has decreased. These additional years of life are therefore being spent in poorer health, which adds more strain to health and social care resources. In 2012-14, HLE in Wirral was 60.4 for men and 60.9 for women, compared to 63.4 years for men and 64.0 years for women in England[21] . Based on the LE and HLE figures quoted here, we can calculate that males in Wirral will spend 77.0% of their lives healthy compared to 74.0% for women.

Similar to the rest of England, people living in areas of high deprivation in Wirral spend larger periods of their lives with poor health compared to people living in more affluent areas.

3.3 Population health determinants

The Model of Health Determinants (Dahlgren and Whitehead, 1991)[22] encompasses the comprehensive impacts on an individual's health from their wider environment and is a useful framework against which to appraise the Local Plan.

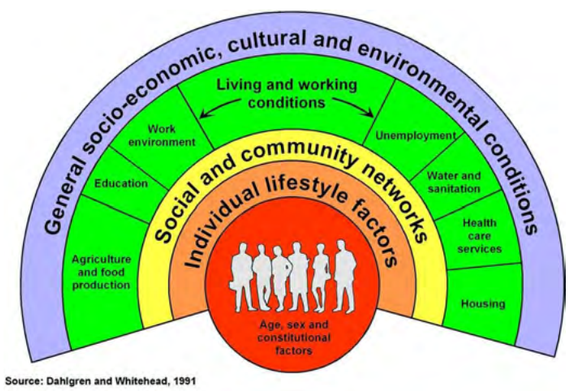

Figure 4: Dahlgren and Whitehead (1991) Model of the Determinants of Health

The recent Scoping Report for the Wirral Core Strategy Local Plan Sustainability Appraisal sets out the likely effects of a draft Local Plan, in terms of sustainability issues, with a view to avoiding and mitigating adverse effects and maximising the positives. The aim is to ensure that the Plan contributes to the achievement of sustainable development. The report highlights a number of themes that also cross-cut with health and HIAs.

Green infrastructure provision and enhancement
Wirral has a higher percentage (3.1%) of greenspace coverage, public parks and gardens than the regional (1.0%) and national averages (0.8%). This coverage is, however, unevenly distributed, benefiting the Birkenhead (6.6%) and West Wirral (3.3%) constituencies over the Wallasey (1.7%) and Wirral South (1.9%) constituencies. In terms of ward distribution, the Claughton (13.5%) and Bidston and St James (12.0%) have the greatest percentage of greenspace coverage, public parks and gardens, whereas the Oxton, Clatterbridge, Leasowe and Moreton, Liscard and Moreton West and Saughall Massie wards have the least, with 0.0% coverage each. Wirral also has a significantly higher percentage of overall greenspace coverage (10.3%) than both regional (2.6%) and national (2.2%) averages.

Air quality
As described, Wirral has higher population density than the England average, which puts the people of Wirral at risk of exposure to air pollution. Poor air quality is a crucial risk factor for ill health, shortened LE and increased mortality rates, contributing to CVD and cancer. The most vulnerable groups in society, children and older people, as well as people with heart and lung conditions are especially affected by air pollution. A strong correlation remains between areas with poor air quality and areas that are not as wealthy.

According to the 2018 Air Quality Annual Status Report (ASR) there were no active Air Quality Management Areas within Wirral. However, the need remains for monitoring the air quality within Wirral. Levels of nitrogen dioxide (NO2), particulate matter and (in two locations: Eastham and West Kirby) benzene are monitored. Singleton Avenue and Arrowe Park (both in Birkenhead) and the A41/Port Sunlight roundabout have been identified as traffic hot spots where possible elevated emissions are likely.

Cycling, walking or making use of public transport are all important efforts in which the public can help with improving the air quality in Wirral[24].

Culture and leisure
The Wirral Public Health Annual Report 2019 highlights and discusses the evidence for the positive impact of arts and cultural activities on health at 'every stage of life'[25] . The report notes the social factors and positive impacts on mental and physical health conditions such as Chronic Obstructive Pulmonary Disease (COPD), dementia, falls, and hospital submissions, amongst other health related issues. The report closes its forward section by suggesting that future arts and cultural activities on Wirral should aim to add to the growing evidence base for this type of intervention and it's impacts on mental and physical health.

Wirral's parks and open spaces provide access to a wide range of positive activities for people of all ages throughout the Borough. The Wirral Parks and Open Spaces Strategy 2014-2024[26] aims to provide direction for service planning and targeting of resources, that is, to create an agreed, targeted action plan and to provide support for appropriate funding bids, investment and partnership agreements. This report highlights that people are typically prepared to travel up to around an hour to visit the Wirral. One key element of this report is the policy that highlights that Wirral's parks and open space should help provide preventative physical and mental health services for people of different ages. However, survey data quoted in the report indicates that 57.0% of visitors are aged 55 plus and, socio-economically, ABC1s account for 65.0% of visitors – compared with 51.0% of the national population profile of ABC1s. This indicates that there is an underuse by those in deprived areas.

3.3.2 Living and working conditions

Education
According to the last school census (2012) there are:
- 90 state-funded primary schools;
- 22 state-funded secondary schools;
- 13 special schools;
- 1 pupil-referral unit; and
- 5 independent schools in Wirral.

This equals a total headcount of 50,716 pupils in primary, secondary and some tertiary education in Wirral. Average class sizes were 26.0 and 26.1 pupils for primary and secondary respectively, this is lower than the average size of classes in England which is 27.1 for primary and 27.0 for secondary. Furthermore, <0.01% of primary classes in Wirral were considered unlawfully large, 1.6% lawfully large and 2.9% had more than 31 pupils.

This data also shows that the percentage of pupils eligible for and claiming free school meals in Wirral was above the average for England in both state-funded primary and secondary schools, as well as in special schools and the pupil-referral unit. In order to be eligible for free school meals, pupils or parents must be in receipt of certain benefits (such as Universal Credit, Jobseeker's Allowance, Working or Child Tax Allowance and/or support under the Immigration and Asylum Act 1999) with earnings of no more than £7,400 per annum.

The educational indicators for Wirral are, overall, better or similar to the benchmark for England. Furthermore, General Certificate of Secondary Education (GCSE) attainment in Wirral is better than the national average (PHE). 37.5% of the young cohort in the area entered higher education by age 19, which is similar to the England average (37.5%). However, the level 2 (GCSE) and 3 (AS/A level) attainment inequality gap at key stage 4 and age 19 is one of the highest of all the local authorities in the country. 23.4% of the population have no qualifications, which is higher than the national average and is also unevenly distributed across the area – 27.7% of Birkenhead constituents have no qualifications, compared to 18.6% of West Wirral constituents. Additionally, in Birkenhead and Tranmere, 49.0% fewer young people participate in higher education compared to in Heswall[27].

Employment
a. The 2017/18 employment rate for the 16-64 age group was 73.8%, which is lower than the national average (75.2%) but has increased from the previous period and is slightly higher than the regional average of 73.4% (PHE). A total of 3.6% of Wirral's population claim out-of-work benefits as of August 2019[28], which is 0.9% higher than the average for Great Britain. The largest percentage of these claims were from residents aged 25 to 49.

For those in employment, the average gross weekly and hourly pay rate (excluding overtime) in Wirral (2018) are lower than both the regional and national averages. The top three employee jobs (2017) by industry in Wirral are:
- Human Health and Social Work Activities (24.3%);
- Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles (14.6%); and
- Education (10.7%).

The percentage of employee jobs for both Human Health and Social Work Activities and Education are notably higher than the national averages (13.3% and 8.9%, respectively). The number of businesses registered on Wirral (Inter Departmental Business Register 2018[29]) is also in line with the national picture. However, job density in Wirral is significantly lower (0.64) than the figures for Great Britain generally (0.86).

There are significant numbers of young people aged 16 and 17 Not in Employment, Education and/or Training (NEET) on Wirral. The NEET figure for Wirral in March 2018 (3.6%) was 0.1% higher than in March 2017[30].

The highest concentrations of NEET young people are residents of Prenton, Bidston and St. James, Seacombe, Rock Ferry, New Brighton, Liscard, Leasowe and Upton (Figure 5)[31].

There are certain vulnerable groups which are significantly more likely to be NEET than the whole population. These groups include: Looked After Children (20.8%), care leavers (41.7%) and young people supervised by the Youth Offending Team (YOT) (45.5%). Those expecting or with young children are also far more likely to be NEET: Young people (aged 16-17) who are pregnant (46.9% NEET), are teenage mothers (87.5% NEET) or caring for their own child (88.9% NEET).

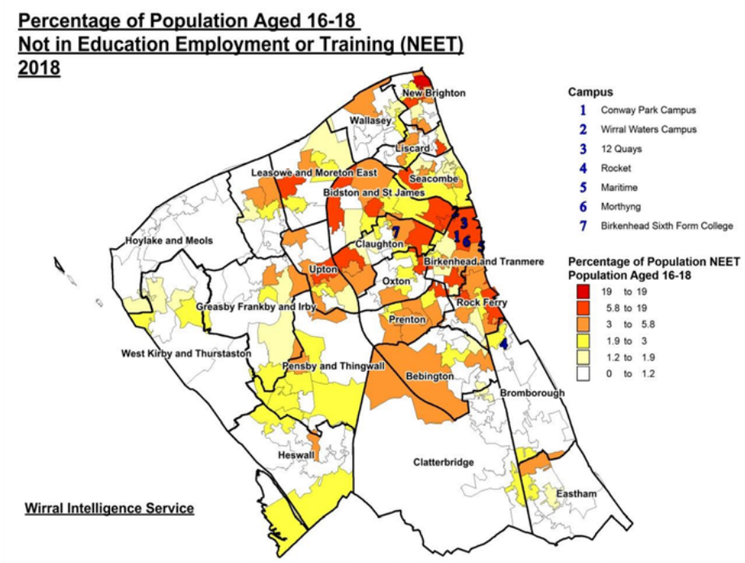

Figure 5: Wirral 16-18 year olds Not in Education Employment or Training (NEET), 2018[32] (Source: Wirral Intelligence Service)

Housing and living environment

In 2011, 68.0% of the Wirral population lived in owner-occupied housing (64.1% England), although the percentage does vary across different areas of the Borough. For example, 90.1% of residents in Greasby, Frankby and Irby wards lived in an owner-occupied home, compared with only 35.1% of Bidston and St James residents. Furthermore, 2011 census data also shows that the percentage of the population living in social housing in Wirral (15.2%) is smaller than the national average (17.7%); however, these figures vary a great deal between constituencies and wards (Table 3).

Table 3: Number of Wirral residents living in social housing, by ward

Ward	Percentage of population living in social housing
Bidston and St James	46.9%
Rock Ferry	33.4%
Average for area	15.2%
Heswall	2.2%
Greasby, Frankby and Irby	2.7%

Source: ONS census 2011 (http://www.ons.gov.uk)

The percentage of the population living in overcrowded housing is smaller in Wirral (3.9%) than the average for the country (8.7%). This percentage is, however, larger in the Birkenhead (5.9%) and Wallasey (4.1%) constituencies. The Birkenhead and Tranmere (8.4%) and Rock Ferry (7.1%) wards have the most overcrowding, with the Greasby, Frankby and Irby (1.2%) and Clatterbridge (1.3%) wards having the least. Wirral's percentage of vacant dwellings (3.7%) is smaller than England as a whole (4.3%).

PHE data does indicate that family homelessness is slightly lower in Wirral than the national benchmark (1.7 families per 1000) at 0.5 households per 1000 in 2017/18. However, overhaul of welfare arrangements and changes in access to affordable accommodation have contributed to a 13.0% rise in demand for council-commissioned hostels[33]. An estimated 64.0% of new presentations to homelessness services were from single-resident households and the most commonly cited reason is the termination of a private rent contract.

The Wirral Strategic Housing Market Assessment (SHMA) and Housing Needs Study[34] report presents a number of housing scenarios and the associated housing need for Wirral up to 2037. The resultant range of housing need extends from 875 dpa[1] - 1,185. The report also highlighted a net backlog of affordable housing need for Wirral of between 1,034 and 1,706 (NB: Figures also vary by scenario) (Table 4).

Table 4: Affordability of housing in Wirral

	Wirral
Net Annual Affordable Housing Need (Housing register 20% deposit sensitivity approach)	1,034 dpa
% Affordable Housing (to be viability tested), of which:	40.0%
% Social / Affordable Rented	50.0%
% Intermediate Tenure / Starter Homes	50.0%

Housing and the living environment are fundamental to improving the health of Wirral residents. This coupled with the need and desire to grow the local economy and support its parallel housing need, further impacting positively on health, is reflected in the key priorities highlighted in The Wirral Housing Strategy (2016)[35]. This report notes that 1 in 3 homes on Wirral fail to meet the decent homes standard and 16.0% of households in Wirral experience difficulty in heating their homes. Furthermore, the report highlights that in advance of 6000 households sought housing advice and assistance between 2013 and 2015. In 30.0% of these cases, a potential loss of accommodation was a result of affordability issues linked to welfare reforms – impacting the more deprived areas of Wirral and associated with health and health inequalities.

The report notes that there is a required, and continued, need for an improvement in the quality of housing that is available to residents of the Wirral. The key priorities highlighted by the report are:

- Building more homes to meet our economic growth ambitions;
- Improving the quality of housing available to our residents; and
- Meeting the housing and support needs of our most vulnerable people to enable them to live independently.

The private rented sector is the only housing option available for some. Within the housing market for Wirral, the private rented sector is growing. Although some landlords are managing professionally, there are many properties within the private rented sector which are poorly managed and maintained[36]. Properties that are managed poorly can lead to serious problems, e.g. low demand, Anti-social Behaviour (ASB) and fly-tipping. An estimated 15.0% of private rented accommodation have Category 1 Housing Health and Safety hazards that can exacerbate long-term health conditions such as COPD and CVD[37].

In order to achieve a healthy private rented sector with high quality accommodations and management, addressing housing and social related issues is needed, especially those to the East of the Borough. Wirral Council introduced a Selective Licensing Scheme to four small areas in Wirral in 2015 and, in 2019, introduced a scheme in four further areas. The scheme that was introduced in 2015 has had a significant impact in improving properties through compliance inspections and pro-active engagement with landlords, tenants and residents[38].

Health care services

PHE's Outcomes Framework[39] compares the health outcome indicators of local authorities to the overall England average. For Wirral, notably poor indicators include hospital stays for self-harm, alcohol-related and -specific hospital stays, under 18 conceptions, smoking and breastfeeding initiation, as well as LE as previously discussed[40]. A full summary profile of this data can be found in Appendix B. A full review of healthcare provision is outside of the scope of this project.

[1] Dwellings per annum

3.3.3 Social and community networks

Crime
There was a total of 31,612 crimes recorded across Wirral between March 2018 and February 2019[41]. Recorded crimes are typically three times lower in the more affluent West of Wirral compared to the more deprived areas of Birkenhead (Table 5).

With regard to youth-related crime, the rate of first entrants to the justice system increased between 2017 to 2018, from 153.4 to 254.0, although this has followed the national trend of declining numbers for this measure since 2010 (ONS).

Table 5: Total recorded crime types in Wirral, by constituency, March 2018-February 2019

Crime Type	Constituency				Wirral
	Birkenhead	Wallasey	Wirral South	Wirral West	
Anti-social behaviour	2,855	1,622	815	877	6,169
Bicycle theft	124	85	92	51	352
Burglary	717	611	415	289	2,032
Criminal damage and arson	1,523	1,010	484	422	3,439
Drugs	533	246	70	79	928
Other crime	254	162	82	46	544
Other theft	777	468	322	301	1,868
Possession of weapons	95	43	16	18	172
Public order	1,172	635	293	297	2,397
Robbery	97	53	21	26	197
Shoplifting	746	366	216	219	1,547
Theft from person	94	65	17	13	189
Vehicle crime	710	649	266	306	1,931
Violence and sexual offences	4,468	2,798	1,413	1,168	9,847
Total of all crimes	14,165	8,813	4,522	4,112	31,612

Source: https://www.wirralintelligenceservice.org/media/2778/compendium-2019-final.pdf

Isolation, loneliness and connectedness
Feeling isolated and lonely can negatively affect people at any age. However, the impact on health of social isolation and loneliness is more severe for the older population[42]. With the Wirral population aging significantly, tackling these issues is of importance.

Results for Wirral indicated that Bidston & St James ward and Birkenhead & Tranmere ward had the highest score according to the Older People Isolation Index (OPII). However, three hotspots were identified containing potential risk of older people in isolation around Oxton, West Kirby & Hoylake, New Ferry, Bebington and Bromborough[43]. Interventions around these hotspots are crucial. The provision of social group interventions (e.g. volunteering) have shown to be successful in maintaining good health amongst older people. This is important to note when considering new developments for Wirral.

Increasingly, isolation and connectedness will be influenced not only by geographical hotspots but by digital access, mediated both by access to high-speed networks but also financial capacity and skills.

Transport
Transport provides access to critical social determinants of health, such as recreational activities, services, jobs and education[44]. A clear negative connection remains between access to transport and social isolation. However, current transport patterns in Wirral are negatively affecting people's health and the environment, as mentioned earlier in this document. Therefore, strategies for implementation of more healthy and sustainable transport is needed in Wirral. Such strategies will also increase physical activity. The recent Wirral Urgent Care report[45], highlighted the potentially negative impacts on some deprived communities in terms of access to healthcare services, due to poor access to private or public transport.

As mentioned earlier in this document, the transport sector contributes greatly to climate change, negatively impacting on health. The main drivers for this are land transport, mostly light-duty vehicles (e.g. cars), but also freight transport. Equally, there is increased likelihood that in areas of deprivation, any private transport is likely to be older vehicles with high emission levels and accompanying impacts on air pollution and greenhouse gas emissions.

3.3.4 Individual lifestyle factors

Smoking
The smoking prevalence figures for the Wirral have generally continued to decrease between 2011 (55,552) and 2018 (30,556): an estimated 12.0% of the 18+ population of Wirral smoked in 2018, which is lower than the regional (14.7%) and national measures (14.4%) (Figure 6)[46].

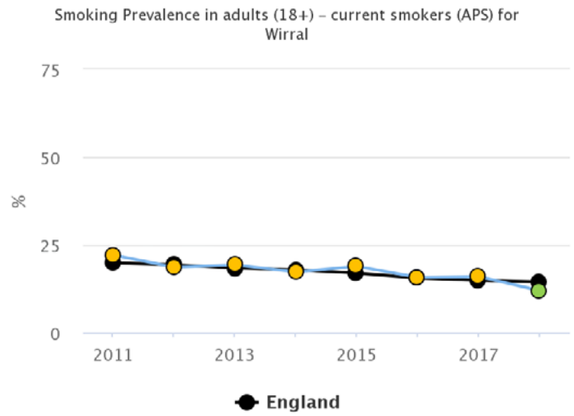

Figure 6: Smoking Prevalence amongst Wirral adult residents (18+)i (Source: PHE)[47]

Obesity
The percentage of adults (aged 18 or over) in Wirral classified as overweight or obese is 62.5%, similar to the national average (PHE). Additionally, the prevalence of obesity (including severe obesity) for children at reception is 10.0%, which is similar to the English average of 9.5%. However, the obesity rates almost double between reception and year 6 (20.1%).

Obesity and being overweight are more common in areas of deprivation, especially among women. Increased rates of being overweight and obesity increase the risk of diabetes, CVD, some cancers and musculoskeletal conditions.

Physical activity
In 2017/18, 62.1% of adults in Wirral were physically active, which was significantly worse than for the average of England (66.3%). A full summary profile of this data can be found in Appendix C.

Alcohol
Wirral has a lower percentage of abstainers (10.6%) and a higher percentage of binge drinkers (23.8%) compared to national averages. 1.9% of Wirral's adult population are estimated to be dependent drinkers, with corresponding higher than national rates of alcohol-specific and alcohol-related mortality[48].

3.3.5 Consequences of inequalities in determinants of health

Mental health
Mental health conditions are the greatest single cause of disability in the United Kingdom (UK). In Wirral, 45.0% of the working age population claiming Employment Support Allowance (ESA) suffer from mental and behavioural disorders, which is higher than the regional average of 36.7% and the average for England of 27.3% (PHE). PHE figures estimate that in 2017, 17.4 per 100 residents of Wirral had a common mental disorder, which is similar to the national estimate. The recorded prevalence of depression and anxiety, however, was worse than the figures for England. In terms of severe mental illness, Quality and Outcomes Framework (QOF) prevalence data from 2017/18 suggests that 1.1% of Wirral's population have a severe mental illness – 0.16% higher than the national benchmark figure.

There were 1,764 (3.5%) school pupils in Wirral with social, emotional and mental health needs in 2018, which is slightly higher than the national average of 2.4%[49]. Overall, mental health for children in Wirral is worse when comparing key PHE indicators at a local level with national averages (Table 6).

Table 6: Key indicators of young people's mental health, by region (colour indicates difference between areas)

Indicator	England	Wales
Inpatient admissions for mental health conditions (per 100,000)	84.7	155.1
Hospital admissions as a result of self-harm (per 100,000)	421.2	549.0
Estimated prevalence of mental health disorders in children and young people (% of population aged 5-16)	9.2	9.6

Data source: https://fingertips.phe.org.uk/.

As shown above, inpatient admissions for mental health conditions for children aged 0-17 was significantly worse in Wirral (155.1) than the English average (84.7) and, according to PHE, this trend in Wirral is getting worse. Hospital admission as a result of self-harm for those aged 10-24 years was also significantly worse for Wirral (549.0) than for England as a whole (421.2).

Additionally, PHE data shows that there are a significantly larger number of children in care in Wirral (123 per 10,000) than the England benchmark rate (64 per 10,000), a number which has increased. Research has shown that the mental health of Looked After Children is poorer than that of the general population, and that the general health of those in residential care is worse than those in foster care[50].

National data suggest that LGBT young people were at greater risk for depressive symptoms and suicidal ideation compared with other adolescents. Additionally, gay and bisexual men were twice as likely to be depressed or anxious compared with other men. Research conducted by the local LGBT community and local service providers in Wirral indicated that more than half of the LGBT participants (59.0%) had experienced a mental health problem in the last three years.

Long-Term Conditions (LTCs)
The recent Equality Impact Assessment undertaken by AECOM[51] highlights that a total of 22.6% residents of the Wirral stated that they experience a long-term health problem or disability (2011 Census). 11.9% reported that their activities are limited 'a lot', which is higher in comparison to the NW (10.3%) and England (8.3%) figures. 10.7% reported that their activities are limited 'a little', which is slightly greater than the regional (10.0%) and national (9.3%). figures Furthermore, in 2016, there were 2,190 (1.1%) claimants of disability benefit in Wirral, which is slightly higher than the national average of 0.8%.

Figure 7 shows the distribution of people who claim Disability Living Allowance (DLA) in Wirral (this was replaced by Personal Independence Payment (PIP) in 2013). PIP is awarded to those needing extra financial help as a result of long-term ill-health or disability. These individuals are, therefore, less likely to be independently mobile, and more reliant on carers. LSOAs with the most DLA claimants are more centred on the East of the Wirral, with a few areas of high concentration to the West. These areas – on the East of Wirral – have higher proportions of older people and as older populations tend to have higher proportions of people with LTCs, this will also mean an increase in the number of DLA claimants.

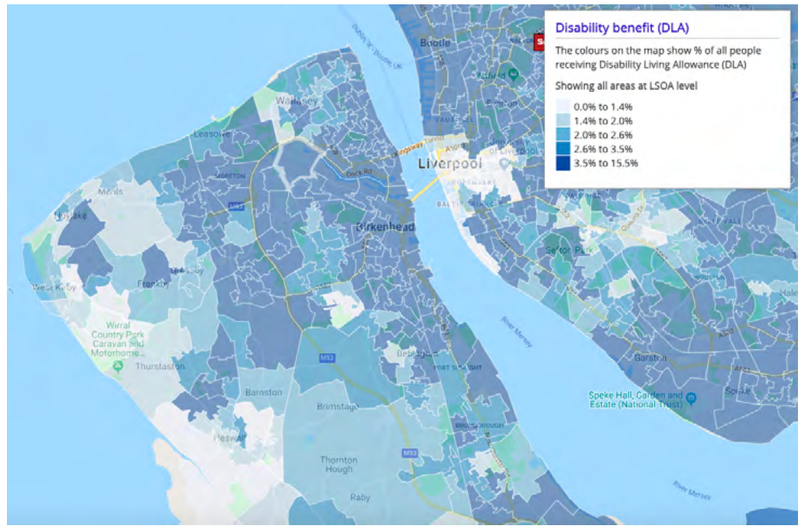

Figure 7: Map of Disability Living Allowance (DLA) for small areas (LSAO)[52] (Source: Wirral Intelligence Service)

Respiratory infection
Prevalence of COPD, pneumonia and lung cancer are all significantly worse in Wirral than average figures for England and subject to huge inequalities[53]. In 2017-18, the crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma was 238.2 for Wirral, which is also significantly worse than the English average of 186.4[54]. Respiratory infection is the greatest cause of the HLE gap between Wirral and England[55]

Section 4: Summary scoping

In light of the community profile presented, the HIA was structured around domains of wider health with a pragmatic rather than comprehensive set of significant underlying factors drawn from key challenges and policies. Once the Local Plan is more developed with specific proposals, a more issue-specific health appraisal may be required.

Domain of impact	Significant underlying factors
Social and physical environment	Poverty, inequality, housing, crime, education, air quality, transport, sustainability, public realm accessibility, social cohesion, accidents.
Personal or family circumstances	Mental health, wellbeing, risk-taking behaviour, diet, physical activity, employment, needs of specific population group.
Access to public services	Disease morbidity, mobility, resilience, service provision.

Each strategic objective of the emerging Plan was appraised against these domains. Where the impact was likely to be important for specific cohorts of interest as outlined in the EqIA (2019)[51], this was highlighted.

Population cohorts of particular interest were:
Young people (<19s);
Elderly people (65+ years);
Those with LTCs, including disability;
Most deprived communities (IMD);
Young people Not in Education, Employment or Training (NEET); and
LGBTQ+.

This section presents each strategic objective relating to the draft Plan, alongside information from each of the relevant policy documents, in tabular format.

Strategic Objective 1:

To support sustainable approaches to the location, design, construction, operation and impact of new development

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Replacement of old housing stock in more deprived communities may increase access to better quality housing and cheaper running costs. Expansion of improved insulation for business/public premises across more deprived areas of the Borough may allow cheaper running costs. Better designed neighbourhoods that reduce the need for car travel to access services may lead to improvements in air quality. Reduction in fuel poverty for older people and more deprived households as a result of better insulation. Improved design of housing stock can improve internal air quality and reduce childhood asthma and chronic respiratory conditions for all ages, reduce noise pollution – triple glazed windows etc. Redesign of deprived communities to allow more 'compact liveable neighbourhoods' that decrease the need for costly driving or public transport (e.g. to go shopping). Public service centres (hospitals etc.) and new build manufacturing etc. designed in a more sustainable fashion in terms of emissions. Improving social and physical environment with associated broad health benefits. Visually attractive design solutions creating a sense of wellbeing for the community. Landscaping/public art to	More energy-efficient housing stock is likely to reduce anxiety and other health-related impacts associated with fuel poverty and damp housing and enable families to keep more of their living space warm which would (e.g.) enable children to have quiet space for homework. New development may allow for better social design alongside sustainable approaches, e.g. design to support better community cohesion. New sustainable developments may boost civic and locality pride and accompanying improved wellbeing. New sustainable developments that reduce car dependency increase levels of active travel and result in increased levels of health and wellbeing. Provide high quality landscaping including boundary treatment between public and private areas, whilst taking advantage to create natural surveillance and prevent the opportunity for crime and ASB in a way that enhances community cohesion and the quality of the area – resulting in reduction of stress and anxiety for local community. New development allows for better design (i.e. considering	Better design of liveable neighbourhoods may make services more accessible and reduce the need for using car transport through increased provision for sustainable travel modes. Improved housing provision for older people or those with disabilities may reduce demand for more costly social care.	IMD <19 65+ LTC NEET - employment opportunities of new development
Positive implications			
support visual attractiveness and 'green' to promote wellbeing for local residents. Minimise and prevent the opportunity for noise and other disturbance to occupiers and neighbouring uses. Siting new developments to make use of solar and wind generation, reducing burden of cost of utilities on residents – therefore reducing stress. Positive impacts associated with development of local communities, for example, local jobs and local suppliers. Opportunities to make communities cleaner/safer with underground and top floor parking - improves availability for implementation of cycle paths and increased activity.	where obesogenic environments can be designed out) alongside sustainable approaches – design for more active communities. Redevelopment of shared public space to enhance the opportunity for physical activity. Additional housing may enable the development of housing that enables older people to live in their own homes for longer and reduce demand on social care services. Public service centres (hospitals etc.) and new build manufacturing etc. designed in a more sustainable fashion, including provision of elements to promote activity (covered/ enclosed walkways/cycle storage). Multi-generational housing developments may help to reduce social-isolation for elderly.		

How to maximise positive impact:

- If sustainable redevelopment prioritises communities of current high deprivation and poor LE, outcomes impacting current inequality can be maximised. In particular incentivisation of home insulation schemes will impact LE and mental health. This prioritisation might also include public buildings (e.g. schools).
- Making health considerations (e.g. to enable active travel, physical activity or social cohesion) central to the brief of new design and location alongside sustainability will ensure maximum impact of the redevelopment investment made.
- Consider developments with self-supporting sustainable/carbon neutral power generation/highest standards.
- New developments to include planning for access to services and amenities.
- Social marketing campaign to support Wirral to become a carbon neutral borough.
- Set tough carbon targets and empower and incentivise local residents to take action themselves.
- Buildings to meet the highest standards of sustainability – impacting positively on heating/cooling.
- Places for children and young people for leisure and play.
- Housing/developments and surrounding infrastructure needs to be future proofed (secure cycle storage, e-vehicle charging, solar panels etc.).
- Active travel to be intrinsic to new development designs.
- Opportunity to maximise economic impact of new development by ensuring any wealth generated is held by local community.
- Design neighbourhoods not homes – community co-design and intergenerational housing.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Sustainable redevelopment is showcased in more affluent neighbourhoods, widening existing inequalities. Incentives for sustainable planning and development are disproportionately felt in more affluent areas (e.g. where return on investment is likely to be more certain), leading to widening inequality. An increasing shift to renewable sources of energy across the Borough may initially increase cost of energy, which will be disproportionately felt by more deprived communities. If improvements to housing stock (e.g. to improve insulation) are only affordable/accessible to more affluent households, inequality will widen. If there is inadequate provision for safe walking and cycling, new developments may increase motor traffic with resultant impacts on air quality, congestion and road traffic injuries. There is a risk that the introduction of quieter electric vehicles may cause more accidents involving pedestrians and cyclists.	Potential community disruption of new (housing) development. Selective redevelopment or improvements not widely accessible (especially to less affluent communities) will have a negative impact on mental wellbeing in excluded communities (e.g. 'gated' redevelopments). Sites of new development may limit quantity or access to existing green space for wellbeing. Poor provision of cycling and walking infrastructure may limit independence and mobility, particularly for vulnerable groups such as children, older people, those with limited mobility, those on low income. New developments with all sustainability could push costs upwards making them unaffordable for all residents resulting in negative health impacts of stress and lack of ability to move to more suitable housing.	Siting of developments on busy roads, away from local services may increase car dependency and cause increased congestion, poor air quality etc. Poor transport options in the east and south of the Borough can reduce ease of access to public services. Lack of intelligence-based planning may affect the local availability of essential public services, e.g. schools, GP practices.	IMD <19 65+ LTC NEET

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Poorly sited charging points for electric vehicles can take away space for people on foot or bike and make pavements inaccessible for those in wheelchairs or with pushchairs. Development of brownfield sites which have not been properly assessed and decontaminated may result in health impacts such as exacerbated respiratory disease, increased risk of some cancers. New developments with all sustainability could push costs upwards making them uneconomic for business investment. Coastal strategy for maximising use of blue assets not included in the Plan.	Impact on the mental health of communities neighbouring new developments. Developments that don't include leisure and play facilities for young people and children can lead to poorer mental and physical health.		

Risk mitigation

- Ensure redevelopment plans and use of renewable sources of energy are incentivised to target those areas where health outcomes will be maximised (e.g. more deprived communities). Planned and fair rehousing if needed.
- Effective survey and risk management of brownfield developments, using best practice for site decontamination.
- Ensure development location does not decrease access to existing green space used for recreation or make walking/cycling as a means of transport more difficult.
- Develop local design guidelines and standards that ensures high quality developments. Develop framework for when developments require HIA before planning consent can be obtained.

Examples of good practice

- Worcestershire - https://www.swdevelopmentplan.org/wp-content/uploads/2018/05/Adopted-Planning-for-Health-SPD-Sept-2017.pdf
- Halton HIA - guidance to developers - https://www3.halton.gov.uk/Pages/health/PDF/health/HIA/HIAlocalguidance.pdf
- Norwich award-winning Passivhaus social housing development - https://www.norwich.gov.uk/info/20296/latest_housing_projects/1929/goldsmith_street
- Town Centre Living - a Caring Place - Architecture and Design Scotland 2019 - https://www.ads.org.uk/wp-content/uploads/CaringPlacesReportV1.12019.pdf - this includes 10 principles for developing caring town centres and examples of good practice.

Strategic Objective 2:

Promote safe, efficient and sustainable travel, improve accessibility, connectivity, and ease of movement, which reduces the need to travel by private car and encourages healthy lifestyles. Direct new development to locations which will provide easiest access to existing centres, high-frequency public transport corridors, pedestrian and cycle routes.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Location of new development to ensure deprived communities can become 'compact neighbourhoods' may decrease the use of private cars or taxis (e.g. for healthcare or to go shopping). Cost-effective and flexible public transport will increase social mobility and opportunities for further education and employment. Ensuring flexibility and integration of public transport options will reduce costly dependence on taxis for those without a car and reduce private car use. Using more efficient and sustainable transport infrastructure to encourage investment and business in more deprived communities may help decrease inequality and improve housing value. Reduced emissions from transport in built up areas will improve air quality and reduce asthma and other respiratory diseases. Improved provision of traffic-free areas and segregated infrastructure on medium to high volume roads would prevent injuries from road traffic involving vulnerable road users. Implementation of 20 mph across all residential areas, and where high concentration of pedestrians (e.g. near schools/colleges) reduces the risk of collisions and injury/death, particularly for vulnerable groups (e.g. children, older people, people with disability). A boost in public transport options and/or integrated active transport may help build mobility, social cohesion and social engagement. Wirral Waters development to encourage access by public transport and walking opportunities when on site. Provision of elements such as secure cycle paths in public locations and developments for public use of showers. Work with local communities and businesses and schools/colleges to develop and promote local sustainable transport schemes e.g. School travel plans. Living Streets WOW projects, Business travel Support programmes Introduction of more encouraging cycling and walking environment (see Polish scheme).	Better traffic reduction will improve wellbeing amongst residents in built-up areas. Specific focus on tailored public transport access to a more diverse night-time economy and the wider region's cultural assets may improve wellbeing. Safe public transport may address anxiety for specific groups e.g. older people, young people and LGBTQ+, especially at night. Incentivising walking, cycling and public transport over driving will increase levels of physical activity. Better traffic management/ traffic reduction will improve the potential for residents (and especially children) to be physically active in built-up areas. Improving accessibility of leisure and environmental assets of the Peninsula to those without a car may help increase physical activity and reduce inequalities in access. Improving long-term health of Wirral residents via education within school environs. Well used, safe public transport may address anxiety for specific groups e.g. older people, young people and LGBTQ+, who may perceive public transport to be unsafe, especially at night. Incorporation of infrastructure such as secure bike stores/ lockers for travellers to promote active travel improving individual health. Provision of elements such as secure cycle paths in public locations and developments for public use of showers developments for public use – to encourage active access to workplaces and other social environs. Introduction of more encouraging cycling and walking environment (see Polish scheme) - promoting 24-hour activity offer.	Reduction of emissions through better control of traffic and better separation of traffic from residential areas will impact respiratory health, some cancer incidence and CVD. Cost-effective and flexible public transport will increase social mobility and opportunities to access public services such as health (see Urgent Care plan). Incorporation of infrastructure such as bike stores/lockers for travellers to promote active travel to and from public transport systems – impacting on emissions and activity.	IMD <19 65+ LTC NEET LGBTQ+

How to maximise positive impact:

- Iftransport development prioritises communities of current high deprivation and poor LE, outcomes impacting current inequality can be maximised. To ensure physical activity and positive wellbeing are promoted, new development should focus on the opportunity for creating more compact neighbourhoods in favour of distant hubs. By developing managed traffic-free areas in the heart of urban communities, there are multiple positive impacts on health, including the opportunity for greater community cohesion. In addition, areas become more attractive to new investment and new residents, impacting long-term inequality. Ensure 20mph limits adopted in new developments.
- Opportunity for all new housing and business developments to be self-sustaining in terms of power generation.
- Implementing sustainable travel programmes that prioritise walking, cycling and public transport with increased space allocated to walking and cycling and safe infrastructure.
- Encourage 'Smarter Choices' through car clubs, travel plans, secure cycle parking etc. and providing better public transport.
- Promote low-carbon vehicles for use where walking or cycling not a realistic option by rolling out low carbon public transport and providing electric vehicle charging infrastructure, providing incentives for drivers of low-carbon vehicles. Important to note that electric vehicles still impact air quality through particulates from tyres, brakes etc., and do not resolve issues regarding congestion, public space taken for parking or Road Traffic Incident.
- Social marketing and behaviour change programmes to complement Local Plan to ensure higher level of take up sustainable transport use. Capital investment in infrastructure should be supported with these behaviour change programmes.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
If new development is solely aimed at existing centres, those communities that are already isolated risk becoming more so, creating new pockets of inequality. If promotion of 'active travel' does not take account of the wider cultural (e.g. gender, social norms) as well as material barriers (e.g. to walking and cycling), the utilisation of new opportunities may increase existing inequality.	If planning makes assumptions of transport mode by current levels rather than possible/ desirable levels, the opportunity to expand active transport will be lost (e.g. cycling infrastructure planned to accommodate 2.0% of short journeys vs what is needed to accommodate 50.0%). Impacts on the health of Wirral residents by the flight paths to Liverpool John Lennon airport. Not all families or individuals have access to bikes – this is a barrier.	Current public transport network can make access to health services problematic, particularly for some localities, older people, those with limited mobility and those in deprived areas (see Urgent Care report). Young people cite transport as one of the biggest barriers to participation – cost, links, safety, frequency. Lack of coherent transport could reduce the attractiveness of some communities and/ or perversely incentivise behaviours (e.g. A&E attendance, positive and negative, reducing DNAs, or increasing inappropriate admission).	IMD <19 65+ LTC

Risk mitigation

- Ensure development location does not decrease access to existing green space used for recreation and makes walking/cycling and public transport an easier option.
- Changes in transport infrastructure need to be planned Borough-wide to guard against shifting the problem to other communities and ensure communities are not isolated from access to services.
- Build a greater understanding of why communities do not access opportunities for physical activity or utilise public transport.
- Behaviour change processes need to be user-centred to promote use of more sustainable transport options. This means understanding the true drivers and barriers to access with the mandate to implement relevant changes in service and infrastructure design or provide information/training for the non-physical barriers.
- There are some important existing physical barriers to movement on foot and cycle across the Borough e.g. M53 and A41 – how could the plan address these?
- A need to stimulate behaviours and attitudes (and interventions, such as policy) to influence the use of cars for school and leisure drop-offs at peak times (e.g. car sharing, reduced access to school roads, promoting benefits of walking etc). Needs different treatment to other land uses e.g. employment sites.
- Need for a culture change amongst those experts planning / designing transport infrastructure, to move away from serving the needs of cars, and towards a culture of sustainable travel. This might include training, stakeholder engagement/listening, and being inspired by models of best practice.

Examples of good practice

- Waltham Forest - succeeded in decreasing motor traffic and increasing walking and cycling through investment in a series of "mini-Hollands" where they have created low traffic residential areas through use of modal filters that facilitate through movement of people on foot or bike but no motor traffic - https://walthamforest.gov.uk/content/independent-studies-find-people-waltham-forest-are-living-longer-and-getting-more-exercise
- Greater Manchester - Bee Network design guidelines show what good quality infrastructure needs to be like. Highlights the importance of creating connected networks of infrastructure to support journeys and a quality standard that infrastructure is accessible to a double buggy and can be used independently by a 12 year old -
- http://www.urbanmovement.co.uk/uploads/1/4/1/9/14194615/bee_a_champion_urban_movement.pdf
- https://tfgm.com/future-travel/cycling-and-walking
- https://www.insidehousing.co.uk/insight/insight/the-homes-that-generate-energy-52452
- Nottingham - workplace parking levy - money realised used to invest in public transport and cycling infrastructure. Increased journeys into city centre using public transport and reduced C02 emissions by a quarter since 2015 - https://www.forbes.com/sites/carltonreid/2019/10/17/nottinghams-workplace-parking-levy-creates-jobs-cuts-car-use-and-slashes-pollution/#4144567839fb
- International - Utrecht (widely regarded as best practice) - https://www.citylab.com/transportation/2019/07/bicycle-friendly-city-utrecht-streetfilms-bike-lanes/593320/
- Seville - rapid development of bike network has led to rapid increase in bike usage - https://www.euronews.com/2018/10/12/seville-how-a-small-spanish-city-became-a-cycling-hub-for-all-view
- School Streets - http://schoolstreets.org.uk/
- 20s plenty campaign - http://www.20splenty.org/

Strategic Objective 3:

Ensure the responsible use of land and natural resources to mitigate and adapt to climate change and promote the transition to a low carbon Borough

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Encouraging new industry or employment around the low carbon (net zero by 2041 in draft climate change strategy[56]) economy in more deprived areas of the Borough will positively impact inequality in deprivation. Incentivising and subsidising the adoption of green technologies in more deprived areas can help reduce long-term inequality arising from energy costs. Implementing a tree planting scheme for all new developments and across the Borough creating a cleaner environment/ reducing air pollution - and education of future residents. Impact from alternative processing facilities (e.g. aerobic digestion for food waste).	Minimisation of waste and the need for landfill sites may contribute to better wellbeing in adjacent communities. Promoting recycling in place of disposal - if managed well - could improve the appearance and cleanliness of the local environment, with impact on wellbeing. Consider new approaches to encourage greater recycling – with accompanying behaviour change. The behaviour of recycling and conserving resource will have positive impacts on individual - and potentially physical health and mental health Reuse of plastics in the environment (e.g. as a recycled play or cycling surface) could be used to open access to more public spaces for recreation.	Reduction of emissions through renewable sources of energy may impact incidence of some cancer and heart disease. The use of renewable sources of energy will lead to improved air quality [but perhaps not locally?] and reduced incidence of respiratory disease.	IMD <19 LTC NEET

How to maximise positive impact:

- Wirral is an established site for renewable energy with an opportunity to attract further investment in the green technologies sector and diversify opportunities for employment.
- By identifying development of brownfield sites in the east of the Borough, there is opportunity to address current inequalities.
- Aims of waste recycling could be combined with aspirations to increase wellbeing and physical activity to identify creative approaches to waste management involving communities (e.g. recycled plastic play areas).
- Opportunity for use of some green land for horticultural/'Wirral farm' owned by council and run to provide natural food to schools and encourage school children to visit and learn about sustainability.
- Harness the motivation of community engagement and involvement e.g. young people want more trees and plants. They are motivated to be environmentally responsible. Community involvement will enable greater community benefit (Wirral Community Renewables).
- Incentivise and empower residents to pursue sustainable energy production e.g. All new housing built with solar panels, high energy efficiency built in;
- Low-carbon power stations should be pursued.
- Overarching focus needs to be on reducing waste.
- Consider community tree nursery to supply demand for local trees.
- Consider new approaches to waste management and recycling - Community ownership of recycling offers potential benefits.
- Implementation/consideration of circular economy.
- Heat network opportunity in urban areas (e.g. Wirral Waters).
- Opportunities to promote alternative diets to support healthy living and climate change.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Available sites for mineral exploration and waste management may be disproportionately situated near more deprived communities and their exploitation risks negative environmental impacts on these communities, including from increased traffic and/or pollution (including noise). Green technologies may be beyond the reach of more deprived households, further widening inequality. Increased traffic arising from new developments in green technologies, waste management or mineral extraction will have a negative impact on air quality in adjacent communities. Agricultural land is not mentioned in the current policies - consider the type of agriculture to encourage for the future, for example, bio-diversity, more plant-based diets etc. to mitigate climate change. Also use of land for renewable energy e.g. solar farms vs food production. There is an imbalance in trees/green infrastructure between east/west. Biggest impact will be in east/urban centres. Transition to zero carbon could present opportunities, but also have a negative impact on jobs that support fossil fuel use (e.g. oil refinery, supply chain).	Increased siting of waste management or mineral extraction may have a negative impact on mental health of adjacent communities through potential deterioration of the environment, noise, smell and increased traffic. Increased mineral extraction is likely to have a negative impact on physical activity through potential limiting of access to open space.		

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Hotter, drier summers will increase the risk of CVD, heat stroke, respiratory illness, and food poisoning and gastrointestinal diseases and may exacerbate mental health problems. Storms and flooding may lead to shocks within local food production, injuries, death, and susceptibility to respiratory illnesses, gastro-intestinal illness, food poisoning, and contaminated water and have a detrimental impact on mental health. Warmer winters will reduce the risk of cold related illnesses such as seasonal flu and respiratory illnesses. Flooding is not a widespread issue for Wirral, potentially meaning those areas that are at increased risk may be overlooked in terms of priorities.			

Risk mitigation

- Consideration of the particular communities at risk of negative impact from redevelopment needs to be taken account of, specifically in terms of the likelihood of a development further increasing inequality of deprivation through environmental or economic impacts.
- Where roll-out of green technologies depends upon financial capacity of particular communities, incentives or subsidies may be needed to ensure all types of community benefit. Where possible, needs for increased transport arising from site development should be met through sea and rail and not road. Impact assessment of individual developments with mitigation plans and effective use of Community Infrastructure Levy (CIL).
- Need to include reference to a need to consider circular economy.
- What are the needs of a circular economy (i.e. recycle, reuse) – at present most waste ends in landfill or recyclable waste is transported and burned in Lancashire.
- Potential double benefit if tree planting in flood risk areas/protection scheme.

Examples of good practice

Examples of good practice:

- Lancashire HIA for shale gas exploration - https://council.lancashire.gov.uk/documents/b11435/Potential%20Health%20Impacts%20of%20the%20Proposed%20Shale%20Gas%20Exploration%20Sites%20in%20Lancashire%2006th-Nov-2014%2014.pdf?T=9
- https://earthmoves.org
- http://www.wrap.org.uk/about-us/about/wrap-and-circular-economy

Strategic Objective 4:

Protect and improve the quality and accessibility of green space, green infrastructure and nature, whilst protecting and enhancing biodiversity and ensuring that development delivers net environmental gains where possible.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
The Borough's natural and historical environment assets are largely accessible and free to all communities and well-distributed between east and west. Enhancing their use has the potential to address inequality, particularly for young people. Prioritising the expansion of natural habitats in more deprived areas could further positively impact inequality of environmental experience. Natural and historical environment assets are freely available for the use of families, communities and neighbourhoods, helping to build social cohesion and encouraging mobility. The expansion and linking of natural habitats, particularly in urban areas, contributes to improving air quality for residents. Opportunities for volunteering (e.g. Wirral Ranger Service, Local park committees) has many positive social and wellbeing	Preserving and expanding access to cultural and green infrastructure can be a significant driver of healthy behaviours that improve HLE. Accessing positive environmental assets can facilitate recovery from ill-health, delaying or preventing relapse and the development of multiple morbidities. Preserving and expanding access to cultural and green infrastructure can be a significant driver of mental wellbeing, respiratory function and physical activity. Accessing environmental assets can facilitate recovery from ill-health, delaying or preventing the development of conditions limiting physical activity.	Reduction of emissions through renewable sources of energy will impact some cancer incidence and CVD. The promotion of renewable sources of energy will lead to improved air quality [but perhaps not locally?] and reduced incidence of respiratory disease. Wirral Ranger service represents excellent access for local people to public services and also volunteering opportunities.	All cohorts but particular benefit may be felt by LTC

How to maximise positive impact:

- Although the distribution of the Borough's assets theoretically enables some access by every part of the population, barriers to use are frequently complex (e.g. cultural). Therefore, creative and sustained attention is required to ensure that all cohorts (in particular the more deprived communities) have equal benefit. This might include developing a greater sense of 'ownership' of the Borough's assets by all sections of the community, not only by those already accustomed to their use or by those living locally to them. It may also include new incentives to use (e.g. glow in the dark bike trails, urban farms, park gyms, community events, community challenges).
- Safe walking and cycle routes linking residential areas with Wirral's green spaces, plus links connecting green spaces - to reduce dependence on car to access greenspace. The development of cycling hubs - https://www.telegraph.co.uk/travel/destinations/europe/poland/articles/poland-beautiful-glow-in-the-dark-solar-powered-cycle-lane/.
- Alignment with ranger service to maximise the use of volunteer groups, training, etc. and promote development and management of biodiversity. Support and enhance volunteer groups caring for local parks (Friends of Park, Love Where You Live (LWYL)) and grow funding that maintains local parks. Map volunteer groups.
- Use the Wirral Environmental Network and encourage its growth.
- Boost work of Eco-Schools in developing good habits in local residential areas.
- Embed tree-planting schemes in development opportunities and integrate tree strategy more fully with Local Plan.
- Develop better public transport and active transport hubs around key green space attractions.
- Review and enhance bird protection status and zones within developments.
- Consider pollinators in Local Plans - preservation and development of verges and hedgerows.
- Promote and protect Wirral's special status for RAMSAR (Wetlands Conservation status) and SSI (Special Scientific Interest).

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Preserving natural environment assets and embedding green infrastructure into new development is costly and represents an opportunity cost for other vital investment. If this investment only benefits some sections of the community and there is no effort to widen access, inequality will further increase. Unless there is investment in overcoming some of the barriers to using the Borough's environment assets, there is a risk that some individuals or communities feel excluded. Without effective Borough-wide planning, the expansion of natural habitat and green infrastructure risks diverting traffic volume to already congested areas, decreasing air quality. If access to green infrastructure, e.g. country parks, is difficult by public transport, cycling or walking some groups will be excluded, and there will be high levels of motor traffic with resultant impacts on air quality, congestion and road safety. Agricultural land is not mentioned in the current policies – consider the type of agriculture to encourage for the future, for example, bio-diversity, more plant-based diets etc. to mitigate climate change. Also use of land for renewable energy e.g. solar farms vs food production.	For those already experiencing poor health, accessing natural and historical environment assets may feel out of reach, meaning the potential benefit is not fully realised. For those already experiencing poor mobility, accessing natural and historical environment assets may feel out of reach, meaning the potential benefit is not fully realised. Physical barriers may prevent access by those with limited mobility or using wheelchairs, pushchairs or bikes (especially non-standard bikes). Accessibility of public rights of way on farmland - maintenance, miles without stiles etc. Current air quality management programme focuses on emissions but not proximity to exposure - access to environment assets may increase exposure to poor air quality. A focus on developing brownfield sites risks 'locking in' issues of air quality and exposure to contaminants to already densely populated areas, with associated health impacts	Opportunity cost potentially in favour of environment infrastructure over public service development.	IMD <19 65+

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Potential competition for use of most popular green space (e.g. sporting, recreational, access for dogs) in terms both of noise, crowding and specific social behaviours (e.g. dog control). There can be a clash of opinion and agenda amongst local pressure groups where new developments impinge on green belt or land that is perceived to be valuable local green space. Although new developments may actually increase access to green space (or diversify the population able to access it) by (for example) planning it into a new housing estate, small numbers may lose access (for example, undeveloped space for dog-walking).			

Risk mitigation

- Develop walking and cycling networks that link communities effectively to green space.
- Ensure public rights of way are of good quality and as accessible as is feasible e.g. quality of surface, gates rather than stiles, removing barriers on cycle routes that make difficult for anyone on non-standard bike or with disability.
- Encourage wild meadow areas in green spaces and country parks to encourage a range of wildlife at various sites across the Wirral.
- Encourage access via miles without stiles etc.
- Measurement of 'net environmental gains' should take into account numbers of people accessing, quality of access (or use of space) as well as quantifying area of land use.

Examples of good practice

Examples of good practice:

- https://www.lakedistrict.gov.uk/visiting/things-to-do/walking/mileswithoutstiles
- LWYL supporting and networking local environmental volunteer groups nationwide. Recently introduced in Wirral - https://wirralview.com/news/love-where-you-live-hubs-launched-wirral
- Resilient Parks movement - https://www.nrpa.org/our-work/Three-Pillars/conservation/climate-resilient-parks/

Strategic Objective 5:

Manage flood risk through a risk-based approach which directs inappropriate development away from high risk coastal, river or surface flooding areas and makes space for water and utilises sustainable urban drainage systems.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Maintenance and improvement of flood defences on coastal locations to reduce coastal erosion and negative impacts on coastal housing. Provide for the sustainable management of surface water and the long-term maintenance of effective sustainable drainage systems, flood defences, land drainage infrastructure and river corridors including improvements to water quality and watercourse hydro-morphology, including the removal of redundant features and watercourse restoration, where relevant. Support health and wellbeing and provide for a sustainable pattern of development, particularly within areas of greatest need. Planning applications to ensure flood risks considered and ameliorated. Tree planting schemes to aid in drainage and air quality – sustaining current coastal areas for residents to use. Better use of natural drainage opportunities in new developments.	Potential reduced mental health issues (and demand on health and care services) arising from reduced risk of potential floods. Reduced flood risk through new location and design developments may reduce anxiety linked with securing mortgages and house insurance. Access to coastal location reduces stress encourages physical activity. Public sporting / recreational environments will need to be protected from flooding and drainage to ensure consistent use – physical activity and impacts on CVD. Tree planting schemes to aid in drainage and air quality.	Public sporting/ recreational environments will need to be protected to ensure consistent use.	All cohorts

How to maximise positive impact:

- Engineering opportunities for alleviating flood risk.
- Changes acknowledged in 'Cool Wirral'.
- Tree strategy and other environmental policies will support flooding resilience.
- Planning applications to have resilience built in.
- Consider how green infrastructure could be used to build local wealth (co-ops, municipally owned businesses).

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Existing buildings may be in areas where there is an increasing risk of flooding with climate change. Projected future flood risk may reduce the number of available sites for new building of life enhancing developments (e.g. near River Birket). Increased development may overload existing drainage systems creating flooding. This may be exacerbated by run off from hard surfaces e.g. roofs and drives. Funding required for flood defence and engineering opportunities - without this, negative impacts could be broad. Use of correct engineering approaches can be higher cost and may impact negatively on affordable housing.	Flood risk for public transport/ active travel users could reduce ability of some to access activities and social environs.	Communities may be cut off for activities and need assistance to access required services (Isolation). Proximity to flooding areas - notably vulnerable people negatively affected.	IMD <19 65+ LTC

Risk mitigation

- Work through LCR and government (lobbying) to ensure funding is available.
- Reduce global warming via opportunities and actions highlighted in other policy objectives.
- West Kirby upgraded sea defence is planned and funded and included significant public consultation.
- Resilient parks scheme.
- Urban tree challenge.
- Planning applications - ensuring flood risk, creation of hard services, run off course drainage etc. sufficiently included.
- Use of correct engineering approaches.

Prepare community resilience and support plans.

Examples of good practice

- https://www.gov.uk/guidance/flood-risk-and-coastal-change
- Salford - http://www.cityoftrees.org.uk
- https://www.wirral.gov.uk/about-council/climate-change-and-sustainability/cool-wirral
- https://www.nrpa.org/parks-recreation-magazine/2019/april/what-constitutes-a-resilient-park/

Strategic Objective 6:

Provide sufficient housing to meet locally assessed needs and provide a choice of housing for people at all stages of life and incomes.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Replacement of old housing stock in more deprived communities may increase access to better quality housing and cheaper running costs. Reduction in fuel poverty for elderly and more deprived households as a result of better energy efficiency and insulation. Offering more flexible/modular housing choices will allow life-stages to live in accommodation suited to familial needs. More flexible housing offerings can reduce overcrowding in deprived areas and options for different communities. Availability of affordable housing across the Borough may lessen cross-borough inequalities, and lead to economic growth with more disposable income available.	Sustainable and flexible housing can reduce levels of anxiety and stress for those with MH issues – particularly associated with running costs. Flexible housing offering to suit life-stage needs can enable people to live in their own homes for longer, reduce pressures for families and individuals. Flexible housing reduces inappropriate accommodation placements and supports wellbeing. Reduction of running costs reduces the risk of debt and associated stress and may allow finance to be spent on activities that enhance wellbeing.	Better design of liveable neighbourhoods may make services more accessible and reduce the need for using car transport. Residential and employment areas designed so bus services will access sites – located close to stations. Improved housing provision for older people or those with disabilities may reduce demand for more costly social care.	All cohorts

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Well-designed housing can help build communities - supporting improved mental health. Improved insulation for housing (retro-fit) stock likely to reduce incidence of respiratory disease. Improved design of housing stock can improve internal air quality and reduce the incidence of childhood asthma. Ensuring recommended walking distances to public transport are considered in housing development will support active transport.	Designing sustainable communities with high quality walking and cycling infrastructure could support improved physical activity and reduce car dependency. Intergenerational housing can boost resilience. Garden space to reduce pressure and anxiety. Electronic Vehicle (EV) charging provision.		

How to maximise positive impact:

- Ensure good access to local services on foot, by bike or public transport from all new developments – using CIL where necessary. No CIL in place.
- Intergenerational housing design.
- Ensure full investigation of housing needs for the community.
- Implement strong requirements for all new developments to go beyond government standards on sustainability - build a ‘Carbon Neutral Borough’ brand.
- Explore other opportunities to developer-led house building, e.g. LA in partnership with housing co-op.
- Consider ‘mini-Holland’ to boost active movement.
- Design communities/neighbourhoods not homes - reduce isolation.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Flexibility of housing - policy talks about accessibility - needs to recognise needs of all people with protected characteristics (disability). Often well-intentioned but poor design creates barriers to access. Affordability – 40.0% of projected housing need is for affordable housing until 2037. Lack of affordable housing could impact on ability for residents to live close to work/family/find suitable property for family/improve circumstances. Limited availability of new sites may mean that there is not good access to local services and walking distance to public transport is overlooked – this will undermine other areas of the Plan. Developments on brownfield sites may be more costly to build and developers may seek to reduce standards to ensure they make a profit. Using backland may negatively impact on current residents?	Location for housing stock needs to be considered. Removing people from areas they 'know' could impact negatively on mental health. Failure to release sufficient brownfield sites could result in pressure to use Green Belt land to meet housing needs. Sites of new development may limit quantity or access to existing green space for recreation. Allowance for selling off/using existing recreational space opens up potential for negative impacts if alternative provision is not of better quality or is less accessible. Access should be ensured to local services – this should specify on foot, by bike or public transport.	Insufficient housing provision for the rising population of older people may increase demand for more costly health and social care. Low availability of suitably flexible solutions may increase inappropriate accommodation placements.	LTC IMD

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Allowance for selling off/using existing recreational space opens up potential for negative impacts if alternative provision is not of better quality or is less accessible. Location for housing stock needs to be considered. Removing people from areas they 'know' could impact negatively on social cohesion.	Development of brownfield sites risks contamination and exacerbated respiratory disease. Insufficient provision for the needs of specific groups where significant population change predicted e.g. older people.		

Risk mitigation

- Ensure good access to local services on foot, by bike or public transport from all new developments – using CIL where necessary.
- HIA for developments on contaminated sites (NB historic use important as well as most recent).
- Ensure best practice for site decontamination.
- Good town planning for future developments to create integrated communities.

Examples of good practice

- Sources: National Housing Federation - https://www.housing.org.uk
- Passivhaus scheme in Norfolk - https://www.edp24.co.uk/edp-property/what-is-a-passivhaus-1-5642141
- International - Intergenerational housing https://www.housinglin.org.uk/Topics/browse/Housing/HousingforOlderPeople/intergenerational-housing/
- https://www.housinglin.org.uk/Topics/type/Fortifying-futures-how-older-boomerangers-in-English-multigenerational-households-boost-resilience-through-social-capital-accumulation-and-distribution/
- https://www.theguardian.com/environment/bike-blog/2018/jun/26/mini-holland-schemes-have-proved-their-worth-in-outer-london-boroughs

Strategic Objective 7:

Ensure that high quality new development integrates, respects our peninsula's distinctive character, natural environment and built heritage creating vibrant, healthy places and local communities.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Positive implications Place-based and person-centred design of interventions/support measures and associated development has the potential to reduce inequalities through improved access to appropriate care and improved lifestyles. Cultural heritage enhancements may create increased confidence, social connectivity and life satisfaction, and associated improvements to HLE. Assisted living and carer empowerment opportunities for older people may enhance HLE and reduce demand for health and social care.	Cultural heritage and related initiatives can develop social relationships, sense of belonging, pride of place, ownership and collective empowerment and volunteering, improving mental health and wellbeing. Tailored and improved support measures have the opportunity to significantly increase mental health outcomes (such as a social prescribing programme). Improve provision of open space, sports facilities and outdoor recreation space may reduce the demand on physical and mental health facilities through people having more active lifestyles. Accommodating people's preference to stay active and independent within their own community will improve physical activity opportunities amongst older people groups.	Strengthening the care sector for both care home and domiciliary service provision will serve the needs of an aging population, including those needing support in the management of chronic conditions and/ or increasing dependency as a result of frailty or dementia for example. Protecting local physical, social and green infrastructure may reduce the demand upon larger health facilities, thus increasing choice and access to opportunities to exercise. Improved development and self-efficacy to aid independent living will help manage respiratory related conditions.	All cohorts

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
	Increased availability of community based, cultural and leisure assets will increase engagement across a wide variety of individual needs and tastes. Tailored and improved support measures have the opportunity to significantly increase physical health outcomes (such as a social prescribing programme). Improved provision of open space, sports facilities and outdoor recreation space may reduce the demand on physical and mental health facilities through people having more active lifestyles.		

How to maximise positive impact:

- Social marketing and behaviour change plans to create a sense of brand of the Borough – to generate knowledge and pride amongst residents.
- https://www.telegraph.co.uk/travel/destinations/europe/poland/articles/poland-beautiful-glow-in-the-dark-solar-powered-cycle-lane/ - to encourage walking and cycling.
- Investment in outdoor gym equipment in public parks and green spaces to encourage activity.
- Tighter control over food offerings in schools to reduce culture of obesity. School children not allowed off-site at lunchtimes to purchase fast food.
- Develop multi-generational sites to enable older independent living alongside young families (for example) to increase the resilience and diversity of communities.
- Support community led housing projects.
- Engage local residents/activists / Encourage access and appreciation of natural resources.
- Link with health and social care (anchor organisation).

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Poorly designed and implemented interventions can have a negative impact if the needs of specific individuals and groups are not considered, risking an increase in inequality. Areas of deprivation have limited cultural and leisure assets with which to invest, so there is a risk investment does not reach these communities, thus creating increased inequality. Increased independent living may put extra strain on the system resulting in a reduction of care services and increase in social isolation for those with complex needs. Increasing leisure and cultural facilities has the potential to increase congestion related to tourism significantly, reducing air quality caused by travel pollution, risking respiratory disease.		Poorly planned provision for increased independent living may put extra strain on the system resulting in a reduction of care services and increase in social isolation for those with complex needs.	

Risk mitigation

- Ensure accessibility of new developments to all sectors of the Borough's population (location, cost and character).
- Ensure independent living developments for older people are not isolated but integrated.

Examples of good practice

- Norwich housing - https://www.theguardian.com/society/2019/oct/11/spacious-and-green-norwich-award-winning-new-council-houses-goldsmith-street

Strategic Objective 8:

Provide and promote essential local infrastructure including emergency services, community, cultural, education, transport, health and leisure facilities, shops, and services all within easy reach of local communities.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Location of new development to ensure communities can become 'compact neighbourhoods' will increase access to services and facilities, improving localities and the value/quality of housing. Specific expansion of local education opportunities that can be accessed with the minimum disruption and cost will help decrease inequality of opportunity. Essential infrastructure within easy reach should diminish car use and improve air quality. A focus on existing local infrastructure improves the use and value of community resources, initiating greater community cohesion around them and reducing social isolation or segregation. This use may also improve security and ownership and decrease crime.	Cultural heritage and related initiatives can develop social relationships, sense of belonging, pride of place, ownership and collective empowerment and volunteering, improving mental health and wellbeing. Tailored and improved support measures have the opportunity to significantly increase mental health outcomes (such as a social prescribing programme). Improve provision of open space, sports facilities and outdoor recreation space may reduce the demand on physical and mental health facilities through people having more active lifestyles. Accommodating people's preference to stay active and independent within their own community will improve physical activity opportunities amongst older people groups. Increased availability of community based, cultural and leisure assets will increase engagement across a wide variety of individual needs and tastes improve intergenerational cohesion with other associated health and wellbeing benefits. Tailored and improved support measures have the opportunity to significantly increase physical health outcomes (such as a social prescribing programme). Emergency services (including health provision) within community environments offer comfort for 'at risk' individuals and those from deprived areas - reducing anxiety and stress associated with travel costs (See Wirral Urgent Care review). Improve provision of open space, sports facilities and outdoor recreation space may reduce the demand on physical and mental health facilities through people having more active lifestyles. Facilities within easy reach of home encourages 'active transport' (walking, cycling) with added benefits of social contact and engagement. Availability of essential local facilities likely to decrease anxiety.	More locally accessible health facilities may remove barriers for some to healthy behaviour, to seeking help and promote early intervention with regard to LTCs. Local access to policing/ police stations can reduce concerns around crime – notably for vulnerable groups.	All cohorts

How to maximise positive impact:

- Coordination of transport infrastructure with local infrastructure is required to ensure the potential benefits of active transport are realised alongside the wider development.
- Effort may need to be invested to overcome complex barriers to physical activity alongside facilitating easy access.
- 'Making the unhealthy option difficult'.
- Consider making libraries a go-to location in the evening with cafes and entertainment (night time economy not based on alcohol/income generating for Council).
- Outside gym equipment in parks.
- Marked urban and rural walking paths.
- Nursery and playgroup visits to old peoples' residencies to enhance wellbeing and develop intergenerational relationships.
- Develop insight as to how some local infrastructure thrives - understand what is most valued as part of a local offer (e.g. Waterstones in its current context in Birkenhead).
- Use local intelligence on population health to inform planning and maximise positive impact.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Localising services may be costly. Although easier in urban (generally the more deprived) communities, if localisation is solely aimed at existing centres, those communities that are already isolated risk becoming more so, creating new pockets of inequality. There is a risk that the Borough Council's and public service view of 'local' and 'locality' in terms of administrative area are very different from residents or service users. Attention should be paid to local patterns of use when planning for access to local infrastructure (e.g. Oxton is considered administratively as the same neighbourhood as Rock Ferry but may relate more naturally to services in neighbouring Upton). Without local ownership of plans and attention given to existing local movements/good practice, the positive impacts will be limited. Limited influence over commercially run public transport may mean that 'easy reach' is not achievable.		Without effective use of local intelligence or comprehensive consultation, local infrastructure planning can be at odds with true local need. The economic and practical constraints on public services to specialise and centralise may prevent localised provision.	

Risk mitigation

- Coordination of agency plans to maximise the potential of 'compact neighbourhoods'.
- Ensure that wide conversations are happening and that different perspectives are heard and influence plans.
- Co-ordination of service budgets may be required to align the various incentives and obligations of partner providers in delivering localised infrastructure.

Examples of good practice

- https://publichealthmatters.blog.gov.uk/2016/10/01/ageing-well-how-can-we-make-longer-lives-healthier/

Strategic Objective 9:

Tackle social, economic and environmental deprivation, especially in the eastern part of the peninsula, through housing renewal, reducing unemployment, improving skills, education, community and environmental conditions.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Developments, such as Wirral Waters, are focused in the most deprived areas in the Borough. They aim to increase jobs, education and the demographic mix of the area, thus may reduce inequalities. Access to additional green (and blue) spaces and facilities through development plans, such as Wirral Waters, may reduce inequalities in the area. New development close to existing centres improves the physical environment, potentially attracting further development that can help reverse economic deprivation. Increased population levels and education opportunities has the potential to increase the pool of available carers to enable greater HLE amongst the older population in the area. Increase in port activity or larger ferries could enhance jobs and health.	Increased employment, training and facilities in the area will increase pride, self-worth and connectedness. Increased outdoor and indoor facilities in the area through planned developments will improve choice and opportunities for greater physical activity. Increased employment and training have the potential to enable more people in the community to live more active lifestyles to, from and within work and education settings. Economic development indirectly encourages choice, such as in physical activities, as bigger communities can support greater services and amenities.	More locally accessible health facilities will remove barriers for some to healthy behaviour, to seeking help and promote early intervention with regard to LTCs. Health and care organisations as institutions providing employment and employee health and wellbeing opportunities.	All cohorts

How to maximise positive impact:

- Coordination of transport infrastructure with local infrastructure is required to ensure the potential benefits of active transport are realised alongside the wider development.
- Effort may need to be invested to overcome complex barriers to physical activity alongside facilitating easy access.
- 'Making the unhealthy option difficult'. In addition, specific understanding of current barriers to education and employment in the most deprived communities will need to be included in plan development.
- Marketing of Wirral nationally and internationally.
- Community health building - helping people to become more financially resilient, considering who benefits from development - is growth extracted to shareholders or to local communities that benefit through secure jobs, owning businesses through employee ownership models.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
he exclusion of communities from new developments on the basis of money (e.g. 'gated' redevelopments) will increase inequality in the heart of the most deprived communities. May be increased noise pollution through construction phases of new development. Increased employment and education opportunities has the potential to increase travel related pollution. Focusing services in specified community areas may lead to an increase in car use for those without access to public transport that live outside of the areas or isolation for those with no car. Wirral Waters is close to the industrial areas of the port, and there may be health impacts arising from proximity to heavy traffic in the vicinity of the ferry terminal, or from industrial processes on the docks. How to attract/incentivise new businesses is not laid out in the strategy – without attracting new businesses economic growth will be difficult and impact negatively on community and residents.	New housing in the area may increase issues of mental health amongst those not benefiting directly from planned developments. Increased employment will increase disposable income which may be used on risk-taking behaviour.	Increased population levels have the potential to place a greater strain on health and social care services. Lack of integrated workforce planning. Not providing integrated approaches to workforce need.	

Risk mitigation

- Routing of heavy traffic away from residential areas – where possible.
- Segregated walking and cycling routes in areas with heavy traffic.
- HIA as part of planning process for industrial processes planned for dock estate. Current policies hold an assumption that new development in deprived localities will (automatically) positively impact the health and wellbeing of those communities.
- To make sure of this impact, plans need to include clear, intentional and sustained approaches to overcoming the complex public health barriers to healthy lifestyle and social development.
- Community-led housing, e.g. housing co-ops or community land trusts.
- Greater involvement of partners (what is the role of the Wirral partnership?).
- Positive could be more homeworking/agile working as technology develops through the plan period.

Examples of good practice

- https://publichealthmatters.blog.gov.uk/2016/10/01/ageing-well-how-can-we-make-longer-lives-healthier/

Strategic Objective 10:

Provide a range of employment and mixed-use sites to meet assessed needs, provide work opportunities for our residents and foster an environment where our existing businesses and new, innovative start-ups can prosper. To support a competitive and diverse rural and visitor economy.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
A range of employment allows new opportunities for residents with a mix of skills, valuing different levels of educational attainment and reducing inequality. Attraction of new business and investment to a locality improves the environment and local economy, decreasing poverty and reducing inequality. Regeneration of employment areas can stimulate community belief that deprived areas are moving in the right direction – generating sense of pride and positive hope for the future – impacting on broad health.	Increased employment, training and facilities in the area will increase pride, self-worth and connectedness. General positive impact on health and wellbeing. Economic development indirectly encourages choice, such as in physical activities, as bigger communities can support greater services and amenities. Upskilling of residents can result in increased employability, self-esteem and sense of self-efficacy.	Prosperous business environments can support the use and growth of public services, stimulating access. Increased Local Authority income can help fund public services.	All cohorts

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Developing specific business hubs in green economy (e.g. off-shore wind) and attracting high-skilled jobs as well as more manual labour will help grow the sector. High quality and adaptable design reflecting an area's character and needs can improve the social and physical environment. Increased employment development contributes to Borough-wide increase in Gross Value Added (GVA).	Providing high quality employment locally will mean less necessity to commute long distances for work – shorter commutes positively impact on wellbeing, family life, expense, car dependency etc. Creating more 'resilient working families' able to earn a living wage (especially within more deprived communities) has a long-term impact on positive social norms.		

How to maximise positive impact:

- Coordination of transport infrastructure with local infrastructure is required to ensure the potential benefits of active transport are realised alongside the wider development.
- Provide strong free public digital/Wi-Fi networks to encourage digital generation to view Wirral as a digital hub – creates an energetic environment raising overall sense of wellbeing for the community.
- Ensure plans build on existing sector and skill strengths.
- Create 'freelancer' environments in local community/ties to encourage creatives to see Wirral/Birkenhead etc. as digital hub.
- Development/locating of business centres is required near public transport hubs to support activity by sustainable transport.
- Ensure Wi-Fi connectivity continues across all public transport networks to provide seamless working.
- Identify and protect the character and quality of strategic employment areas to ensure the attraction of high-quality business - minimise non-conforming use
- Promote and incentivise high quality adaptable design.
- Integrate employment plans with transport and skills strategies.
- Consider the fostering of community businesses and the generation of social value in planning applications.
- Develop clear employment forecasts and evaluate specific plans against them.
- Update land use study.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Where plans do not sufficiently account for impacts of light, noise, odour, traffic and disturbance, the social and physical environment of communities will be negatively impacted. Current physical environment of locations such Birkenhead lack sense of vibrancy and agency required to appear as business centre. Potential negative impact from heavy or dirty industry associated with port. Negative impact of heavy traffic transporting goods and also of increased car traffic if people do not adopt active travel.	Increase business traffic can result in increase in transport traffic which, if not environmentally sustainable, will lead to higher levels of air and noise pollution – impacting on residents physical and mental health. Failure to deliver jobs for local people can add to the sense of divided communities and associated negative health. Negative impact of sedentary employment based in office environment. Employment opportunities developed are not suitable/ relevant/sufficient for local populations, exacerbating the negative health impacts of unemployment, the requirement for multiple employment or employment below a living wage.	Increased population levels have the potential to place a greater strain on health and social care services. Lack of integrated workforce planning. Not providing integrated approaches to workforce need.	

Risk mitigation

- Consider a workplace parking levy to encourage public transport use.
- Plans do not indicate how changes to infrastructure will be implemented - full research into key digital hub centres is required.
- High quality walking and cycling infrastructure to key sites will encourage active transport.
- Designing office space to enable activity during working day e.g. stairs more prominent than lifts, attractive, accessible areas for walking in breaks, walking meetings. Ensure enforcement of environmental management measures.
- Ensure controls related to non-conforming use of strategic employment areas are enforced.

Examples of good practice

- Nottingham workplace parking levy - https://bettertransport.org.uk/blog/better-transport/winning-policy-nottinghams-workplace-parking-levy

Strategic Objective 11:

Ensure that Birkenhead and the Borough's other town, district and local centres adapt to changing shopping patterns to become a vibrant mixed-use focus for each of our peninsula's communities.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Maintain appropriate street-level of shops in primary and secondary retail frontages – increasing accessibility for those with disabilities and parents of young children – inclusive to improve mental wellbeing and physical activity. Avoiding dead frontage and enhancing appearance of the street scene/ including measures of litter control could enhance general wellbeing of community. Ensuring linked retail and open space to allow mixed use of local centre space not only increases centre use but can enhance social cohesion and community wellbeing. Increases social and community interaction.	The Wirral Public Health Annual Report 2019[57] highlights and discusses the evidence for the positive impact of arts and cultural activities on health at 'every stage of life'. Supporting growth of local centre arts and culture alongside retail would be expected to positively impact mental health AND physical conditions and social factors such as COPD, dementia, falls, and hospital submissions, amongst other health related issues. Limiting the development of out-of-centre facilities should improve affordable access for those not owning a car and facilitate increased public transport and active transport.	Less demand for public services as healthy lifestyles improve.	All cohorts
Increases diversity of offer/family friendly and night time engagement. Greater footfall reduces ASB and night time issues. Greater resident ownership of place and business interaction. Access to shops and services within walking distance to encourage active transport. Short stay cycle parking in prominent areas close to retail. Cycle locker provision for staff in different locations.	Vibrant town centres can foster sense of wellbeing and community interaction.		

How to maximise positive impact:

- Develop specific local centre brands/personalities that can help steer redevelopment and guide Unique Selling Propositions (USPs) of each centre.
- Consider the integration of retail with night-time economy (especially eating out) using longer opening times as a draw to greater siting of retail in local centres and away from out of town.
- Develop solutions to traffic congestion (especially parking limitations/removing vehicles from main areas) in local centres and the need for much retail (e.g. groceries) to require the use of a personal car.
- Install high quality public realm which supports increased levels of walking and cycling in main retail areas – including cycle parking and seating.
- Develop economic models of local retail that can incentivise use (e.g. supermarket prices, high street location).
- Base regeneration around the refurbishment and use of local cultural assets (e.g. libraries, churches, architectural assets) – open these up for more diverse leisure and cultural uses and consider the evening economy.
- Develop place shaping profiles/masterplans/T.C. Action plans.
- Encourage 'meanwhile use' – local spaces to be used as community centres/shops/social supermarkets to improve community cohesion.
- Diverse range of retailers could potentially improve eating habits.
- Avoid out of centre uses that could be located in more central areas.
- Maximise town centre management schemes.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Increased waste without management can generate a sense of lack of pride or care in the community resulting in downward spiral. Town centre congestion associated with increased driving and associated pollution and risks to pedestrians. Lack of cycle parking causes obstructions for pedestrians as cycles get locked to railings and seats. Increased risk of crime with increased night-time economy resulting in increases in crime, ASB and noise and waste pollution for residents. A concentration of low value businesses can reduce the diversification needed for a thriving community. Potential negatives of increased traffic and parking.	Choice of food outlets needs to be considered as this can negatively impact on health of individuals and community. Controls will be required. Increased activity related to the night-time economy may include increased safety risk. Fast turnaround of failed businesses can create a sense of failing economy and anxiety.		

Risk mitigation

- Strong environmental controls, management and enforcement.
- Develop innovative approaches to parking management that give assurance of access for visitors (e.g. online booking).
- Avoid out-of-town growth.

Examples of good practice

- https://www.local.gov.uk/sites/default/files/documents/5.33%20Town%20Centre_04_web.pdf

Strategic Objective 12:

Create a vibrant new mixed-use community at Wirral Waters, providing the catalyst for the wider regeneration of Birkenhead.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Aligns with housing implementation strategies of new development within easy walking and cycling distance of existing centres and within areas of greatest need. Improved job prospects for Wirral and notably current areas of higher deprivation (direct jobs, training and education). Economic growth of Wirral Waters/ Wirral could reflect on the surrounding deprived areas with associated positive impacts on land and property values rise. Opportunity of building sustainable and affordable housing as part of the development and integrating with surrounding urban area.	Increased job opportunities may reduce stress. Delivery of Wirral Waters over 30-40 years has the potential to become part of the "community's life-work" – something to be proud of and, in so doing, raise aspiration and confidence. Increased physical activity associated with jobs and infrastructure at Wirral Waters. Reduced mortality from increased walking and cycling. Increased physical activity in the locality through access to Wirral Waters leisure facilities.	Wirral Waters would deliver 18,000 new residents to the population, potentially provoking the development of other supporting infrastructure (i.e. schools, green space, transport etc.).	All cohorts

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Positive implications			
Improved transport connectivity (should include cycling, walking and public transport). Increased pride in local communities as a reflection of increased economic activity and growth. Likely that the development will have stringent air pollution measures to enhance air quality. Creates a whole 'new community' with opportunity to create healthy environment.	Wirral Waters would deliver 18,000 new residents to the population, potentially provoking the development of other supporting infrastructure (i.e. schools, green space, transport etc.). Improved transport connectivity (should include cycling, walking and public transport). Multigenerational village increasing social connectivity and improving mental health.	Wirral Waters would deliver 18,000 new residents to the population, potentially provoking the development of other supporting infrastructure (i.e. schools, green space, transport etc.).	

How to maximise positive impact:

- Upskilling of local residents to service the developing community.
- Ensure that the residential areas surrounding Wirral Waters and Birkenhead become an extension of the development to reduce any 'us and them' feeling.
- Strong enforcement around the area to create sense of safety at night and promote a mixed night-time use away from purely a drinking culture.
- Ensure that sustainable travel becomes the mode of choice for travel to and around Wirral Waters. Walking and cycling should be prioritised and an appropriate mass transit solution to link to the existing Merseyrail stations and other areas of the local area should be progressed.

Social and physical environment	Personal or family circumstances	Access to public services	Specific cohorts
Negative implications			
Wirral Waters would deliver 18,000 new residents to the population, pressuring current infrastructure (i.e. schools, green space, transport etc). The challenges presented by the Borough's economic structure and ability to support long term growth could influence development, impacting on deprived areas of Wirral. If new housing does not meet the requirements for affordable housing and intentional regeneration of surrounding areas does not materialise, social inequality may increase in the locality. Does Plan include increase in healthcare services (hospitals etc.), as without this there will be negative impacts on access? A risk that development may be Birkenhead-centric, risking the decline in other communities.	Development of brownfield sites risks contamination and exacerbated respiratory disease. Limited accessibility of landscaping and surrounding spaces to wider community in the locality of Wirral Waters may decrease the likelihood of catalysing wider re-generation. Potential negative impact on already deprived neighbouring communities. Affordability of homes for local families as area is 'gentrified'.	Wirral Waters would deliver 18,000 new residents to the population, putting pressure on existing supporting infrastructure (i.e. public services). Potential negative impacts on access to health services with increase of numbers of residents.	

Risk mitigation

- Use local consultation to understand the barriers to wider accessibility of new development – what do people want Wirral to be.
- Adjoining neighbourhoods must be included in developments.

Examples of good practice

- https://www.gov.uk/guidance/heat-networks-overview

Section 6: Recommendations

This report has been prepared taking into account the latest work on the Local Plan Vision and Strategic Objectives and the accompanying Policy documents. We also reviewed the sustainability and EqIA scoping documents and held a stakeholder workshop with officers from across the Council and health partners which provided an opportunity to sense check our initial findings and add in knowledge and expertise from the managers involved.

The documents we reviewed were at draft stage. The downside of conducting an impact assessment at this stage is that some of the assessment is necessarily broad and speculative, particularly where the scale and location of planned developments is unclear. However, the greater opportunity comes from the potential it gives for the messages emerging through this impact assessment to be incorporated into future iterations of the plans.

We also did a rapid evidence review to identify effective planning interventions that can benefit health and well-being. The key documents we drew from were:

- Spatial Planning for Health: An evidence resource for planning and desi
  gning healthier places, Public Health England 2017:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf
- Healthy New Towns Putting Health Into Place, NHS England 2019: https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-executive-summary.pdf
- The State of the Union: Reuniting health with planning in promoting healthy communities, Town and Country Planning Association 2019: https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=cb4a5270-475e-42d3-bc72-d912563d4084https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=cb4a5270-475e-42d3-bc72-d912563d4084
- Arts and Culture in Health and Wellbeing and the Criminal Justice System: Scoping the Evidence, Arts Council 2018: https://www.artscouncil.org.uk/sites/default/files/download-file/Arts%20and%20Culture%20in%20Health%20and%20Wellbeing%20and%20in%20the%20Criminal%20Justice%20system-%20a%20summary%20of%20evidence.pdf

Key recommendations from this evidence base are incorporated in the suggestions below. Additional ideas and examples of good practice are incorporated in the appraisal tables in the body of this report.

Suggestions for making more general improvements to the Local Plan and supporting documents

In addition to the recommendations highlighted below (relating to specific health and wellbeing), we collated feedback that suggested the following general improvements to the Plan may be helpful:

It should be noted that we also recommend undertaking a further HIA once the detailed policy stage is completed and to give some consideration as to how this HIA is built into the Planning process.

There are a lot of complex strategic objectives with some duplication between them – could they be simplified and have better connectivity between them?

There are few references to the people of Wirral, and the needs of specific population groups, within the Plan – how could this be enhanced and effective community engagement be ensured as the Plan develops and is implemented?

Being clearer on what the Local Plan is for, what it can and cannot do, the place of Policy documents and Supplementary Planning Guidance and how the Local Plan complements other plans that the Council and partners may have that help achieve an overall vision for Wirral.

Health and wellbeing specific suggestions:
Ensure the needs of specific groups in the population are addressed especially the growing older population and children and young people. Development that works for young and old benefits everyone.

Neighbourhood design

Enhance neighbourhood walkability:
Improved street connectivity, mixed land use and compact residential design are considered to be important features of a walkable neighbourhood;

Walkable neighbourhoods can encourage active travel and thereby promote physical activity;

Improving neighbourhood walkability and access to recreational and non-recreational destinations (such as grocery stores, schools and other amenities) can also impact positively upon social interaction among older adults;

Investing in infrastructure to support walking can increase levels of physical activity among all age groups.

Build complete and compact neighbourhoods:
Compact neighbourhoods (i.e. neighbourhoods with higher street connectivity (typically designed using finer grid patterns) with diverse land use mixes and greater residential densities) are generally more conducive to non-motorised transport;

Long distance trips for travel or recreation, steep inclines, and increased proximity to amenities have been identified as having a negative impact on walking and cycling;

Provision of local amenities can improve mobility and social engagement among older adults. Mixed land use developments that prioritise access to schools, recreational centres and social amenities can increase physical activity among children, adolescents and older adults.

Enhance connectivity with safe and efficient infrastructure:
Enhancing street connectivity via the provision of walking and cycling infrastructure and improving access to public transportation can help reduce perceptions of long-distance trips and provide alternative routes for active travel:

Waltham Forest has developed a series of mini-Hollands through introducing modal filters on residential streets that enable people to cycle and walk along them but there is no through motor traffic. This has resulted in increases in physical activity sufficient to impact population life expectancy.

Public realm improvements such as provision of street lighting in residential areas can prevent Road Traffic Collisions (RTCs) and increase pedestrian activity;

General environmental improvements have the potential to reduce fear of crime.

Housing

Improve quality of housing:
Living in a warm and energy efficient property can reduce fuel poverty and improve general health outcomes, reduce respiratory conditions, improve mental health and reduce mortality;

Retrofitting modifications to improve housing warmth and energy efficiency may help to reduce health inequalities among those from low-income

groups, notably older adults and those living with chronic, pre-existing conditions;

Good quality housing can also reduce the risk of unintentional injury or death e.g. improvements to residential lighting and interventions to reduce hazards in the home can lead to improved social outcomes and reduce fall-related injuries among older adults;

The linkages between poor indoor air quality and ill health, particularly CVD, respiratory symptoms, sensory irritation, lung cancer and other cancers, are well established. Ventilation can help control air contaminants and humidity thereby improving indoor air quality.

Increase provision of affordable and diverse housing:
Provision of diverse forms and types of housing has been associated with increased physical activity;

The provision of mixed land use and affordable housing is strongly associated with improved safety perceptions in the neighbourhood, particularly among individuals from low-income groups. However, the impact of such housing provision on improving health outcomes and reducing health inequalities is unclear.

Increase provision of affordable housing for groups with specific needs:
There is a large projected increase in the older population (and age-related dementia) who will need sufficient appropriate affordable housing – both independent and supported options;

Provision of affordable housing for vulnerable groups (including adults with intellectual disability and adult substance users) can lead to improvements in social, behavioural and health-related outcomes;

Provision of secure and affordable housing for those with some chronic medical conditions, such as HIV/AIDS, can increase engagement with healthcare services – which has been shown to lead to improved health-related outcomes. Furthermore, provision of secure and affordable housing has also been shown to reduce engagement in risky health-related behaviours;

Affordable housing for the homeless has consistently been shown to increase engagement with healthcare services, improve quality of life and increase employment. It has also been shown to contribute to improvements in mental health status.

Food environment

Healthy, affordable food for the general population:
Research indicates that increased access to healthy, affordable food for the general population (e.g. food in schools, neighbourhood retail provision) is associated with improved attitudes towards healthy eating and healthier food purchasing behaviour. It also indicates that improved dietary behaviours, such as increased fruit and vegetable consumption, are associated with increased access to healthy, affordable food vegetables;

Research also indicates that increased access to unhealthier food retail outlets is associated with increased weight status in the general population, and increased obesity and unhealthy eating behaviours among children residing in low income areas. The Local Plan policy restricting hot food takeaways near schools should help address this issue;

Evidence suggests that provision of healthy, affordable food in schools is associated with improved healthier food sales, dietary behaviours and nutritional outcomes. It also suggests that multi-component interventions, and taking an integrated, whole school approach, are effective in improving children's diet and food choices in schools.

Enhance community food infrastructure:
There is limited, newly emerging evidence showing a positive association between urban agriculture and improved attitudes towards healthier food, increased opportunities for physical activity and social connectivity, and increased fruit and vegetable consumption;

Findings from a recent non-systematic literature review suggest that gardening in an allotment setting in the UK may result in numerous positive physical and mental health-related impacts and outcomes.

Agriculture and climate change:
During the life span of the Local Plan there will be a need to shift to more plant-based diets to combat climate change. Thought needs to be given as to how this will impact the demand for and use of agricultural land.

Natural and sustainable environments

Reduce exposure to environmental hazards:
Air quality has a significant impact on health. Recent evidence indicates that living in an area with clear air can lead to positive changes in people's health behaviours. Improved air quality is associated with increased physical activity among older adults;

There is a wealth of consistent evidence demonstrating clear adverse effects of exposure to air pollutants on health outcomes across all population groups. For example, poor air quality is linked with an increased risk of developing chronic conditions (e.g., COPD and type II diabetes), neonatal complications and poor birth outcomes, cancer, worsened respiratory outcomes and childhood mortality, among others. Notably, there is consistent evidence for the adverse health effects associated with exposure to particulate matter (PM2.5 and PM10);

Exposure to excessive noise is associated with poorer mental health outcomes, particularly among older adults and children. It is also linked with higher anxiety levels among adults;

There is review level evidence to demonstrate that flooding can affect people's physical and mental health, with affected communities reporting higher symptoms of stress, mental illness and increased risk of chronic disease.

Access to and engagement with the natural environment:
Aspects of the Local Plan that protect and enhance access to the natural environment should be enhanced where possible as there are multiple benefits to health:

Access to the natural environment is associated with numerous positive health outcomes, including improved physical and mental health, and reduced risk of CVD, risk of mortality and other chronic conditions;

There is consistent evidence that having access to recreational infrastructure, such as parks and playgrounds, is associated with reduced risk of obesity among adolescents and increase in physical activity;

Evidence from empirical studies suggest that living in close proximity to green space, such as parks and other open spaces, can improve health (regardless of social class) and aesthetic park improvements can increase visits and improve physical activity among children and older adults; Evidence also suggests that improving the appearance of parks can increase usage and increase physical activity among children and older adults;

Evidence indicates that participation in physical activity in a natural setting is associated with more improved mental health outcomes than participation in physical activity in an indoor setting.

Adaptation to climate change:
There is low to moderate quality evidence that greening (planting of trees) has a cooling effect on the environment, with an urban park being approximately 1 degree cooler than a non-green site;

There is empirical research to indicate that the implementation of green infrastructure may have the ability to reduce the effects of the urban heat island;

The UK's Climate Change Risk Assessment (CCC, 2017)[58] lists risks to health due to extreme temperatures, specific for the UK, which are likely to increase in frequency due to climate change. Extremes of heat and cold are associated with potentially fatal illness, such as heat stroke or hypothermia, as well as increasing death from cardiovascular and respiratory diseases. Rising temperatures suggest there will be more heatwaves in the UK, but excess deaths from cold weather will remain challenging due to an increasingly aging population. Additional findings indicate that stagnant weather can reduce air quality and negatively affect health by trapping warm and cold air, leading to smog;

This means that measures to increase green infrastructure and build homes that can be readily cooled or heated as the weather dictates will be important in the Local Plan. These measures are particularly important in dense urban areas due to the urban heat island effect.

Transport

Transport policies that prioritise walking, cycling and public transport over car use are beneficial to health. Major changes are needed to achieve a shift to a position where walking and cycling are the norm for short journeys.

Provision of active travel infrastructure:
High quality evidence shows that investing in infrastructure to support walking can increase physical activity levels and improve mobility among children, adults and older adults;

Moderate to high quality evidence indicates that prioritising active travel (through investment in cycling infrastructure) can lead to numerous health gains. For example, the implementation of new cycle lanes can lead to improved cardiovascular outcomes and improved weight status among children, adults and older adults.

Provision of public transport:
Combining public transport with other forms of active travel, such as walking and cycling, can improve cardiovascular fitness. Provision of high-quality public transport is associated with higher levels of active travel among children;

Active travel in areas with low pollution levels is associated with increased physical activity among older adults. The perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport.

Prioritise active travel and road safety:
Attempts to prioritise pedestrians and cyclists through changes in physical infrastructure are associated with positive behavioural and health outcomes. For instance, the separation of cycling and pedestrian infrastructure from road traffic can encourage active travel;

Traffic calming measures, including speed humps, speed tables, cushions and roundabouts, are associated with increased walking behaviour and a reduced risk of pedestrian injury;

A recent report by the Royal Society for the Prevention of Accidents (RoSPA) suggests that traffic calming measures are effective when used in 20mph zones (RoSPA, 2015)[59];

Public realm improvements, such as street lighting, have been shown to increase physical activity participation among older adults and reduce the incidence of RTCUK;

Evaluation of the introduction of mini-Hollands in Waltham Forest has shown improvements in walking and cycling rates sufficient to impact on population LE;
Investment in walking and cycling infrastructure is highly cost effective.

Enable mobility for all ages and activities:
There is evidence that built environment strategies to promote physical activity can have a positive impact upon engagement in physical activity behaviours, e.g. increasing access to playgrounds and recreational facilities is associated with increased walking among adolescents;

Evidence from high quality studies affirms a positive association between active travel to school or work and improved cardiovascular outcomes;

A report by Active Living Research (2015)[60] suggests that active travel is difficult to achieve in rural areas where residents live far away from local amenities and social services;

Addressing mobility issues among mentally and physically impaired individuals can improve quality of life;

Active travel options are particularly important to those with limited mobility as they may be legally unable to drive due to their health condition.

Arts and culture

There is evidence that arts and culture are beneficial to health, impacting on a wide range of conditions; this was the focus of the 2019 Public Health Annual Report. The evidence appears to suggest that maximum benefit comes from participation in collective music making and dance, although there is also benefit from receptive activities such as watching live music or street art.

Reducing alcohol-related harm

Wirral has high and increasing levels of alcohol-related ill-health. PHE conducted a review of the effectiveness and cost-effectiveness of alcohol control policies in 2016 and amongst other conclusions said:

"Policies that sufficiently reduce the hours during which alcohol is available for sale – particularly late night on-trade sale – can substantially reduce alcohol-related harm in the night-time economy. When simultaneously enforced and targeted at the most densely populated areas this, policy is cost-effective. While there is a clear relationship between the density of alcohol outlets and social disorder, the research is more mixed for other outcomes and causation is unclear. Using the scientific literature within the constraints of the Licensing Act 2003 has proved challenging."

Given the difficulties in adequately addressing this through the Licensing Act, is there potential within the policy documents or Supplementary Planning Guidance to address the issue of widespread ready availability of alcohol?

Effective engagement of communities in overall plan and future developments
National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement and their guidance includes overarching principles of good practice that could be adapted to engagement needed for the Local Plan:

https://www.nice.org.uk/guidance/ng44/chapter/Recommendations#overarching-principles-of-good-practice

Develop local design guidance for developers that incorporates the above recommendations and draws on the recently published National Design Guide:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835212/National_Design_Guide.pdf

Develop a HIA toolkit for developers
Worcester and Halton have produced good quality tools that could be drawn on in the development of a Wirral toolkit: *https://www3.halton.gov.uk/Pages/health/PDF/health/HIA/HIAlocalguidance.pdf*
https://www.worcestershire.gov.uk%2Fdownload%2Fdownloads%2Fid%2F6948%2Fhealth_impact_assessment_in_planning_toolkit.pdf&usg=AOvVaw00YeWkG-8x2fqwKH1w0bGu

Continued consideration of health and wellbeing as plans finalised and linkage of Local Plan to other key plans that support health and wellbeing
This report has been prepared based on currently available plans. Continuing to "sense-check" evolving plans for their impact on health and wellbeing will help ensure that the needs of individuals and communities are kept to the fore in the plan.

Section 7: Appendices

Appendix A – Wirral and England ethnic group population data

	Wirral	% of population	England	% of population
White: British/English/ Scottish/Welsh/Northern Irish	303,682	95.0%	42,279,236	79.8%
White: Irish	2,667	0.8%	517,001	14.6%
White: Gypsy or Irish Traveller	77	0.02%	54,895	5.7%
White: Other White	3,730	1.2%	2,430,010	4.6%
Mixed/Multiple ethnic group	3,286	1.0%	1,192,879	2.3%
Asian/Asian British	5,116	1.6%	4,143,403	7.8%
Black/African/Caribbean/Black British	695	0.2%	1,846,814	3.5%
Other ethnic group	530	0.2%	548,418	1.0%

Source: ONS census 2011 (http://www.ons.gov.uk)

Appendix B – Public Health England health indicators for Wirral, compared to the England average

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared

England worst | Regional average[¢] | England average | England best

25th percentile | 75th percentile

	Indicator names	Period	Local count	Local value	Eng value	Eng worst	Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	78.1	79.5	74.2	83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	81.6	83.1	79.4	86.8
	3 Under 75 mortality rate: all causes	2014 – 16	3,611	400.4	333.8	545.7	215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	743	82.0	73.5	141.3	42.3
	5 Under 75 mortality rate: cancer	2014 – 16	1,394	153.1	136.8	195.3	99.1
	6 Suicide rate	2014 – 16	100	11.9	9.9	18.3	4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	401	41.7	39.7	110.4	13.5
	8 Hospital stays for self–harm	2016/17	794	261.4	185.3	578.9	50.6
	9 Hip fractures in older people (aged 65+)	2016/17	380	554.2	575.0	854.2	364.7
	10 Cancer diagnosed at early stage	2016	706	46.9	52.6	39.3	61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	77.8	77.1	54.3	96.3
	12 Dementia diagnoses (aged 65+)	2017	3,195	72.8	67.9	45.1	90.8
Behavioural risk factors	13 Alcohol–specific hospital stays (under 18s)	2014/15 – 16/17	134	66.1	34.2	100.0	6.5
	14 Alcohol–related harm hospital stays	2016/17	2,834	889.2	636.4	1,151.1	388.2
	15 Smoking prevalence in adults (aged 18+)	2017	40,574	15.9	14.9	24.8	4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	67.5	66.0	53.3	78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	63.3	61.3	74.9	40.5
Child health	18 Under 18 conceptions	2016	144	26.2	18.8	36.7	3.3
	19 Smoking status at time of delivery	2016/17	348	12[*75]	10.7	28.1	2.3
	20 Breastfeeding initiation	2016/17	1,953	59.4	74.5	37.9	96.7
	21 Infant mortality rate	2014 – 16	41	3.9	3.9	7.9	0.0
	22 Obese children (aged 10–11)	2016/17	719	20.6	20.0	29.2	8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	26.9	21.8	42.0	5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	24.3	25.7	48.7	5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	11,850	20.4	16.8	30.5	5.7
	26 GCSEs achieved	2015/16	2,080	61.1	57.8	44.8	78.7
	27 Employment rate (aged 16–64)	2016/17	136,400	70.8	74.4	59.8	88.5
	28 Statutory homelessness	2016/17	8	0.1	0.8		
	29 Violent crime (violence offences)	2016/17	5,459	17.0	20.0	42.2	5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	639	18.7	17.9	30.3	6.3
	31 New sexually transmitted infections	2017	1,302	658.5	793.8	3,215.3	266.6
	32 New cases of tuberculosis	2014 – 16	29	3.0	10.9	69.0	0.0

Appendix C – Public Health England physical activity for Wirral, compared to the England average

Compared with benchmark: Better | Similar | Worse | Not compared

Quintiles: Best | Worst | Not applicable

Benchmark Value

Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	Wirral Count	Wirral Value	Region England Value	England Value	England Worst/ Lowest	England Range	England Best/ Highest
Percentage of physically active adults	2017/18	-	62.1%	64.7%	66.3%	52.1%		79.7%
Percentage of physically inactive adults	2017/18	-	26.4%	23.4%	22.2%	37.1%		11.2%
Percentage of adults walking for travel at least three days per week	2016/17	-	21.0%	21.0%	22.9%	12.4%		43.6%
Percentage of adults cycling for travel at least three days per week	2016/17	-	1.2%	2.7%	3.3%	0.5%		16.1%
Percentage physically active for at least one hour per day seven days a week at age 15	2014/15	-	14.2%	13.2%	13.9%	8.3%		18.8%
Percentage with a mean daily sedentary time in the last week over 7 hours per day at age 15	2014/15	-	69.8%	71.2%	70.1%	81.0%		58.7%
Percentage of physically active adults - historical method	2015	-	51.5%	53.7%	57.0%	44.8%		69.8%
Percentage of physically inactive adults - historical method	2015	-	37.1%	32.0%	28.7%	43.7%		17.5%
Percentage of adults doing 30-149 minutes physical activity per week - historical method	2015	-	11.5%	14.2%	14.3%	9.4%		19.5%
Percentage of adults who do any walking, at least five times per week	2014/15	-	50.2%	48.5%	50.6%	39.9%		68.1%
Percentage of adults who do any walking, at least once per week	2014/15	-	81.7	78.4	80.6	70.4		91.3
Percentage of adults who do any cycling, at least three times per week.	2014/15	-	3.0%	3.4%	4.4%	0.7%		15.0%
Percentage of adults who do any cycling, at least once per month	2014/15	-	12.3%	12.7%	14.7%	5.6%		34.2%
Access to woodland	2015	44,958	14.0%	25.4%	16.8%	0.1%		61.9%
Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	-	23.4%*	17.5%	17.9%	5.1%		36.9%

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