**DsPH Briefing Paper**

**Public Health Priority 1: Place**

**Draft- 3rd November 2019**

|  |  |
| --- | --- |
| **Subject:** | Public Health Priority 1: Vibrant, healthy and safe places and communities |
| **Author(s):** | Joy Tomlinson, Matt Lowther, Rebecca Campbell, Lucy Denvir, Katy Hetherington, Phil Mackie, Elaine Young, Diane Stockton, Irene Beautyman, Emma Kennedy, |

# Situation

As a consequence of Public Health reform we have an ideal opportunity to strengthen collaborative working. The first of our [Public Health Priorities](https://publichealthreform.scot/the-reform-programme/scotlands-public-health-priorities) has a focus on Place (A Scotland where we live in vibrant, healthy and safe places and communities).[[1]](#footnote-1) As well as a standalone commitment it contributes to all of the other priority areas. The Scottish Directors of Public Health have a key role working with partners locally and nationally to influence decision making across the different geographies of Scotland. This work includes support for spatial planning, transport, housing, community resilience, environmental sustainability and protection of our communities from environmental hazards.

# Background

The upcoming review of Scotland’s National Planning Framework provides an early opportunity for us to support collaboration. A working group was convened through the Whole System Steering Group (now Whole System Collaborative) in early 2019 to explore the opportunities for positive engagement with the refreshed Framework. This working group is jointly chaired by the Planning for Place programme manager from the Improvement Service and a DPH representative. Preliminary discussions were held with Glasgow City Council and West Lothian Planning colleagues as well as representatives from among wider public health specialists. This paper outlines these early discussions and incorporates additional information for Directors to consider.

**Place and Spatial Planning**

# The World Health Organisation and Public Health England have both published research evidence demonstrating that the way places are planned has an impact on health.2 They emphasise the importance of place because of the range of impacts on health.3 These impacts include, but are not exclusive to, the following issues:

* Safe, convenient active travel and neighbourhood design promotes physical activity, enhanced social connections and strengthened mental health;
* Compact neighbourhood design with accessible local facilities encourages walking and public transport accessibility improving health and reducing poverty through car free access to jobs, high level facilities and social networks;
* Increased access to natural and planned green space has a positive impact on physical activity levels and mental health benefits; and
* Wide choice of good quality affordable homes enhances health and reduces poverty.

In addition, the World Health Organisation concludes that to promote better health there is a need to break down topic silos and, specifically to promote cooperation between public health, planning and environmental sectors.

**Transport**

2.2 Decisions made in local areas through policy and spatial planning provide an opportunity to support active travel and promote public transport. The outdoor environment of neighbourhoods and the transport which connects people to each other can make a positive contribution to the health of citizens. Local Transport Strategies set out a vision for transportation in local areas including active travel and provide an opportunity for Directors of Public Health to shape positive decision making for wellbeing of their population. The strategies reflect the Scottish Government’s aim to promote economic growth, social inclusion, health and protection of our environment through a safe, integrated, effective and efficient transport system.

Improving public transport will in addition support accessibility to good work/opportunities/recreation and is therefore a key contributor to the success of other public health priorities. Reliable and sustainable affordable public transport has co-benefits for health, reducing inequalities and sustaining the health of the planet.

**Housing**

* 1. The evidence points to the importance of homes which have the following key characteristics: appropriately ventilated, well insulated and affordably heated. A healthy, sustainable home also requires heating to be provided from an efficient and low carbon source which doesn’t have an adverse effect on air quality. Such housing needs to be equally accessible to all social groups. The Health and Housing group led by ScotPHN will report to the DsPH on further opportunities as work progresses.
	2. Local Housing Strategiesare required by law and are informed by an assessment of need and demand, they therefore provide an opportunity for Directors of Public Health to influence and shape through their local networks. There is also an opportunity to influence local housing contribution statements to ensure these identify projected need for and provision of specialist, supported and adaptable housing. These strategies[[2]](#footnote-2) are the sole strategic document on housing and housing related services across the local authority areas which include a focus on homelessness as well as other vulnerable populations such as gypsy/ travellers, armed forces community and people with disabilities ensuring housing support and addressing fuel poverty.
	3. Warm, dry homes have additional benefits for people of all ages. For example children’s health outcomes benefit from housing which is free from dampness. Elderly people will be able to look after themselves for longer in well-designed warm homes and levels of excess winter deaths will be reduced. Detailed evidence gathered in support of the Scottish Government Strategy, *Good Places Better Health*, is still relevant today.

**Social Capital and Resilient Communities**

* 1. A recent evidence briefing by NHS Health Scotland focuses on place and the role that good quality places can play in improving health and wellbeing and reducing health inequalities.4 This document describes Place as the combined social, economic, physical, environmental, cultural and historic characteristics of a location. The distribution of positive and negative impacts of place varies and those people who live in areas of greater deprivation are more likely to be exposed to harmful environmental factors.4The built environment can play an important role in promoting social interaction and connection through creating walkable neighbourhoods and through well-maintained public and green spaces.
	2. There is robust understanding of the impact of health inequalities. We know that those living in deprived areas are likely to experience fewer of the positive benefits that place can offer. They are also more likely to suffer the consequences of poor physical environments.4It is important to note that inequalities do not only affect the most deprived communities and hard pressed individuals. For almost every health indicator there is a clear gradient across the population, showing poorer health as people are impacted by restricted income and fewer material resources. Health inequalities are also caused by other factors such as ethnicity, disability, gender, sexual orientation, age and sex. The experience of living in a particular place may vary as a consequence of these other factors.

**Environmental Sustainability and Green Infrastructure**

* 1. Human health is closely interlinked with the ‘health’ of the planet. We are now living in a time where natural systems and resources on which human health depends have been degraded to an unprecedented level. The impacts of climate change, biodiversity loss and pollution threaten to undermine many of the public health gains of recent times.5
	2. Many of the interventions to address environmental sustainability challenges have a positive impact on place and population health. For example, improving cycling infrastructure, increases active travel benefiting through reduction of emissions and increasing physical activity. There is a strong argument to support the inclusion of environmental sustainability as a cross-cutting theme through all policy areas involving place and population health. The environmental costs and benefits of any public health intervention should be considered to ensure that those which are most sustainable are chosen whenever possible. The solutions are not straightforward and require interdisciplinary thinking, working and collaboration.
	3. In order to achieve the step-change improvement in the health of our communities and reduce the burden of preventable ill-health it is important that decisions in all policy areas are designed to support good health and wellbeing, whilst also considering the impact on environmental sustainability. However, the current legislative and policy landscape is cluttered and hard to navigate. This has restricted the ability of local collaborative efforts although there are examples of good practice within Scotland.6

**Environmental Health Hazards**

* 1. Environmental exposures which have an adverse impact on health are one of the main priorities for health protection in Scotland. There is an existing shared obligation for Local Authorities and NHS Boards is to produce a Joint Health Protection Plan (JHPP) providing an overview of health protection (communicable disease and Environmental Health) priorities, provision and preparedness for the NHS Board area. The JHPP provides a mechanism for Directors of Public Health to take forward local priorities about environmental health hazards as well as national priorities such as the production of joint air quality action plans. Guidance on the content of joint health protection plans has been published by the Scottish Government
	2. Local Directors of Public Health also have an opportunity to raise awareness about the importance of preparedness for resilience to effects of adverse weather, which are projected to become more frequent across Scotland as a result of climate change.

# Assessment

* 1. The Public Health Reform programme provides a direction and strategy that national and local planning policy could significantly contribute towards. This would align with aspirations of the public health reform programme in taking a Whole Systems Approach to delivering on the Public Health Priorities.7
	2. Health in All Policies describes an approach that can be used to consider and assess both local and national policies and supports ‘whole system’ working.8 The impact is greater if different sectors and partners coordinate their approaches. This can enable Community Planning Partnerships to achieve added value through developing a shared approach to addressing more intractable problems such as disadvantage, inequality and climate change. There are clear opportunities to influence local policy development in housing, transport and spatial planning which would benefit from specialist public health support.
	3. Opportunities to contribute are enhanced within the Scottish Government Planning Bill requirement to achieve closer links between planning and community planning and enhance opportunities for community engagement in planning.6 However, there is no explicit statement on closer collaboration. Scotland’s National Planning Framework,9 review due to begin in 2019, and Local Governments Local Development Plans are the key planning documents in which to embed the need to give stronger consideration to the impact on health of any major development proposal.
	4. In Scotland, the *Place Standard Tool* is being used to help improve the quality of local places.7 It identifies 14 separate themes (based upon the best available evidence) covering the key elements of place (physical, social, cultural, economic) that are important to health. The main aim is to facilitate a truly whole system approach to place by bringing together all of the different groups/agencies responsible along with local communities to collectively improve the quality of local places. Every Scottish local authority has either used the tool or is planning to use it and there are now well over 100 separate uses, with approximately 14,000 individual responses.
	5. Inclusion in policy documents alone will not be enough to address prevention opportunities. There is a need to instil greater levels of cooperation and awareness raising between health and social care, spatial planning and community planning. There is now a requirement for Scotland to apply the Place Principle. Scottish Cabinet’s adoption of the Place Principle in March 2019 requests Scotland’s leaders make more collaborative working around Place the norm. This offers a core prevention opportunity for Scotland’s new public health body to embrace.
	6. While the importance of place as an asset to create conditions for health and for communities to flourish is well recognised by planning authorities, the absence of national statement or set of principles around which planning authorities and health organisations can collaborate means current examples represent the exception rather than the norm. Where assessment of health impact is currently taking place it is at either policy or planning application stage. Glasgow City Council’s City Development Plan seeks to “Deliver environments that support healthy lifestyles, reduce harm to health and contribute to well being across the life course”, stemming from the city’s *Equally Well* Programme.11,12,13 While West Lothian Council’s Award winning Health Impact Assessment Guidance applies to the assessment of major development applications.
	7. Commonalities in both these cases have been, firstly, the inclusion of dedicated public health time to develop understanding and capacity. Secondly, key learning from the practitioners involved was that each perceived benefits in assessing health impact on both policy and major-development applications together.
	8. Learning from local experience and also from other areas, we support the development a set of guiding principles which could sit alongside a national policy and criteria on Place and Health in the newly revised National Planning Framework. Experience from Glasgow and West Lothian suggests this would support local planning departments. A working group has been established to review publications which could be adapted to our own context in Scotland.14 These principles would link to the existing Place Standard tool and would have at their core a drive to ensure more collaboration between partners at local level.

# Recommendations

The following recommendations were developed by the ‘Place and Health’ early adopter group and are presented to Directors of Public Health for further discussion:

**National**

* The Place Working Group should continue to work collaboratively as an ‘early adopter’ to define a set of Scotland’s principles for Place and Health. These will support the delivery of Health in All Policies in the National Planning Framework and Planning Authorities Local Development Plans and support local action.
* The principles for Place and Health should be agreed in collaboration with Scottish Government and COSLA with the expectation that Public Health Scotland will support implementation, across the whole system.
* Environmental sustainability should be a key consideration threaded through Scotland’s principles for Place and Health
* The Place Working Group will scope out the feasibility of Public Health Scotland becoming the consultation authority on population health matters to support turning evidence into practice on delivering healthy places. This should include assessing  the opportunity to influence the health impact of national and local planning policy and ‘major applications’
* Support utilising the Place Principle as a core prevention opportunity for Public Health Scotland to work across the whole system
* In planning and resourcing support capability, Public Health Scotland should ensure sufficient capacity to support Planning authorities locally and regionally as well as nationally. This should include the development of a ‘Place and Health’ network.

**Local**

* A ‘Place & Health network’ should be established to support collaboration at local level, building on experience of the ‘Place Network’ and linking to the ‘Place Standard Alliance’.
* Environmental Sustainability for local places and people should be central to this work.
* The Place Working group will carry out scoping work to identify the needs of Public Sector organisations and in particular local Public Health, Health Improvement and spatial planners to support a Health in All Policies approach across Scotland.  Health in All Policies will foster joint working between teams across topics such as transport, housing and Greenspace.
* Directors of Public Health should develop mechanisms to support housing, transport and spatial planning policies and decision making in their local areas
* Directors of Public Health should seek to maximise local collaboration through their Joint Health Protection Plans, building on existing relationships with Environmental Health specialists in their local areas.
* Public Sector organisations should consider how Place and Health principles can be supported and enabled in their own priorities. They should work collaboratively to maximise opportunities to improve health and address inequalities across their areas of responsibility including community planning partnerships.

**References**

1. [Public Health Priorities](https://publichealthreform.scot/the-reform-programme/scotlands-public-health-priorities)
2. Preventing Disease Through Healthy Environments. World Health Organisation 2006
3. Routledge Handbook of Planning for Health and Wellbeing 2015
4. Place and Communities: Inequality Briefing 4. NHS Health Scotland
5. Whitmee, S. et al. (2015) Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–*Lancet* Commission on planetary health.
6. Making Places. Scottish Govt 2013
7. Enabling the Whole System to Deliver the Public Health Priorities, Public Health Reform team; 2019
8. Health Impact Assessment Guidance for Practitioners. SHIIAN
9. National Planning Framework Scottish Government 2014
10. Spatial Planning for Health. Public Health England 2017
11. Glasgow City Council Test Site: Planning for Better Health – Equally Well 2012
12. Glasgow City Council Test Site: Towards Healthy Sustainable Neighbourhoods: A Guide to Current and Future Practice – Equally Well 2012
13. The Built Environment and Health – An Evidence Review. Glasgow Centre for Population Health 2013
14. Putting Health into Place; introducing NHS England’s Healthy New Towns programme. Collaborative document: tcpa, The Kings Fund, NHS England, Public Health England 2016

**Place Working Group authors**:

Irene Beautyman; Planning for Place Programme Manager, The Improvement Service

Joy Tomlinson; Interim Director of Public Health (joint), NHS A&A

Emma Kennedy; COSLA

Matt Lowther; Place Standard lead, NHS Health Scotland

Rebecca Campbell; Specialty Registrar in Public Health: Co-Chair, SMaSH – Scottish (Managed) Sustainable Health Network

**Wider contributors to this paper**:

Rachel McAdams: Organisational lead- Public Health Priorities

Dionne Mackison; Head of Public Health Policy, Population Health Directorate

Scottish Government

Elaine Caldow; Public Health Programme Lead, NHS A&A

Margaret Douglas: Programme co-director, MPH, University of Edinburgh, Honorary Consultant in Public Health, NHS Health Scotland

Preliminary discussions included:

Etive Currie (Glasgow City Council Planning and NHS Health Scotland)

Ross Burton (West Lothian Planning)

Russell Jones

Martin Higgins (NHS Lothian)

Susan Rutherford (Glasgow City Council Planning)

Heads of Planning Development Planning Sub-group at their quarterly meeting on 26 February

1. <https://publichealthreform.scot/the-reform-programme/scotlands-public-health-priorities> [↑](#footnote-ref-1)
2. ?  <https://www.gov.scot/publications/local-housing-strategy-guidance-2019/> [↑](#footnote-ref-2)