

Falkirk Local Development Plan 3
Topic Papers March 2024

Population, Health & Inequalities



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1. Introduction

- 1.1 Population change is an important part of the baseline information for LDP3 and associated plans and strategies such as the Housing Need and Demand Assessment (HNDA). An ageing population poses significant challenges for the planning system, from ensuring that the right type of housing is located in the right places, to placemaking and ensuring new development is accessible to everyone.
- 1.2 The built and natural environment can directly impact people's health outcomes and wellbeing by influencing the way in which we move around, how we access natural spaces, and the environment in which we live and work. The new requirements of the Planning (Scotland) Act 2019 and the objectives of National Planning Framework 4 (NPF4) mean that land use planning has a clearer obligation to work together with public health agencies to improve health and wellbeing and reduce health inequalities across Scotland's communities. LDPs can also address inequality through supporting sustainable economic development, community wealth building and regenerating communities. Inequalities are the unjust and avoidable differences in people's health, wealth and power across the population and between specific population groups. This is reflected in health, wealth, and education outcomes. In addition, the impact of the Covid 19 pandemic has placed greater focus on the places in which we live, and how social, economic and health inequalities shape these places.
- 1.3 This topic paper will provide an overview of the legislative and policy background and summarise the key objectives as relevant to the LDP3 evidence base. It summarises the population profile and projections, and provides an overview of the demographic profile of the Falkirk Council area in relation to health and inequality. This information will help shape our policies as LDP3 progresses, and identify those groups who will be most impacted by choices.

2. Legislation and Policy

National Legislation

- 2.1 **The Equality Act 2010** protects people from discrimination, harassment and victimisation. There are nine protected characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 2.2 **The Planning (Scotland) Act 2019** also places additional requirements on local authorities to ensure that the needs of protected groups including older people, people with disabilities, gypsy travellers, and young people are met through identification of housing need as well as specific requirements for consultation.

National Policy

- 2.3 **National Planning Framework 4 (NPF4) Policy 14** supports development that is consistent with the six qualities of successful places, including health and wellbeing, and safe and pleasant places for people to meet. It requires LDPs to tackle health inequalities and requires a health impact assessment for all proposed developments that are “likely to generate significant health effects” or are National Developments or Major Developments. It also includes criteria on noise pollution and air quality, along with encouraging proposals for space or facilities for local community food growing and allotments.

Other relevant NPF4 policies include:

- Policy 7- Local living: requires local development plans to support the principle of 20-minute neighbourhoods.
- Policy 9 - Quality Homes: supports the delivery of high quality, sustainable homes that meet the needs of people throughout their lives, and requires an equalities led approach to addressing identified gaps in provision.
- Policy 10 - Sustainable Transport: aims to reduce the need to travel unsustainably, decarbonise our transport system and promote active travel choices. The policy states that “proposals for new and upgraded transport infrastructure must consider the needs of users of all ages and abilities, including in line with relevant equalities legislation.”

Local Policy

- 2.4 [The Falkirk Plan 2021-2030](#) was produced by the Falkirk Community Planning Partnership which brings together public agencies, the third sector, and the private sector with communities, to improve the lives of the people of Falkirk. The Plan focuses on prevention and early intervention and recognises the role of social disadvantage and poverty in creating inequalities within communities. The plan sets out a framework for monitoring outcomes, in accordance with the Community Empowerment (Scotland) Act 2015.
- 2.5 [Towards a Fairer Falkirk](#) is a strategy for the Falkirk Community Planning Partnership which aims to mitigate the impact that poverty has on individuals, families and communities in our area.
- 2.6 The Health and Social Care Partnership (HSCP) is made up of Falkirk Council, NHS Forth Valley, the third sector, service users and carers, its duty being to deliver health and social care. It produces an annual [Joint Strategic Needs Assessment](#), which sets out data on health and social indicators in the Council area.



3. Population

Population Change

- 3.1 Falkirk has an estimated population of 160700 as of 2021, with 78,637 (49%) males and 82063 (51%) females. The area has seen comparatively high growth over the last 20 years. Figures from the National Records of Scotland show that between 2001 and 2021, the population of Falkirk increased by 10.6%. This is the 10th highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 8.2%. The population of Scotland is projected to continue increasing until around mid-2033, peaking at 5.53 million. It is then projected to fall by 0.6% to 5.49 million by mid-2045. Between 2018 and 2028, the population of Falkirk is projected to increase from 160,340 to 165,462. This is an increase of 3.2%, which compares to a projected increase of 1.8% for Scotland as a whole. Falkirk is projected to have the 11th highest population out of the 32 council areas in Scotland in 2028.
- 3.2 The main driver for the growing population is in-migration to the area as there are now more deaths than births in the Falkirk Council area. In-migration is mainly from the rest of Scotland. The National Records for Scotland notes that in the period 2020-2021, the level of positive net migration was 3.8 people per 1,000 population, whereas in Scotland the figure was 5.1. The figures for net in-migration vary year on year from 1.4 in 2019-2020 (low figure likely to be due to COVID) to the highest at 6.5 in 2010-11. In 2020-2021, Falkirk had the 24th highest net migration rate, out of all 32 council areas in Scotland. Overall, based on figures between 2011 and 2021, the average number of people coming into the areas was 573 people per year.

3.3 In terms of age structure, in 2021, people over the age of 65 made up 19.4% of the total population of the Falkirk Council area (Figure 1). This is projected to rise to 25.9% of the total population by 2043. This is in line with general trends in Scotland, and has major implications for the provision of services and planning generally.

Figure 1: Falkirk Population Age Profile 2021

Age Group	Falkirk		Scotland	
	Population	% of Total	Population	% of Total
0 to 15	27,564	17.2%	911,522	16.6%
16 to 24	15,363	9.6%	557,816	10.2%
25 to 44	40,062	24.9%	1,446,576	26.4%
45 to 64	46,596	29.0%	1,490,125	27.2%
65 to 74	17,528	10.9%	595,578	10.9%
75+	13,587	8.5%	478,283	8.7%
Total	160,700	100%	5,479,900	100%

Source: National Records of Scotland

3.4 The initial results from the 2022 census show that Falkirk’s population has increased by 1.6% since 2011. Of its population, 19.6% is aged 65 or over, the 9th lowest of all local authorities. Households with at least one usual resident have increased by 5.5% since 2011 to 72500.

Figure 2: Census 2022 Usual Resident Population

	Population	% of Total
All	158,400	
Female	81,400	51.3%
Male	77,100	48.7%
Aged 0-14	25,300	15.9%
Aged 15-64	102,300	64.5%
Aged 65 and over	31,100	19.6%

Source: Scotland’s Census 2022

Ethnicity

- 3.5 In terms of ethnicity, the 2011 census indicates that white Scottish or British account for 95.8% of the Falkirk population, which is higher than the Scotland figure of 91.8%. The largest minorities in Falkirk are Polish and Pakistani, both at 0.7%. There is a general lack of up-to-date data on ethnic minorities in Scotland, something that will hopefully be rectified with the 2022 Census.

Households

- 3.6 It is estimated that that the number of households in Falkirk Council area has risen by 28.6% from 56,780 in 1991 to 72,994 in 2020 (Table 2). The 2018 principal projection suggests the number will increase further to 76,692 in 2028 and 81,790 in 2043. Over the next 25 years, household size is expected to decline in the Falkirk Council area from an average of 2.20 persons in 2018 to 2.03 persons in 2043. This is due to more people living in smaller households or alone.

Figure 3: Estimated number of households and projected population in the Falkirk Council area

Year	2001	2018	2028 (2018 principal projection)
Number of Households	62,800	72,267	76,692
Population	145,270	160,340	165,462

Source: National Records of Scotland

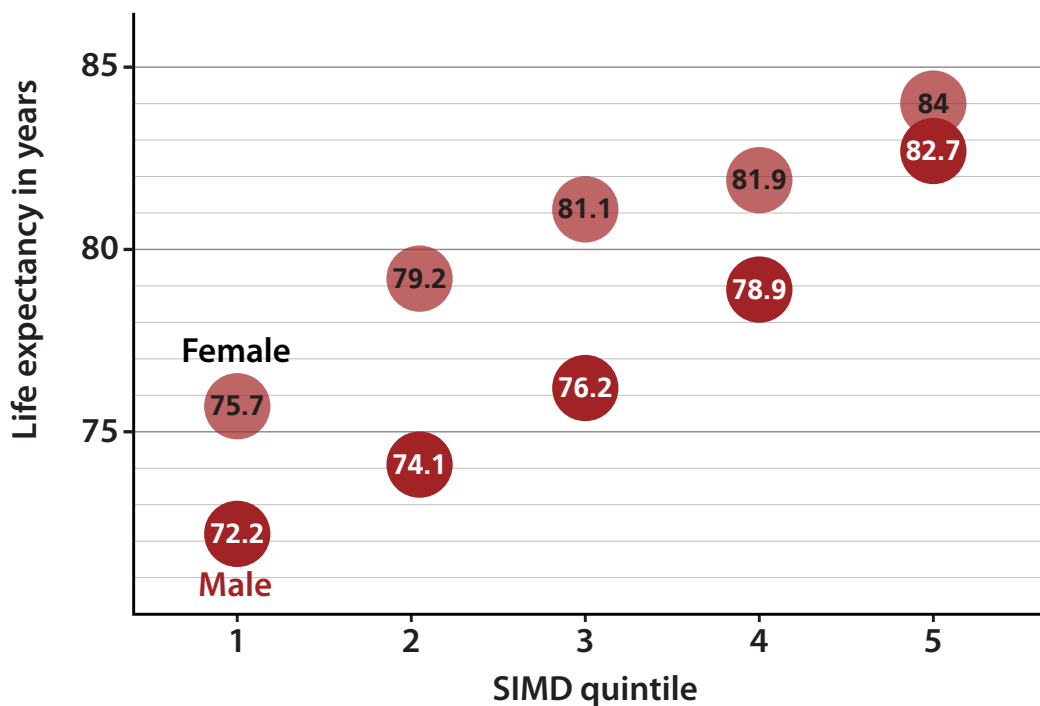


4. Health and Wellbeing

Life Expectancy

- 4.1 Scotland's Public Health Observatory (ScotPHO) notes that life expectancy increased across Scotland from the early 1980s until the 2010s, but subsequently plateaued and have fallen each year since 2018-2020. Scotland has the lowest life expectancy of all UK countries. Deprivation continues to have an impact on life expectancy. In the most deprived areas of Scotland, average male life expectancy is 13.7 years lower than in the least deprived areas. For females the difference was 10.5 years.
- 4.2 The Scottish Indices for Multiple Deprivation (SIMD) is used to rank localities by their rate of deprivation. Paragraph 5.2 explains SIMD in more detail. Figure 1 below shows the disparity between life expectancy within SIMD quintiles 1-5 in Falkirk. On average, life expectancy among people living in the least deprived quintile is 8.3 years higher among females and 10.5 years higher among males than those living in the most deprived quintile.

Figure 4: Life expectancy by sex and SIMD in Falkirk, 2016-2020

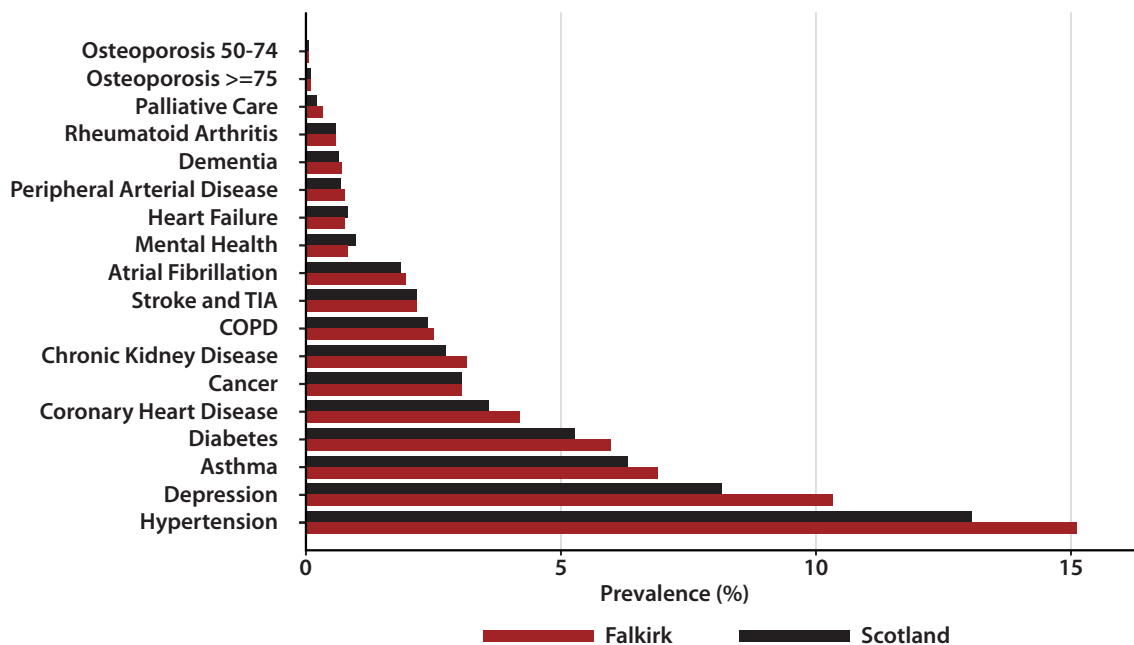


Source: Scottish Government (statistics.gov.scot)

Health Conditions

- 4.3 Official data on registered health conditions can be found at ScotPHO, and offers in-depth analysis of health trends and data. Qualitative data is also found through the [Scottish Health Survey](#), which is commissioned by the Scottish Government and is compiled from public surveys. The survey is published annually, the most recent being December 2023. It is designed to estimate the prevalence of particular health conditions in Scotland, to estimate the prevalence of certain risk factors associated with these health conditions and to document the pattern of related health behaviours. It also looks at differences between regions and between subgroups of the population. This can provide useful background information for the LDP.
- 4.4 Figure 5 below shows the prevalence of various health conditions in the Falkirk area, compared to the national average.

Figure 5: Disease prevalence in Falkirk and Scotland, 2021/2022

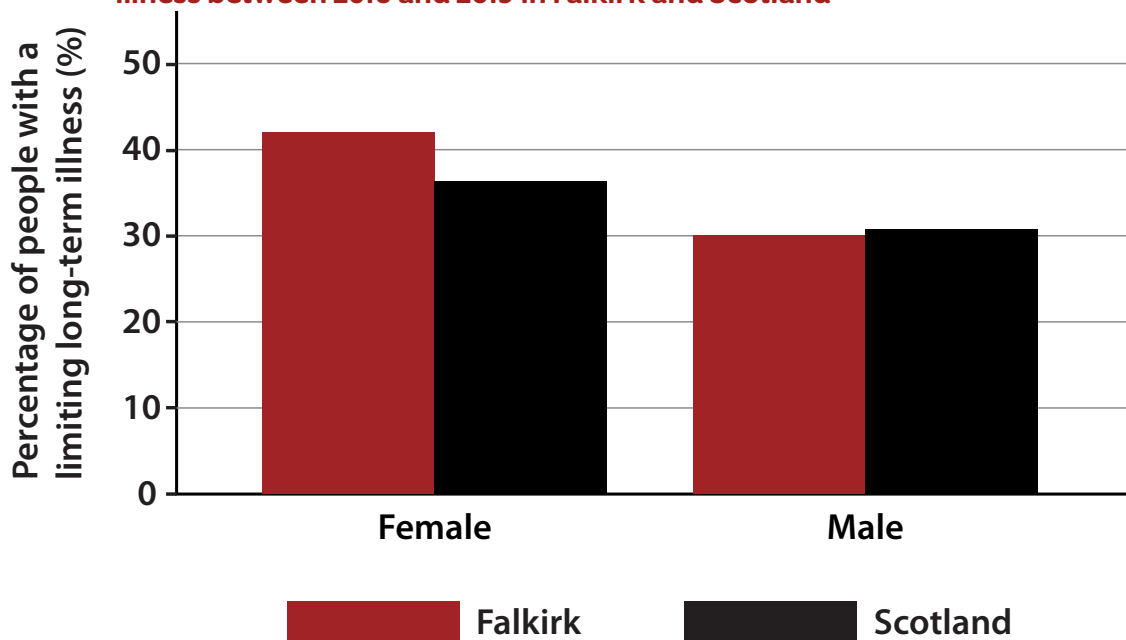


Source: ScotPHO

Long Term Illness

- 4.6 A long-term illness is a physical or mental condition lasting at least one year and is defined as limiting if it limits a person's activities in any way. Figure 6 provides information on those with limiting long-term illnesses in Falkirk and Scotland, specifically in terms of gender. The chart shows that in both Falkirk and Scotland, women are more likely to report having a limiting long-term condition, but the gap between males and females is wider in Falkirk (female percentage is 12 points higher than males in Falkirk, and 5 points higher in Scotland). This is a trend which should be highlighted as part of any EPIA (Equality and Poverty Impact Assessment) (along with other sex and gender based indicators) for LDP3 when identifying possible planning interventions intended to address health outcomes.

Figure 6: Proportion of males and females who report having a limiting long-term illness between 2016 and 2019 in Falkirk and Scotland



Source: HSCP Joint Strategic Needs Assessment

Cancer

- 4.7 Over the 10-year period from 2012 to 2021, Public Health Scotland identifies that the age-adjusted Scotland-wide cancer mortality rate for all cancers combined decreased by 11%, with a greater decrease in males (14%) than in females (7%). The overall risk of dying from cancer has decreased but the number of deaths due to cancer has increased. This largely reflects Scotland's aging population, and the fact that cancer is more common among older people. Cancer registrations have fluctuated over the years but the latest official statistics on the rates of cancer registrations between 2017-2019 show that Falkirk had a slightly lower rate of cancer registrations than the rest of Scotland at 636 registrations per 100,000 compared to 643. Screening uptake to detect cancers is also variable across the Falkirk area, and is directly linked to deprivation. An example of this is bowel cancer screening uptake is 76.7% in Stenhousemuir-Antonshill, compared with 49.5% in Bainsford and Langlees.

Diabetes

- 4.8 6% of the Falkirk population has diabetes, compared to 5.3% in Scotland overall. According to the Scottish Diabetes Survey (2017), it is estimated that around 88% of diabetes cases in Scotland are type 2 diabetes. Unlike type 1 diabetes which is a chronic condition, type 2 is usually onset in adulthood, and the main modifiable risk factor is excess weight. Prevalence of type 2 diabetes is 40% higher in the most deprived areas compared to the least deprived areas in Scotland (source: Scottish Government (2018) A Healthier Future), highlighting the importance of facilitating access to outdoor spaces and opportunities for physical exercise.

Physical Disabilities

- 4.9 Information on people with a physical disability is limited. In the 2011 Census there were over 10,800 people in Falkirk recorded as having a physical disability, 7% of the total population. The proportion of those with a physical disability increased as people aged - 80% of physically disabled people were aged over 50.

Drugs and Alcohol

- 4.10 The Forth Valley Alcohol and Drugs Partnership highlighted the fact that the drug deaths rate for Falkirk more than tripled between data periods 2006-2010 to 2016-2020 (5-year average rates) from 10 to 33 annual deaths. Alcohol deaths are more static, with 18.53 deaths per 100,000 people in 2002-2006, and 18.29 in for the data period 2016-2020. Alcohol and drug-related harms are more severe in areas of higher deprivation. In Falkirk, for the latest time periods available through ScotPHO, the most deprived areas (SIMD quintile 1) had 110% more alcohol-related hospital admissions and 132% more drug-related hospital admissions than the overall average. In addition to this, there were 87% more alcohol-specific deaths and 144% more drug-related deaths in SIMD quintile 1 than quintile 5. As an example, Lochgreen & Lionthorn has 80% of its population living in the SIMD quintile 5, and a rate of 73.4 alcohol-related hospitalisations per 100,000 population per year. On the other hand, Bainsford & Langlees, which has 100% of its population in SIMD quintile 1, has a rate over 25 times higher with 1854.1 hospitalisations per 100,000.

Mental Health

- 4.11 In 2021/2022, information from General Practices Medical publication (reflecting Scotland-wide general practices) suggested that around 10.4% of the Falkirk population had depression, compared to 8.2% in all of Scotland. The same publication reported a lower prevalence of mental health disorders of schizophrenia, bipolar affective disorder and other psychoses in Falkirk than Scotland (0.8% compared to 1.0%) In Falkirk, the most deprived areas have 34% more people being prescribed drugs for anxiety, depression and psychosis than the overall average.



Loneliness and Isolation

- 4.12 The Scottish Household Survey reports higher rates of loneliness and isolation in Falkirk compared to Scotland, with 11.3% of respondents feeling lonely most of the time, compared to 4% in Scotland. In Scotland, adults and children who suffer socio-economic disadvantage and those experiencing poor physical and mental health are at risk of social isolation and loneliness, as are adults who are living alone, widowed or separated. Lack of access to transport can lead to social exclusion. Increasing access to greenspace can benefit health through promoting social interactions and physical activity, and this is something that the planning system can help to deliver.



Primary Healthcare

- 4.13 Access to primary healthcare was raised as an issue by a significant number of respondents in the recent pre-LDP consultation. Issues raised include physical access to services (such as poor public transport/long distances) as well as the overall level of GP provision and the fact that a number of GP practices are currently full. The HSCP reports that in April 2022 there was a total of 140 GP registered working across the 25 GP practices in Falkirk. This compares to a headcount of 129 GPs in Falkirk in 2012. While this does represent an increase over the past decade, the available data does not reflect the fact that a proportion are working on a part time basis. There are issues around the recruitment of sufficient GP posts. Another consideration is that population changes over time can have an impact on the workload for general practice. For example, between 2011 and 2021 the 65+ patient population in Scotland increased by 21% and this trend of ageing population will continue. With increasing age comes increasing multimorbidity and therefore reliance on general practice services. It is possible that GP numbers are not increasing sufficiently proportionate to the increasing demand. Whilst the planning system can ensure that developer contributions are provided for primary care facilities, this does not address the shortage in overall GP numbers.
- 4.14 Further information on healthcare infrastructure, capacity and challenges is contained in the Infrastructure Topic Paper.

Safety and Crime

- 4.15 Crime has an impact on the health and wellbeing of the victims and on the local community. Both the nature and frequency of crimes occurring in an area will have an influence on how safe residents feel and could impact how people go about their daily life.
- 4.16 Data from the [Falkirk Community Planning Partnership](#) shows that the general crime rate in Falkirk fell from 45.2 crimes per 1000 population in 2004, to 30.4 per 1000 in 2014. The crime rate then rose slightly to 31.1 in 2017, which is the most up to date figure available. While the national rate fell steadily from 2004, for the first time since 2004, Falkirk experienced a 1.30 per 1000 increase above the national figure in 2017. Broadly, crime rates are in line with the national averages, aside from a marked difference in domestic abuse, which is 142.69 per 1000 population compared to 118.26 nationally.

Air Quality and other Environmental Health Risks

- 4.17 Poor air quality is the largest environmental risk to public health in the UK, as long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy.
- 4.18 Falkirk Council monitors air quality across the Council area using monitoring stations. These monitoring stations monitor levels of particulates, Nitrogen Dioxide (NO₂), Sulphur Dioxide (SO₂), Benzene and 1,3-Butadiene. At present, there are two current operational Air Quality Management Areas in Falkirk Town Centre, and Grangemouth.
- 4.19 In the most recent [Air Quality Update Report](#), Falkirk air quality on the whole was rated as “Good” and there were no reported exceedances of the National Air Quality Strategy objectives in 2022.
- 4.20 The Falkirk Town Centre Air Quality Management Action Plan (AQAP) was approved in June 2015 and focuses on long-term key point actions to reduce air pollution in the area rather than short-term fixes. Key measures outlined in the plan include:
- Reducing emissions from individual vehicles;
 - Promoting the ECOStars Fleet Recognition Scheme;
 - Promoting alternative and sustainable modes of transport;
 - To educate and inform the public on air quality issues.



5. Inequalities

- 5.1 The term 'Deprived' does not just mean 'low income' but also that people have less favourable health and education outcomes, opportunities, and access to services. The link between economic and employment opportunities and deprivation is well known and all contribute to poorer health outcomes.

Scottish Indices of Multiple Deprivation (SIMD) Overview

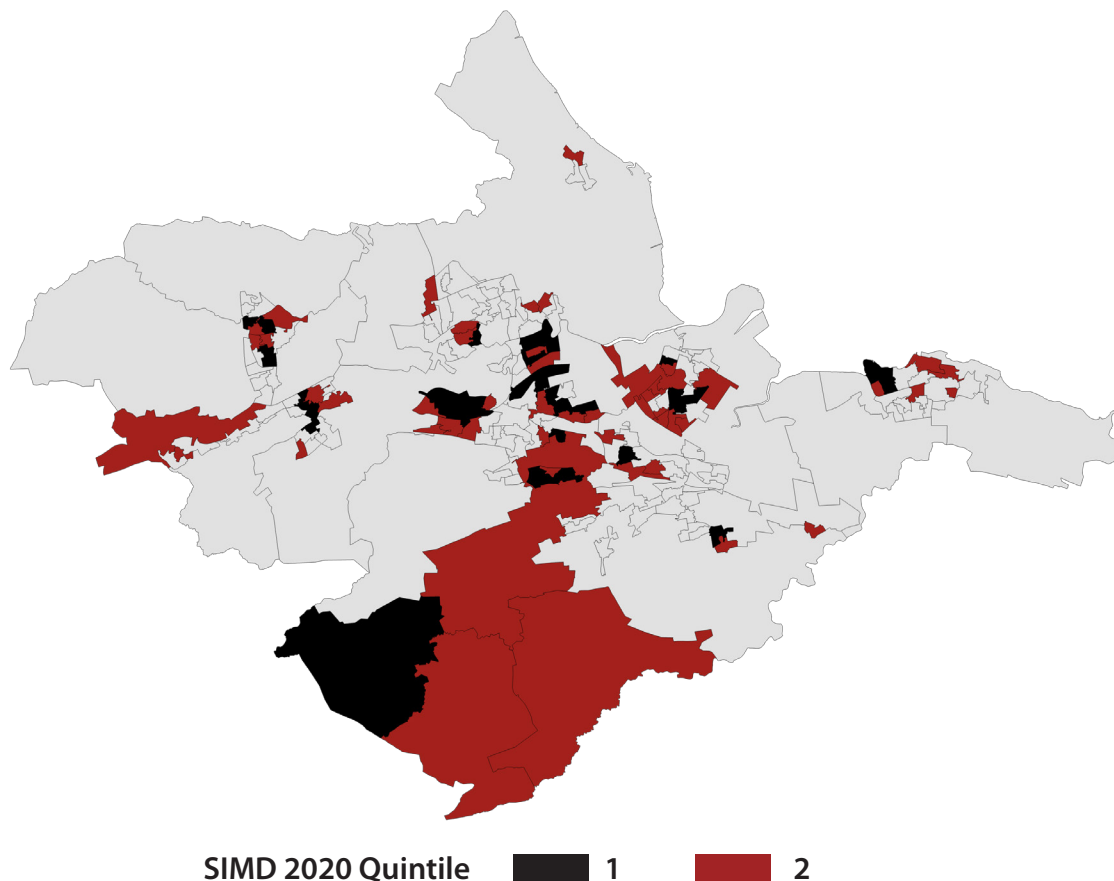
- 5.2 The SIMD is a tool to identify areas of multiple deprivation in Scotland. Scotland is split into 6,976 data zones which are ranked from 1 to 6,976, with 1 being the most deprived and 6,976 the least deprived. Datazones are a statistical geography with an average population of around 750. There are 214 datazones in the Falkirk Council area. The SIMD covers 7 indicators: income, employment, education, health, access to services, crime and housing. One way these can be used is to divide all data zones into 5 equal deprivation quintiles. Quintile 1 is the most deprived and Quintile 5 is the least deprived. Table 7 below shows the distributions across the Council area across all five quintiles, with Quintiles 1 and 2 shown in Figure 7.

Figure 7: SIMD profile of Falkirk Council area

SIMD Quintile	Population	% Population
1	25,930	16.1%
2	36,055	22.4%
3	39,920	24.8%
4	28,003	17.4%
5	30,982	19.3%
Total	160,890	

Source: Scotland's Census 2022

Figure 8: Map of areas within Quintile 1 and 2



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Source: *Falkirk Health and Social Care Partnership*

5.3 16 datazones fall within the top 10% most deprived areas in Scotland - four of which are in in Bainsford and Langlees, five are in Grangemouth and two are in Camelon East.

Child Poverty

5.4 ScotPHO identify two types of poverty:

- Relative poverty is a measure of whether the lowest-income households are keeping pace with middle income households across the UK. It measures those living in households where income is less than 60% of the median income for the same year.
- Absolute poverty is a measure of whether the incomes of the poorest households are keeping pace with inflation and is based on a fixed poverty threshold (adjusted for inflation). It measures those living in households where income is less than 60% of the inflation-adjusted relative poverty threshold in 2010/11.

5.5 In 2023, Falkirk Council and NHS Forth Valley published the [Child Poverty Action Report](#) which is intended to reduce poverty and address inequalities across the Council area. The report indicates that, within the Falkirk Council area, the percentage of children in low-income families has risen in the past few years and is similar to the overall Scotland figures. In 2019/2020 19.2% of children in the Falkirk Council area were living in relative poverty and 16.3% absolute poverty. By 2021/2022, this had risen to 21.8% in relative poverty and 16.9% in absolute poverty. Falkirk North and Grangemouth have the greatest percentage of children living in poverty. This has remained the case for the past 3 years. Highlighted below is the percentage of children in relative poverty and absolute poverty by ward over the past 3 years in the Falkirk area.

Figure 9: Child Poverty in Falkirk by Ward

Ward	Relative Poverty 2019/2020	Relative Poverty 2020/2021	Relative Poverty 2021/2022	Absolute Poverty 2019/2020	Absolute Poverty 2020/2021	Absolute Poverty 2021/2022
Bo'ness and Blackness	18.6%	15.0%	23.0%	15.5%	12.9%	17.7%
Bonnybridge and Larbert	13.8%	11.8%	15.9%	11.9%	9.8%	12.6%
Carse, Kinnaird and Tryst	15.2%	12.6%	15.9%	12.7%	10.1%	12.7%
Denny and Banknock	21.2%	18.0%	24.9%	17.7%	15.2%	19.3%
Falkirk North	26.6%	22.3%	29.2%	22.7%	18.4%	23.3%
Falkirk South	18.1%	15.0%	21.8%	15.0%	12.2%	16.2%
Grangemouth	25.8%	20.0%	30.0%	21.2%	16.3%	22.7%
Lower Braes	16.0%	13.9%	16.7%	14.1%	11.8%	12.7%
Upper Braes	17.6%	16.2%	19.7%	15.1%	13.2%	15.0%
Falkirk (Local Authority)	19.2%	16.1%	21.8%	16.3%	13.3%	16.9%
Scotland	18.9%	16.0%	20.8%	15.8%	13.0%	16.5%

Source: UK Government - Department for Work and Pensions

Education

- 5.6 SIMD data indicates that on average, children in Falkirk leave school with 5.5 qualifications (National 4 and 5). There are significant differences between geographical areas and SIMD datazones. For example, children in Lochgreen and Lionthorn leave school with 6.4 qualifications, compared with children in Bainsford and Langlees who leave school with 3.9. Comparatively, 23% of 16-19 year olds in Bainsford and Langlees are not in education, employment or training, compared to 0% in Lochgreen and Lionthorn, with an average across the Council area of 4.9, above the national figure of 4% (Source: SIMD and [Scottish Government Economic Analysis](#)).



6. Summary

6.1 A summary of the main areas of data and the challenges facing the Falkirk area are as follows:

- Falkirk, and Scotland as a whole is facing challenges in terms of population change. These include an increasing but ageing population, decrease in household size and change of composition, all of which have impacts on service delivery and infrastructure;
- Health trends and outcomes largely follow national Scotland-wide trends, and the differences in outcomes between those from deprived areas and those from wealthier backgrounds is marked. This is particularly stark in relation to drug and alcohol deaths, with the rate for drug deaths increasing nationally;
- There are several key main cross-cutting sources of data including ScotPHO (Public Health Scotland), NHS data, SIMD data, Census and Scottish Household Survey as well as data collated by the Health and Social Care Partnership. These all provide a snapshot of the health and inequality trends across the Council area and Scotland, and offer an insight into the factors influencing the data;
- There are clear correlations across the data between deprivation and health, educational and social outcomes. Communicating and understanding where the planning system and local development plans can provide interventions to address inequalities is important for the Council as well as the public, and other stakeholders such as public health professionals and other consultees.

Sources

- [National Records of Scotland](#)
- [Falkirk Community Planning Partnership](#)
- [Falkirk Health and Social Care Partnership Joint Strategic Needs Assessment](#)
- [The Scottish Public Health Observatory \(ScotPHO\)](#)
- [The Scottish Index of Multiple Deprivation \(SIMD\)](#)
- [Scottish Health Survey 2022](#)
- Improvement Service: [Place and wellbeing - integrating land use planning and public health in Scotland](#)
- Glasgow Centre for Public Health: [Data relating to Climate change and Public health](#)
- [The Falkirk Plan 2021 - 2030](#)
- [Towards a Fairer Falkirk](#)
- [Falkirk Child Poverty Action Report](#)