

Place and Health

Briefing for Stage 2 of the Planning (Scotland) Bill.

Our built environment considerably impacts on our health, for better or for worse. Planning should therefore contribute to protecting and improving the health of our nation.

As a group of organisations working to improve the health of people in Scotland, we encourage you at Stage 2 of the Planning (Scotland) Bill to ensure that it:

- 1) enshrines the right to health as a core purpose of the planning system;**
- 2) establishes a transparent mechanism to help Planning Authorities and developers assess and mitigate the impact of their decisions on public health and wellbeing; and**
- 3) establishes robust processes for genuine community engagement in planning processes.**

1. Enshrine the right to health as a core purpose of the planning system

The Scottish Government has an obligationⁱ to ensure the highest attainable standard of health for its citizensⁱⁱ and this includes an obligation to ensure all citizens have equal access to the determinants of good health, including those within the competence of planning authorities.

Health is strongly influenced by the social and physical environmentⁱⁱⁱ. Communities are affected by planning decisions, and once planning decisions are made they can lock in that community to a particular lifestyle for generations. Those living in the most deprived neighbourhoods are more likely to be exposed to environmental factors which negatively affect health^{iv}.

Suicide rates in Scotland's least affluent areas are around 3 times higher than in the most affluent. Area-level deprivation influences suicide rates through physical (e.g. poor housing conditions); economic (e.g. lack of job opportunities) and infrastructure factors (e.g. accessibility of services).⁵

The ubiquity of alcohol, tobacco and unhealthy foods, the lack of access to affordable fresh produce, green spaces and active travel infrastructure experienced by many Scottish communities further compound mental and physical health inequalities, at a great cost to the NHS and the wider society^{vi}.

Healthy and safe places, healthy weight and physical activity, and substance use are three of the six public health priorities published by the Scottish Government and COSLA in June 2018^{vii}.

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^{viii}.

It is imperative that the planning system take the impact of place on health and health inequalities into consideration throughout the planning process. The most effective way to do so is to enshrine the right to health as a core purpose of the planning system.

2. Measure the impact of planning on public health

To ensure planning decisions are consistent with the purpose of the planning system as regards protecting and progressing our right to health, we recommend considering statutory Health Impact Assessments (HIAs) as part of the planning process.

HIAs would provide a tool for developers and Planning Authorities to assess and balance the positive and negative impact of proposed plans on public health. This mechanism should ensure greater transparency and accountability in how decisions are made.

In developing such a mechanism, policy-makers should take into account existing tools and duties, such as the Place Standard Tool and the Fairer Scotland Duty, and ensure complementarity.

3. Genuine community engagement in the planning system

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^{ix}.

How people perceive their neighbourhood is linked with feelings of control over the decision-making process: feeling disempowered can be associated with dissatisfaction towards a neighbourhood^x. 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^{xi}.

We welcome proposals to strengthen Pre Application Consultations but would wish to see greater emphasis on support to engage with groups of people who are less often heard. We recommend that a framework like the Place Standard or a Health Impact Assessment checklist can be a useful way to engage communities in planning discussions.

Signatories and contacts^{xii}

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Evidence on how the planning system can build healthy environments has also been provided to you. Please contact [Kiren Zubairi](#) if you would like any further information.

ⁱUnited Nations, International Covenant on Economic, Social and Cultural Rights <http://www.un-documents.net/icescr.htm>

ⁱⁱ NHS Health Scotland, The Right to Health <http://www.healthscotland.scot/health-inequalities/the-right-to-health>

ⁱⁱⁱ Curtis, S., Jones, I.R. (2008). Is there place for geography in the analysis of health inequality? *Sociology of Health and Illness*, 20(5), 645-672

^{iv} 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. NHS Health Scotland (2016) Health inequalities - what are they and how do we reduce them? Inequality Briefing.

^v ScotPHO (2018) Suicide: Key Points <http://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/key-points> & Samaritans (2017) Dying from Inequality <https://www.samaritans.org/dying-from-inequality/report>

^{vi} McNamee, P. et al (2017) A review of the evidence base for modelling the costs of overweight, obesity and diet-related illness for Scotland https://www.abdn.ac.uk/heru/documents/reports_etc/FSS_Big_Number_Report_August_15_FINAL_Oct_2017.pdf

^{vii} Scottish Government and COSLA (2018) Public Health Priorities for Scotland.

^{viii} The Built Environment and Health: an evidence review

^{ix} NHS Health Scotland (2016). Place and Communities

^x Reid S, Curtice J. Scottish Social Attitudes Survey 2010: sustainable places and greenspace. Edinburgh: Scottish Government; 2010.

^{xi} 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).

^{xii} <https://vhscotland.org.uk/hpon-planning-scotland-bill/>