



Land use planning practitioners

Shared ambition to improve health and wellbeing and reduce inequalities across Scotland's communities

Public health practitioners

Place and wellbeing: integrating land use planning and public health in Scotland

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About this briefing paper

The way we plan and design the built environment can have a profound impact on people's health and wellbeing. By working together and taking a 'whole systems approach', Scottish public authorities can improve health and wellbeing and reduce health inequalities.

This briefing was prompted by the introduction of the Planning (Scotland) Act 2019, the fourth National Planning Framework (NPF4), and the adoption of Scotland's six public health priorities. These changes provide a timely opportunity to develop practical guidance for both land use planning and public health practitioners and policy-makers, to help them take health and wellbeing considerations into account when considering the development planning process (the production of Local Development Plans) and the development management process (making decisions on planning applications).

This briefing has been developed by the Place and Wellbeing Collaborative. Its members are representatives from Directors of Public Health, Public Health Scotland, the Improvement Service, COSLA, Heads of Planning Scotland, the Health Improvement Managers Network and Edinburgh University. The briefing is primarily aimed at land use planners and public health practitioners but will be relevant to others working in the areas of the built and natural environment, health and wellbeing, or community planning. It may also help anyone with an interest in land use planning and public health to understand both the wider context in which they operate and how they could help to deliver wider public benefits.

Figure 1 below should help you to see which section of the briefing to look at depending on whether you want to know more about land use planning policy, planning applications or public health. Section 4 summarises key opportunities, challenges and actions for you to consider.

How to navigate the briefing

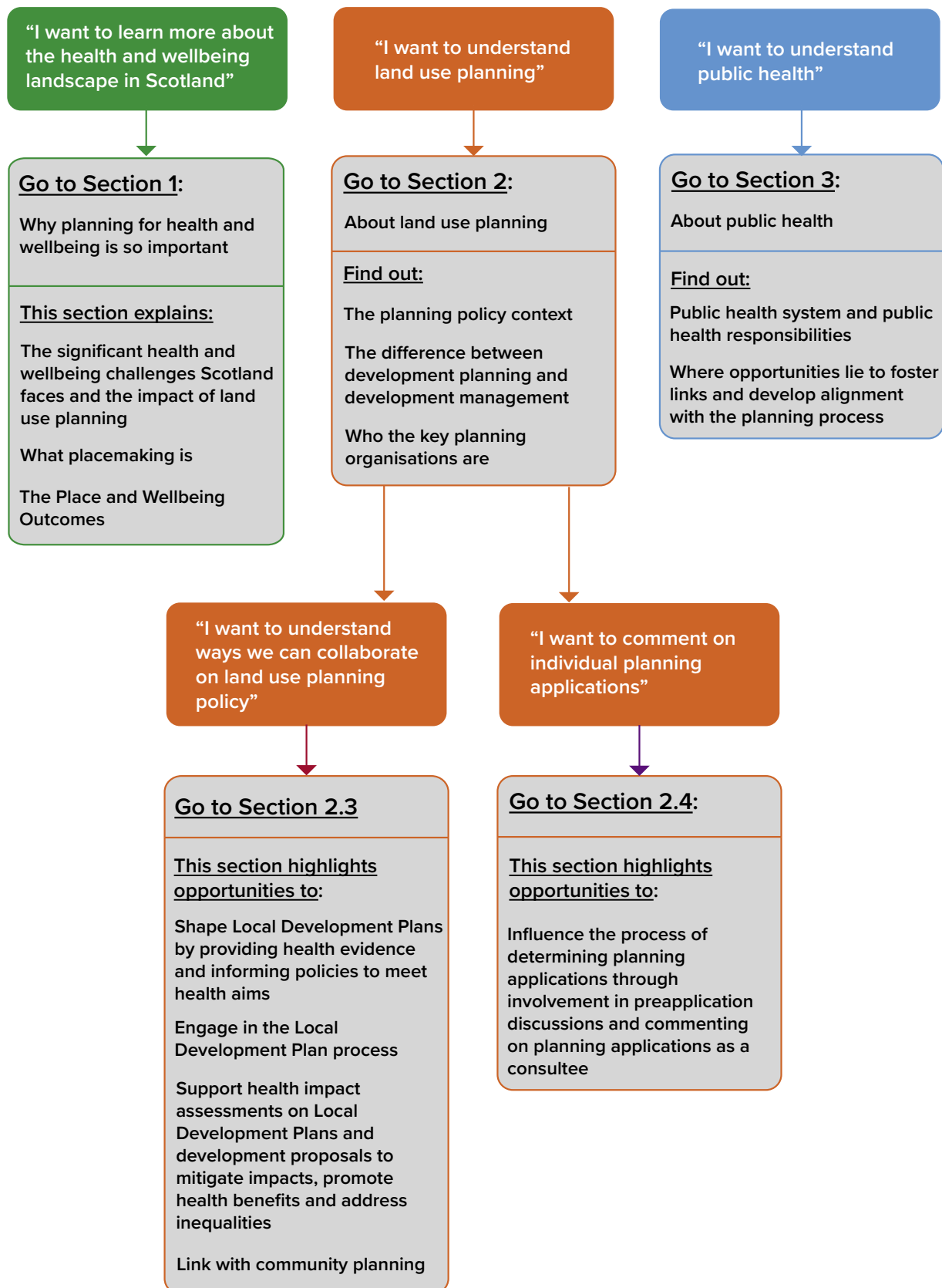


Figure 1: How to navigate the briefing

Introduction

The purpose of (land use) planning is to manage the development and use of land in the long-term public interest.

- Planning (Scotland) Act 2019

Public health is the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society.

- World Health Organisation¹

The preparation and publication of this briefing was prompted by recent and forthcoming legislative and policy developments in Scotland:

- ◆ [Planning reform](#)
- ◆ [Planning \(Scotland\) Act 2019](#)
- ◆ [National Planning Framework 4](#)
- ◆ [Public health reform and the public health priorities](#)
- ◆ [The Place Principle](#)

Planning for health and wellbeing is not a new activity, and there are already examples of good practice across Scotland. But the publication of Scotland's Public Health Priorities, the requirements of the Planning (Scotland) Act 2019 and the objectives of National Planning Framework 4 mean that land use planning and public health practitioners now have a clearer obligation to work together to improve health and wellbeing and reduce health inequalities across Scotland's communities. The impact of the Covid-19 pandemic, and our changing relationship with place as people spend more time in their local areas, presents an opportunity for greater collaboration as we work towards recovery.

In addition, the Place Principle, adopted in 2019 by the Scottish Government and the Convention of Scottish Local Authorities (COSLA), encourages a more joined-up and collaborative approach to planning and decision-making for the services, land and buildings within a place. The Place Principle requests that all those responsible for providing services and looking after assets in a place work and plan together, with local communities, to improve the lives of people, support inclusive and sustainable economic growth and create more successful places.

This briefing aims to:

- ◆ raise awareness of the impact that places where people live, work and play have on their health and wellbeing
- ◆ introduce land use planners to the public health system and public health professionals to the planning system and set out where key legislative and policy requirements overlap
- ◆ highlight opportunities at key stages (such as the preparation of Local Development Plans) where more integrated working between land use planners and public health professionals can help to deliver greater equality in health, wellbeing and sustainability outcomes.

The briefing sets out four key messages crucial to improving policy and practice in land use planning for health and wellbeing:

- ◆ **Stronger together through improved collaboration:** In times of diminishing capacity there are stronger incentives and greater opportunities for practitioners within and across different organisations to benefit from sharing expertise, especially when undertaking evidence and needs assessments of local populations and places.
- ◆ **Shared evidence leading to shared policy actions:** With the development of shared evidence comes a shared understanding of local place-based priorities and long-term development aspirations. Practitioners can harness the range of existing informal and formal opportunities offered by the planning system to develop policies that can make a difference to the population's health – such as active travel, open space, play and recreation provision, healthy food environments, good quality public realm, and high-quality housing.
- ◆ **Shared policy actions leading to shared outcomes:** When communities grow or are regenerated, planning permission is required from the local planning authority. Public health practitioners can advise on, and support, health impact assessments to identify potential negative health impacts of proposed developments and also where health improvements can be gained. They can also assist the land use planning practitioners in a local authority in monitoring and reviewing the long-term implications of planning decisions in meeting wellbeing goals.
- ◆ **Building crucial relationships and exchanging knowledge:** Land use planning and public health are separate disciplines with different languages, methods, assumptions and constraints. By building relationships, we can work together to share good practice and realise opportunities to create places that promote good health.



Section 1: Why planning for health and wellbeing is so important

Scotland faces significant health and wellbeing challenges. These include:

- ◆ an ageing population
- ◆ enduring health inequalities
- ◆ deprivation and poverty
- ◆ changes in the pattern of disease
- ◆ increasing pressures on health and social care services.

Average life expectancy in Scotland is still significantly lower than in other countries of the UK and the rest of Western Europe. Although it has improved in recent decades, the rate of improvement has slowed and has remained virtually unchanged since 2012. There are substantial differences in health outcomes between the most and least deprived areas in Scotland. These health inequalities are wide and have worsened over the last ten years.¹

Health and wellbeing for individuals and communities are determined by a wide range of factors, including genetic make-up, health-related behaviours, cultural and community settings, and environmental and global factors. These factors shape health and wellbeing and are known collectively as the determinants of health – see figure 2. Those factors beyond our individual characteristics are known as the wider or social determinants of health.



Figure 2: The determinants of health and wellbeing²

1 ScotPHO (2020) 'Recent mortality trends' [accessed 27/02/2024]

2 Barton H, Grant M. A health map for the local human habitat. Journal of the Royal Society for the Promotion of Public Health 2006;126(6):252-261.

The places where we live, work and play have an important influence on our health and wellbeing throughout our lifetime. Some aspects of place will nurture and promote good health while others can be detrimental. The distribution of these characteristics is not equal. Those living in areas of greater deprivation are more likely to be exposed to harmful environmental factors, such as poor air quality, and less likely to have access to beneficial ones, such as greenspace. Inequalities in the physical environment can create serious disadvantages for people living in relatively deprived areas, reinforcing health inequalities. This has been exacerbated by the effects of the Covid-19 pandemic.

The importance of place to health and wellbeing is recognised in Scotland's public health priorities, the first of which is 'a Scotland where we live in vibrant, healthy and safe places and communities'.³ Land use planning has a key role in delivering this ambition, as well as the other public health priorities, which are all interlinked (see section 3 for more information about the public health priorities). Aberdeen City Council's [Local Development Plan](#) is an example of planning that considers the public health priorities and has a focus on creating better health and wellbeing for all people. All its policies were examined with a view to improving and assessing their health impact.

Placemaking is at the centre of Scotland's approach to planning; the Scottish Government has urged Scottish local authority planners to integrate it in their planning and decision-making processes. Successful placemaking is regarded as an important means to deliver national priorities in health but also in climate change, economic growth, community need, and social cohesion.

Placemaking is a creative and collaborative process. It inspires people to collectively reimagine and reinvent public spaces at the heart of communities. Community-based participation is at its centre, and it capitalises on a local community's assets, inspiration and potential. It results in the creation of quality public spaces that contribute to people's health, happiness and wellbeing.

There has also been increasing emphasis on place-based approaches, such as through the [Place Principle](#), [Place Standard tool](#), [Shaping Places for Wellbeing Programme](#) and the local living and 20-minute neighbourhoods approach. Place-based working requires a collaborative approach that considers all aspects of a place when considering an intervention. It identifies and targets the underlying causes of inequalities and disadvantage and implements solutions that are tailored to the individual challenges that places face across Scotland.

The stronger focus on place-based action will also help with adaptation to long-term climate change, which in turn has an impact on health and inequalities. Land use planning plays an essential role in ensuring that climate mitigation and adaptation strategies align with the local development in a place, and the UK Health Expert Advisory Group [report on Sustainable Health Equity](#) demonstrates the importance of embedding public health and wellbeing at the centre of climate change decision-making. The Advisory Group highlights how the direct and indirect impacts of climate change will likely widen existing health inequalities in the UK. They warn that if health equity isn't considered when developing policies to reduce greenhouse gas emissions, there is a risk that their benefits to health will be unequally distributed. A [report](#) written by the Improvement Service, Public Health Scotland and Adaptation Scotland, argues

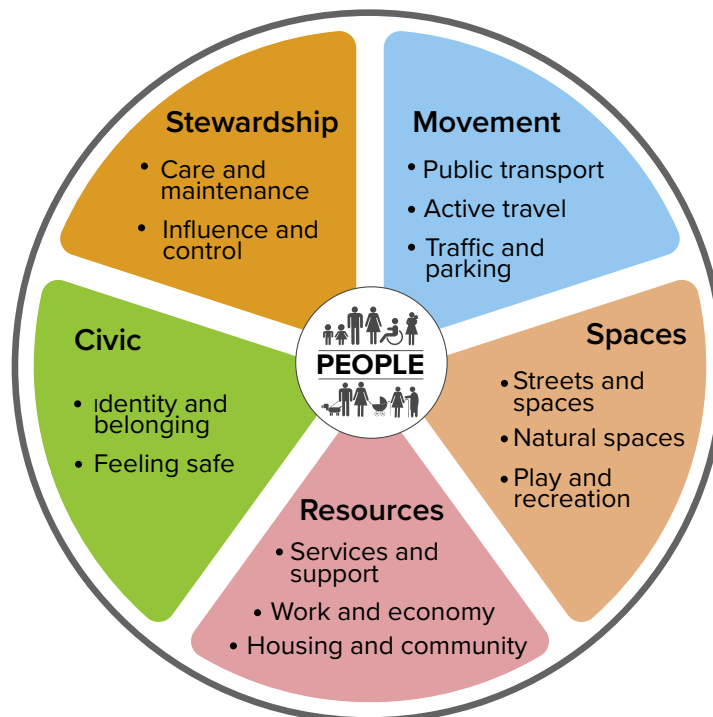
3 Public Health Scotland, [Our context - public health in Scotland](#)

that we can identify actions that address these underlying causes and contribute to the ‘triple wins’ of greater climate resilience, improved health, and greater equity by adopting a whole-system approach and working collaboratively across national agencies, Health Boards, local authorities and communities.

The Planning (Scotland) Act 2019 puts renewed emphasis on assessing the likely effects development will have on health. There is strong evidence linking health and wellbeing outcomes with the quality of the built and natural environments, over which the planning system has great influence.

Evidence about the determinants of health and wellbeing in Scotland’s places was used when shaping the themes of the [Place Standard](#). This same evidence base supports a comprehensive set of [Place and Wellbeing Outcomes](#), developed by the [Place and Wellbeing Collaborative](#), which demonstrate the range of factors impacting the wellbeing of people and planet, Figure 3. The outcomes fall into five overarching themes of movement, spaces, resources, civic and stewardship. These outcomes are interlinked: interventions in one outcome have a knock-on impact on achieving the other outcomes. Thus, a place-based approach is the basis for their delivery. There is more detail about these outcomes in appendix 1.

Place and wellbeing outcomes



The principles of equality, net-zero emissions and sustainability underpin all of these themes, and all themes should be embedded in policy and action

Figure 3: Scotland’s Place and Wellbeing Outcomes



Section 2: About land use planning

This section gives an overview of land use planning in Scotland to provide you with a better understanding of the planning system and the entry points for engagement and involvement. The system has been periodically reviewed to reflect changing priorities. The section will take you through the current planning policy since the introduction of the Planning (Scotland) Act 2019.

There are 34 planning authorities in Scotland, the 32 local authorities and two national park authorities. They are responsible for administering the three key parts to the planning system:

Development planning: guides the future use of land and buildings in cities, town and rural areas through plans, policies and guidance.

Development management: making decisions on planning applications. Decisions must be guided by policies in the development plan.

Enforcement: making sure development is carried out correctly and taking action when it is not.

2.1 Planning policy context

Scottish Government oversees Scotland's planning system and is responsible for the development and implementation of legislation and national planning policy.

Planning (Scotland) Act 2019

The Planning (Scotland) Act 2019 is the main piece of planning legislation in Scotland. It makes some significant changes to the Town and Country Planning (Scotland) Act 1997 which are explained below. It sets out the statutory requirements and processes of the Scottish planning system and sets the future structure of the modernised planning system. The detail of how it works in practice is being set out in secondary legislation and guidance. Updates on the work programme can be found on the Transforming Planning website.

A key change is that the Planning (Scotland) Act introduces the 'assessment of health effects' and states: "The Scottish Ministers must by regulations make provision about the consideration to be given, before planning permission for a national development or a major development is granted, to the likely health effects of the proposed development."

National Planning Framework (NPF)

The National Planning Framework sets out a long-term vision for development and investment across Scotland over the next 20 to 30 years. It is the spatial expression of the Economic Strategy and sets out the plans for development and investment in infrastructure. The fourth National Planning Framework replaced the previous NPF3 and Scottish Planning Policy when it was adopted in February 2023. It is required by law to set out the Scottish Ministers' policies and proposals for the development and use of land and plays a key role in supporting the delivery of Scotland's national outcomes as well as the United Nations (UN) Sustainable Development Goals (SDG).

The National Planning Framework is required to deliver six high level outcomes:

- ◆ Meeting the housing needs of people living in Scotland including, in particular, the housing needs for older people and disabled people
- ◆ Improving the health and well-being of people living in Scotland
- ◆ Increasing the population of rural areas of Scotland
- ◆ Improving equality and eliminating discrimination
- ◆ Meeting any targets relating to the reduction of emissions of greenhouse gases
- ◆ Securing positive effects for biodiversity

In order to deliver on the UNSDGs and Scotland’s national outcomes, NPF4 will play a role in ensuring that Scotland’s future places will be planned in line with six overarching spatial principles.

Just transition. We will empower people to shape their places and ensure the transition to net zero is fair and inclusive.

Conserving and recycling assets. We will make productive use of existing buildings, places, infrastructure and services, locking in carbon, minimising waste, and building a circular economy.

Local living. We will support local liveability and improve community health and wellbeing by ensuring people can easily access services, greenspace, learning, work and leisure locally.

Compact urban growth. We will limit urban expansion so we can optimise the use of land to provide services and resources, including carbon storage, flood risk management, blue and green infrastructure and biodiversity.

Rebalanced development. We will target development to create opportunities for communities and investment in areas of past decline, and manage development sustainably in areas of high demand.

Rural revitalisation. We will encourage sustainable development in rural areas, recognising the need to grow and support urban and rural communities together.”

Page 4 of the National Planning Framework 4

By applying these spatial principles, the national spatial strategy will support the planning and delivery of:

- sustainable places, where we reduce emissions, restore and better connect biodiversity;
- liveable places, where we can all live better, healthier lives; and
- productive places, where we have a greener, fairer and more inclusive wellbeing economy.

Page 4 of the [National Planning Framework 4](#)

The introduction of the Planning (Scotland) Act 2019 now means that the National Planning Framework forms part of the statutory development plan for planning purposes. This means its national level policies are applied across Scotland to shape consistent local policy and decision making on planning proposals. NPF4 and its supporting documents can be found on the [Scottish Government website](#).

Regional Spatial Strategies

The Planning (Scotland) Act 2019 introduced a new duty requiring the preparation of Regional Spatial Strategies, replacing the previous Strategic Development Plans. A planning authority, or authorities acting collaboratively will prepare these long-term spatial strategies for the strategic development of an area. Whilst not part of the statutory development plan, Regional Spatial Strategies have an important role to play in informing future versions of the NPF and Local Development Plans.

These long- term spatial strategies must specify the area(s) to which they relate, and identify:

- ◆ the need for strategic development
- ◆ the outcomes to which strategic development will contribute
- ◆ priorities for the delivery of strategic development
- ◆ proposed locations, shown in the form of a map or diagram

The content of the fourth National Planning Framework was informed by indicative Regional Spatial Strategies that were submitted to Scottish Government by Local Authorities.

Local Development Plans (LDP)

All planning authorities are legally required to prepare one or more Local Development Plans for their area. LDPs allocate sites either for new development or sites to be protected and provide the policies that guide decisions made on planning applications. Local Development

Plans must be reviewed and adopted within ten years of the previous plan. They must also take into account the National Planning Framework and any registered Local Place Plans in the area they cover. Additionally, LDPs must have regard to the authority’s adopted Regional Spatial Strategy, as well as any Local Outcomes Improvement Plans for the area they cover. The passing of the Planning (Scotland) Act 2019 introduced further significant changes to the preparation of Local Development Plans with the aim of making them more effective, with greater community involvement, and more focus on delivery - therefore making it more streamlined and front-loading the preparation process. These additional changes include the introduction of Masterplans and Open Space Strategies.

Figure 4 shows an example of a policy from Aberdeen City’s 2023 Local Development Plan. Policies cover a wide range of topics including environmental, design principles, housing, community facilities, greenspace, conservation, retail, transport, developer contributions, sustainability, listed buildings, trees, economic, waste management, and policies can be made for specific areas.

Policy WB1 - Healthy Developments

Developments are required to provide healthy environments, reduce environmental stresses, facilitate physical activity and promote physical and mental wellbeing.

National and major developments, and those requiring an Environmental Impact Assessment, must submit a Health Impact Assessment (HIA) to enhance health benefits and mitigate any identified impacts on the wider determinants of health; this may involve planning obligations.

Further guidance can be found in Aberdeen Planning Guidance: Health Impact Assessments.

Figure 4: Aberdeen City Proposed Local Development Plan Policy WB1

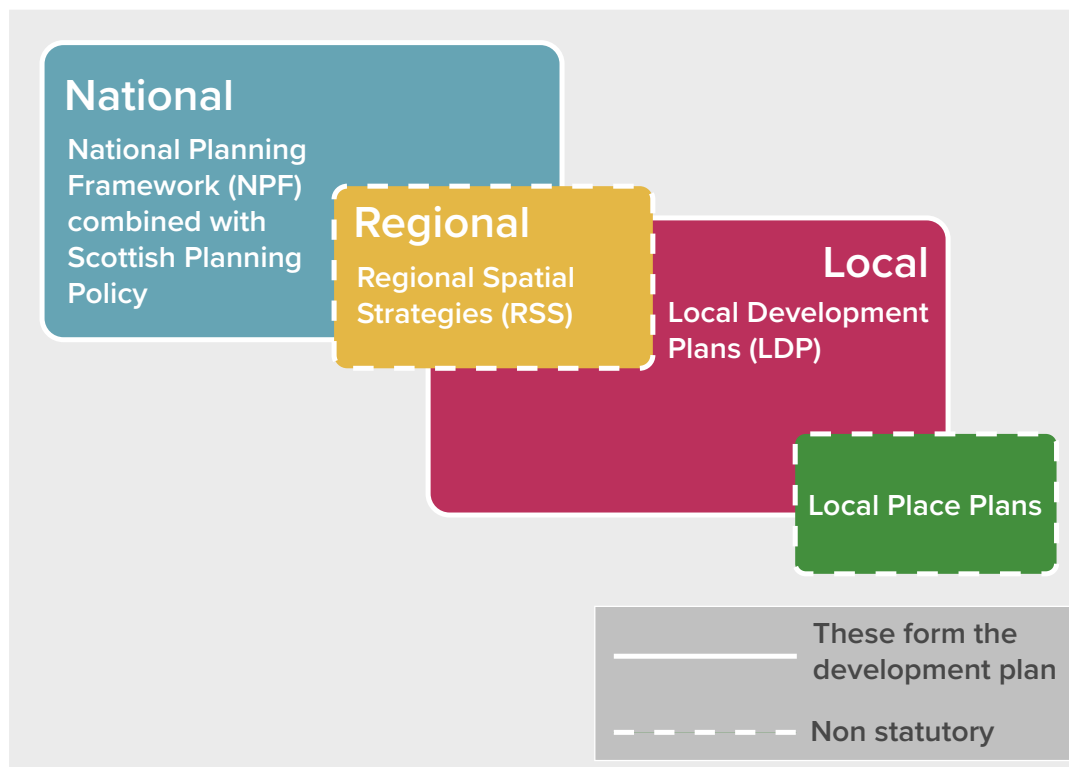


Figure 5: Illustrates how each part of the planning system interlinks from national to a local scale

2.2 The roles and responsibilities of key planning organisations

The Scottish Government

The [Scottish Government](#) is responsible for setting the legislative and policy framework for planning in Scotland. It sets out the strategy for Scotland's future development and policies on key planning issues and promotes good practice across the planning system. The Scottish Government is currently focusing on the [implementation of the Planning Act and wider planning reforms](#). This involves substantial engagement and public consultation.

Local planning authorities

Local planning authorities are responsible for planning at the local level. This includes preparing Local Development Plans, Regional Spatial Strategies, and Evidence Reports, as well as identifying local regeneration areas and priorities and deciding on planning applications. There are 34 planning authorities in Scotland: 32 councils and two National Parks.

Key agencies

There is a wide range of other public bodies and agencies that participate in the planning process and decision making. Some of these agencies are named in development planning regulations as 'key agencies'. These bodies include NatureScot, Scottish Environment Protection Agency (SEPA), Scottish Water, Scottish Enterprise, Highlands and Islands Enterprise, Regional Transport Partnerships, Crofters Commission and a health board (where the development plan in question relates to the areas of that health board).

There is a legal requirement for key agencies to engage in the preparation of the National Planning Framework and in the process of Local Development Plan preparation at specified points identified in the Planning Act. The type of involvement can vary, from the agencies' views being sought, being sent copies of documents or consulting. There is a duty on key agencies to cooperate with planning authorities in preparing the Proposed Plan and Delivery Programme.

Historic Environment Scotland, Transport Scotland and the Forestry Commission Scotland are expected to engage with authorities in the same way as the key agencies listed above, but they are not legally obliged to because they are part of the Scottish Government.

Key agencies are also involved in the development management process when they are consulted by a planning authority on relevant applications.

The key agencies work together in the Key Agencies Group to support joint working and coordinated advice. The group also delivers specific actions and projects through topic focused subgroups. The Key Agencies Group works in partnership with a number of other organisations that support the planning system, including COSLA, British Geological Survey, SportScotland, Visit Scotland, Improvement Service and Planning Aid Scotland. Public Health Scotland works in partnership with the Key Agencies Group on some areas of its work.

Other public bodies that are not key agencies but participate in the planning process include the Health and Safety Executive (HSE); Architecture and Design Scotland (A+DS); City Region Deals; Regional Growth Deals; and the Scottish Cities Alliance.

2.3 Opportunities for public health teams to engage with development planning (the production of Local Development Plans)

The 34 planning authorities in Scotland have a duty to prepare Local Development Plans which take account of priorities set out in the National Planning Framework. These guide the future use of land and buildings in cities, towns, and rural areas. Through a defined vision and supporting policy and land use mapping, development plans indicate where development should happen and where it should not and consider how it interacts with its surroundings.

The earlier public health can get involved in the process of creating a Local Development Plan, the more embedded health and wellbeing considerations are likely to be. The early stages of creating a new Local Development Plan involve collating evidence and setting the vision and objectives. The process follows a series of statutory stages over a number of years during which public health professionals, the general public and other agencies have opportunities to offer input, regardless of whether they are statutory or non-statutory consultees. The scope of such input includes providing public health evidence and expertise in developing land use policies that impact on the social determinants of health and commenting on the strategic environmental assessment of the Local Development Plan.

There are also other opportunities for public health to support the development of supplementary planning guidance on issues such as access to healthy foods, green infrastructure, design, sustainable transport and even area-specific guidance, or to engage on large scale masterplans. Such activities should be agreed jointly by the local planning authority

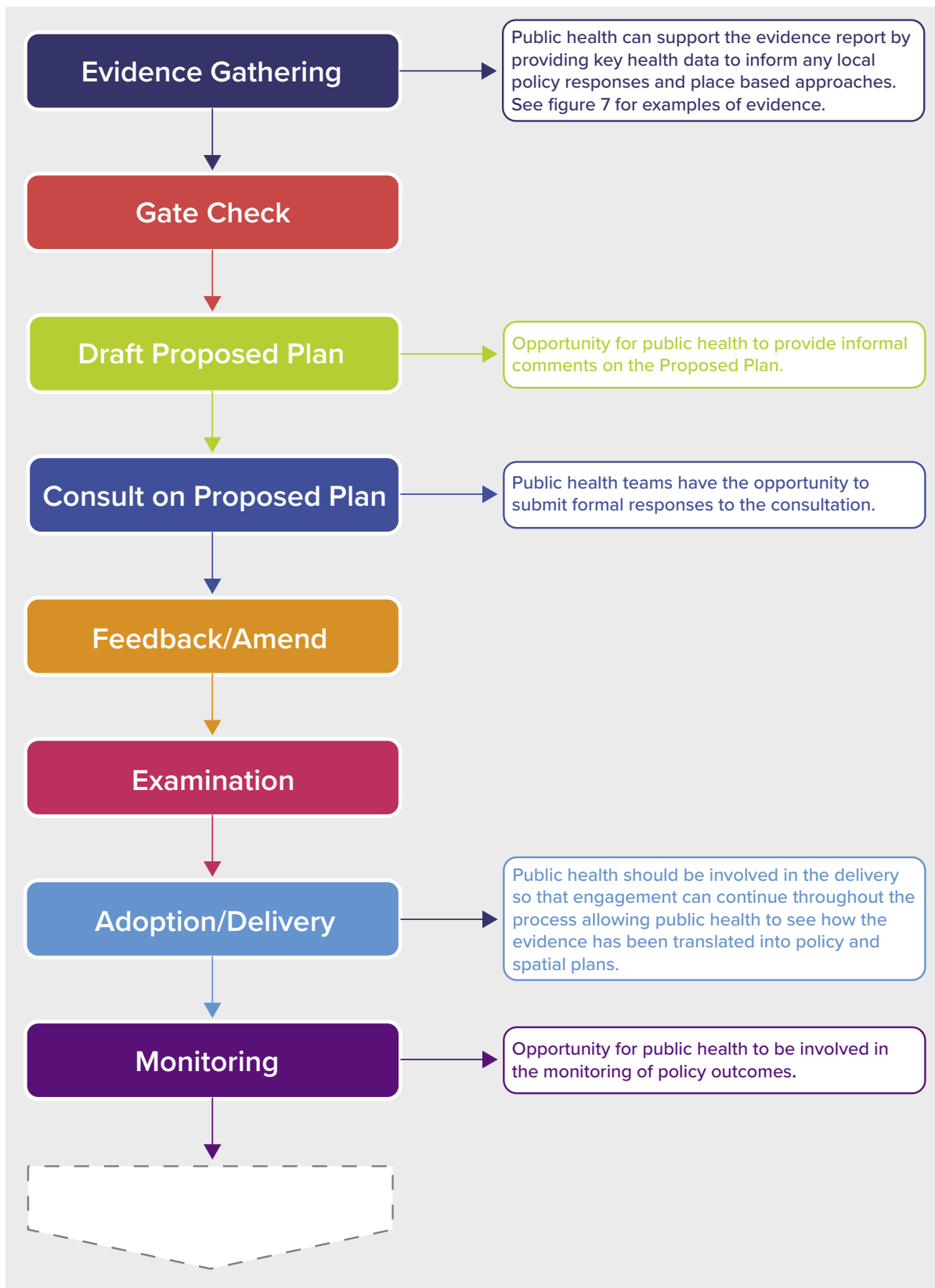


Figure 6: Diagram illustrating the LDP process and where there are opportunities for public health engagement

and the local health board, according to local priorities. Land use policies should always be considered as part of a whole systems approach to health improvement, as they can have limited impact when used in isolation.

Changes made to the process for Local Development Plan preparation since the passing of the Planning (Scotland) Act 2019 include the introduction of a new evidence report and ‘gatecheck’ stage. Evidence reports should be wide ranging in scope and therefore of relevance to a wide range of groups and individuals with interests in the area and the issues covered. Details of the process can be found in the [Local Development Planning Guidance](#). The guidance also recommends that when preparing a Local Development Plan, planning authorities should collaborate with a wide range of stakeholders including public health teams and healthcare providers. Figure 6 is a diagram of what this process can look like, and where public health can contribute.

Which national planning policies do Local Development Plans have to consider in relation to health?

Planning authorities must consider a range of planning issues and build up supporting evidence when developing policies to be included in their Local Development Plans. The Local Development Plan must consider the National Planning Framework and have regard to Regional Spatial Strategies. The Local Development Plan must also consider any Local Place Plans, Local Outcomes Improvement Plan (LOIP); housing needs; health needs; and the capacity of education services. They will also be subjected to a Strategic Environmental Assessment (SEA) under the Environmental Assessment (Scotland) Act 2005.

How can health evidence best inform the process?

The local public health team, Public Health Scotland, and the Scottish Public Health Observatory (ScotPHO) will have a wealth of health evidence to support the development of planning policies that will maximise health benefits for the population, such as the evidence sources listed in Figure 7. The information will be useful in identifying the distribution of health challenges, and in presenting them in map formats and aligning them to growth and population change projections. Much of the information required may already be in a Joint Strategic Needs Assessment (or a Health Needs Assessment) carried out by the Health and Social Care Partnership as part of the preparation of its strategic plan.

Area	Relevant evidence
Local health and wellbeing needs	<ul style="list-style-type: none"> ◆ Inequalities in health and gaps in life expectancy ◆ Health conditions ◆ Causes and burdens of ill health ◆ Trends such as obesity, physical inactivity, alcohol use and mental wellbeing ◆ Health challenges across equality groups

Place-based information	<ul style="list-style-type: none"> ◆ Scottish Indices of Multiple Deprivation (SIMD) ◆ Accessibility and proximity to existing community services ◆ Safety and crime (including road safety) ◆ Locations and quality of green and open spaces ◆ Air quality, noise and water pollution, and other environmental health risks ◆ Flood risk areas ◆ Minerals and waste
Access to/demand for health facilities	<ul style="list-style-type: none"> ◆ Locations, accessibility and proximity to existing health facilities ◆ Quality, capacity and condition of existing health facilities

Figure 7: Types of health evidence available

Informing the strategic environmental assessment, habitats regulations appraisal process and equality impact assessments

It is a requirement for plans to be assessed for the potential effects on our environment. Development plans are normally subject to a Strategic Environment Assessment (SEA) and potentially a Habitats Regulation Assessment (HRA). SEA and HRA should inform both site selection and policies in the LDP. They identify indicators which can be monitored as part of LDP monitoring. LDPs should also have an Equality Impact Assessment (EQIA).

Can health impact assessments inform the Local Development Plan?

It is best practice to carry out a Health Impact Assessment (HIA) when developing the Local Development Plan, in parallel with Strategic Environmental Assessments, but this is not a statutory requirement. HIA can be integrated into the Strategic Environmental Assessment and/or Equality Impact Assessment or can be standalone. Either way it is important to ensure it includes the full range of health determinants that the Local Development Plan might affect. There may be opportunities for public health teams to work with planning colleagues to complete the health impact assessment. There is a series of guides to support Health Impact Assessment available from the [Scottish Health and Inequalities Impact Assessment Network \(SHIAN\)](#).

How does community planning link with land use planning?

Community planning and land use planning are often separate remits in councils and how closely they work together differs between council areas. The purpose of land use planning

outlined in the Planning Scotland Act 2019 is to “manage the development and use of land in the long-term public interest” whereas community planning has a duty to work together with local people to improve outcomes for the community. There is a core link around the role of both to serve communities.

There are 32 Community Planning Partnerships across Scotland, one for each council area. They are responsible for producing two types of plans to describe their local priorities and planned improvements: Local Outcomes Improvement Plans (LOIPs) for the whole council area, and Locality Plans, which cover smaller areas, usually those that would benefit most from improvement. The names of Locality Plans differ across councils, they are often described as a Community Action Plan. The Planning (Scotland) Act 2019 requires “planning authorities to take into account any local outcomes improvement plan for the part of the district to which the local development plan relates”.

Local Place Plans and Community Action Plans

The Planning (Scotland) Act 2019 introduced a new type of plan, Local Place Plans, which present an opportunity for communities to develop proposals for the development and use of land in the place where they live. These are to be community led and should be prepared through inclusive and robust community engagement. This aligns with the key aspects of placemaking and the Place Principle. The Scottish Government commissioned research on how Local Place Plans might help spatial planning and community planning align better to support places and communities. A draft version of a [How-to-guide for Local Place Plans](#) can be found on the Scottish Government website. The approaches taken towards developing Local Place Plans and how they will be integrated into Community Action Plans will differ across councils.

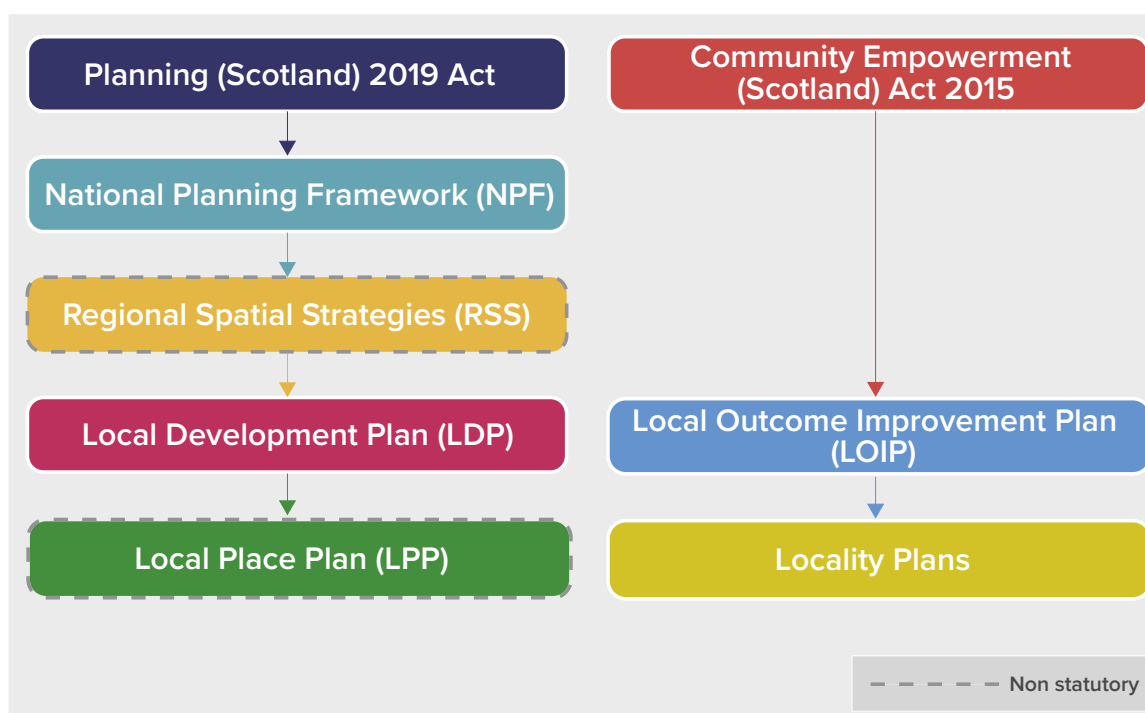


Figure 8: Planning and Community Planning hierarchy

2.4 Opportunities for public health to engage with development management (making decisions on planning applications)

Development management is the process which planning authorities use when making decisions about planning applications, in accordance with the development plan. This section identifies where there is a need for public health evidence and support during the development management (planning application) stage. Where possible, public health efforts to become involved in the development planning process should be prioritised over involvement in development management, as getting the Local Development Plan and associated policies and guidance right will set out the expectations for how developments should address health and wellbeing considerations.

How does the development management process relate to development planning?

Most developments, inclusive of but not limited to household extensions, new schools, new and changing retail uses and new large-scale housing or mixed-use developments, will require planning permission from the local planning authority. The process of taking a proposed development from inception to delivery is generally known as development management. Planners will assess proposed developments against national policies set out in the National Planning Framework and against their Local Development Plan policies – this is the basis of the ‘plan-led’ system.

What are the different types of development and what are their health implications?

Development falls within three different categories, local, major or national (see figure 9). Most planning applications are for local developments. Major developments include developments of 50 or more homes as well as other areas of development such as minerals, housing, business and industry, waste management, electricity generation, fish farming and largeretail developments. Classification between local and major developments depends on the particular development type. For example, housing developments are classed as major when the application is for 50 or more dwellings or for a site that exceeds two hectares, whereas electricity generation is classed as major when the capacity of the generating station is or exceeds 20 megawatts. National developments are specific projects which have been identified in the National Planning Framework because of their national importance and are mainly large public works (for example, the replacement Forth crossing).

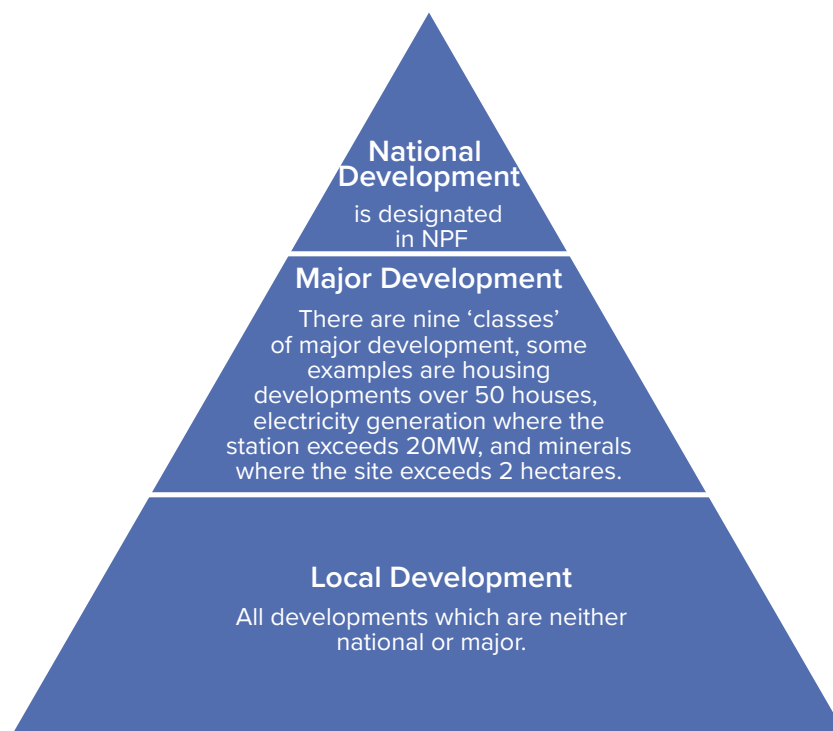


Figure 9: Development hierarchy

Developments are also categorised under different use classes, as set out in the [Use Class Order](#). An understanding of the Use Class Order is relevant as any change in use may require planning permission – for example from a retail shop (categorised as ‘Class 1’ use) to a food and drink outlet (‘Class 3’). Any change of use to a hot food takeaway requires planning permission. Although planning can’t determine what type of food is sold on a premises, use class changes may present opportunities to promote healthier food retailing and vibrant and diverse shopping areas by preventing the proliferation or over-concentration of hot food takeaways in particular areas. Having strong planning policy relating to health and the food environment is necessary for it to be a material consideration in planning decisions, so this should be considered at the development planning stage.

The impact of a development on local amenity, health and wellbeing will vary in scale and location, dependent on the environment and the type of development. Public health teams can work with planning colleagues to identify the kinds of developments that should be prioritised for public health input and scrutiny and agree the process by which planners will involve public health.

The Planning (Scotland) Act 2019 requires assessment of the health effects of all major and national developments. This requirement will come into effect once secondary legislation is passed and it will broaden the opportunity for public health involvement in these types of developments. Regulations and guidance for how these assessments should be carried out will be published before the legislation comes into effect.

How and when should public health be consulted?

A planning application goes through a series of statutory stages, as set out in planning legislation. Each of these stages provides opportunities for both informal and formal engagement and the involvement of public health. Informal engagement may include public health teams offering advice or evidence, or helping to assess the quality of Health Impact Assessments submitted by applicants. More formal engagement could include lodging a formal objection to a planning application that raises a significant public health concern.

Local planning authorities will receive many comments on a planning application during the consultation stages. It is important to structure and present a response which is succinct, linked to national and adopted Local Development Plan policies, and based on local evidence, and which makes recommendations to make the development acceptable.

Public health teams are often unaware of proposed developments and miss opportunities to build in health-promoting elements or to identify negative health implications. There is a greater chance of making decisions that have a positive impact on health if public health is involved as early as possible in the process. Public health teams may also wish to engage with other health board colleagues, for example those involved in strategic or capital planning, to ensure a consistent approach and response to consultations.

Health boards are not statutory consultees for development management, so it is important to ensure that public health involvement in the planning process is embedded in processes and not just reliant on personal relationships between individuals. For example, a dedicated email address can be set up by the local public health team so that notification of planning applications can be sent to them – either all planning applications, or only those with a potential public health concern. An alternative is for the Director of Public Health to be the identified point of contact as they will be able to direct queries to the relevant person.

An example of an approach taken to respond to consultations comes out of NHS Ayrshire and Arran. Over the last year, Public Health staff have been using the Place and Wellbeing Outcomes as a basis to respond to planning consultations and to work with local authority partners on place related strategy development processes. The Outcomes have provided an opportunity to systematically consider the complex problem of how the wider determinants of health impact on place, people, and planet.

“It has enabled us to reinforce positive action as well as highlight areas to reconsider based on the potential impact on health and provide evidence-based recommendations. We have noted changes being made in line with our feedback and partners have informed us that the responses have been helpful to think differently and consider decisions from another perspective.”

Fiona Smith, Health Improvement Lead, South Ayrshire Health & Social Care Partnership

Considering health and wellbeing through Environmental Impact Assessment

Certain types of development will require an Environmental Impact Assessment (EIA). From May 2017, the EU EIA Directives require all environmental impact assessments to consider 'population and human health'. All development falling within a description in [Schedule 1 to the 2017 EIA Regulations](#) require Environmental Impact Assessment. Developers can request a screen opinion from the local authority to determine whether their application will need an Environmental Impact Assessment. While not all planning applications will be subject to an Environmental Impact Assessment, explicit consideration of and reference to health, wellbeing and inequalities provide another opportunity during the planning application process. Experience of EIA is that it often considers a narrow range of health impacts. Public health can provide a response at the screening stage of EIA to request fuller consideration of wider impacts.

How useful can a Health Impact Assessment (HIA) be?

As the purpose of land use planning is to consider the long-term public interest, a Health Impact Assessment could be considered best practice as both an engagement and an assessment tool for a planning application, particularly those applications that do not require an Environmental Impact Assessment (or where the EIA is restricted to include only impacts related to the physical environment) but may still have some significant health impacts.

A Health Impact Assessment can range from a rapid exercise involving a small group of stakeholders to a large comprehensive assessment that collates and analyses a large volume of evidence. The approach taken to deciding on the type of Health Impact Assessment required when considering a planning application should be proportionate to the size, scale, scope and nature of the application or project type and its likely implications for local public health and health infrastructure. The responsibility for completing a HIA sits with the applicant, but public health teams can provide advice and scrutiny.

The Scottish Health and Inequalities Impact Assessment Network (SHIAN) has published a [Health Impact Assessment Guidance for Practitioners](#).

West Lothian Council has published useful [planning guidance for Health Impact Assessment](#) that shows how it is applied in the process of a planning application, and includes criteria to help scrutiny of HIA reports. An example of a HIA done on a planning application is one prepared by NHS Lothian for the [Bangour Village Hospital site](#).

Can planning obligations be used for health?

Planning obligations are conditions imposed on planning applicants by local authorities seeking monetary or in-kind contributions to support infrastructure provision required as a direct consequence of the proposed development. This could include provision of affordable housing, educational facilities and transport infrastructure, new and improved open spaces and public realm, public art or amenities. Many local planning authorities will have Local Development Plan policies or supplementary planning documents setting out clearly what they expect planning applicants to contribute. These planning obligations can be used to address negative health and wellbeing impacts arising from a development or to promote the inclusion of features and amenities that will enhance health and wellbeing.



Section 3: About public health

This section provides an introduction to the public health system and public health responsibilities, to provide a better understanding of where opportunities lie to foster links and develop alignment with the planning process.

What is public health?

The aim of public health is to improve health and wellbeing across the population, and to reduce health inequalities between different social groups. While public health is the responsibility of a core workforce of public health professionals, it is also the responsibility of a much wider workforce who have a role in protecting and improving the health and wellbeing of the population. This is because public health is concerned with the broad social, economic and environmental determinants of health and wellbeing, not just with the prevention and treatment of illness. As such, Scotland's six Public Health Priorities have been agreed and adopted jointly by Scottish Government and COSLA as the priorities for all of Scotland, not just for public health bodies or professionals.

Public health has three key domains, each of which may be relevant to planning:

- ◆ health improvement: enabling individuals and communities to improve their health and wellbeing, by addressing the determinants of health;
- ◆ health protection: preventing and responding to communicable diseases and environmental hazards; and
- ◆ health and care quality: maximising the population benefits of health and care services.

All of these functions are underpinned by the collection, analysis, and interpretation of data and research evidence, known as public health intelligence.

There are four key concepts central to the practice of public health⁴

- ◆ the social determinants of health: the conditions in which people are born, grow, live, work, and age, and which therefore shape health and wellbeing;
- ◆ health inequalities: the unfair and avoidable differences in people's health across social groups and between different population groups;
- ◆ the lifecourse approach: the recognition that our health at any given time depends on the cumulative impact of myriad factors throughout our lives, and in particular during the 'sensitive periods' of gestation, infancy, and childhood; and
- ◆ health in all policies: the systematic incorporation of health considerations into decision-making on public policy in diverse areas.

4 Tweed E., McCann A. and Arnot J. (2017) '[Foundations for well-being: reconnecting public health and housing. A Practical Guide to Improving Health and Reducing Inequalities](#)'. Scottish Public Health Network [accessed 18/06/2021]

3.1 Public health policy context

Scotland's Public Health Priorities

The Scottish Government and COSLA agreed six [Public Health Priorities](#) in June 2018. These are intended to support all national and local partners across Scotland, not just public health professionals, to work together to improve healthy life expectancy and reduce health inequalities in our communities. The six priorities are:

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

3.2 The roles and responsibilities of key public health organisations

Public Health Scotland (PHS)

[Public Health Scotland](#) was established in April 2020, bringing together a number of organisations previously responsible for public health. PHS is Scotland's lead national agency for improving and protecting the health and wellbeing of all of Scotland's people. Its focus is on increasing healthy life expectancy and reducing premature mortality using data, intelligence and a place-based approach to lead and deliver Scotland's public health priorities.

Public Health Scotland has three main functions that can support planning activity:

- ◆ The data and intelligence function supports evidence-based policy making at a national and local level across the breadth of the social determinants of health (housing, education, employment, social support, family income, communities, childhood experience, and access to health services). For example, it provides data on geographical variation in health outcomes and intelligence to support the commissioning and delivery of support and services that meet peoples' long-term social and healthcare needs.
- ◆ The health improvement function involves working closely with a range of partners in the public, private and third sectors to progress action to improve the population's health, including in areas such as place, planning, housing and communities.
- ◆ The health protection function of PHS provides effective and specialist national services to protect the people of Scotland from infectious and environmental hazards.

Scottish Public Health Observatory (ScotPHO)

[The Scottish Public Health Observatory \(ScotPHO\)](#) collaboration is led by Public Health Scotland. It also includes the Glasgow Centre for Population Health (GCPH), the Medical

Research Council/Chief Scientist’s Office (MRC/CSO) Social and Public Health Sciences Unit, National Records of Scotland (NRS) and the Scottish Learning Disabilities Observatory (SLDO).

ScotPHO aims to provide a clear picture of the health of the Scottish population and the factors that affect it through collection and use of routine data on health, risk factors, behaviours and wider health determinants. ScotPHO publishes a variety of reports and data, including the ScotPHO Profiles, an online tool which presents a range of indicators to give an overview of health and its wider determinants at a local level. The profiles give a snapshot of health for each area and highlight variation through a variety of different visualisations.

Health boards

NHS Scotland delivers services through 14 territorial or regional health boards (sometimes referred to as local health boards) and 8 special health boards, including Public Health Scotland, who support the regional NHS boards by providing a range of specialist and national services. The regional health boards are responsible for the protection and improvement of their population’s health and for the delivery of healthcare services in their areas. Some services are also delivered through the 31 integrated Health and Social Care Partnerships (HSCPs), which are jointly run by the NHS board and local authority.

Directors of Public Health and local public health teams

Within each health board there is a Director of Public Health who has responsibility for the health of the local population, leads on local needs assessment, and produces an independent annual report on the health of the local population. Every health board area will also have a local public health team, which works to the Director of Public Health and is responsible for providing specialist public health support. Local public health teams plan, develop, implement and evaluate a range of public health programmes that focus on health improvement, health protection and illness prevention. In some areas, the different functions of public health such as health protection and health improvement may be split across several teams and some may be located within the Health and Social Care Partnership. Local public health teams collaborate closely with national teams in Public Health Scotland, with other agencies, and with communities as part of a joined-up ‘whole systems’ approach to health improvement and protection.

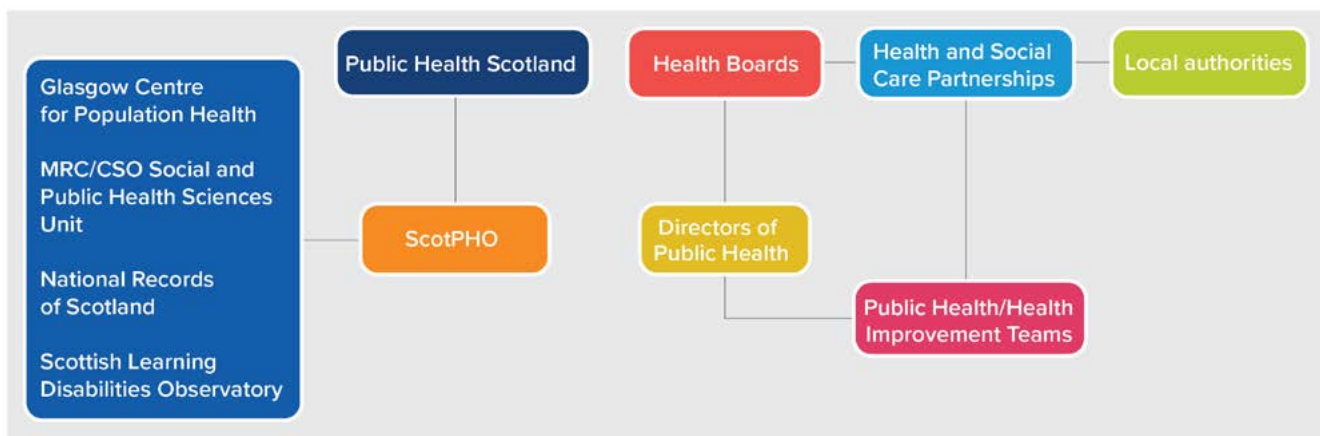


Figure 10: Core public health organisations in Scotland

Scottish Health and Inequalities Impact Assessment Network (SHIAN)

[The Scottish Health and Inequalities Impact Assessment Network \(SHIAN\)](#) is open to anyone working or planning to work on Health Impact Assessments (HIA) and Health Inequalities Impact Assessments (HIIA) in Scotland. The network aims to promote a Health in All Policies (HiAP) approach, to increase the use and quality of Health Impact Assessments and to improve consideration of health issues in other assessments, in order to contribute to improvements

in policies and plans that will enhance population health and reduce health inequalities. SHIAN can provide training, advice and support on Health Impact Assessment and Health in All Policies for colleagues working in NHS boards, local authorities and partner organisations in Scotland. SHIAN publications include evidence reviews and Health Impact Assessment guidance which are available online.

3.3 Opportunities for planners to engage with the public health system

There are no specific statutory ‘entry points’ through which planners can engage in health planning. However, with the range of statutory and non-statutory points of entry for public health involvement in the planning system (see Section 2), there is already significant scope for collaboration. This section highlights further opportunities for planners to be involved in public health and health service facilities planning. The overarching principle of building on established links and partnerships between the planning and health professions is very important.

Within the health and social care system, key opportunities for collaboration include the health board and/or Health and Social Care Partnership strategic planning processes. Health and land use planning will also both be represented in Community Planning Partnership structures and there will be opportunities for collaboration via community planning.

How are health board or Health and Social Care Partnership strategic plans relevant to planners, and how could planners be involved in the health planning process?

Like the land use planning process, health and social care strategic plans go through a process of development, approval and monitoring. This includes evidence-gathering and needs assessment activities that cover the physical and mental health and wellbeing of the resident population, capacity planning across all the health and care services, and engagement with local communities and local authority partners. The disposal or use of NHS assets and land, as well as planning for health facilities and infrastructure are obvious areas for collaboration. Planners could share evidence, such as housing land audits, to help inform this planning. Planners may also find these documents helpful in identifying local health priorities and other areas for collaboration.

Points of contact for engagement in the health board or Health and Social Care Partnership may vary depending on the purpose of the collaboration, but could include the strategic planning team, the public health team, or the estates and facilities team. Where possible, it’s best to make links and connections across each of these health functions, as they will all have different roles, responsibilities and perspectives. The Community Planning Partnership Manager may be a good point of contact to support making connections.

Health board/Health and Social Care Partnership strategic plans or other health-based strategies should be taken into account and referred to as part of the Local Development Plan evidence base and within policy justification texts.

Engaging with local public health teams

Local public health teams can support planners in many ways, as suggested in Section 2 – including by providing advice and guidance on health impact assessments and comments on planning applications. Having a clear engagement protocol for the development management process will be critical. Many health boards will have topical or sectoral strategies focused on, for example, older people, physical activity or estates, which will touch upon the wider environmental determinants of health where the planning system will have a role. The Director of Public Health can play a central role in securing local commitment and can prioritise working with planners to improve the population's health.

How can the Director of Public Health's report recognise planning's contribution to bringing about healthier environments and a healthier population?

Each Director of Public Health regularly produces a report on the health of their population. As it sets out key population health priorities and explains why they are important, it provides an ideal opportunity to secure a more positive and proactive recognition of the planning system's contribution to tackling local health issues. Building on health evidence, the report can make recommendations for local action to tackle unhealthy environments and promote greater dialogue and collaboration with planners. This report can be a useful source of evidence.

Engaging with health boards/Health and Social Care Partnerships to consider healthcare infrastructure needs during the planning process

Health boards and Health and Social Care Partnerships can provide local planning authorities with an overview and detailed assessment of NHS and social care service and infrastructure needs, including plans for estate improvements or investments. Such information would normally be mapped and should be made available to local planning authorities to help inform Local Development Plan policies and requirements for strategic development proposals. In particular, such information would be useful in setting out planning obligations.



Section 4: Opportunities, challenges and key actions

There are opportunities to initiate closer collaboration between planning and health, building on the National Planning Framework 4, to support the population's health and wellbeing and address longstanding health inequalities. This provides an opportunity for a whole system approach to share knowledge and build links through starting conversations and working collaboratively.

There is an opportunity to embed the [Place and Wellbeing Outcomes](#) into planning, they provide a consistent and comprehensive focus for priorities for closer links between place and its impact on the wellbeing of people and planet.

There is currently a lack of explicit links between planning and public health in many areas. There is an opportunity to define where these links should be; section 2 and 3 of this document highlighted areas where there are opportunities for collaboration and where links can be developed. Creating these links will support the implementation of the Place and Wellbeing Outcomes.

There can be a lack of awareness between planning and public health of each other's roles and the benefits of mutual support. There is an opportunity to address this through combined skills development and more 'on the job' interaction to forge closer links.

There is opportunity for stronger cross-working on measurement and performance of public health and planning. With the introduction of new outcomes in the National Planning Framework 4, ways of measuring their success will need to be developed.

There is an opportunity as we recover from the Covid-19 pandemic to build back better by working with communities to learn how their relationship with place has changed.

This document has been produced to promote greater understanding of the shared ambitions between land use planning and public health and enable more collaborative working to deliver those ambitions. The table below, figure 11, sets out some practical steps we can be taking now to improve collaboration. As opportunities for closer working progress the document will be kept under review.

Opportunities	For planners	For public health practitioners
Raising awareness and knowledge of issues	<p>Understand and work to address the gaps in planners' knowledge of public health.</p> <p>Develop an understanding of the opportunities to improve health and address health inequalities through planning.</p>	<p>Understand and work to address the gaps in health practitioners' knowledge of planning.</p> <p>Develop an understanding of both the limitations and opportunities for public health involvement.</p>
Improving communication and engagement between the professions	<p>Start a conversation about the health needs and determinants in local communities and share joint evidence.</p> <p>Take time to develop working relationships between the local planning authority and public health team.</p>	
Integrating health into planning policies	<p>Nominate someone to act as a point of contact with public health.</p> <p>Identify a key contact in public health – the Director of Public Health is a good place to start.</p> <p>Work with public health colleagues on Health Impact Assessments of Local Development Plans and ensure LDP policies are formulated to best meet community needs, reduce inequalities between communities and promote health and wellbeing.</p>	<p>Nominate someone to act as a point of contact with planners.</p> <p>Identify a key contact in planning – the Head of Planning is a good place to start.</p> <p>Work with local authority planners to provide health evidence in a format that can inform planning policy.</p> <p>Support the development of health-specific or health relevant planning policies where appropriate.</p> <p>Work with planning colleagues to lead or support Health Impact Assessment of the Local Development Plan, or alternatively to ensure the full range of health considerations is integrated into Strategic Environmental Assessment and/or Equalities Impact Assessment of the LDP.</p>

Opportunities	For planners	For public health practitioners
Better consideration of health in planning decisions	<p>Engage with public health about the requirements for health impact assessments and which developments have potential health implications.</p> <p>Seek public health advice and support for Health Impact Assessments of relevant planning applications or the health sections of Environmental Impact Assessments.</p>	<p>Secure resources to offer public health advice on health impact assessments of major planning applications.</p> <p>Provide public health input at the screening stage of Environmental Impact Assessment to ensure health and wellbeing are fully considered, and provide scrutiny of health sections of EIA reports.</p> <p>Submit appropriate public health responses to public consultations.</p>
Aligning planning and health strategies	Ensure that there are cross-references to each other's policies and strategies, and provide a spatial element to health and social care strategic planning.	
Sharing data and evidence	<p>Share evidence between the Local Development Plan and health and social care planning processes, such as on population and growth projections, estates capacity and demand planning or consultation feedback from communities.</p> <p>Identify health-relevant indicators for planning policies.</p>	
Addressing health impacts	Consider whether planning conditions or planning obligations may be required to address specific health impacts.	

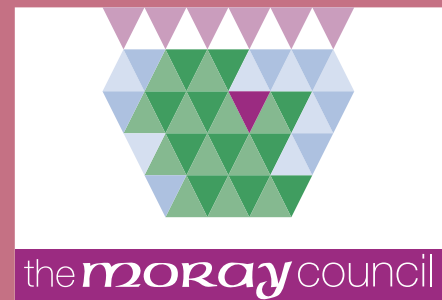
Figure 11. Practical steps to better collaboration

4.1 Case studies

Case study: The Moray Council

The Moray Council established a very productive working relationship with NHS Grampian's (NHSG) property staff through planning for future healthcare facilities and securing developer obligations for health purposes. This partnership working then led to involvement with public health officers in NHS Grampian, with two delegates attending two carbon conscious workshops which helped inform the draft Elgin City Centre Masterplan which was published in March 2021. The participation of public health officers supported the vision of the draft masterplan being "To transform Elgin City Centre into a successful, well connected, healthy, green, attractive, inclusive and carbon conscious centre offering a variety of attractions where people of all ages and abilities shop, live, relax and do business." NHSG staff were keen to promote opportunities for active travel as well as quieter spaces for people to rest, reflect, socialise and for wider projects on heritage, culture and arts which all support wellbeing.

NHSG staff are currently working with Moray Council on the Housing Mix Delivery project, one of 8 projects within the Moray Growth Deal. NHSG has provided support and links to comprehensive data on health indicators and long-term health conditions where placemaking interventions could form part of a prevention and mitigation package of measures.



Case study: West Lothian Council

West Lothian Council and NHS Lothian have collaborated on health and planning over several years. In 2007 NHS public health colleagues completed a health impact assessment of



proposals for a new town in Winchburgh. Following this, West Lothian Council introduced Supplementary Planning Guidance on Health Impact Assessment but in practice few HIAs were done and there was limited public health capacity available to support or review them. This changed in 2015 when a NHS Lothian Public Health Consultant began to work closely with the council, and was based in the council HQ one or two days a week. One of her first tasks was to review the use of HIA for planning policy and planning applications. She met with Development Management and Planning policy colleagues and also completed a HIA of proposals for the Bangour Village Hospital site. She also led a health impact scoping assessment of the draft Local Development Plan with other members of the Health Improvement and Health Inequalities Alliance.

A joint workshop was held in late 2015 to discuss potential ways to ensure health issues were considered in planning decisions. Alternatives considered included developing a checklist for use within development management, greater use of charrettes, or revising some other planning policies. However the consensus was that submission of HIAs as part of the planning process for relevant applications would fit better with existing processes and be more effective, enabling developers to gain a fuller understanding of the health impact of their proposals.

Public health and planning colleagues then collaborated to develop, and consult on, revised Planning Guidance, which was approved by West Lothian Council in early 2017. Principles underpinning the revised PG were:

- ◆ To ensure health and wellbeing is considered systematically
- ◆ To use evidence in a meaningful way and not require data that would not inform decisions
- ◆ To be proportionate in the requirements, if relevant integrate HIA into other assessments and into pre application consultation.
- ◆ To work closely in partnership

Further workshops were held to discuss use of the Planning Guidance and NHS Lothian committed to providing public health support to scrutinise the HIA reports submitted. In 2017 West Lothian Council received a Scottish Award for Quality in Planning for the revised guidance and partnership work.

Glossary

Community Planning	A process delivered through Community Planning Partnerships aimed at helping public agencies work together with the local community to plan and deliver better services, with community engagement as a key aim. Community planning is, however, separate from the land-use planning system, and how it is implemented generally depends on the local authority.
Environmental Impact Assessment (EIA)	An important statutory procedure for ensuring that the likely effects of new development on the environment are fully understood and taken into account before planning permission is granted.
Health in All Policies (HiAP)	Health in All Policies (HiAP) is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.
Health Inequalities Impact Assessment (HIIA)	Health Inequalities Impact Assessment is a tool to assess the impact on people of applying a proposed, new or revised policy or practice.
Habitats Regulation Assessment (HRA)	A Habitats Regulation Assessment protects certain species of plants and animals which are particularly vulnerable.
Health and Social Care Partnership (HSCP)	Health and Social Care Partnerships are organisations formed to integrate some services provided by health boards and councils in Scotland. Each partnership is jointly run by the NHS and local authority. There are 31 Health and Social Care Partnerships across Scotland.
Local Development Plan (LDP)	A Local Development Plan is required for each council area and national park authority across Scotland. It allocates sites, either for new development, such as housing, or sites to be protected. It also includes policies that guide decisions on all planning applications.
Local Outcomes Improvement Plan (LOIP)	Local Outcomes Improvement Plans are the mechanisms by which Community Planning Partnerships deliver improved outcomes in their communities. They are based on a clear understanding of local needs and reflect agreed local priorities.

Local Place Plan (LPP)	Local Place Plans were introduced in the Planning (Scotland) Act 2019 which states: “A local place plan is a proposal as to the development or use of land. It may also identify land and buildings that the community body considers to be of particular significance to the local area”. How these will work in practice is yet to be determined and the Scottish Government will be publishing regulations and guidance on what they will look like.
National Planning Framework (NPF)	The National Planning Framework sets out a long-term vision for development and investment across Scotland over the next 20 to 30 years. It is the spatial expression of the Economic Strategy and sets out the plans for development and investment in infrastructure. It identifies national developments in Scotland and is accompanied by an Action Programme which illustrates how it will be implemented.
National Park Authority	There are currently two designated National Park Authorities in Scotland - Loch Lomond and the Trossachs and the Cairngorms.
Place Principle	The Scottish Government and COSLA have agreed to adopt the Place Principle to help overcome organisational and sectoral boundaries, to encourage better collaboration and community involvement and improve the impact of combined energy, resources and investment. It promotes a shared understanding of place, and the need to take a more collaborative approach to a place’s services and assets to achieve better outcomes for people and communities. The principle encourages and enables local flexibility to respond to issues and circumstances in different places.
Regional Spatial Strategy (RSS)	Regional Spatial Strategies were introduced in the Planning (Scotland) Act 2019. They are long term spatial strategies which specify the area/s to which they relate.
Strategic Environment Assessment	A process for identifying and assessing the significant environmental effects of a strategy, plan or programme so that they may be taken into account before the plan is approved or adopted. All development plans must meet the requirements for SEA.

Scottish Health and Inequalities Impact Assessment Network (SHIAN)	Scottish Health and Inequalities Impact Assessment Network (SHIAN) is open to anyone working or planning to work on Health Impact Assessments and Health Inequalities Impact Assessments in Scotland. The Network aims to promote a Health in All Policies approach in Scotland.
Scottish Planning Policy (SPP)	Scottish Planning Policy sets out the national planning priorities; it is non-statutory, however it should be taken into consideration when preparing development plans. The Planning (Scotland) Act 2019 states that Scottish Planning Policy will now come under National Planning Framework 4.

Appendix 1: Place and Wellbeing Outcomes

These outcomes are underpinned by three principles:

Equitable outcomes for all

Each outcome takes account of the needs of different populations and geographies and is applied in a way that ensures they achieve equitable outcomes for all. The impact of policy and practice on the experiences of these different populations within Scotland must be considered. Population groups such as those at the end of the table.

Achieving net zero, sustainability and biodiversity

Each outcome takes account of climate impacts in Scotland and globally and the need to achieve net zero greenhouse gas (GHG) emissions. As well as enhance broader environmental sustainability and biodiversity and are applied equitably in a way that contributes to both greater climate resilience and reduced GHG emissions.

Supporting the system

Each outcome becomes embedded in the right policies and plans both nationally and locally.

Theme	Outcome
Movement	<p>Active Travel</p> <p>Everyone can:</p> <ul style="list-style-type: none"> easily move around using good-quality, accessible, well-maintained and safe wheeling, segregated walking and cycling routes and access secure bike parking. wheel, walk and cycle through routes that connect homes, destinations and public transport, are segregated from, and prioritised above, motorised traffic and are part of a local green network.
	<p>Public Transport</p> <p>Everyone has access to a sustainable, affordable, accessible, available, appropriate, safe, and public transport service.</p>
	<p>Traffic and Parking</p> <p>Everyone can benefit from:</p> <ul style="list-style-type: none"> reducing traffic and traffic speeds in the community. traffic management and design, where traffic and car parking do not dominate or prevent other uses of space and car parking is prioritised for those who don't have other options.

Theme	Outcome
Spaces	<p>Streets and Spaces</p> <p>Everyone has access to:</p> <ul style="list-style-type: none"> • buildings, streets and public spaces that create an attractive place to use, enjoy and interact with others. • streets and spaces that are well-connected, designed for climate resilience and maintained, providing multiple functions and amenities to meet the varying needs of different population groups.
	<p>Natural Spaces</p> <p>Everyone can:</p> <ul style="list-style-type: none"> • access good-quality natural spaces that support biodiversity and are well-connected, safe, maintained, designed for climate resilience and provide multiple functions and amenities to meet the varying needs of different population groups. • be protected from environmental hazards including air/water/soil pollution or the risk of flooding. • access community food growing opportunities and prime quality agricultural land is protected.
	<p>Play and Recreation</p> <p>Everyone can access a range of high quality, safe, well-maintained, accessible places with opportunities for play and recreation to meet the varying needs of different population groups and the community itself.</p>

Theme	Outcome
Resources	<p>Services and Support</p> <p>Everyone has access to:</p> <ul style="list-style-type: none"> • health enhancing, accessible, affordable and well-maintained services, facilities and amenities. These are informed by community engagement, responsive to the needs and priorities of all local people. • a range of spaces and opportunities for communities to meet indoors and outdoors. • information and resources necessary for an included life in a range of digital and non-digital formats.
	<p>Work and Economy</p> <p>Everyone benefits equally from a local economy that provides:</p> <ul style="list-style-type: none"> • essential goods and services produced or procured locally. • good quality paid and unpaid work. • access to assets such as wealth and capital and the resources that enable people to participate in the economy such as good health and education. • a balanced value ascribed across sectors such as female dominated sectors and the non-monetary economy.
	<p>Housing and Community</p> <p>Everyone has access to:</p> <ul style="list-style-type: none"> • a home that is affordable, energy efficient, high quality, and provides access to private outdoor space. • a variety of housing types, sizes and tenancies to meet the needs of the community. And of a sufficient density to sustain existing or future local facilities, services and amenities. • a home that is designed and built to meet need and demand, is adaptable to changing needs and includes accessible/wheelchair standard housing. • new homes that are located and designed to provide high levels of climate resilience and use sustainable materials and construction methods. • homes that are designed to promote community cohesion.

Theme	Outcome
Civic	Identity and Belonging Everyone can benefit from a place that has a positive identity, culture and history, where people feel like they belong and are able to participate and interact positively with others.
	Feeling Safe Everyone feels safe and secure in their own home and their local community taking account of the experience of different population groups.
Stewardship	Care and Maintenance Everyone has access to: <ul style="list-style-type: none"> • buildings, spaces and routes that are well cared for in a way that is responsive to the needs and priorities of local communities. • good facilities for recycling and well organised refuse storage and collection.
	Influence and Control Everyone is empowered to be involved a place in which: <ul style="list-style-type: none"> • local outcomes are improved by effective collaborations between communities, community organisations and public bodies. • decision making processes are designed to involve communities as equal partners. • community organisations co-produce local solutions to issues. • communities have increased influence over decisions. • democratic processes are developed to be accessible to all citizens.

Each outcome takes account of the needs of different populations groups such as the following:

- ◆ Older people, children and young people
- ◆ Women, men (including trans men and women and issues relating to pregnancy and maternity)
- ◆ Disabled people (including physical disability, learning disability, sensory impairment, cognitive impairment, long term medical conditions, mental health problems)
- ◆ Minority ethnic people (including Gypsy/Travellers, non-English speakers)
- ◆ Refugees & asylum seekers
- ◆ People with different religions or beliefs

- ◆ Lesbian, gay, bisexual and heterosexual people
- ◆ People who are unmarried, married or in a civil partnership
- ◆ People living in poverty/ people of low income
- ◆ Homeless people
- ◆ People involved in the criminal justice system
- ◆ People with low literacy/numeracy
- ◆ People in remote, rural and/or island locations
- ◆ Carers (including parents, especially lone parents; and elderly carers)
- ◆ Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)

Appendix 2: Process Diagram

Figure 12 shows an example of how planning interventions can support and encourage behaviour change, which can result in health improvements.

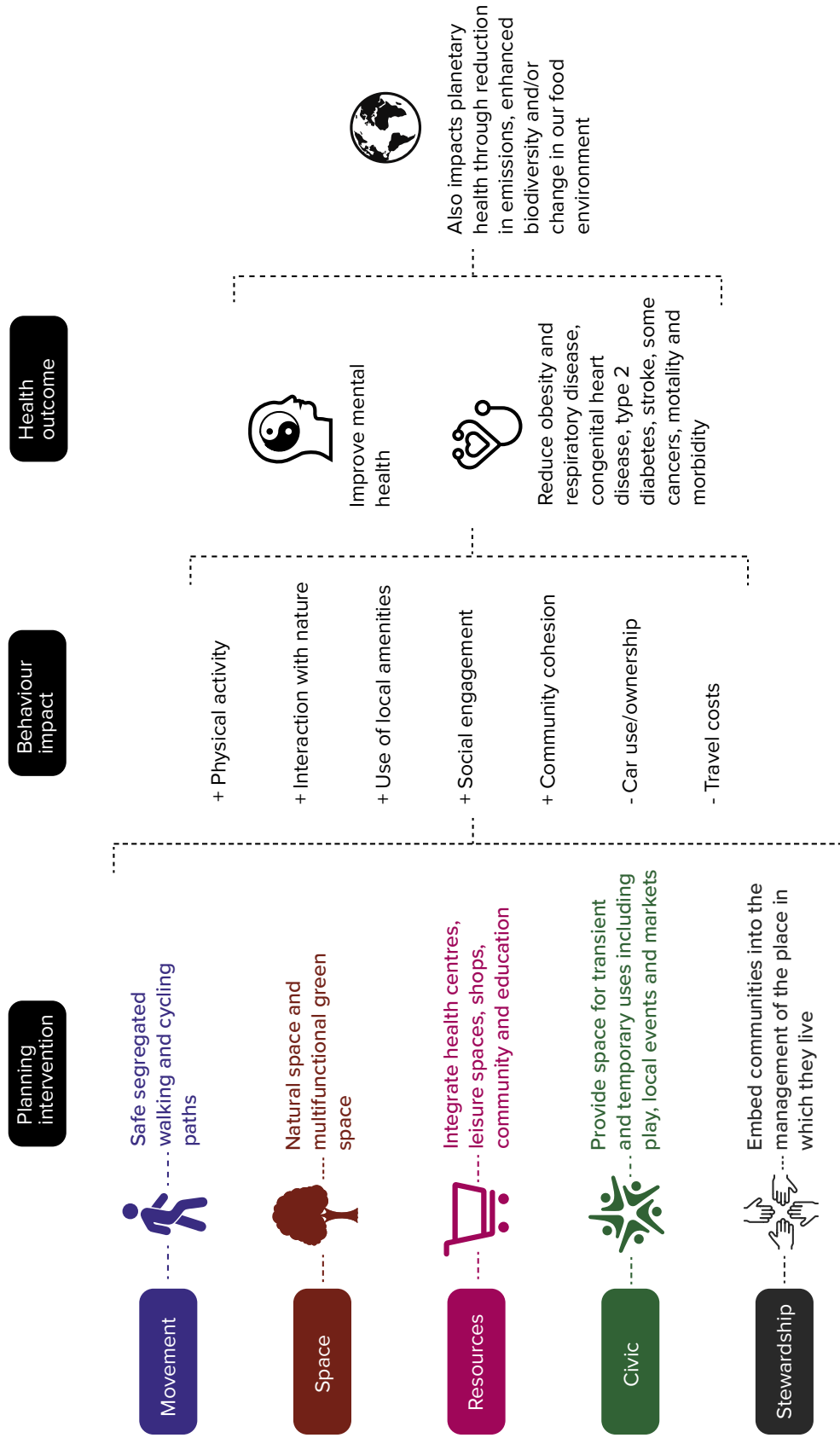


Figure 12. Planning and Wellbeing process diagram

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