

National Planning Framework 4 (NPF4) – Call for Ideas Early Engagement Submission

About Us

Public Health Scotland (PHS) is Scotland's lead national agency for improving and protecting the health and wellbeing of all of Scotland's people.

PHS was launched on 1 April 2020 and brings together the remits of Information Services Division, Health Protection Scotland and NHS Health Scotland.

Our vision is of a Scotland where everybody thrives. Our focus is on increasing healthy life expectancy and reducing premature mortality. To do this, we use data, intelligence and a place based approach to lead and deliver Scotland's public health priorities.

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We are content for our response to be made available to the public and to be contacted in the future.

1.0 Background

The focus of this submission relates to the [10 health-related questions](#) proposed by Scottish Government, as well as the questions in the [Call for Ideas](#) relating to climate change and development and investment in our economy. The final section specifically addresses some of the questions in the Call for Ideas as they relate to housing considerations.

2.0 Key messages

- **Public health and place themes for Scotland:** We strongly support the embedding of a new set of national public health and place themes in NPF4.
- **Health in All Policies:** We propose that NPF4 should clearly define the connections between place and health and require all planning policy to explicitly describe how it contributes to improving health and wellbeing based on evidence available.
- **Equity:** Reducing inequalities, including health inequalities, and promoting equity of both access and outcomes for all members of the community is a requirement of planning policy that has health at its core.
- **Sustainability:** Consideration of environmental impact should be given equal weight to economic considerations in all planning and development decisions.
- **Community engagement and empowerment:** Meaningful engagement with communities and ensuring that they have a strong voice in decisions about planning that will affect them is fundamental not only to meeting the requirements of the Community Empowerment Act, but also to protecting people's health and wellbeing.
- **Collaboration:** There is an offer from PHS and our partners to work collaboratively to develop NPF4 and to support the embedding of our proposals into the framework.
- **Health and wellbeing stakeholder group:** PHS has worked with partners to identify health and place themes. We suggest Scottish Government convene this group and work with them to develop a collaborative approach to embedding the 'Improving the health and wellbeing of people living in Scotland' outcome into NPF4.

Learning from COVID-19

PHS has established a work stream to identify and make recommendations to mitigate the social impacts of COVID-19 on health and health inequalities in both the short and longer term. Impacts and mitigations identified through an ongoing [Health Impact Assessment](#) (HIA) are referred to in this response. This HIA is a working document and fuller findings will be made available at a later date. NPF4 provides an opportunity to strengthen national and local planning policies to support such mitigation measures and to create places and communities that are more resilient to any future, similar events.

Although evidence from the pandemic is just emerging, it is crucial that NPF4 clearly articulates the future roles of planning legislation, policy and delivery for improved pandemic preparedness, and for these considerations to be designed around the global lessons learned from the current situation. Given this is a worldwide effort, the lessons and solutions should be developed in tandem with international partners. Public Health Scotland's potential hosting of a WHO Collaborating Centre for Place is one possible forum for these considerations. Irrespective of the approach we believe one that is place based, health focused and inequalities sensitive should be pursued and one practical means would be the use of the Place Standard and Place Principle to organise future readiness and preparedness.

3.0 Questions and responses

3.1 Are there other aspects of health that are capable of being influenced by the planning system? How can NPF4 best complement existing national and local health strategies and the public health priorities?

While there are specific national and local health strategies that NPF4 will complement and contribute to, it is important to emphasise that *all* aspects of NPF4 will impact either positively or negatively on the health of the Scottish population and how equally health outcomes are distributed. This is because the [key determinants](#) of health and health inequalities relate to our physical, social and economic environment. In addition, the reform of public health in Scotland has highlighted that it is only through the whole system working together that we will achieve improvements in health while reducing health inequalities.

NPF4 will very directly influence action on the spatial determinants of health and wellbeing and, through the creation of better environments, also influence the social and economic drivers of health. A [Health in All Policies](#) approach is a systematic way to ensure health and health inequality implications of all policies is taken into account.

[Health inequalities](#) are 'the unfair and avoidable differences in people's health across the population and between specific population groups.' A detailed explanation of the links between the fundamental causes of health inequalities and individual experience can be found [here](#).

Scotland's public health priorities and other national strategies

The Scottish Government has identified [six public health priorities](#) for Scotland. While 'a Scotland where we live in vibrant, healthy and safe places and communities' is identified as priority one, the design of our places and communities also impacts the other five priorities of early years; mental wellbeing; a reduction in harm from alcohol, tobacco and other drugs; a sustainable and inclusive economy and healthy diet, weight and physical activity. PHS believes that evidence informed national level direction included in NPF4 on the design and revitalisation of places and communities will support our ability to achieve all of these priorities. The role of

NPF4 must be considered as part of a whole system approach to delivering all of Scotland's public health priorities.

We recommend a standalone planning, health and inequalities section at the beginning of the framework document to help to clearly explain the concepts and links described here for users of NPF4 who may not already be familiar with them. PHS offers to work collaboratively with Scottish Government to deliver this recommendation.

There are a number of specific priorities in other national policies and strategies that NPF4 has a role in achieving, such as:

- [Active Scotland Delivery Plan](#): Outcome 4 of the Active Scotland Outcomes Framework is to improve the active infrastructure, with indicators including access to greenspace, active travel of both children and adults and neighbourhood safety for walking and outdoor play. Opportunities will include creating new and protecting existing facilities through the statutory planning process.
- Policy should enable the delivery of the [2030 Vision for Active Travel](#): 'Scotland's communities are shaped around people, with walking or cycling the most popular choice for shorter everyday journeys' and to the Active Travel Strategy outcomes that include availability of high quality walking, cycling and wheeling infrastructure for all.
- The [Cycling Action Plan for Scotland](#) and the [National Walking Strategy](#) support delivery of the [Active Travel Framework](#) and have a governance framework involving all relevant partners. These forums should be maximised and we would anticipate partners of both will provide a more detailed response. The [National Transport Strategy](#) also shares a number of priorities with the planning framework, including to reduce inequalities, take climate action, help to deliver inclusive economic growth and improve our health and wellbeing.
- Play Strategy for Scotland: [Action Plan](#) includes actions for the home and community which require the planning and provision of both indoor and outdoor private and local public spaces for children and young people to play. In addition, play provision supports Article 31 (leisure, play and culture) of the United Nations Convention on the Rights of the Child.
- [Early learning and childcare expansion](#): The requirement for increased early learning and care provision, linked with evidence about the benefits to child development through outdoor play and learning provide an opportunity for NPF4 to contribute to better child health and wellbeing outcomes through local greenspace provision.

- [A healthier future: Scotland's diet and healthy weight delivery plan](#): Outcome 2 requires the food environment to support healthier choices including control over food outlets near schools, while outcome 4 requires leaders across all sectors promote healthy diet and weight.
- Scotland's [Mental Health Strategy 2017-2027](#) endorses *Good Mental Health for All*, published by NHS Health Scotland in 2016. This sets out the environmental and social determinants of mental health.
- Local outcomes improvement plans and locality plans are a requirement of the Community Empowerment (Scotland) Act and must be based on the needs and circumstances of the people residing in the area of the local authority to which the plan relates. Every effort should be made to ensure that spatial planning policy aligns closely with community planning policy. Community-led Local Place Plans (LPPs) can also help to align community and spatial planning, ensuring that decisions made on behalf of communities accurately reflect their issues, interests and aspirations, and that resources are targeted effectively.
- The [national health and social care delivery plan](#) and the process of annual delivery planning across NHS boards and Health and Social Care Partnerships (HSCPs) highlight national and local priorities for healthcare, public health, health improvement and inequalities. NPF4 could encourage closer collaboration between national and local planning processes.

Health impacts beyond Scotland

We also recommend that NPF4 includes an outline of how the health impacts of local planning decisions in Scotland extend beyond our local and national boundaries. This includes the immediate implications for border communities in Scotland and England to the broader global impact in crucial areas such as clean and healthy environments and biodiversity. As a template to guide our international considerations and obligations, NPF4 should outline its explicit relationship with the United Nations Sustainable Development Goals (SDGs) and how spatial planning policy in Scotland is proactively contributing to their advancement. Given the clear alignment between the SDGs and Scotland's National Performance Framework there should be no legislative, policy or delivery barrier to allow this connection.

3.2 How can NPF4 best ensure that policies on health and wellbeing contribute to the outcomes of improving the health and wellbeing of people living in Scotland and improving equality and eliminating discrimination? What are the principles which might best inform the policy approach?

NPF4 should explicitly set out the relationship between planning decisions, the processes that shape these decisions and their impact on place, health and inequalities. In particular NPF4 can encourage decision makers to become and remain fully informed of the implications that planning decisions have on health and

health inequalities in the short, medium and long term and how those decisions affect the achievement of Scotland's public health priorities.

Public health and place themes for Scotland

Establishing a set of health and place themes was identified as crucial to achieve consistent policy preparation and support confident policy implementation during professional engagement in the run up to the Call for Ideas. The core collaborators on this work represent the Improvement Service, PHS, Directors of Public Health, COSLA, Heads of Planning Scotland and the University of Edinburgh. Themes, jointly identified and supported by each organisation, define a Scotland-wide approach to what needs to happen in every place for it to play its part in keeping Scotland's people healthy. With inclusion in national level policy as an imperative, the group will separately be submitting findings to date to this Call for Ideas and the subsequent consultation. PHS supports this work and recommends NPF4 embed the health and place themes as national policy. These themes are based on those in the [Place Standard](#) and embedding them into NPF4 will strengthen links between community-identified needs and the strategic approach to planning decision-making. Embedding them in national policy as a requirement will also inform a consistent approach for local placemaking policy and implementation. This approach would generate a more informed picture for communities and organisations to jointly identify and prioritise local actions and investments.

Community engagement and empowerment

The people living or spending time in a place know best how that place affects their quality of life, health and wellbeing. Meaningful community involvement is critical to effectively delivering both planning and health policy objectives, and to complying with the principles and requirements of the Community Empowerment (Scotland) Act. Early engagement with organisations working with communities, for example via the [Scottish Community Development Centre](#) could support the embedding of the [National Standards for Community Engagement](#) in NPF4.

Equity and sustainability

We recommend that NPF4 is underpinned by the principles of equity and sustainability. It will be important that the evidence generated from the environmental, social, equalities and economic impact assessments being carried out as part of the development of NPF4 is meaningfully incorporated into the framework. In particular, it will be important to identify those who have experienced challenges related to previous planning policy, such as Gypsy/Travellers and disabled people, and to take steps to ensure that NPF4 meets their needs. It will also be necessary to ensure that gender equality is mainstreamed in the framework and in all planning policy, and that the needs of children and young people, older people, disabled people and those living in areas of severe and multiple deprivation are identified and addressed.

Improved efficiency

Whilst these themes amount to a range of additional activities at the beginning of the planning development process, we believe that the time often spent on

extended consultation, reviews, appeals and challenges could be reduced at the backend of the planning process as well as creating better place outcomes.

3.3 How can NPF4 policies on topics such as place making, active travel, housing, green infrastructure, town centres and air quality effectively deliver health policy objectives?

The importance of these topics and their relationship with health are outlined throughout this response. Each is fundamental to the [delivery of health policy objectives](#) and NPF4 must highlight that they are interlinked across all of the dimensions of place. However, these are not the only topics that matter; we suggest that policies should be developed to reflect all of the health and place themes mentioned in the previous section (which are also the 14 themes of the Place Standard), and their interconnections highlighted and supported. NPF4 can specify how they complement other related policies and acknowledge co-dependencies as part of an integrated approach to spatial planning that contributes to health and wellbeing, reducing health inequalities and sustainability.

We suggest that consideration of health, equity and sustainability is mandatory rather than optional. We further suggest that NPF4 policy requires that decisions are based on the best available evidence about how spatial planning can promote health and reduce health inequalities, including community health profiles, such as the Scottish Public Health observatory [on-line profile tools](#), and community engagement.

What should drive final decision making?

The range of outcomes that NPF4 is required to deliver mean that we would move away from decisions being taken on a purely economic basis to a more balanced approach including social capital and the wellbeing economy. The framework should support the value of creating an environment where interpersonal relationships, a shared sense of identity, shared understanding, norms and values, trust, cooperation, and reciprocity exist. Work undertaken by Scottish Government and Scottish Natural Heritage on [natural capital accounting](#) provides a framework for decision-making and prioritisation beyond the allocation of financial value to building land. This also has the potential to support a place based approach by avoiding boundaries determined by land ownership.

Statutory consultee and consultation authority opportunities

It is important that the various policy areas support each other and do not conflict. Routinely using policy impact assessments (evidence-based procedures that assess the economic, social, and environmental effects of public policy) reduces this risk.

In circumstances where public health considerations and impacts conflict with the ambitions of other priorities, it is imperative that NPF4 outlines the national level themes decision makers need to consider to reach a fully informed decision.

PHS is in a unique position to ensure LDPs reflect national policy and the population health needs in their local communities given our dual sponsorship with Scottish Government and COSLA, our work with national and local government and our close relationship with local public health teams. We would support consideration being given to formalising this position by making PHS a statutory consultee on LDPs and a consultation authority on Strategic Environmental Assessments.

3.4 What guidance do planning authorities need so that they can meet the new health provisions in the 2019 Planning Act when preparing development plans?

As set out in section 3.1 above, we suggest that NPF4 embeds the connections between planning and the social determinants of health. An informed understanding of health and health inequalities for all the stakeholders delivering NPF4 will ensure national, regional and local decision makers have a collective understanding of their contribution and responsibilities in relation to the public health priorities and the health provisions in the Planning Act. The key health provisions relate to Health Impact Assessments of all national and major developments; health needs assessments for all Local Development Plans and training for all elected members.

We recommend these provisions are reflected in NPF4 and all planning authorities will need clear guidance on these.

Health impact assessments and health needs assessments

Policies should require that planning decisions are based on the best available evidence about health and inequalities, as well as on local intelligence. Although health impact assessments and health needs assessments are only required for certain types of development, it would be good practice to use health, environmental and equality impact assessments in all planning decisions as these processes enable systematic examination of relevant evidence. Additional guidance about how to access and use evidence and carry out impact assessments will be needed. PHS, through the [Scottish Health and Inequalities Impact Assessment Network](#), offers support in the development of such guidance. We suggest that NPF4 is directive so that the recommendations of impact assessments are published and that due consideration is given to them during formal decision making processes. Local published records of decisions should state how the impact assessment has influenced those decisions made and also record any elements of the impact assessment not implemented with reasons for not doing so.

We recommend that where recent information gathered from consultees in the design and development of Local Outcome Improvement Plans and Locality Plans is available that this is referred to. It would be valuable for community and spatial planning processes to be more closely aligned. Ideally these processes should combine and work in tandem to reduce duplication of effort and ensure more efficient and aligned decision making.

PHS welcomes further dialogue to develop its support for the use of evidence and, as previously outlined, could potentially become a strategic statutory consultee on major infrastructure projects. PHS and other national agencies could also potentially facilitate planning and communication across both geographic and policy areas.

Capacity to deliver effectively

To ensure an effective and consistent approach across local government areas requires more than guidance. Easy access to training to support a whole system approach to healthy and equalities-sensitive spatial planning would be valuable. A range of learning methods is needed to target key current and future influencers such as undergraduate and postgraduate learners aiming to come into the spatial planning profession, elected members, planners, developers and architects as well as staff advising and supporting planning decisions and communities guiding and being affected by change.

Recognising PHS cannot direct the use of resources, we would support any diversion of local planning capacity from low public health impact activities (e.g. in domestic planning application processes), to focus on planning developments that do and that will make significant differences to health if scrutinised effectively through a public health lens.

Measuring impact

NPF4 will align with the National Performance Framework and the UN Sustainable Development Goals. A clear set of public health indicators and mechanisms for monitoring and evaluation should be agreed so we can measure and report on the impact of NPF4 using the right evidence and, as a consequence, generate ongoing improvements in legislation, policy, guidance, knowledge or future ways of working.

3.5 How can new developments be provided in a manner which ensures sufficient health care services such as doctors' surgeries are available for existing and new communities?

Ensuring access to key local services, including health services, is a fundamental principle of planning for health, and it will be important that this is set out clearly in policy.

The use of good evidence about current and future demographics and existing and predicted health and social care need (such as that available from [National Records for Scotland](#) and the [Scottish Public Health Observatory](#)) is essential to ensure sufficient access to services. The characteristics of new and/or existing communities are important, especially when developments will be targeted at specific demographics such as older people, families, or people in a particular income bracket. We know that health and social care services are currently unevenly distributed and [tend to be less available in those communities with greatest need](#). There is potential for the planning system to address this. Working closely with Directors of Public Health, PHS will ensure a clear year on year

understanding of the projected needs of the population (DPH annual reports) and how planning integrates these needs into ongoing short, medium and long term spatial planning investments.

However, this is not just about the placement of healthcare services within new developments. Access to primary, secondary and tertiary health services, as well as social care, has to be considered in the context of planning for community amenities in general. These services and amenities should meet the needs of communities, rather than just meeting estimated demand based on housing figures.

The principle of locating services in areas of greatest need should be paramount and where there are reasons not to be able to do so, then public transport to and from health and social care services and other community amenities should be core to plans, and again this needs to be considered in the context of the current population and the future, ageing population. Health and social care services should be considered as community assets and the buildings they use can be seen as hubs for supporting wellbeing and community building.

Local planning teams need to be better informed about and better linked to HSCP and health board planning and decision making processes so that spatial and service planning can be coherent and provision can be planned to avoid increasing the strain on existing services. If new residential areas are developed which rely on existing infrastructure, services can become overloaded. This applies across the board, not just to health services. Therefore we would suggest NPF4 establishes closer collaboration between national and local planning processes, [Health Facilities Scotland](#), estates management in each of the 14 territorial NHS Boards, private contractors (GPs, dentistry and opticians) and private health provider estates. PHS offers support in how this can be achieved.

3.6 Are policies needed to ensure that particular types of development do not undermine the health and well-being of communities, including the prevention of over-provision and clustering of certain food outlets? Can the planning system address hot food vans which sell predominately unhealthy food?

We want everyone in Scotland to eat well, have a healthy weight and be physically active. We know that the quality of the local food environment plays a key role in enabling and supporting healthy lifestyles and that too many people struggle to access healthy food in their communities. The planning and design of the food environment is crucial both to limit the proliferation of fast food outlets, which are of [particular concern in our most deprived neighbourhoods](#), and ensure accessibility to healthy food. In preparing NPF4, there should be consideration of how local planning policy can shape the density of unhealthy food outlets in areas with high levels of childhood obesity, and in the vicinity of locations with high child or young person footfall e.g. schools and retail parks. Planning policy should also consider how it might improve accessibility to healthy food and enhance opportunities for

food growing in communities, for example through the incorporation of food growing spaces into plans for new and existing building developments.

Engagement with geographical communities and communities of common interest at the planning stage is essential to identify the needs of communities and the types of development most likely to support or undermine their health and well-being. However, better guidance is needed to help both planners and communities to identify the sorts of development that could damage health, including food outlets, licensed premises and off-licenses, betting shops, etc. Clear guidance is also essential to ensure this engagement with communities is meaningful; working collaboratively with community groups and advocacy agencies can be an effective way of ensuring more voices across the community are heard.

We recommend that Scottish Government considers where NPF4 could reduce barriers to access to land for farming, contributing to shorter food chains through the availability of local ingredients for food production. Infrastructure should also be included within developments to encourage and enable producer/consumer initiatives to establish themselves as a regular option for the community to purchase locally produced food at reasonable prices, therefore incentivising the production and sale of healthy alternatives.

3.7 How best can planning policy engage with the promotion of healthy diets?

Local authorities have powers that can be used to create health promoting environments. These can be exercised to improve healthy diets through ensuring the type of food and drink a business is providing is considered, and can be a decision making factor along with the current prevalence of unhealthy food in an area. Planning decisions over changes of use of commercial premises or establishment of new ones have a role to play in promoting healthy food environments. We suggest that NPF4 considers what national policy will support planning authorities in implementing this role.

Planning should ensure new home developments include adequate space in order to cook in the home and include space for community growing, community retailing and community catering to ensure access to fresh produce at low prices. Planning decisions influence the design and use of the built environment and can therefore improve population health while targeting where specific actions are needed to address inequalities. Importantly, NPF4 should drive action on inclusive growth, as poverty is associated with challenges in accessing a healthy diet.

Given the ways the environment can influence access to healthier food and drink options, local authority planners are agents for change by working together with local public health and environmental health officers.

NPF4 can also consider how public space reallocation and use of vacant and derelict land can support the requirement in the Community Empowerment Act to develop local food growing strategies by providing local food growing opportunities, either through allotments or market gardens.

3.8 How should the planning system ensure that health issues around mine gases in areas affected by former underground mine workings are taken into account and addressed through both development planning and development management?

Good use of evidence and thorough health impact assessments should identify risks to health posed by any development, including former mine workings. Where there is risk, use of the land for other non-residential purposes such as community energy, re-wilding, biodiversity etc. should be considered.

The Scottish Land Commission is exploring de-coupling land ownership from land use, this might mean that land at risk from mining gases could still be used by communities in other ways, without them having to buy it and take on the risk.

We suggest that local authority decision-makers and communities need to be assured that issues covered by relevant regulatory regimes can and will be adequately addressed. In risk areas this will involve additional work and a bigger budget requirement for surveys, pre-assessment and subsequent monitoring. Regulation is therefore required to ensure the availability of land and its use are aligned with public health priorities.

3.9 Do our policies sufficiently support the promotion of mental wellbeing or is further action required?

Creating good places through the mechanisms outlined above supports [good mental health and wellbeing](#). If good spatial planning processes are not delivered, there is a risk of resultant poor social, physical and economic environments, leading to increased risk of poor mental health and widening health inequalities. This is costly as it impacts on our economy, public services, families and individuals.

Specific dimensions of place, mental health and wellbeing

The health and place themes mentioned above as contributing to physical health improvement, such as increased greenspace quality and availability, providing good active travel and public transport and reducing transport poverty, and ensuring access to jobs and services, also contribute to mental wellbeing. There is good evidence that, independent of physical activity, [high quality greenspace contributes to mental wellbeing](#) at both individual and community level. In addition, the creation of [places and spaces that promote community cohesion](#) is fundamental to wellbeing. This requires consideration of how community creativity can be resourced and supported through planning by creating conditions which allow for community relationships to thrive; creativity and flourishing naturally take hold when these are in place. An example is the provision of common spaces and hubs which allow for entrepreneurialism and community activity, as well as mutual support.

Empowering communities

Ensuring that communities can make a difference on their own terms, which requires devolving more power to them, is important. Embedding a person-centred and place-centred approach to delivering change is vital and will help to contribute to the delivery of national outcomes. This means that rather than having a complex system that communities must be 'educated' to participate in, planning processes should be agile and responsive enough to work with diverse and complex communities, with different circumstances and priorities, including rural communities, to help and support them to flourish.

3.10 What development will we need to address climate change and what does planning need to do to enable development and investment in our economy to benefit everyone?

As noted above, it is imperative that public health, climate and economy are considered simultaneously and with equal weight, so that economic development is both inclusive and sustainable. Climate change and action to address climate change can have both positive and negative impacts on health and health inequalities. Sustainability, health and equity should be considered together in the planning context to prevent unintended negative impacts emerging in the short or longer term. In developments that look to improve the resilience of places, the potential positive and negative impacts on health and inequalities should be explicitly considered and factored into decision making.

We suggest that development should lead transformational change in land use for nature, people and place. This means development that reverses biodiversity loss, protects and restores green space, and works with, rather than against, nature to improve the resilience of places. We recommend that development should lead to places that are adapted and resilient to the changing climate in Scotland *and* that are net zero greenhouse gas emissions.

We believe that planning decisions need to prioritise nature based adaptations and/or increase requirement for greenspace. Nature based adaptations and green/blue space are likely to be a more flexible response to the changing climate, build greater climate resilience, sequester greenhouse gases and contribute to improved population health and reduced health inequalities.

To achieve net zero greenhouse gas emissions, transformational change is needed to transport infrastructure; energy and heating systems/infrastructure; land use and agricultural systems. The required changes are, equally, a key opportunity to achieve improved health and equity outcomes. For example:

- Planning has a role in setting requirements for future homes to be climate resilient, net zero carbon and healthy homes. The health impact assessment conducted to identify social impacts of COVID-19 and develop mitigation measures identified several mechanisms by which increased time spent in the home environment could lead to increased health inequalities. This includes

increased demands on heating homes leading to fuel poverty. These factors need to be taken account of when incorporating these standards.

- Planning new developments should enable sustainable travel and this should be a key consideration from the beginning of the planning process, e.g. planning neighbourhoods around sustainable infrastructure and decisions about new homes to minimise travel to work, shops, school etc.
- Planning has opportunities to promote greater recycling and support a circular economy.
- The support NPF4 can give to the inclusion of ground source heating in new developments, including new greenspaces, should be considered.

To maximise the potential for communities to utilise sustainable transport and heating systems, increased greenspace etc., and for these systems to have wider benefits for health and equity, they need to be developed to appropriate standards. Planning has a role in setting these standards, for example by requiring active travel routes to be well lit, safe and segregated from busy traffic. In addition, it is essential that communities are fully engaged in decision making to ensure any developments are directly linked to their needs and therefore more likely to be used. Planning should also ensure that land is available for community development and support [community wealth building](#), in particular the ‘socially productive use of land and property’. We recommend that the specific needs of rural areas are taken into account in all planning policy development.

The health impact assessment conducted to identify social impacts of COVID-19 identified several ways in which increased time spent at home could lead to increased health inequalities. These include a differential impact on people living in overcrowded and shared homes lacking space for both privacy and play, and impacts related to home working, as some groups are more likely to have a suitable home environment for working. Future increases in home working to reach carbon emission targets would continue these impacts into the long term. Subsequent developments should therefore be future-proofed by ensuring measures are put in place to mitigate such impacts when planning approval is granted, for example a requirement for flatted accommodation to have roof gardens or balconies.

The health impact assessment also identified that lack of space available for walking and cycling while maintaining safe distances, and restrictions on travelling outside the local area, increase inequalities for people who lack local high quality greenspaces or attractive walking routes, especially for those without access to a garden. The anticipated increase in home working following COVID-19, while beneficial to reduce carbon emission targets, will again carry these inequalities into the long term. Measures to increase access to high quality greenspace will mitigate this impact.

We suggest that the planning framework should be strengthened to include environmental planning assessments. Planning decisions need to be informed by projections about climate change and its impacts, recognising that projections are dynamic and come with degrees of uncertainty. Decisions about land use should take these projections and the uncertainty into account. Planning decisions can also be informed by data/evidence about vulnerability to climate impacts (e.g. flood disadvantage mapping) to ensure those who are disadvantaged are prioritised. Consideration should be given to statutory requirements for assessing and reducing risks of overheating in new builds, particularly for vulnerable populations.

We recommend that a whole systems approach to planning is needed to enable multiple outcomes to be achieved, conflicts identified and mitigation measures implemented.

4.0 Specific considerations related to housing

4.1 What development will we need to address climate change?

In order to address the climate emergency, there is a need to change the way we design, construct, upgrade and occupy the built environment to ensure it is adapted and resilient to climate change. A [recent report from the World Green Building Council](#) highlights that together, building and construction are responsible for 39% of all carbon emissions in the world, with operational emissions (from energy used to heat, cool and light buildings) accounting for 28%. A further 11% comes from embodied carbon emissions, or 'upfront' carbon that is associated with materials and construction processes throughout the whole building lifecycle.

To date, much of the focus on the relationship between climate change, housing and health has been on interventions to increase thermal efficiency and reduce carbon emissions. However, the recent report from the UK Committee on Climate Change '[UK Housing, fit for the future](#)' highlights greenhouse gas emission reductions from UK housing have stalled, and efforts to adapt the housing stock for higher temperatures, flooding and water scarcity are falling far behind the increase in risk from the changing climate. The quality, design and use of homes across the UK must be improved now to address the challenges of climate change.

Given the dual goals of net zero carbon emission and climate resilience, it is important to consider the health and equity implications of adaptation plans for housing alongside actions to reduce GHG emissions. Further to this, adaptation of housing should be considered within the wider context of the built environment, planning and place making. While modifications to retrofit existing properties, climate-sensitive design of new properties and good maintenance can improve resilience and ability to adapt, it is impossible for adaptation to occur in isolation. For example, the benefits of positive changes to individual properties may be

insignificant when compared to climate impacts affecting communal spaces, shared infrastructure and facilities.

Tackling the global climate emergency is a significant priority in the Scottish Government's [consultation on Housing to 2040](#). This focus on adaptation and mitigation for climate change is welcome and provides an opportunity to ensure the housing sector develops and implements actions to reduce carbon emissions and mitigate against the impact of climate change for households.

4.2 How can planning best support our quality of life, health and wellbeing in the future?

In the context of housing and place, it should be recognised that the planning system can influence affordability, engagement in decision making processes and wealth associated with home ownership, all of which impact on health and wellbeing. Considering the [relationship between housing and health](#), access to housing that is affordable and health promoting should be specifically recognised as a key feature of any place. Houses need to meet both current and future demand and they should be adaptable to changing health needs across the life course.

We stress the importance of ensuring that development is inclusive and accessible. The accessibility of the wider place, as well as housing, has an important impact on [ensuring that a home is habitable](#) for disabled people. Aspects of an accessible environment are likely to include, but not be limited to, avoiding shared spaces, making the community dementia friendly, providing pavements with raised kerbs with dropped kerbs at crossing points and controlled pedestrian crossings where appropriate. An accessible and inclusive environment is likely to sustain health, prevent isolation and promote participation. There is an opportunity for planning to promote building design standards and environmental design standards such as street design which prioritise accessibility and inclusion for all residents.

Local Development Plans (LDPs) will be required to take account of the health needs of communities and the likely effects of the development and use of land on health needs. LDPs are intended to provide certainty for communities and investors alike about where development should (or should not) take place, along with the supporting infrastructure required for growth. This should include consideration for responding to housing need by building new developments in the right places, particularly for affordable housing and deprived communities.

LDPs must be informed by evidence, which will include information about the health needs of the population. Through NPF4, there are opportunities to ensure that guidance stipulates this evidence is of high quality and interpreted with an understanding of impact on health and wellbeing, the preventative agenda and

context for health inequalities. NPF4 must also ensure that there are routes for policy requirements to be enforced.

In 2013, the Scottish Government recommended that there should be close working between Land and Community Planning and that Community Planning Partnerships should be closely involved in developing the LDP in order to deliver the shared vision and desired outcomes for the area. There are further opportunities, for example through the [potential use of vacant and derelict land](#). We recommend that planning authorities engage with public health so that they are involved in developing the LDP, to influence the vision and plans for development over the long-term, so [development promotes good health and reduces health inequalities](#).

4.3 What does planning need to do to enable development and investment in our economy to benefit everyone?

Through the consideration of using public health principles for place making, planning policy in Scotland should recognise the relationship between housing need and economic development. The inclusive growth agenda includes a focus on ensuring economic development for communities across Scotland, including remote and rural areas, and this requires consideration for changing housing needs within these communities.

For investment and development to benefit everyone it is necessary to retain a clear link between housing investment and the ongoing need for the regeneration of areas of multiple deprivation. For there to be inclusive growth and a fairer Scotland, areas where levels of poverty and deprivation persist need ongoing investment in regeneration programmes with new social housing supply at their core.