NPF4 Call for Ideas: Public Health and Place

Context

This paper has been produced by a small Health and Place stakeholder working group (see appendix 1) working in spatial planning and public health in Scotland. Our objective is to explore more proactive collaboration on policy and decision making between public health and spatial planning. Our context is delivering on Scottish Government's Public Health Reform Priorities and the Review of the Planning System.

This paper responds to the National Planning Framework Call for Ideas. We ask that Scottish Government convene a Place and Wellbeing Stakeholder Group using this groups membership as a foundation. This will enable an ongoing collaborative approach over the coming months to embedding support for health and wellbeing outcomes within planning policy and link up the role of NPF4 in whole system recovery from COVID19.

Primarily a response to how NPF4 delivers outcomes around improving Scotland's health and wellbeing, it impacts upon the delivery of linked outcomes such as climate change, inequalities, biodiversity and inclusive economies.

Key Messages

- Need a national statement on place, its impact on public health and its role in whole system reduction of inequalities
- NPF4 should clearly articulate, define and give national policy support to the health and place themes outlined in this response
- Scottish Government convene a Place and Wellbeing Stakeholder Group now to enable a collaborative approach to NPF4 leading the elevated role of place in whole system recovery from COVID19
- Scottish Government convene a Place and Wellbeing Stakeholder Group to enable a collaborative approach to develop upon issues in Table 2.

Place, Public Health and Inequality

The evidence, context and value of a national statement defining what place is, how spatial planning decisions impacts upon it and how it can therefore improve equality is set out below.

Place

Place encompasses both the physical environment (buildings, streets, public areas and natural spaces) the social environment (the relationships, social contact and support networks that exist in a community) and the economic environment (those who invest finance, services and work)[i]

Place is the combined social, economic, physical, cultural and historical characteristics of a location. It relates to where people live, work, play, learn and spend time. [ii]

The World Health Organization defines place as a human habitat whose diverse characteristics combine to create or undermine health and well-being. The characteristics of a place also bear upon the behaviour and choices of individuals who live there. Importantly, what constitutes a healthy place can vary for different groups within society. The elderly, young, disadvantaged and infirm, for example, all have particular requirements from a place if it is to support their health and well-being.[iii]

Places are shaped by the way resources, services and assets are directed through legislation, policy and local decision making and the ability of those who live, work and learn in these places to use them effectively. The value of a fairer, more joined up, collaborative, and participative approach to land, buildings and services across all sectors within a place is recognised in the Place Principle. Scottish Government and COSLA, in approving the Principle, request all those responsible for providing services and looking after assets in a place to work and plan together, and with communities, to create more successful places that improve lives of people and support inclusive economies.

Place-based approaches have been successfully applied by Community Planning Partnerships as a vehicle for asset based community development and the development of local place making plans. The Principle highlights that the approach is equally valuable to policy makers and practitioners across all service strategies and delivery.

A key enabler to place based working and applying the Place Principle is the Place Standard Tool. This tool provides a structure for a comprehensive, considered conversation about a place between all the stakeholders that have a role in shaping priorities for more collaborative working and has been and continues to be used to inform the development of local place plans across Scotland, UK and Europe.

Place and health

Where we live and where we spend our time has an important influence on our health and wellbeing in a range of ways, from exposure to environmental hazards to the impact of our surroundings and connection to others on mental and emotional health. Whether a place nurtures good health or contributes to poor health depends on how a variety of characteristics and factors come together and interact to affect the people and communities within it. How places are designed, how they evolve and how they are maintained is therefore vital to the health of the people and communities within them.[iv]

There is now a wealth of good quality evidence linking to place to health. For example the World Health Organization has published evidence[v] highlighting the links between the environmental and social determinants of health and

demonstrating that the way places are planned and maintained has a range of impacts on health. These include, but are not limited to, the following issues:

- Exposure to infectious and parasitic diseases, pollution and poor sanitation all contribute to increased levels of disease in a population
- Design of roads and infrastructure influences levels of accidents and injury
- Safe, convenient active travel and neighbourhood design promotes physical activity, enhanced social connections and good mental health
- Increased access to natural and planned green and blue space has a positive impact on physical activity levels and mental health
- A wide choice of good quality affordable homes enhances health and reduces poverty.

Other positive aspects of place that can nurture health and wellbeing include[vi]

- the availability of services and amenities
- well maintained streets and public spaces
- feelings of safety
- street and urban design
- effective public transport
- having places to meet people
- a sense of belonging and a sense of control
- thriving communities with an abundance of local businesses and good access to job opportunities.

While negative aspects of place can include

- feeling unsafe
- high traffic volumes
- poor air and noise quality
- lack of public transport links
- lack of contact with other people
- poor access to services and shops
- poorly maintained streets and public spaces
- being near to derelict land and sites of pollution.

These positive and negative aspects of places vary in impact depending on the specific setting, socio-economic status and the characteristics of population groups, including ethnicity, disability, gender, sexual orientation, age and sex. The experience of living in a particular place may vary as a consequence of these factors.

Throughout its history spatial planning has championed an approach to the way that we plan, build and maintain our physical environment which supports people's physical and mental health and wellbeing. Strong policy and guidance exists on place making to achieve these ends (e.g. Scottish Planning Policy 2014, Designing Communities, Creating Places- A policy statement on architecture and place for Scotland, June 2013, Designing Streets: a Policy Statement for Scotland, March 2010) but barriers are evident to its implementation. Clear National Policy direction and support for both policy and implementation are foremost. Their absence leads to reduced confidence in developing and applying policy locally and thus in shaping healthy places.

In parallel to the reform of the spatial planning system the public health system has also been going through considerable reform. Two of the key outcomes of this process is the creation of a new national public health agency called Public Health Scotland and the identification of six new public health priorities for Scotland. These are:

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

The planning system is critical to achieving the first priority but, as is set out below, it also has an important role to play in all.

Place and health inequalities

The health protecting and health harming factors of place are not equally distributed across populations and between population groups. Those living in areas of greater socio-economic deprivation are more likely to be exposed to harmful environmental factors, such as poor air quality, and less likely to have access to beneficial ones, such as greenspace.[vii] They are also more likely to suffer the consequences of poor physical environments, such as increased road traffic accidents.[viii]

This inequality can disproportionately affect people who have limited choice over where to live, for example due to income, the availability of work, or disability.[ix] However it is important to note that inequalities don't just affect the most deprived communities and individuals. There is a social gradient across the whole population in the characteristics of good places[x] and there is also a gradient for almost every health indicator, showing poorer health as people are impacted by restricted income and fewer material resources.

Environmental impacts of place are also uneven across the life-course, disproportionately affecting young children and older people, and across genders, affecting men and women differently depending on factors such as cultural and occupational patterns.[xi] Certain population groups, such as Gyspy/Roma/Traveller people and homeless people, may live in places without even basic facilities, and can experience exclusion from public spaces. These groups experience some of the worst health outcomes and lowest life expectancy of any population groups in developed countries.

NPF4 Health and Place Themes

We have held a series of meetings and workshops with public health, place and planning practitioners that have identified:

- a strong appetite for national policy support through a defined, consistent high-level place elements that enable healthier lives across communities and life stages, and,
- The need for stronger support and collaboration between public health and place planning professionals on their shared ambition.

Local policy approaches focussed on the contribution of a health in all policies approach within the planning system's Local Development Plans that set the policy framework for shaping places. Improved policy implementation could then be achieved through Health Impact Assessments to ensure each major development accord to guidance and takes full account of the opportunity to deliver an environment that enables individuals to shape a healthier lifestyle.

Colleagues in Public Health England confirm that the absence of a defined set of national level criteria to inform local planning policy direction, support and implementation has led to inconsistent and, at times, contradictory principles being pursued.

Scotland's Planning Act introduces a requirement for planning policy to take account of the "effects of development on health needs" and for national and major applications for planning consent to take account of the "likely health effects of the proposed development". With secondary legislation to be introduced the need to embed a consistent set of national level themes or criteria sits within NPF4.

A review of the high level elements published by WHO, Town and Country Planning Association and Public Health England found a common collection of well evidenced criteria and an established foundation for a set of themes. What is needed is a set for Scotland. Having found these elements also mirror the 14 high level topics embedded in the Place Standard Tool, rather than introducing a further set of themes and potentially creating confusion, we recommend the same themes be used as the basis for a set of national level ambitions. Throughout our discussions we were referring to these as health and place principles however, given the possible confusion this could cause with the well established Place Principle, we have renamed them as Health and Place Themes.

The table below provides an overview and description of the themes (aligned to the Place Standard topics).

Table 1. Public Health and Place Themes for Scotland

Place Standard		Themes
Movement	Moving Around	Its easy to move around local areas around using good-quality routes
	Public Transport	Everyone has access to an affordable, reliable and well-connected public transport service

	Traffic and Parking	Traffic and parking arrangements allow people to move around safely and meet the community's needs
Spaces	Streets and Spaces	Buildings, streets and public spaces create an attractive place that is easy to get around
	Natural Spaces	Everyone can regularly access and experience good-quality natural space No-one is exposed to environmental hazards Adequate land is protected to grow food
	Play and Recreation	Everyone can access a range of space with opportunities for play and recreation
Resources	Services and Support	Good quality, accessible facilities and amenities meet the needs of local people Access to products and services that harm health are restricted and those that enhance health promoted
	Work and Economy	There is an active local economy and the opportunity to access good-quality work
	Housing and Community	Everyone has access to a house that is affordable and health promoting Houses are designed and built to meet both current and future demand and are adaptable to changing needs
	Social Interactions	There are a range of spaces and opportunities to meet people
Civic	Identity and Belonging	The place has a positive identity and people feel like they belong
	Feeling Safe	People feel safe and secure in their local community
Stewardship	Care and Maintenance	Buildings and spaces are well cared for
	Influence and Control	People feel able to take part in decisions and help change things for the better
Underpinning	Equitable outcomes for all	All of the principles consider the needs of different populations and are applied in a way that ensures they achieve equal outcomes for all.
	Climate change, sustainability and biodiversity	All of the principles are applied in a way that contributes to carbon reduction and enhances environmental sustainability and biodiversity

A roundtable session that broadened our membership and workshop sessions with members of both the HOPS Development Planning and Development Management Sub-Groups confirmed views on the suitability of these Health and Place themes. A session with the Scottish Alliance for People and Places also confirmed full support.

In addition, Appendix 2 illustrates how modifications to the design of the built environment can support improvements in health and wellbeing. It builds on specific interventions identified in work done for East Lothian Council to inform their healthy town approach to the Blindwells proposal.

Each theme also impacts on planetary health through reduction in carbon emissions, enhanced biodiversity and/ or change in our food environment. Many can impact our economy and strengthen town centres. Similar tables and frameworks have been developed by bodies including the World Health Organization and Public Health England. It is important a stakeholder advisory group continue work with Scottish Government over the coming months to progress such a framework for Scotland and support national and local policy and decision making for the built environment.

Place and Wellbeing Stakeholder Group: Whole System Recovery

The effects of the COVID19 pandemic highlight the importance of Place to support safe physical distancing and the need to develop healthy, sustainable places that support longer term recovery.

Public Health Scotland is using the health and place themes outlined in this paper as a structure to plan and coordinate the contribution of place to mitigating the impact of the pandemic. These mitigations are being considered for their impact both now, as we start to emerge from lockdown and into the longer term "new normal".

Examples of issues being considered include, but are not limited to:
- The need for sufficient space to enable people to walk, cycle or wheel safely while maintaining physical distances
- The importance of attractive greenspaces for people to access within their local area without involving a car journey
- The need for homes to be suitable for home working
- The likelihood of increased home working in the long term impacting on town centres and local centres
- The importance of community space and facilities to support local resilience

We ask that Scottish Government convene a Place and Wellbeing Stakeholder Group using this groups membership as a foundation. This will enable an ongoing collaborative approach over the coming months to embedding support for health and wellbeing outcomes within planning policy and link up the role of NPF4 in whole system recovery from COVID19.

Place and Wellbeing Stakeholder Group: Public Health and Spatial Planning Collaborative Approach

As described earlier in this paper the reform of the planning system and public health in Scotland presents opportunities to achieve shared public health ambitions. The following table identifies these opportunities and suggests ways the public health community could support. We ask that Scottish Government convene a Place and Wellbeing Stakeholder Group to enable an ongoing collaborative approach over the coming months to progressing these opportunities and embedding support for health and wellbeing outcomes within planning policy.

Table 2. Opportunities for public health within spatial planning reform

Opportunity	Possible offer of support	
	Public Health Scotland (PHS)	**Territorial Public Health Teams**
Key objective of NPF4 is to ensure that planning policies and decisions take account of the health needs of local communities and have regard to the need to improve the diet, health and wellbeing of people living in Scotland.	• Help draft the revised Scottish Planning Policy to ensure it meets this objective. These policies could be aligned to the proposed health and place themes.	• Support local engagement/ consultation with local planning teams.
The 2019 Act introduces a requirement for consideration to be given, before planning permission for a *national development*^ is granted, to the likely health effects of the proposed development.	• Help support/develop the guidance for this (based around the health and place themes). • Be a named national agency that developers could contact to receive advice in preparation of their plans. • Be a statutory consultee, scrutinising the plans to ensure they meet the health and place themes (potential to reject/object if they don't?).	• Relevant team could work alongside PHS depending on the location of the development.
Local development plans must now take account of the health needs of the	• Develop public health skills and knowledge of relevant planning staff and planning decision	• Assist their local planning authority produce LDPs in line with the health and

population of the district and the likely effects of development and use of land on those health needs.	makers at senior officer and political levels. • Work with SG, CoSLA and LAs to define what methods must be deployed to "take account" of the health needs in LDPs. • Support local public health teams in their role (see next column). • Be a statutory consultee for each LDP, scrutinising it to ensure it meets the themes (potential to reject/object if they don't?).	place themes (as a named 'key agency' Health Boards are required to cooperate with their planning authority in the preparation of the local development plan). • Introduce named contacts to assist collaboration
The 2019 Act introduces a requirement for consideration to be given, before planning permission for a *major development** is granted, to the likely health effects of the proposed development.	• Help support/develop the guidance for this (based around the health and place themes). • Provide support to local public health teams (e.g. training, networking, benchmarking) and possibly help with any challenges or appeals.	• Scrutinise plans for all local 'major' developments to ensure they meet the themes and reject/object where they don't.
The 2019 Act requires all local authority elected members receive relevant training.	• Develop courses/resources (based around the themes, advisory and assessor roles) and support local teams.	• Deliver training to their relevant local elected members.

References

[i] NHS Health Scotland *Place and Communities Inequality Briefing*:
http://www.healthscotland.scot/publications/place-and-communities

[ii] NHS Health Scotland *Place and Communities Inequality Briefing*:
http://www.healthscotland.scot/publications/place-and-communities

[iii] Roadmap (as above) p14 (footnote)

[iv] From website http://www.healthscotland.scot/health-inequalities/impact-of-social-and-physical-
environments/place/place-overview

[v] *Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks.* World Health Organization 2006 https://www.who.int/quantifying_ehimpacts/publications/preventing-
disease/en/

[vi] From http://www.healthscotland.scot/health-inequalities/impact-of-social-and-physical-environments/place/place-
overview

[vii] Pearce JR, Richardson EA, Mitchell RJ, Shortt NK. Environmental justice and health: the implications of the socio-
spatial distribution of multiple environmental deprivation for health inequalities in the United Kingdom. 2010;35(4).
link

[viii] The Royal Society for the Prevention of Accidents 'Social Factors in Road Safety' Policy Paper
https://www.rospa.com/rospaweb/docs/advice-services/road-safety/social-factors-in-road-safety.pdf

[ix] NHS Health Scotland *Place and Communities Inequality Briefing*:
http://www.healthscotland.scot/publications/place-and-communities

[x] Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England
Post-2010. 2010. https://www.health.org.uk/funding-and-partnerships/our-partnerships/health-equity-in-
england-the-marmot-review-10-years-on

[xi] *Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks.* World Health Organization 2006
https://www.who.int/quantifying_ehimpacts/publications/preventing-disease/en/

Appendix 1. Health and Place Working Group

Core group
Joy Tomlinson   Directors of Public Health (Chair)
Elaine Young   NHS Ayrshire and Arran
Elaine Caldow   NHS Ayrshire and Arran
Matt Lowther   NHS Health Scotland now Public Health Scotland
Irene Beautyman   Improvement Service
Andy Dale   Heads of Planning Scotland
Margaret Douglas   Edinburgh University
Emma Kennedy   COSLA

Others
Russell Jones   Glasgow Centre for Population Health
Kate Cowey   Heads of Planning Scotland
John Howie   NHS Health Scotland now Public Health Scotland
Ross Burton   West Lothian Council
Rebecca Campbell   NHS Lanarkshire
Gillian McCartney   NHS Health Scotland now Public Health Scotland

Appendix 2

This table illustrates how modifications to the design of the built environment can support improvements in health, reduce the risk of developing certain diseases and improve people's physical and mental wellbeing. Each theme also impacts on planetary health through reduction in carbon emissions, enhanced biodiversity and/ or change in our food environment. Many can impact our

economy and strengthen town centres. Similar tables and frameworks have been developed by bodies including the World Health Organization and Public Health England. It is important a stakeholder advisory group continue work with Scottish Government over the coming months to progress such a framework for Scotland and support national and local policy and decision making for the built environment.

National Health and Place Theme	Call for Ideas Place Change Required	Behaviour Impact + More - Less	Public Health Priority Potential for Impact	Health Outcome Potential for Impact
Moving around	Safe segregated walking and cycling paths with clear links to surrounding networks including public transport. Provision of secure cycle parking in homes, workplaces and near amenities.	+Physical activity +Interaction with nature +Social engagement -Car use/ownership -Travel costs	6, 1, 5, 3, 4, 2	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Public transport	Prioritise safe links to existing rail and bus infrastructure and transport hubs, including town centres.	-Car use/ ownership -Travel costs +Physical activity +Social engagement	5, 6, 1, 3, 4, 2	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Traffic and parking	Give people priority over cars. Minimise car spaces and allocate space for cycle and car sharing schemes.	+Social engagement +Physical activity -Car use/ ownership -Travel costs	1, 6, 5, 2, 3, 4	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.

Streets and spaces	Prioritise walkable neighbourhoods linked to local green space, public transport, shops and amenities. Priority to walking and cycling.	+Physical activity +Interaction with nature +Social engagement +Use of local amenities +Use of local supply chains	1, 6, 2, 3, 5, 4	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Natural Space	Prioritise provision of and links into an inclusive network of natural space. Provision of multifunctional green space to support intergenerational social interaction.	+Physical activity +Interaction with nature +Social engagement	6, 1, 3, 2, 4, 5	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Play and recreation	Residential streets designed as opportunities for incidental play. Provision of multifunctional green spaces connected to streets, public transport, shops and amenities.	+Social engagement +Physical activity for all ages +Use of local amenities	2, 6, 1, 3	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Facilities and Amenities	Prioritise walkable access to local shops, schools and other amenities. Public transport access to sub regional shops, schools and other amenities.	+Physical activity +Social engagement +Use of local amenities +Use of local supply chains	1, 2, 5, 3, 4, 2	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Work and local economy	Prioritise walkable communities with access to public transport and car free access to employment.	+ Physical activity + Equality access to work	5, 1, 6, 3, 4	Improve mental health. Reduce obesity, respiratory disease,

		+ Use of local amenities +Use of local supply chain -Travel distances and cost		congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Housing and community	Mixed tenure, intergenerational housing in neighbourhoods grouped around communal space. Access to private garden, roof garden or balcony.	+ Social engagement + Physical activity + Food growing + Contact with nature	1, 6, 3, 4, 2	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Social interaction	Integrate health centres, leisure spaces, shops, community and education – shift focus from illness and recovery to wellbeing.	+ Social engagement + Physical activity + Local business use -Car use -Travel distance and costs	3, 6, 1, 5, 4, 2	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Identity and belonging	Provide space for transient and temporary uses including play, local events and markets.	+ Community cohesion + Social engagement + Local supply chain markets + Cultural events + Community group events	3, 1, 5, 6, 4, 2	Improve mental health
Feeling safe	Housing development does not turn its back on surrounding transport network. Connecting lanes for walking and cycling are overlooked and suitably lit.	+ Physical activity + Social engagement + Use of public transport	1, 6, 3, 5, 4, 2	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2

		Less car use		diabetes, stroke, some cancers, mortality and morbidity.
Care and maintenance	Embed communities into the management of the place in which they live. Residents take a share of the estate and more direct involvement in management and maintenance.	+ Community cohesion + Social engagement + Multifunctional space + Use of cared for space + Physical activity	1, 3, 6	Improve mental health. Reduce obesity, respiratory disease, congenital heart disease, type 2 diabetes, stroke, some cancers, mortality and morbidity.
Influence and sense of control	Strong collaboration between planning and communities from the start to foster cohesive buy in to place. Support community to run events.	+ Community cohesion + Social engagement + Use of communal space	1, 3	Improve mental health