

# VHS response to: Places, people and planning: A consultation on the future of the Scottish planning system

04 April 2017

## Introduction

1. Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. Our aim is to promote greater recognition of the voluntary health sector and support it to be a valued and influential partner in health and care.
2. VHS views planning as a public health issue, as do many of our member organisations, for example, Living Streets, Paths for All, Shelter and Spokes.
3. VHS is a member of the Scottish Public Health Network National Advisory Group. We are also members of the 'Our Natural Health Service' National Advisory Group led by Scottish Natural Heritage. We work closely with NHS Health Scotland and are actively promoting the Place Standard. We are working actively with the Scottish Government in relation to its development of the National Diet and Obesity Strategy.
4. VHS provides the secretariat for the Cross Party Group on Health Inequalities. The views expressed in our response have been informed by two Cross Party Group meetings which discussed the relationship between the built environment and health inequalities and the wider role of place in health inequalities.
5. We would commend to you NHS Health Scotland's briefings on Place and Communities<sup>1</sup> and Housing and Health Inequalities<sup>2</sup>, which are an excellent resource for understanding the relationship between place and health.

## The importance of place for health

6. VHS welcomes the Scottish Government's initiative to develop Scotland's planning system, and the emphasis on improving people's health and wellbeing by providing well designed and functional places.
7. The health experience of an individual depends partly on the social and physical environment of the area where they live.<sup>3</sup> Place encompasses both the physical environment which includes buildings and housing, streets, public areas and natural spaces as well as the social environment that is the relationships, social contact and

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<sup>1</sup> NHS Health Scotland (2016). Place and Communities

<sup>2</sup> NHS Health Scotland (2016). Housing and Health Inequalities

<sup>3</sup> Is there place for geography in the analysis of health inequality?

support networks that exist within a community. It should be noted that the latter can be affected by the quality of physical environment.

8. Inequalities in the physical environment can create serious disadvantages for people living in deprived areas. In the most deprived areas of Scotland, men experience 23.8 fewer years of good health and women experience 22.6 fewer years compared to the most affluent areas.<sup>4</sup>
9. By ensuring that people are able to experience the benefits of living in a well-designed, adequately resourced and well-connected neighbourhood, population level health benefits can be accrued.<sup>5</sup> It is therefore imperative that the planning system take the impact of place on health and health inequalities into consideration throughout the planning process.

### Access to green space

10. Proximity to an adequate quantity of high-quality greenspace has been found to have a protective effect on health<sup>6</sup>, with its availability in areas of social deprivation potentially reducing health inequalities.<sup>7</sup> According to the Samaritans, people living in deprived areas are two to three times more likely to exhibit suicidal behaviour than those in more affluent areas.<sup>8</sup> At the same time the Scottish Government have found that middle-aged men living in deprived urban areas with high amounts of green space have a 16% lower risk of dying compared with similar groups living in areas with less green space.<sup>9</sup>
11. People are more likely to use greenspace if they think it is safe, well-maintained and easy to reach. It is important to note that those living in areas of the greatest socio-economic deprivation are less likely to live within walking distance of greenspace and less likely to be satisfied with that greenspace<sup>10</sup>.
12. Studies have shown that physical activity can improve mental health and reduce the risk of obesity, coronary heart disease, type 2 diabetes and certain cancers<sup>11</sup>. There is a lack of availability of good quality parks, recreation and sports facilities in areas of socioeconomic disadvantage further exacerbating health inequalities.
13. If we are to make a concerted effort to improve the health of people through our planning processes, then more should be done to improve access to and quality of greenspaces. Studies describing the health-promoting effects of urban greenspace have identified the need to provide opportunities for sports, unstructured activities (for example, trees for children to climb) as well as passive pursuits (such as space to enjoy the view)<sup>12</sup>. The

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<sup>4</sup> Health inequalities - what are they and how do we reduce them? NHS Health Scotland

<sup>5</sup> The Built Environment and Health: an evidence review

<sup>6</sup> Groenewegen PP, Van den Berg AE, Maas J, Verheij RA, De Vries, S. Is a green residential environment better for health? If so, why? *Annals of the Association of American Geographers* 2012; 102(5):996-1003.

<sup>7</sup> Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. *Lancet* 2008;372(9650):1655-1660.

<sup>8</sup> <http://www.parliament.scot/mmps/health-inequalities.aspx>

<sup>9</sup> Scottish Government (2014). Scottish Household Survey Report 2013

<sup>10</sup> NHS Health Scotland (2016). Place and Communities

<sup>11</sup> Glasgow Centre for Population Health (2013). The built environment and health: an evidence review.

<sup>12</sup> 1 Irvine K, Warber S, Devine-Wright P, Gaston K. Understanding urban green space as a health resource: A qualitative comparison of visit motivation and derived effects among park users in Sheffield, UK. *International Journal of Environmental Research and Public Health* 2012;10(1):417-442.

spaces need to be flexible to cater for different age groups and the varying needs of the local and visitor population.

## Transport and Connectivity

14. People's transport choices are influenced by the distance that they have to travel to conduct their daily routines as well as the way in which they perceive their physical environment. Improving the quality of the built environment and improving the connections between places can encourage people to make more sustainable travel choices that impact positively on their health such as walking and cycling. It is also important to note that well-connected and attractive public places and streets can encourage people to exercise and make active travel choices.
15. The planning process can help to develop walkable neighbourhoods by creating high connectivity (for example, easy routes between destinations), good pedestrian and cycling facilities (such as good street design, lighting, well-maintained pavements, cycle routes, traffic calming measures), and good accessibility (easily reached destinations and facilities, greenspace and transport links)<sup>13</sup>.

## Cohesive communities

16. Loneliness and social isolation is a huge public health concern for people in Scotland with 79% of adults in Scotland having experienced loneliness at some point in their life.
17. A lack of social connections can be linked to cardiovascular health risks and increased death rates, blood pressure, signs of ageing, symptoms of depression and risk of dementia. Evidence suggests that it could be as damaging to health as smoking and as strong a risk as obesity<sup>14</sup>.
18. The lack of social spaces for members of a community to come together, the way in which buildings and streets are designed as well as the perceived safety within a neighbourhood can have huge implications and act as barriers to social contact that can exacerbate loneliness and social isolation.
19. The built environment can play an important part in developing more cohesive communities by designing walkable neighbourhoods and well maintained public and green spaces. These can act as neutral spaces that can encourage connections and in which different members of the community can interact. This can be a starting point in increasing a community's capacity for cohesion and develop into real community empowerment<sup>15</sup>.

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<sup>13</sup> Glasgow Centre for Population Health (2013). The built environment and health: an evidence review.

<sup>14</sup> Voluntary Health Scotland (2016). Loneliness: A threat to Scotland's Health Briefing Paper

<sup>15</sup> The Joseph Rowntree Foundation and Carnegie UK Trust discussion (2016). Kinder Communities: The Power of Everyday Relationships

## Public Engagement

20. Community empowerment, community engagement and co-production are essential to improve health and social outcomes and reduce inequalities through action on improving the places in which we spend our time<sup>16</sup>.
21. Research shows that neighbourhood perceptions can be associated with feelings of control over the decision-making process whilst feeling disempowered can be associated with dissatisfaction towards a neighbourhood<sup>17</sup>. Ensuring that local people are heard and are able to influence decisions that affect them can give people a sense of control and also strengthen communities. In turn the views that are gathered in this process can help establish local priorities<sup>18</sup>.
22. The Community Empowerment (Scotland) Act 2015<sup>19</sup> reinforces inclusive participation. This is important as evidence suggests that the proportion of people in Scotland who feel able to influence decision making in their local area has been consistently low since 2007. Only 23.6% of the Scottish population agreed with the statement 'I can influence decisions affecting my local area', in the Scottish Household Survey in 2015<sup>20</sup>.
23. We believe that the Place Standard tool should be consistently used by planners in Local Authorities and the community, by voluntary and private sector organisations to drive up the quality of local places, particularly those suffering the highest disadvantage.
24. This will help to build capacity in communities in deprived areas to ensure that the benefits of co-production are distributed in a way that reduces inequalities.

## Conclusion

25. VHS will be delighted to support the Scottish Government to engage with voluntary health organisations on the topic of planning as a public health issue.

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<sup>16</sup> NHS Health Scotland (2016). Place and Communities

<sup>17</sup> Reid S, Curtice J. Scottish Social Attitudes Survey 2010: sustainable places and greenspace. Edinburgh: Scottish Government; 2010.

<sup>18</sup> O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, et al. Community Engagement to Reduce Inequalities in Health: A Systematic Review, Meta-Analysis and Economic Analysis. Public Health Res 2013;1(4).

<sup>19</sup> Scottish Government. Community Empowerment (Scotland) Act 2015.

<sup>20</sup> <http://www.gov.scot/Resource/0050/00506173.pdf>