

Consultation Response



Scotland 2045 - Fourth National Planning Framework

March 2022

Background

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. We work with our members and others to address health inequalities and to help people and communities live healthier and fairer lives. VHS helped facilitate two engagement events on the draft National Planning Framework 4 (NPF4). One was held in January with the support of the Scottish Parliament to help inform members of the Health Policy Officers Network in their responses and approach to the consultation. The second event was also held in collaboration with the Scottish Parliament and brought together our members and the wider voluntary health sector to help inform the Health, Social Care & Sport Committee's scrutiny of the framework.

We welcome the opportunity to contribute to the draft NPF4 consultation and we support many of the principles contained in the document. However, given this sets out the long-term plan for what Scotland could be in 2045, our response urges government to be more ambitious in tackling inequalities.

Where we live, work and play impacts on our health and wellbeing outcomes. Every year we see a significant gap between the healthy life expectancy of those living in the most and least deprived areas of Scotland. According to the most recent statistics the gap in healthy life expectancy for males has increased since the start of the time series, from 22.5 years in 2013-2015 to 23.7 years in 2018-2020.¹ The gap for women in the most and least deprived areas in 2018-20 was 23.6 years.

Taking a public health approach to planning is central in efforts to tackle health inequalities. For this reason, we believe the Liveable Places section of NPF4 needs to be strengthened along with policy 14 on creating healthier places. We have responded to the aspects of the consultation which directly impact people's health outcomes, but we recognise other policies within the framework will also influence people's health.

Part 1 – A National Spatial Strategy For Scotland 2045

Liveable places - Our future places, homes and neighbourhoods will be better, healthier and more vibrant places to live.

Q2: Do you agree that this approach will deliver our future places, homes and neighbourhoods which will be better, healthier and more vibrant places to live?

We welcome the inclusion of a policy on liveable places in the spatial strategy. Planning policy is pivotal in creating healthier communities, as where we live has such a huge impact on our health outcomes. We support the ambitions of the liveable places approach and the recognition of the social legacy left behind by the pandemic. The pandemic shone a light on the existing inequalities in our communities which is highlighted in this approach. However, the policy does not say how it will address these longstanding inequalities.

¹ <https://www.gov.scot/publications/long-term-monitoring-health-inequalities-march-2022-report/>

Place & Wellbeing Outcomes

NPF4 has a central role to play in the cross-sectoral efforts to tackle inequalities. We share the view of the Improvement Service that the Place and Wellbeing Outcomes created by the Spatial Planning, Health & Wellbeing Collaborative should be embedded into NPF4. They provide a consistent foundation for measuring and a platform for learning about how we can all make changes in our systems to support better places. Doing so provides a solid foundation for systems thinking to improve the health of our communities and to also support climate targets and reduce inequalities.²

Moreover, to reduce inequalities between and within our communities, areas of higher deprivation must be prioritised for investment and in ambitions to create better, healthier and more vibrant places. Planning can no longer be centred on the “neutral resident” it must actively consider everyone and how different people within communities interact with space. Use of the Place & Wellbeing Outcomes would ensure consideration of differing population groups including but not limited to gender, age, disability, ethnicity, refugee & asylum status, sexuality, income, homelessness, involvement in the criminal justice system, remote and rural areas and carers. These principles must be incorporated into NPF4 if the framework’s ambition to reduce inequalities is to be met.

Part 3 – National Planning Policy

Policy 4: Human rights and equality

Q26: Do you agree that this policy effectively addresses the need for planning to respect, protect and fulfil human rights, seek to eliminate discrimination and promote equality?

We support this policy, but it is notably brief and lacking in detail. We therefore believe the supporting documents for the framework and training for planners must incorporate human rights along with tackling discrimination and inequality for this policy to be effective. We would also like to highlight the right to health as key in this, as it hasn’t been mentioned. The right to health is internationally recognised as a fundamental human right. In 1946, the World Health Organisation stated in its constitution that “the enjoyment of the highest attainable standard of health is one of the fundamental 4 rights of every human being without distinction of race, religion, political belief, economic or social condition.” This right was also included in the 1948 Universal Declaration of Human Rights and in the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR). The UK is a signatory to the ICESCR which means the UK is bound, in international law, to protect the right to health.

With regards to consulting and engaging with people “collaboratively, meaningfully and proportionately”, this needs to go further if the policy is truly seeking to eliminate discrimination and promote equality. Consultation and engagement must be proactive with less heard voices and more marginalised communities. This engagement must be accessible and proactive to create equity of opportunity in influencing planning policy. Third sector and voluntary organisations could be valuable partners in this collaborative engagement as we are a trusted voice in communities.

² <https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/planning-for-place-programme/place-and-wellbeing-outcomes>

Policy 7: Local living

Q29: Do you agree that this policy sufficiently addresses the need to support local living?

20-Minute Neighbourhoods

We support policy 7 on the concept of local living. The concept of living locally is not a new one, but it has the potential to make a real difference in reducing inequalities. The concept of twenty-minute neighbourhoods is welcome, but there needs to be an acknowledgment that not everyone's "twenty minutes" is the same. Ambitions to encourage walking, wheeling and cycling options must not be at the expense of accessibility or affordability. The Royal National Institute of Blind People (RNIB) highlight these issues in their consultation response:

In response to this consultation RNIB highlighted the barriers experienced by people with sight loss during the pandemic when road re-allocations were made to facilitate social distancing and encourage walking, wheeling, and cycling. Public Health Scotland's health impact assessment of road space reallocation in Scotland points out 'it is equally clear that many disabled people have been disadvantaged by recent road space reallocation schemes, with most reporting that the measures made it more difficult for them to get around. The report continues, 'The biggest reason for this was that the design of the reallocated space did not create an accessible space for pedestrians, including wheelers, with mobility or sensory impairment. Designs that shared pedestrian and cycling space were particularly difficult for disabled people to navigate. This was exacerbated by the rapid speed of the change, which caused difficulties for disabled people who need to plan journeys very carefully to find accessible routes.'

We support RNIB's calls for issues of street clutter, obstacles and trip hazards to be built into considerations during the design of our streets and draw attention to their example of charging units for electric vehicles potentially increasing these hazards.

Digital Exclusion

VHS is also concerned about the role of digitally provided services, which have been explicitly mentioned in this policy. Decision makers must consider digital exclusion when determining "what can reasonably be expected to be accessible from homes". Digitally provided services have the potential to both reduce and widen health inequalities. Decision makers must be given the necessary tools to identify and tackle digital exclusion. Barriers to accessing digital services range from issues such as poverty to privacy concerns (including a lack of access to private space to use digital), as well as digital literacy and a lack of trust in digital technology. The digital offer of services must be in addition to "in-person" services to avoid entrenching existing inequalities.

During the pandemic we heard from organisations that some people do not have space or privacy at home to make calls or online appointments for services or support. We were made aware of vulnerable groups such as women affected by domestic abuse who lost out on vital support and services that they were receiving face to face due to a lack of space and privacy within their home. It is crucial that services utilising digital technology offer people choice and a blended approach to appropriately meet people's needs. When deciding the role of digital connectivity in delivering some services remotely Equalities Impact Assessments should be required. Furthermore, dedicated space within communities to support people who are digitally excluded should be developed to offer a private but supported spaced to use online services.

It is vital that the digital offering alone is not considered to be "local delivery" of a service as this has the potential to worsen health inequalities through digital exclusion, especially with regards to accessing health and social care services.

Space for Community Organisations

Third sector and community organisations need affordable and accessible space in order to deliver services. Access to community space for charities, groups and networks must be included in plans for local living. Community organisations have been excluded from many public sector spaces since the beginning of the pandemic which limits the services and support provided in communities. The planning system needs to guarantee third sector, community and voluntary organisations always have access to public sector spaces. The pandemic highlighted the damage caused when people are cut off from services and support networks, especially in terms of social isolation and loneliness. The third sector has a vital role to play in supporting communities, but it must be given the space to do so. Third sector and voluntary organisations provide a unique and trusted insight into communities and should be considered in their design.

Active Travel

We welcome the promotion of active and sustainable travel options throughout the framework, not only in terms of tackling climate change but also as a public health intervention. However, encouraging sustainable transport cannot be at the expense of accessibility. The use of a health inequalities impact assessment would strengthen considerations on accessibility.

Policies 14 and 15: Health, wellbeing and safety

Q36: Do you agree that this policy will ensure places support health, wellbeing and safety, and strengthen the resilience of communities?

We do not believe policy 14 goes far enough in terms of supporting health, wellbeing and safety and the resilience of communities. The policy does not give enough weight to health as a consideration in planning decisions. Planning is central to the socio-economic pre-determinants of health and has the potential to be a key tool in Scotland's work to tackle health inequalities. Where we live, work and play can have a significant impact on our health outcomes.

Our environment shapes our individual experiences of housing, income, discrimination and access to services.³ If we are serious about tackling inequalities, we need to be much more ambitious in addressing the root causes. The inclusion of a policy on health and wellbeing is welcome, but we do not believe it goes far enough. We believe a health inequalities impact assessment should be required for development proposals and the scope of requirement for these impact assessments should be widened.

Further, with regards to the "resilience of communities" we have taken this to mean climate resilience in the context of the framework. We feel the framework should also seek to strengthen the socio-economic resilience of communities, given that inequalities can hamper people's ability to make healthier and environmentally driven choices.

³ <http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf>

Health Impact Assessment

There are two ways in which Policy 14b could be strengthened:

1. The scope of requirement for a health impact assessment to take place could be widened. Following the Health, Social Care & Sport Committee evidence session with Matt Lowther, Public Health Scotland (PHS), it is our understanding that there is a gap in the framework as the health impact assessment will only apply to major or national developments.⁴ This means an assessment would not be required for developments below 50 homes unless it was determined the development could “generate significant health effects”. The framework is not clear on how this determination will be made. Local developments have the potential to impact people’s health, and it is not currently clear whether this framework will give planners the ability to reject proposals on the basis of health.
2. There is a missed opportunity in the framework to make a real difference in tackling health inequalities. We believe a health inequalities impact assessment should be required for development proposals. This would go much further than a health impact assessment and could make a significant difference in creating more inclusive communities. Mechanisms already exist to assess policy through a health inequalities impact assessment, and we agree with Matt Lowther, PHS, that this should be added to the framework. A health inequalities impact assessment would help to ensure developments were not discriminatory, that they widen access to opportunities and importantly promote the interests of people with protected characteristics. The latter consideration is especially important when considering issues of accessibility and creating inclusive spaces.

Access to Food

Beyond supporting community food growing, the policy makes no mention of the food environment and how this can impact people’s health. Access to affordable and healthy food should be central to creating healthier communities. There is evidence that potentially health damaging goods and services “cluster” in more deprived areas. For example, a study found the most deprived areas of Glasgow contained a greater number of fast-food clusters and tobacco outlet clusters, compared to the least deprived areas; and alcohol outlets were found to cluster in the most deprived areas.⁵ This is a tangible example of how planning decisions have the potential to entrench inequalities.

There is no mechanism by which communities can control the kind of food outlets being developed in their communities. This leads to unhealthier fast-food outlets clustering in areas of deprivation and widening health inequalities. We support Obesity Action Scotland’s (OAS) view that policy 14 should:

- Include explicit reference to food and the food environment, recognising that food is a core influencing factor of health and wellbeing.
- Acknowledge and explicitly reference the clear link between food and the environment, diet, and overweight and obesity and other health outcomes.⁶

OAS has highlighted that the Town & Country Planning Association in England (TCPA) has completed an extensive amount of work linking health and planning. In particular, they identified food as one of six key themes for the planning system supporting health and wellbeing. We would like to see a similar outcome in Scotland, where health is recognised as key theme for planning, which is currently absent. Through the planning system, we must create places that are healthy and which facilitate people to access and choose healthier

⁴ <https://www.parliament.scot/chamber-and-committees/official-report/what-was-said-in-parliament/HSCS-25-01-2022?meeting=13549>

⁵ <https://www.sciencedirect.com/science/article/pii/S1353829217310778>

⁶ <https://www.obesityactionscotland.org/media/1688/oas-response-npf4-local-gov-committee-jan-2022.pdf>

options. We support Obesity Action Scotland's call for the government to consider its public health priorities in plans for town centres.⁷

The framework could play a much stronger role in controlling the type of food outlets that are permitted to open in our communities. Healthy food outlets should be prioritised in communities, and we welcome the measures on community food growing.

Conclusion

To conclude, the ambitions of NPF4 are welcome and the inclusion of health in parts of the framework is a step in the right direction. However, there are some key absences in framework as currently drafted. The most notable being the exclusion of the Place & Wellbeing Outcomes in the policies on creating liveable places. This seems like a considerable oversight, given the framework's ambitions to create healthier places. Furthermore, policy 14 on places supporting health could be strengthened considerably by requiring a Health Inequalities Impact Assessment for planning decisions in place of or in addition to the Health Impact Assessment currently included. The importance of the food environment in creating healthier places is also not currently recognised, which is a missed opportunity to tackle public health issues such as food poverty and obesity.

We support the ambitions of the framework to create more sustainable, liveable, productive and distinctive places. This is a welcome step in the right direction for including public health approaches to planning decisions. However, given this is setting out the long-term plan for what Scotland could be in 2045, it needs to be far more ambitious in tackling inequalities.

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⁷ <https://www.obesityactionscotland.org/consultation-responses/our-response-to-scottish-parliament-local-government-housing-and-planning-committee-call-for-views-on-draft-national-planning-framework-4-npf4/>