



The Scottish Parliament
Pàrlamaid na h-Alba

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Dear Convener,

National Planning Framework 4

1. I am writing to you on behalf of the Health, Social Care and Sport Committee to provide input to the Parliament's cross-committee scrutiny of National Planning Framework 4.
2. At its meeting on 25 January 2022, the Health, Social Care and Sport Committee took evidence on the draft National Planning Framework 4 from the following stakeholders:
 - Irene Beautyman, Place and Wellbeing Partnership Lead, Improvement Service;
 - Professor Jamie Pearce, Professor of Medical Geography, School of Geosciences, University of Edinburgh; and
 - Dr Matt Lowther, Head of Communities and Local Partners, Public Health Scotland.
3. Members of the Committee also participated in an online Stakeholder Engagement Session on National Planning Framework 4 on 7 February 2022.

The place of health in the framework

4. Witnesses giving evidence to the Committee on 25 January all expressed the view that, while the overarching focus on climate and nature within NPF4 was laudable, equally prominent focus should be given to health and wellbeing.
5. Professor Jamie Pearce from Edinburgh University told the Committee:

“...I think that Scotland would benefit from health being given a high-level strategic priority in relation to planning.”

6. Meanwhile, Irene Beautyman from the Improvement Service said:

“There is almost a need for a further policy that is akin to the policy that Wales has, which asks people to think about the long-term impact of all our decisions on our ability to prevent the persistent problems that we face in our country. Those problems include climate change, but they also include poverty, health and other inequalities.”

7. Dr Matt Lowther from Public Health Scotland noted:

“...the framework does not say much about the ability to approve or reject applications specifically on the basis of health. It would be helpful to have more detail on that.”

8. ***The Committee supports the view that health and wellbeing need to be given equal prominence within NPF4 to climate and nature.***

9. ***The Committee calls for improved guidance on the place of health and wellbeing considerations as a factor in determining planning applications.***

Liveable places and outcomes

10. During the evidence session on 25 January, Dr Lowther highlighted to the Committee the variety of ways in which the design of places can affect health and wellbeing.

11. Dr Lowther told the Committee:

“We know how our neighbourhoods are designed. They are where people live, work and play. How they are designed can have significant impacts on health. It can improve the way in which people interact socially, improve levels of physical activity, reduce air quality and improve access to services, for instance.”

12. Dr Lowther went on to describe how place design can affect many other aspects of policy with a significant impact on health and wellbeing, including the local food environment, access to the natural environment, housing and transport.

13. Professor Jamie Pearce pointed out evidence from research of the negative impact of derelict land on mental and physical wellbeing. He concluded by arguing that this was:

“...a nice example of the way in which the planning system can focus closely on those issues through a public health lens to ensure that development needs also meet health needs. The framework must support that.”

14. Professor Pearce also highlighted a particular gap in the draft framework in terms of addressing aspects of the planning system which can have an impact on addressing key public health challenges.

15. Professor Pearce highlighted obesity, alcohol and tobacco as some of the big health challenges which planning could help to address and where the link between planning decisions and public health outcomes should be more clearly addressed within NPF4. He told the Committee:

“We know that obesity is one of the big challenges. It is important to address the proliferation of highly saturated food in our communities and to improve access to high-quality food...”

16. Professor Pearce continued:

“We know that other commodities are really bad for our health. Alcohol and tobacco are two of the remaining big health challenges in Scotland. For example, one in five deaths in Scotland is attributed to tobacco. However, the availability of tobacco and alcohol is not represented in the document. An important part of the planning system is making sure that we support our communities to have the healthy lifestyles that we all aspire to.”

17. The Committee also heard evidence of the need for greater clarity in the framework to ensure a clear and consistent approach across Scotland with the aim of delivering liveable places that benefit health and wellbeing.

18. To achieve this, Irene Beautyman made the case for the incorporation into NPF4 of the Place and Wellbeing Outcomes which have been developed by the Spatial Planning, Health and Wellbeing Collaborative Group.

19. Ms Beautyman told the Committee:

“We have spent a number of years, pulling together a set of place and wellbeing outcomes... That sets out what every place needs for everyone in them to thrive. There are different themes, which give a lot more clarity than I can see in the draft framework on how we move around; on our access to space, including open space and streets; on our access to facilities, amenities, affordable homes and work; and on our ability to take part in society, feel safe and have a sense of belonging.”

20. At a later stage in the evidence session, Dr Lowther argued that greater clarity could be provided by embedding the Place and Wellbeing Outcomes in guidance on Local Development Plans (LDPs), currently being produced and consulted on.

21. ***The Committee highlights the significant impacts planning policy and the design of neighbourhoods can have on health and wellbeing, both positive and negative. The Committee believes these impacts need to be properly addressed by the framework and in the implementation of future planning policy, for instance in relation to the negative impact derelict land can have on health.***

22. ***The Committee further notes the ambition within NPF4 to deliver successful places that are “designed for lifelong health and wellbeing” and the National Spatial Strategy’s vision that “Our future places, homes and neighbourhoods will be better, healthier and more vibrant places to live”.***

23. ***To help achieve these goals, the Committee calls on the Scottish Government to incorporate the Place and Wellbeing Outcomes developed by the Spatial Planning, Health and Wellbeing Collaborative Group into NPF4 and associated guidance on development of Local Development Plans.***

Housing policy

24. Witnesses who gave evidence to the Committee argued that the traditional approach to housing in planning policy is likely to create negative impacts for health and wellbeing in the future and needs to change.
25. Irene Beautyman told the Committee:
- “If we continue to build low-density housing estates on the edge of town, where it is difficult to access services without a car, we are building in inherent physical and mental health problems, particularly as people in that area start to age, but also in terms of social isolation, because people in such developments will not be walking around their areas and building community cohesion.”
26. Ms Beautyman concluded:
- “I would say that the impact of all large developments on physical and mental health needs to be thought about.”
27. Dr Lowther highlighted a potential gap in the draft framework in that its primary focus is on major and national developments, whereas in his view, local developments comprising fewer than 50 homes also have the potential to impact on health. Dr Lowther said:
- “I would argue that such developments are really significant, and there are literally hundreds of them across Scotland.”
28. ***The Committee is concerned by evidence that a continuing focus on building low-density housing with limited public transport provision on the edge of towns risks building in physical and mental health problems for the future. The Committee therefore believes health and wellbeing implications should be given stronger consideration in future in determining planning decisions to ensure housing developments contribute positively to long-term health and wellbeing of local communities.***
29. ***In addition to the existing focus on major and national housing developments, the Committee further believes a greater focus needs to be given within NPF4 to ensuring local housing developments have a positive impact on long-term health and wellbeing of communities.***

Local living and 20-minute neighbourhoods

30. Overall, witnesses welcomed the concept of 20-minute neighbourhoods and confirmed their views that 20-minute neighbourhoods would have a positive impact on health and wellbeing.

31. Dr Lowther concluded:

“...the underlying principle of creating much better local access to good-quality key services that people need every day is good and is welcome from a health perspective.”

32. Irene Beautyman was also supportive of the concept but highlighted potential challenges from a failure to define clearly what it actually means.

33. She said:

“If we do not pin down what we require in our 20-minute neighbourhoods, we risk developing a planning system that ends up with local government – which is already not sufficiently resourced to deal with its duties and responsibilities – and people in other sectors having endless debates about what we mean by a 20-minute neighbourhood.”

34. At the same time, witnesses acknowledged practical challenges that might restrict the number of communities that are able to become 20-minute neighbourhoods, particularly in more remote and rural areas of Scotland.

35. Dr Lowther argued:

“We must be realistic and pragmatic. People in some of our rural communities will not be able to walk to all our services within 20 minutes. We should not get too hung up on the 20-minute aspect. For me, the issue is about improving the quality of access to key local services.”

36. Irene Beautyman agreed with this view and suggested an alternative approach to implementing the concept in those more remote and rural areas:

“...in rural areas, local settlements should be treated as 20-minute hubs... when they get to those hubs, they should be able to park the car that they needed to use to get there and to access everything that they need in the same way that someone who lived in a more urban environment would do.”

37. During the online engagement session on 7 February, a number of stakeholders highlighted concerns within rural and remote communities that the creation of local hubs could result in a centralisation of services compared to the status quo.

38. ***The Committee shares concerns that the lack of a clear definition of the 20-minute neighbourhood concept could undermine its effective implementation and the associated benefits to health and wellbeing.***

39. ***The Committee therefore calls for a clear and comprehensive definition of 20-minute neighbourhoods to be set out in the final version of NPF4 and for this definition to be an inclusive one that addresses the varying needs of different population groups such as those found in rural, urban and suburban areas and in both more deprived and more affluent neighbourhoods.***

40. ***The Committee agrees that a suitably flexible approach is required in implementing the concept in remote and rural areas of Scotland, based on the principle of improving quality of access to key local services.***

Access to health and care services

41. To ensure there is adequate provision of health and care services, particularly in rural areas, witnesses argued local authorities need to do more to assess available capacity and coordinate more closely with health and social care partnerships. They also argued that requirements for health and care services should be a key consideration in determining planning decisions for 20-minute neighbourhoods and local hubs.
42. Irene Beautyman told the Committee:
- “There could be something in the framework about ensuring that such evidence is looked at, while working more closely and building relationships with the health and social care partnerships to establish where there is capacity and where there is a need for a matching up of provision for areas that are growing.”
43. Witnesses also argued that territorial health boards have a crucial role to play in ensuring existing and future health and social care needs are factored into the development of local development plans.
44. Dr Lowther said:
- “Territorial health boards are key agencies, and they are required to be consulted in relation to local development plans... it is a matter of ensuring that that relationship is strong right at the beginning so that, when we produce our local development plans, we do it in light of the health and social care needs of the population right at the beginning.”
45. During the online engagement session on 7 February, a number of participating stakeholders made the case for stronger third sector involvement in decision-making related to planning policy and argued that further consideration should be given to enabling third sector organisations to have a footprint in public health and care facilities.
46. ***The Committee recognises the crucially important role of health and care partnerships, territorial health boards and the third sector in contributing to effective strategic planning of future health and care service provision. The Committee therefore calls for this role to be addressed more clearly and prominently in NPF4 and for these parties to be involved from the very outset of the preparation of local development plans.***
47. ***The Committee has been interested to hear examples of third sector organisations being given the opportunity to provide complimentary services on-site in public health and care facilities. It believes such opportunities for co-location of third sector services should be actively encouraged as part of***

planning of future provision of primary care facilities and that this should also be reflected in NPF4.

Health inequalities

48. Witnesses agreed that achieving truly accessible places, including for disabled people and those with mobility issues, was an area where NPF4 could be strengthened. In this context, witnesses argued the case for carrying out health inequality impact assessments (as distinct from health impact assessments) as a mechanism for measuring the impact of planning decisions on different population groups.
49. ***To ensure future planning decisions are genuinely inclusive and effectively address the needs of different population groups, the Committee supports the wider roll-out of health inequality impact assessments as part of NPF4.***

Conflicting interests

50. Witnesses recognised the challenges that can arise when planning decisions that will deliver economic and employment benefits come into conflict with policy objectives related to health and wellbeing.
51. Dr Lowther commented:

“From my perspective, I am responsible for creating the right places, and part of that is about creating economic investment, which is important. We also need to ensure that all our decisions are based on the evidence and the science, so that we can model how certain actions could potentially impact on public health. We need to take a proper evidence-based approach to such decisions.”
52. ***The Committee highlights the importance of a fully informed, evidence-based approach to planning decisions to ensure balanced decision-making that takes due account of potential impacts on health and wellbeing.***
53. ***The Committee believes this would best be achieved by making potential impacts on health and wellbeing a material consideration in determining planning applications.***

National developments

54. In relation to the 18 national developments listed in NPF4, witnesses differed in their assessment of the extent to which the impacts on health and wellbeing had been a determining factor in selecting those particular projects.
55. Irene Beautyman argued that an assessment of the impact of the 18 national developments on climate needs to be balanced with a corresponding assessment of their impact on health and wellbeing:

“When we look to do something that is focusing on climate – the NPF is clear that its primary guiding principle is around climate impact – we must ensure that that will not have unintended negative consequences on health.”

56. ***The Committee reiterates its view that assessment of the impact of the 18 national developments listed in NPF4 on health and wellbeing needs to be placed on an equal footing with any assessment of their impact on climate and nature.***

Training

57. There was general agreement amongst witnesses of the importance of local councillors and Council officers receiving comprehensive training on NPF4, once adopted.
58. Irene Beautyman said:
- “There definitely is a need for training, because the national planning framework has a new set of outcomes for planning to deliver that have not been there before... I have seen a lot about one of our councils approving an out-of-town retail centre at a time when we need to think about car-oriented development and how we change the hierarchy. We need officers and councillors to buy into that and understand it so they can truly represent the needs of all people in our society.”
59. Widespread support for training on NPF4 was similarly expressed by stakeholders attending the online engagement session on 7 February.
60. ***In anticipation of this year’s local government elections, the Committee calls on the Scottish Government to work with COSLA to prepare a comprehensive programme of training for councillors and council officials on NPF4.***
61. I hope this letter provides a useful summary of the Health, Social Care and Sport Committee’s scrutiny of National Planning Framework 4 and the accompanying conclusions and recommendations are useful to your own Committee’s ongoing scrutiny of the Framework.

Yours sincerely,



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Convener, Health, Social Care and Sport Committee