



Planning
Exchange
Foundation

Reuniting Health with Planning in Scotland

A TCPA Scoping Study

June 2014

Town and Country Planning Association

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1. Introduction

The Town and Country Planning Association (TCPA) is a UK planning charity campaigning to improve the planning system in accordance with the principles of sustainable development. It was established more than 110 years ago as the Garden Cities Association to champion high quality places and developments through building the two existing garden cities of Letchworth and Welwyn in England.

The TCPA began its **Reuniting Health with Planning** initiative in 2012 during a period of uncertainty and transition in England with significant structural reforms to the health and social care, and town and country planning systems. The initiative so far has resulted in two publications (both with the Planning Exchange Foundation's support) – **Reuniting Health with Planning** (Phase 1 - 2012) and **Planning Healthier Places** (Phase 2 - 2013) and more than thirteen capacity-building seminars and roundtables with local practitioners.

In collaboration with a range of partners this timely initiative has helped to put the importance of the planning system in shaping local health and wellbeing firmly on the agenda, and now TCPA is working closely with Public Health England in further work as well as with Belfast Healthy Cities in its planning and health work (See Annex 1 for more details). The TCPA believes that better integration of health and planning lies at the core of its objective to promote sustainable development principles through planning and development process, with a focus on social justice. Our strengths lie in collaboration and acting as an interface between researchers, policy-makers and practitioners.

This study is a scoping exercise to identify the opportunities and gaps in current guidance and practice in Scotland and suggest how the TCPA could share and exchange the knowledge gained from its **Reuniting Health with Planning** with Scotland. To help inform the study and to begin the process of establishing practical links, two meetings were held with the Scottish Collaborating Centre for Public Health Research and Planning, and RTPI Scotland in May.

This report introduces the health in planning context in the Scottish planning system, identifies existing examples of where health is being integrated into the planning system, summarises a snapshot of key health and planning publications, and concludes by setting out recommendations for the Planning Exchange Foundation for extending TCPA's Reuniting Health with Planning initiative to Scotland. It will be a useful reference document for planners and public health professionals both in Planning Authorities and within the Scottish Government, agencies and other stakeholders, but the document will primarily inform the Planning Exchange Foundation.



2. Health and planning in Scotland

This section of the document provides an introductory overview of the key issues and opportunities which could be taken forward in future work in the form of seminars, workshops, development of guidance or provision of briefings.

2.1 What do we mean by health

In using the term 'health' throughout this document, the references are to either public health or health and wellbeing, in its widest sense. Its reference to NHS or the healthcare services itself is of lesser relevance given the limited extent to which the planning system can have an influence. However issues around healthcare infrastructure will be relevant given the role of planning and development plans concerning land and infrastructure.

2.2 Health in the Scottish context

A good summary of the range of health and wellbeing conditions of the Scottish population is highlighted in Equally Well¹:

- In Scotland in 2006, healthy life expectancy at birth was 67.9 years for men and 69 years for women. In the most deprived 15% of areas in Scotland in 2005-06, healthy life expectancy at birth was considerably lower at 57.3 years for men and 59 years for women.
- In Scotland in 2006, people who had a low household income, or reported finding it difficult to manage on their household income, had poorer mental wellbeing than those with a high household income or who reported finding it easy to manage on their income.
- In Scotland in 2006, more than two thirds of the total alcohol-related deaths were in the most deprived two fifths of areas.
- Those living in the most deprived 10% of areas of Scotland have a suicide risk double that of the Scottish average.
- Adult smoking rates increase with increasing deprivation. In Scotland in 2005-06, smoking rates ranged from 11% in the least deprived 10% of areas to 44% in the most deprived 10%.
- Compared with the non-South Asian population, the incidence of heart attacks in Scottish South Asians is 45% higher in men and 80% higher in women.
- behaviours, including higher reported rates of smoking, alcohol and drug use.
- Just under a quarter (24%) of all individuals in households with at least one disabled adult or disabled child are living in relative low income, compared to 16% of those in households with no disabled adults or disabled children.

There are also other indicators on mental health in relation to the built and natural environments.

¹ Equally Well: Report of the Ministerial Task Force on Health Inequalities, 2008, www.scotland.gov.uk/Publications/2008/06/25104032/16

With the scale and range of issues, there are different actions and interventions which can be employed by policy-makers and practitioners to address them, including on housing, planning, the natural environment, economic development and transport.

The report, entitled ‘The four health systems of the UK: How do they compare?’, was published by the Nuffield Trust and the Health Foundation. It assesses the performance of the four health services in the UK since devolution. A key conclusion it drew which may have some relevance to this document is that²:

“Overall, this research suggests that despite hotly contested policy differences between the UK health systems since devolution on structure, competition, patient choice and the use of non-NHS providers, there is no evidence linking these policy differences to a matching divergence of performance, at least on the measures available across the four UK countries.”

2.3 Health considerations in the Scottish planning context

We know from the Barton and Grant health map that a number of determinants affect people’s health and wellbeing (See diagram below). The planning system can influence the design and development of the built and natural environments, and activities which take place within these environments. These environments are considered the key determinants of health and wellbeing within people’s neighbourhoods and places of employment, residence and leisure and enjoyment.



Diagram 1. The Barton and Grant health map: an individual’s neighbourhood includes a number of factors that will influence their health and wellbeing

² www.health.org.uk/publications/the-four-health-systems-of-the-united-kingdom-how-do-they-compare

The factors and interventions which can contribute to improved health and wellbeing and to reductions in health inequalities through the planning system can include³:

Increase physical activity

- Design new developments to encourage physical activity
- Ensure planning applications for new developments always prioritise the need for people to be physically active as a routine part of their daily life
- Provide daily services and facilities within walking distance of where people live
- Provide well-lit and pedestrian-friendly footpaths and socially enhancing street patterns
- Provide green spaces and play areas that stimulate children
- Provide well maintained, distinctive, attractive and safe-feeling public spaces and routes
- Audit and amend bye laws that prohibit games

Prevent obesity

- Encourage local retailers to offer and promote affordable fruit and vegetables
- Use existing powers to control the number of takeaways and other food outlets in a given area, particularly near schools

Improve mental wellbeing

- Involve neighbourhoods in decision-making processes relating to their local area
- Provide access to good quality green and blue infrastructure (including canals and waterways), paying attention to design, location and maintenance
- Include places for people to socialise and organise

Reduce health inequalities

- Plan public realm schemes to boost regeneration
- Provide high quality streets and places to boost resident quality of life and promote investor confidence
- Take actions to reduce the risk of traffic accidents on busy roads within areas of socioeconomic disadvantage
- Restrict health damaging uses, especially in areas of socioeconomic deprivation that tend to have higher concentrations (specifically fast food outlets)

Mitigate and adapt to climate change

- Facilitate actions to mitigate climate change, such as transferring to active forms of travel and producing locally grown food
- Upgrade flood defence mechanisms where necessary, particularly in areas where people have fewer resources to cope in the aftermath of a flooding event
- Increase the number of permeable surfaces within built-up urban areas to reduce levels of surface water runoff

Reduce pollution

³ Adapted from NICE guidelines for [promoting walking and cycling](#), and [preventing obesity; The Built Environment and Health: an evidence review](#) (GCPH, 2013); [The Pedestrian Pound: the business case for better streets and places](#) (Living Streets, 2013)

- Reduce levels of harmful transport and industrial emissions (e.g. through switching to cleaner energy sources, promoting active travel and providing a networked infrastructure which enables active travel throughout towns and cities)

Make roads safer

- Implement traffic measures that reduce speeds or divert traffic away from busy streets and spread the flow more evenly across built-up areas
- Implement traffic calming measures in busy residential streets such as 20mph zones

The planning system is concerned with the use and development of buildings and land. The Scottish planning system is comprised of a hierarchy as follows:

- **National Planning Framework:** At the top of the planning hierarchy is the National Planning Framework (NPF) first published in 2004, which was subsequently replaced by the second NPF (NPF2) in June 2009; the third NPF (NPF3)⁴ is expected in 2014. The 2006 Act puts the NPF on a statutory footing. It will guide Scotland's development to 2030 to support the Scottish Government's central purpose of sustainable economic growth and commitment to sustainable development. It will provide the national context for development plans, be a material consideration in planning decisions, and inform ongoing programmes of the Scottish Government, public agencies and local authorities. Better health is part of the proposed NPF3 vision on for a successful and sustainable place.
- **Scottish Planning Policy:** The NPF is supported by the Scottish Planning Policy (SPP)⁵ and Planning Advice Notes. Unlike the English National Planning Policy Framework (2012) which has a section on Promoting Healthy Communities, and the Planning Practice Guidance (2014) which has a section on health and wellbeing, SPP simply states that decision-making in the planning system should support healthier living, and health reference in relation to open space and physical activity.
- **Development Plan:** At the local level, the development plan is the primarily mechanism to implement national and local spatial priorities, is an inclusive process involving local interests, and undergoes an environmental assessment as required by UK and EU legislation. A new generation of development plans is on the way as introduced by the 2006 Act. In the four largest city regions (Glasgow, Aberdeen, Dundee and Edinburgh) Strategic Development Plans will be produced which additionally address land use issues that cross local authority boundaries and strategic infrastructure.
- **Development management:** The development management process for deciding planning applications for development is subject to the Town and Country Planning (General Permitted Development) (Scotland) Order 1992 and subsequent amendments. Though the process is similar to that of England and Wales, the distinction in Scotland is the categorisation of developments according to 'national', 'major', 'local' or 'minor'. Planning application is also required for change of use.

⁴ www.scotland.gov.uk/Topics/Built-Environment/planning/NPF3-SPP-Review

⁵ www.scotland.gov.uk/Topics/Built-Environment/planning/National-Planning-Policy/newSPP

- **Building Regulations:** Building Regulations in Scotland are a set of requirements and standards for individual buildings that can reasonably be attained, having regard for the health, safety, welfare and convenience of people in or around buildings and others affected by buildings or building matters.

The role of relevant health authorities as statutory consultees in the plan-making and development management processes should also be noted. For example the statutory consultee role of Local health Boards in the preparation of development plans subject to the Town and Country Planning (Development Planning)(Scotland) Regulations 2008.

From the work the TCPA has done in England, we know the successful navigation through the following planning and non-planning processes are of critical importance to reaping the rewards of effective working between health and planning in policy-making and decision-taking at the officer-level:

- **Examination of a Development Plan:** Examinations are intended as the principal means of independently examining any unresolved issues arising from representations on proposed development plans by an appointed reporter⁶. Any health or health-related policies will be tested and need to be justified through this process with evidence.
- **Appeal of a planning decision:** The applicant has the option to challenge the planning authority's planning decision to Scottish Ministers or request a review by the planning authority's local review body, which is made up of a group of three or more elected members.
- **Community planning:** The Local Government in Scotland Act 2003 placed statutory duties in relation to community planning. A central element of community planning is the Single Outcomes Agreement (SOA)⁷ between the Scottish Government and Community Planning Partnerships, co-ordinated by each local authority. Inequalities and healthier lives are two key national outcomes which set the overall context for SOAs. It is a duty on the local health boards to participate in community planning and genuine community engagement is at the heart of this process.

2.4 Practical examples of reuniting health with planning

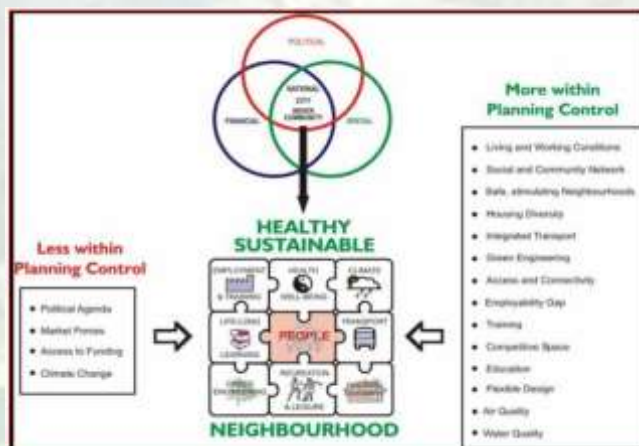
A number of examples of good practice on the ground have been highlighted in publications reviewed under Section 3 of this report. As it is not the purpose of this study to collate and detail practical examples, this section simply highlights some policy and practical examples in order to highlight existing 'good practice'.

⁶ Planning Series Circular 6/2013: Development Planning, 2013

⁷ In England this was the Local Area Agreements and community planning structures which have since been abolished in 2010 with the enactment of the Localism Act to promote a more localist agenda driven by local government.

Example 1: Glasgow City test site

As part of the Scottish Government's Equally Well initiative to test the approach to healthy urban planning in different environments, the Glasgow City Test Site built on previous local work to integrate health and planning. The aim was allow planners and health professionals to work together with communities when considering local development strategies. To do this, the Test Site planned and delivered training for planning and health professionals and developed toolkits to support planners engaged in local planning and community consultation to build health and wellbeing into their work.



References

- Evaluating Phase 1 of the Glasgow Equally Well Test Site, 2011, ODS Consulting et al, www.healthscotland.com/uploads/documents/16607-equallyWellEvaluationResearchReport.pdf
- Glasgow City Test Site web page, www.glasgow.gov.uk/index.aspx?articleid=7326
- Planning for Better Health, 2012, [www.gcph.co.uk/assets/0000/3443/PLANNING FOR BETTER HEALTH final.pdf](http://www.gcph.co.uk/assets/0000/3443/PLANNING_FOR_BETTER_HEALTH_final.pdf)

Example 2: HIA in Glasgow Draft East End Local Development Strategy

Glasgow City Council and the Glasgow Centre for Population Health decided to use this strategy to pilot Health Impact Assessment in Glasgow. This was seen as the first step in incorporating Health Impact Assessment as good practice at all levels in the planning process, from strategic to local developments. Its aims were to identify the likely positive and negative health impacts of development proposals for the East End, and to make suggestions to enhance the positive impacts and mitigate the negative, and to provide an alternative consultation technique to inform the Local Development Strategy. A stakeholder workshop was held for two days on 31 November and 1 December 2006, and included a half-day site visit to the development area in the East End.

Reference

- Piloting health impact assessment as a method of integrating health into planning: A case study of the Draft East End Local Development Strategy, 2007, Glasgow Centre for Population Health, 2007, www.gcph.co.uk/assets/0000/0401/GCPHbriefingpaperCS3_web.pdf

Example 3: Auchenback, Barrhead, Glasgow

This study seeks practical ways in which East Renfrewshire Council and other stakeholders can ensure that local outdoor space makes the greatest possible contribution to physical and mental health and wellbeing by helping everyone to be more active as part of their everyday lives. The place of focus was Auchenback, a low density residential area with easy access to open space and a community suffering a high level of deprivation and marked health inequalities. A Toolkit of transferable measures for wider implementation was developed.



References

- Auchenback Health and Open Space Project, 2008, www.gcvgreennetwork.gov.uk/component/option,com_docman/Itemid,297/gid,234/task,d_oc_download/
- Presentation, www.gcph.co.uk/assets/0000/0837/WS5_DanielMcKendry.pdf

Example 4: The Health Benefits of the Forth & Clyde and Union Canals, 2011

British Waterways Scotland were awarded funding by the Central Scotland Green Network (CSGN) to more fully investigate the health benefits generated by these canals. The health and wellbeing benefits of green and blue infrastructure including waterways have been explored extensively in literature through qualitative methods. This research provides evidence on the economic benefits from the Scottish canals for health and wellbeing. An example is provided below of the monetised physical benefits.

Mode	Additional Person KMs	C/KM	Monetised Benefit
Cycling	1,873m	£1.25	£2.348m
Running	0,351m	£3.43	£1.205m
Walking	1,633m	£1.73	£2.818m
Grand Total	3,587m		£6.372m

References

- The Health Benefits of the Forth & Clyde and Union Canals. Final Report for British Waterways Scotland and The Waterways Trust Scotland, 2011

3. Publication Review

This section reviews selected documents with relevance to planning and health in Scotland, and highlights key themes and lessons. See Annex 2 for a full list of documents identified.

These documents are:

1. **Equally Well: Report of the Ministerial Task Force on Health Inequalities**, Scottish Government, 2008
2. **Good Places Better Health. A new approach to environment and health in Scotland**, Scottish Government, 2008
3. **Reducing health inequalities and improving health. What councillors can do to make a difference**, NHS Health Scotland, 2013
4. **Masterplanning health: a brief guide for health boards**, Architecture and Design Scotland, 2008
5. **Preventing Overweight and Obesity in Scotland. A Route Map Towards Healthy Weight**, Scottish Government, 2010



Equally Well: Report of the Ministerial Task Force on Health Inequalities, 2008

The Ministerial Task Force on Health Inequalities was set up in 2007 and reported in 2008. As part of the Equally Well initiative, integrating health into current and future city planning was the focus of one of two test sites in Glasgow.

Introduction

The challenges facing the Task Force are identified including key health inequalities facing Scotland today, such as deprivation and health outcomes. The section also sets out the Task Force members, its approach and remit, its community and engagement with the sectors as part of process of gathering evidence, and overall principles and priority health outcomes.

Action and Recommendations

In this section the Task Force reviewed a number of identified themes on why each matters for health inequalities, what works, what is already happening in Scotland, then concluding with recommendations. In particular on the themes of 'Wealthier and Fairer Scotland: Tackling poverty and increasing employment', 'Greener Scotland: Physical environments and transport' and 'Healthier Scotland: Health and wellbeing', the Task Force recommended using community planning involve communities such as local businesses, evidence-based actions to promote healthy weight, and using planning for providing access to open spaces.

Delivering Change

The Task Force's recommendations for action cover a wide range of public services which affect people's health and health inequalities, both directly and indirectly, and include housing, the physical environment, transport and leisure. These actions would link very well with Scotland's community planning process and framework, in particular local SOAs.

What will success look like?

The Task Force recommended eight headline indicators around its priority areas for long-term change, as well as managing progress in the short term by linking in with existing National Outcomes and the SOAs. It also made recommendations on improving evidence and data through commissioning a review, and developing a process for undertaking integrated impact assessment.

Limitations of current devolved powers

The Task Force identified certain limitations where Scottish Government does not presently have the power to make maximum impact on health inequalities. But these are irrelevant to actions which can be delivered through current planning arrangements.

A review was carried out in 2010 and the first meeting to reconvene the Ministerial Task Force on Health Inequalities was held on November 29 2012. Its role will include the review of new evidence, look at lessons learned so far and highlight any new areas for attention.



**GOOD PLACES,
BETTER HEALTH**
A NEW APPROACH TO ENVIRONMENT
AND HEALTH IN SCOTLAND
IMPLEMENTATION PLAN

Good Places Better Health. A new approach to environment and health in Scotland, 2008

This short 26-page publication complements *Equally Well* which recognised the link between the physical and social environments and health. A report was published in December 2011 and made a series of recommendations.

Purpose

Good Places, Better Health will ensure greater connections between environment and health policy and actions. It supports five National Outcomes on longer, healthier lives, tackling inequalities, live in well-designed, sustainable places where we are able to access the amenities and services we need, and value and enjoy our built and

natural environment and protect and enhance it for future generations. This publication follows a commitment in 2005 to create a Strategic Framework for Environment and Health in Scotland, and its development was led by health professionals in collaboration with other policy interests.

Background

This section identifies the key issues relating the quality of the physical environment to people's wellbeing, and particular emphasises this relationship in deprived areas. It states that "there is now an additional need to shape places which are nurturing of positive health, wellbeing and resilience and which are consistent with and promoting of healthy behaviour and healthier lives".

Implementing *Good Places, Better Health*

The implementation will initially run between January 2009 and March 2011 through a prototype to consider a number of health priorities and their environmental determinants, in particular at children's health and sustainable places, with a primary focus on the four child health issues of obesity, unintentional injury, asthma and mental health and wellbeing.

Outcomes of *Good Places, Better Health*

The outcomes would be measured according to the National Outcomes in terms of new and improved policy influences at the national and local levels.

The New Approach

The new approach will help local delivery by:

- Framing the problems, gathering intelligence and analysing the relationships.
- Taking a systems approach to link science, research, practice and policy making.
- By uniting around a shared approach and common language we will bring various stakeholders together to consider the issues and move forward with actions.

Working in Partnership on Environment and Health

A key mechanism to delivery is through community planning and its processes such as the Community Partnerships and Single Outcome Agreements.



Reducing health inequalities and improving health. What councillors can do to make a difference, 2013

Produced published by the NHS Health Scotland and the Convention of Scottish Local Authorities (COSLA) in 2013, this 40-page accessible resource is specifically developed for local councillors and aims to highlight their role in:

- Reducing health inequalities
- Improving health in a fairer way
- Protecting health

Through the resource, quotes from local councillors help to provide insight from the perspective of the target audience, which helps to improve credibility and relevance. An e-learning resource is presently under development and will be available in due course, which will allow for website links to be created and the use of videos and other media.

Section 1 - What are health inequalities?

This section begins by telling the story of a fictional character, 10-year old Billy Reid and his family living in a two-bedroom council flat. It is based on a real situation to highlight impact of life circumstances such as poverty, unhealthy environments, and difficulty in accessing services (e.g. breakfast and after-school clubs). It points to wider statistics of health inequalities in Scotland when compared internationally and ends with suggested interventions for councillors to consider, including those which may be less effective.

Section 2 - Opportunities for councillors to reduce health inequalities and improve and protect health

This section identifies five key opportunities for councillors to take an active role across the local authority and wider community. Each opportunity is illustrated with practical examples and quotes, fictional stories based on real life situations, again to provide a different voice and perspective to the issues at hand. It is a useful section to make councillors understand their multiple roles in the community and in the council, and how each can make a difference.

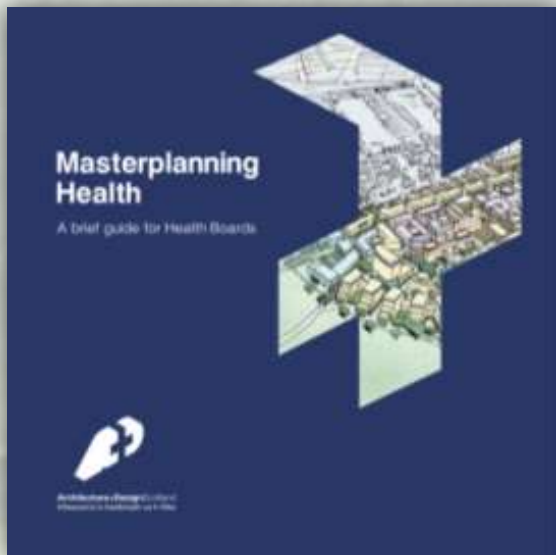
Your community leadership role - begins by having an understanding of the local community through Health and Wellbeing profiles, resident views and third sector involvement.

Your partnership role - based on community planning and SOAs, and introduces the objectives of the recently enacted Public Bodies (Joint Working) (Scotland) Act 2014.

Your constituency/representational role – linking community aspirations with service planning and provision with the council.

Your policymaking and scrutiny role – understanding impacts of policies through the use of tools such as EIAs and HIAs.

Your corporate council role – achieving objectives through the work and programmes of the council.



Masterplanning health: a brief guide for health boards, 2008

Published in 2008 by Architecture and Design Scotland, this 31-page publication is a brief guide to masterplanning and includes case studies of two hospital projects. The project and masterplanning processes are described with an evaluation of success and benefits.

Established by the Scottish Government in 2005, Architecture and Design Scotland, (A+DS) is Scotland's champion for good architecture, design and planning in the built environment.

The title of this publication suggests that this guide is about masterplanning new developments to incorporate health considerations. The introductory text also gives this impression. However it is clear from the case studies and rest of the publication, the guide is about the design of healthcare buildings rather than mixed-use places or places of residence. The case studies are from outside Scotland – Norway and England respectively, and therefore how transferable the lessons are for the Scottish policy context is an issue. This publication is similar to England's CABI publication 'Designed with care'.

Case Study: St Olav's Hospital, Trondheim, Norway

The new St Olav's Hospital in Trondheim is a £1.1 billion redevelopment of a university hospital on an existing city centre site. A masterplanner was appointed following a two-stage international competition and the guiding principle of the plan is to develop the new hospital in a series of separate buildings which are integrated into their city centre surroundings. This development demonstrated that good design can have an impact on improved quality of life and the provision of a better clinical service.

Case Study: Springfield University Hospital, London, England

The Masterplan is intended to provide a framework for the physical redevelopment of the 33 hectare site in south London. The site's assets are its extensive green space which includes attractive gardens, 400 mature trees and an urban golf course. The masterplan demonstrated a holistic approach with an ambition to provide not only the optimum healing environment but also to create a new mixed use part of London.

Masterplanning - Advice to Clients

Advice to clients includes Plan Ahead, Develop a Brief, Get a Good Team, and Allow sufficient time and resources within the Health Board.

10 points for a Successful Hospital Masterplan

The final section of the publication outlines 10 points to considering when putting together a masterplan, including a shared vision, sensible to the local built or rural context, high quality open space in the right place, and deliverable.



Preventing Overweight and Obesity in Scotland

A Route Map
Towards Healthy Weight



Preventing Overweight and Obesity in Scotland. A Route Map Towards Healthy Weight, 2010

The Route Map sets out the further direction of national and local government decisionmaking in the short and medium term to avoid these predicted consequences becoming a reality. It aims for the majority of Scotland's population to be in a normal weight range throughout adult life thus avoiding the adverse consequences of overweight/obesity

THE CHALLENGE OF OBESITY

Scotland has one of the highest levels of obesity in OECD countries; only the USA and Mexico having higher levels. The Scottish Health Survey measured a high percentage of the adult and children population who are obese or overweight. The Scottish Government estimates that the total cost to Scottish society of obesity in 2007/8 was in

excess of £457 million.

WHAT ARE WE AIMING TO ACHIEVE?

The Route Map is concerned with one area of action on prevention of weight gain in both those of normal weight and those currently overweight through changes in our culture and environment. A national indicator and a number of milestones are set.

THE SCALE OF CHANGE REQUIRED

The changes required are to environmental, social and cultural circumstances under which people continue to become more overweight and obese through improving diet, and increasing physical activity levels. The Foresight Report recognised that isolated action within one or two policy areas, would be ineffective. This section admits that behavioural change alone will not be effective.

CURRENT GOVERNMENT ACTIONS CONTRIBUTING TO TACKLING OBESITY

National government and local authorities are working to tackle the issue but the Route Map called for more spending on prevention so a less of a need to spend more on treatment in later years.

WHAT WE WILL DO

Actions create environments that make walking and cycling part of everyday life for everyone would be achieved through transport, regeneration and planning policies, and supporting behavioural change.

FURTHER GOVERNMENT ACTIONS

The Scottish Government will take actions to raise awareness amongst decision-makers, change public attitudes, support local delivery and fill in gaps in evidence, and monitoring.

4. Key issues and recommendations for actions to support reuniting health and planning in Scotland

This section presents observations and analysis from documents reviewed as well as from meetings with the Scottish Collaborating Centre for Public Health Research and Planning, and the RTPi Scotland on the 15 May. The aim is to provide an indication of where the current situation is in relation to the reuniting health with planning agenda in Scotland, and make appropriate recommendations for actions. A commentary identifying and analysing the key issues and perceived gaps are presented under each of the broad lines of enquiry, followed by a final concluding section setting out proposed actions.

Previous sections of this study have identified positive initiatives to integrate planning and health however conversations with practitioners have suggested that overall there is still scope for more and sustained opportunities for transfer and exchange of knowledge on good and bad practice.

How conducive is the national policy towards promoting health and wellbeing through planning?

- Scottish planning policy documents do reference health and wellbeing. But unlike in England policy, the references in Scotland are more dispersed and structured towards key planning outcome. There are references back to the priorities set in the NPF and the SOAs of community planning, reflecting the focus of Scottish Government's attitude towards planning reform on delivery and implementation.
- On the health side, this report has identified and reviewed several national health strategies which recognised the quality of the physical (built and natural) environment does have a co-related relationship to the health and wellbeing of the Scottish people. The most relevant being Equally Well and the Glasgow Test Site was an example of the activities needed to reunite health with planning.
- There appears to be a need for more practical guidance to support implementation of national policy, dissemination of good practice on the ground and sustained programme of initiatives/ dissemination of planning and health projects

How is the working relationship between public health and town planners?

- The way practitioners engage with each other in Scotland contrasts to England and this is due to a combination of geography, political and institutional factors.
- On the public health side, the institutional arrangements compare to the former Primary Care Trusts in England with autonomous Directors of Public Health without maximum transparency. There are some DPHs who understand the links between public health to the wider environmental factors as a priority while others may not, but there is a need to continue to make the case and raise the profile.
- A list (non exhaustive) of organisations with a working interest in the interface between health and planning is presented in Annex 2.

Where do you think there are practical gaps for further support or guidance?

- There may be gaps in professional activities and projects which draw the planning and public health professional groups together.

- The Scottish Government, principally the Architecture and Place directorate, have been active in developing practical guidance.
- Evaluation of initiatives by the Scottish Government appears to have taken place, such as with the test sites and pilots of the Equally Well and the Good Places Better Health initiatives, respectively.
- Community planning is consistently identified as a key mechanism for delivering actions and cements the primacy of community planning in the Scottish local government delivery landscape, in contrast to England. The RTPI will be undertaking research on joining up community and land use planning, and any TCPA work could up build on this research project.

Recommendations

There is evidence that there are examples of centrally-initiated projects aimed at integrating planning and public health, namely the Equally Well initiative with the Test Site for health and planning with Glasgow City Council. However there is scope for work ranging from continuing to make the case for public health to understand the importance of the wider social and environmental determinants and target ‘upstream’ interventions, and vice versa for planning to understand the wider purpose of planning beyond land use planning control, to development of practical guidance to support national planning policy, especially timely given recent changes.

These recommendations set out a menu of practical actions which could be considered by any organisations wishing to exclusively bring together public health and planning in Scotland, with the ultimate objective to inter-link with work in other parts of the UK nations to share and exchange good practice. Undertaking work should be sustained through a programme of activities rather than through one-off events or publications to ensure legacy. Therefore collaborating with key organisations in Scotland would be key, such as the SCCPHRP. Each of these proposed actions should have evaluation built in in order to identify the impacts and outcomes.

- **Understanding:** In the initial stage, undertaking an electronic survey to planning authorities and health boards to gauge their understanding of the practical links between public health and planning, and awareness of each other’s structures and systems, as a baseline.
- **Engagement and collaboration:** In the first year, undertaking a programme of focused CPD seminars on health and planning topics and collaborating with local stakeholders on delivery. In planning for this programme, research should be done to identify what has been delivered in the past and potential CPD gaps.
- **Good practice:** Compiling a compendium of good practice examples such as those presented in Section 2.4.
- **Project-based work:** Funded collaborative projects on delivering key project work based on identified and agreed topics such as on:
 - Planning and health in general
 - Good design and health
 - Natural environment and health
 - Active travel and sustainable transport
 - Community planning and health
 - Obesity and planning

In taking forward these recommendations, the TCPA would welcome a conversation with the Foundation to prioritise key actions and develop appropriate funding bids.

Annex 1. About the TCPA and its Health and Planning Work Programme

Founded in 1899, the Town and Country Planning Association (TCPA) is the UK's oldest independent charity focused on planning and sustainable development. Through our work over the last century we have improved both the art and science of planning in the UK and abroad. The TCPA puts social justice and the environment at the heart of policy debate and seeks to inspire Government, industry and campaigners to take a fresh perspective on major issues, including planning policy, housing, regeneration and climate change. Our objectives are to:

- Secure a decent, well designed home for everyone, in a human-scale environment combining the best features of town and country;
- Empower people and communities to influence decisions that affect them;
- Improve the planning system in accordance with the principles of sustainable development

Health and social justice is a key work priority for the TCPA in 2014.

The TCPA has a comprehensive programme for 2014 around health and planning. This is in addition to regular engagement with partners and other networks and stakeholders in England through attending meetings and presenting at seminars. Details can be accessed on <http://www.tcpa.org.uk/pages/health.html>

This programme currently consists of the following funded projects and CPD seminars:

- Healthy-weight environments by planning and design (provisional title) (Phase 3)
- Reuniting Planning and Health in Belfast capacity building resource
- Reuniting Health with Planning in Localities in England. So far the TCPA has completed work with:
 - Sefton Council – completed April 2014
- Seminars
 - Planning for healthy homes and communities, March 2014
 - Understanding planning inspectors, May 2014
- TCPA Journal, *Town & Country Planning*, special edition November 2014

Annex 2. List of publications

Here is a list of publications and initiatives identified in this document. It is not intended to be exhaustive but provides an indication of the scale and scope of current work.

Scottish Government Policy and strategy

1. A Fairer Healthier Scotland. NHS Health Scotland's strategy 2012-2017
2. A Policy Statement for Scotland: Designing Places, 2001
3. A Policy Statement for Scotland: Designing Streets, 2010
4. Creating Places: A Policy Statement on Architecture and Place for Scotland, 2013
5. Equally Well: Report of the Ministerial Task Force on Health Inequalities, 2008
6. Good Places, Better Health: A new approach to environment and health in Scotland. Implementation plan, 2008
7. National Planning Framework for Scotland 2, 2009
8. Preventing overweight and obesity in Scotland: a route map towards healthy weight, 2010
9. Scottish Planning Policy, 2010

Others

10. A select review of literature on the relationship between housing and health, 2010, Scottish Government
11. Auchenback Health and Open Space Project, 2008, Halcrow Group Ltd
12. A Vision of Health. NHS Scotland's agenda for realising value in the developing healthcare estate, 2009, Architecture and Design Scotland (A+DS)
13. Creating Healthy Environments: Practical Tools for Increasing Walking in the Built Environment, Developed in 2009 and updated 2010, Living Streets
14. East Renfrewshire Green Network Opportunities Mapping, 2011, GCV Green Network
15. Equally Well – Planning for Better Health, 2012, NHS Greater Glasgow and Clyde
16. Greenspace and Health: Outcomes Framework, 2010, Greenspace Scotland
17. Greenspace Design for Health and Wellbeing, 2011, Forestry Commission
18. GCV Green Network Planning Guidance Part 1, (date unknown), GCV Green Network
19. Health Impact Assessment of transport initiatives: a guide, 2007, Health Scotland, MRC Social and Public Health Sciences Unit and Institute of Occupational Medicine
20. Local Development: Public Assets, (date unknown), Architecture and Design Scotland (A+DS)
21. Masterplanning Health: a brief guide for health boards, 2008, Architecture and Design Scotland (A+DS)
22. Reducing health inequalities and improving health: what councillors can do to make a difference, 2013, NHS Health Scotland
23. Research project to establish value of design in the built environment (Scotland). Stakeholders workshop: summary briefing paper, (date unknown), Scottish Government
24. The Health Benefits of the Forth & Clyde and Union Canals. Final Report for British Waterways Scotland and The Waterways Trust Scotland, 2011
25. The influence of land use mix, density and urban design on health: a critical literature review, 2012, University of York
26. The obesity time bomb: why it's everyone's business, 2011, NHS Health Scotland
27. Transforming Urban Spaces: Greenspace Scotland research report: The links between greenspace and health: A critical literature review, 2007, Greenspace Scotland

Annex 3. List of organisations working at the interface of planning and health in Scotland

- Scottish Collaborating Centre for Public Health Research and Practice
- NHS Health Scotland
- Pas
- RTPi Scotland
- Sustrans
- Trellis
- Community Food and Health Scotland
- Greenspace Scotland
- Edinburgh and Lothian Greenspace Trust
- Scottish Natural Heritage
- Glasgow Centre for Population Health
- Glasgow and Clyde Valley Green Network or Central Scotland Green Network , which is a national project and has delivering more healthy places as one of its themes.
- Forestry Commission Scotland
- Living Streets
- Cycle Scotland
- Path for All