

Briefing Paper



National Planning Framework 4

What is planning, and why is it important to health? The purpose of planning is to manage the development and use of land in the long-term public interest. The Scottish Government's fourth National Planning Framework (NPF4) sets out how their approach to planning and development will help to achieve a net zero, sustainable Scotland by 2045. Legislation requires that the NPF4 has six outcomes, one of which is improving the health and wellbeing of our people. The question is, how can we move towards net zero in a way which also tackles longstanding challenges and inequalities, and that ensures everyone can live in places that help them to be active and enjoy lifelong health?

Health, Social Care & Sport Committee evidence session on NPF4

[Tuesday 25 January 2022](#)

The committee heard evidence from:

- Irene Beautyman, Place & Wellbeing Partnership Lead, Improvement Service
- Dr Matt Lowther, Head of Communities & Local Partners, Public Health Scotland
- Professor Jamie Pearce, Professor of Health Geography, School of GeoSciences, University of Edinburgh.

The committee held a one off evidence session on the health and wellbeing implications of the [draft National Planning Framework 4](#) (NPF4). Much of NPF4 was welcomed by the witnesses, however there were some significant gaps highlighted during the session. The [Place and Wellbeing Outcomes](#) developed by the Improvement Service were consistently referenced throughout, with witnesses calling for this to be incorporated into NPF4 in some capacity. Importantly, Matt Lowther questioned whether NPF4 would enable a local planner to refuse a development on the basis of health. He also highlighted the benefits a "[Health Inequalities Impact Assessment](#)" could have in creating truly inclusive communities, noting this goes further than the proposed "health impact assessment" in NPF4. Much of the discussion was focused on whether health was given enough consideration, especially in comparison to tackling climate change. It was noted that both should be given equal weighting, not pursued at the expense of each other. The witnesses also discussed the implementation of NPF4, health harming products, mental health, 20-minute neighbourhoods, inequalities and economic considerations.

Place & Wellbeing Outcomes

Gillian Martin began by highlighting "liveable places" was the main element of the strategy the committee was interested in. She asked if we knew what these places might look like and if there were particular elements of the framework that would impact health and wellbeing. Irene Beautyman supported liveable places being placed high up in the strategy and highlighted the important role of public health as a lens in planning. She said the Improvement Service had produced [Place and Wellbeing Outcomes](#), which set out what every place needed for people to thrive. [She said the outcomes provided much more information than NPF4](#), which could do with a bit more clarity to really hit the ground running.

Place Standard

Matt Lowther, welcomed the focus on public health throughout NPF4. On the components within a neighbourhood that affect health, he highlighted the [Place Standard Tool](#). He explained the design of neighbourhood could impact social and physical activity, air quality, access to services, access to good quality food, and good quality outdoor spaces. Additionally housing and transport could impact a whole raft of health outcomes.

Health Harms

[Jamie Pearce outlined](#) how integral the planning system was for addressing many major public health issues across Scotland. He felt NPF4 was quite a “piecemeal approach” to thinking about health and place, with some aspects addressed well and others largely overlooked. In the food system and tackling obesity, he felt improving access to high quality food was coming through in NPF4. However, the availability of other commodities which are harmful to health, such as alcohol and tobacco, were not included in the document.

Health as a Consideration in Planning Decisions

Emma Harper asked if health was prioritised enough in NPF4. Jamie Pearce felt elements of health were “peppered throughout” the document but it could do with being a strategic priority. Irene Beautyman felt the planning policy in the framework needed to be guided by issues like tackling health inequalities and poverty. She acknowledged the Healthy Places section of NPF4 but felt it didn’t include enough on public health. She suggested adding a policy akin to Wales, which asked us to think about the long-term impact of our decisions on these persistent problems, such as inequality. Matt Lowther questioned whether this document would enable a local planner to refuse a development on the basis of health, as this hadn’t been the case to date. He noted NPF4 included a requirement for local development plans to conduct a health impact assessment. However, it doesn’t say much on approving and rejecting applications on the basis of health, so clarity on this mechanism would be helpful.

Mental Health

Emma Harper highlighted that vacant and abandoned land can have a negative impact on people’s mental health and asked if these buildings should be expedited as a result. [Witnesses echoed Emma’s point about mental health](#), with Irene Beautyman adding that most substantial developments had the potential to negatively affect people’s mental health. She urged for all large developments to be thought through for their impact on physical and mental health. Matt Lowther highlighted there was a gap in the framework on local developments (below 50 homes), as the focus of the health impact assessments was for major and national developments.

Inequalities

Sue Webber asked about the impact of NPF4 on disabled people and inclusive spaces. [Matt Lowther felt accessible developments could be strengthened within NPF4](#), as the document didn’t say a huge amount about this. He said the guidance that sat alongside NPF4 would be crucial. He highlighted the benefits a “health inequality impact assessment” could have in creating truly inclusive communities, noting this goes further than a “health impact assessment”. He noted mechanisms already existed to assess policy through health inequality impact assessment and suggested this should be added to the framework.

20-Minute Neighbourhoods

There was significant discussion on this policy throughout the session, witnesses felt it important to frame this more as “living locally” than stringently based on minutes. Matt Lowther welcomed the policy, but said questions remained about how many of our communities could become 20-minute neighbourhoods. Irene Beautyman said there was a need to pin down the details of what made a 20-minute neighbourhood, emphasising this was much more than active travel. She suggested looking at the wording in the [Place and Wellbeing Outcomes](#). For rural communities she explained its about having the services you need within your closest local settlement, acting as hubs.

Health & Care Services

Sandesh Gulhane asked about implementing a minimum requirement for health and care services to be provided alongside new developments, as is the case with schools. Matt Lowther felt this could be picked up through the health impact assessment. He said territorial boards were consulted during local development plans and urged for boards’ contributions to be strong from the beginning.

Safety

Irene Beautyman said any proposal for change needed run by different population groups, for example women and girls. She said this links into consultation with communities and the ambitions of a wellbeing economy. She said the [Place and Wellbeing Outcomes](#) set out the different population groups that needed considered.

Economic Considerations

Gillian Mackay asked about contradictions between Scottish Government ambitions and NPF4, such as supporting the whisky industry to increase employment and the public health aim of reducing alcohol consumption. Matt Lowther highlighted that economic investment could have positive public health outcomes, so it wasn't a straightforward consideration.

National Developments

Matt Lowther said Public Health Scotland carried out an evidence assessment to see how the national developments could impact health, all were assessed to have a potential to impact health. However, he was “comfortable and positive” about the health impacts of the individual developments. Irene Beautyman said although the overriding ambition of NPF4 was to tackle climate change this mustn't be done at the expense of health. She urged for both health and climate to be given consideration.

Implementation

Irene Beautyman agreed with Gillian Martin, councillors would need to be trained in the new outcomes within NPF4. Irene Beautyman used the example of an application for an out of town shopping centre. She explained councillors would need to understand what the framework was trying to achieve (less reliance on cars) and how planning decisions would affect this (the centre would increase car use). Stephanie Callaghan asked how spatial planning health and wellbeing outcomes could be embedded in NPF4. Irene Beautyman reiterated the [Place and Wellbeing Outcomes](#) provided much more clarity on wording for planners than NPF4.

The Committee's [Official Report](#) of the meeting is also available.

For further information please contact: Kimberley.somerside@vhscotland.org



18 York Place, Edinburgh, EH1 3EP
0131 474 6189 mail@vhscotland.org.uk www.vhscotland.org.uk @VHSComms

Registered Scottish Charity SC035482. A company limited by guarantee SC267315