PLANNING FOR BETTER HEALTH:

A story of the Equally Well Glasgow city test site's approach towards addressing health inequalities through integrating health and wellbeing into the planning system

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CONTENTS

1. FOREWORD FROM THE TEST SITE LEAD

'Town Planning can be more about people'

Our work on bringing together planning and health has placed value on conversations and building relationships in order to better understand local needs and how neighbourhoods make people feel. Our conversations about people's quality of life experiences have allowed us to realise that where you live really does matter, and that place has a huge impact on health and wellbeing.

Recent Scottish Government policy has placed a strong emphasis on consultation and engagement with local people and communities. Our experience in the east end of Glasgow has found that building a comprehensive community engagement programme into the plan-making process has resulted in a smoother planning process with fewer objections and an increase in local input.

Since becoming a test site we have considered how best to integrate health and wellbeing into the planning system without imposing undue bureaucracy upon professionals. The Healthy Sustainable Neighbourhoods (HSN) Model (which is a neighbourhood tool developed by the test site to assist with plan-making and community

consultation) is now part of Glasgow City Council's approach to placemaking practice. I believe that the model offers a positive new way of beginning to address health inequalities.

Healthy Sustainable Me (HSMe) is our new community engagement toolkit which focuses on the positive assets that exist within communities. The toolkit aims to engage community members that might not normally have been willing to take part in conversations about placemaking. Local people are the experts in what is needed for their neighbourhoods and the driving force behind the test site. HSMe reflects the wishes of these people; we hope that it will help to frame local issues in a more engaging and interesting way.

In keeping with existing evidence and policy, the test site has demonstrated that effective consultation can lead to improved service delivery and higher productivity. With this in mind, we can perhaps now begin to think about a new era for the planning profession where local people have a strong voice in the decision making process and improving people's quality of life is high up on the agenda.

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2. EXECUTIVE SUMMARY

Equally Well, the report of the Scottish Government's ministerial taskforce on health inequalities, recognises that tackling health inequalities requires a cross-sector approach that cannot be achieved through health care and health policies alone. Through the formation of test sites, a number of recommendations within Equally Well have been piloted on the 'frontline' of service delivery. With evidence showing that the built environment has a strong association with health and health inequalities, the Glasgow city test site has focused on renewing the integration of town planning and public health. Partners are developing new approaches to community engagement and have offered training and capacity building opportunities to further the integration of these professions.

Written as a narrative, this report gives a broad-brush summary of the test site philosophy, approaches, delivered outputs and transferrable learning. The purpose of the report is to raise awareness and generate interest in this important dimension to addressing health inequalities.

The test site represents a long term commitment to changing culture and practice. Work completed to date has been primarily developmental and exploratory in nature, with some of the agreed outputs continuing to be developed over the coming months. Several projects have been delivered at a local level;

the learning from which is potentially of local and national relevance. Some key learning from test site work is displayed below:

- Partnership working, while challenging due to different working cultures and practice, has improved the quality of decisions reached and outputs delivered.

- Planners and public health practitioners may be encouraged to work in partnership if two way professional understanding is improved and opportunities to do so are aligned with everyday practice.

- New community engagement techniques have been positively received, and local people report improved understanding of planning practice and increased willingness to engage with service providers.

- The development of toolkits and guides has the potential to raise awareness and promote action around neighbourhood issues, but these need to be further developed.

Despite completion of the test site phase of Equally Well, partners will continue to work on existing projects and explore new ideas around how to influence this agenda. Awareness raising, dissemination of findings and completion of outputs designed to shape community engagement and working practice have been prioritised. While project delivery continues to be a key objective, encouraging planners and public health professionals to work in a more integrated and inclusive way will be the test site's enduring challenge.

3. INTRODUCTION

3.1 A new approach to addressing health inequalities

The persistence of health inequalities across Scotland, and in particular Greater Glasgow, continues to challenge policy makers and practitioners. This report summarises the collective efforts of professionals working for Glasgow City Council, the Glasgow Centre for Population Health and NHS Greater Glasgow and Clyde to tackle this issue strategically through long term approaches to change. This partnership, made possible through the formation of the Glasgow city test site in 2009, has been funded and supported by the Scottish Government as part of the Equally Well initiative.

3.2 Equally Well

Equally Well is the report of the Scottish Government's taskforce on health inequalities, which called for the creation of test sites as a means of translating its recommendations into practice[1]. Each test site, although being distinct in terms of approach, has been formed by local authorities and partner organisations with the common goal of reducing health inequalities through changes to the way in which mainstream public services are delivered.

3.3 Telling the story of our work

This report documents exploratory work undertaken by test site partners to provide useful learning around possible ways of tackling health inequalities through the integration of planning and health practice. The report summarises the story of the test site and includes some key learning derived from previous evaluations and research conducted within the test site[i]. By telling our story, we hope that planners and public health professionals might begin to question current working practice and consider the possibilities for greater collaboration with each other and the communities they serve.

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[i] A summary of the methods used, interim findings and recommendations for test site partners is available at:
http://www.gcph.co.uk/assets/0000/2517/Glasgow_City_Test_Site_Summary_and_Evaluation_Findings.pdf

3.4 Who might this story be relevant to?

Test site partners have recognised the need to break down the barriers between communities and professionals through the use of a common language. In keeping with this, our report intends to offer a broad appeal. We hope to engage professionals within related sectors who are keen to work across traditional working boundaries to engage more effectively with communities.

3.5 What's in this report?

This report has been divided into short chapters. Chapter 4 explains how the test site was formed and, subsequently, how the necessary measures were put in place to deliver on the agreed projects. Chapter 5 is a short literature review offering a brief overview of existing literature around the links between the physical environment and health. It sets the work of the test site in the context of current knowledge, practice and emergent thinking.

To better understand current practice, chapter 6 explores recent practice around the creation of a masterplan document in Dalmarnock – a neighbourhood in the east end of the city. Based on test site research, this chapter summarises the findings around the coming together of stakeholders, the inclusion of health principles in the masterplan and the possibilities for people to lead more healthy lives as a result of the process.

Chapter 7 focuses on community work completed in the east end of the city. Understanding communities better and establishing positive working relations has allowed us to consider ways of delivering public services more effectively and tailoring interventions and resources to local needs.

Chapter 8 describes the toolkits that are being developed to engage local people. These toolkits are intended to provide a framework for planners and related professionals to engage with communities around the importance and value of becoming involved in the decision-making process.

Chapter 9 is about changing organisational culture. It outlines our approach to delivering capacity building opportunities for planners and health practitioners.

Finally, chapter 10 considers possibilities for future working, detailing our plans to continue to embed Equally Well principles within mainstream practice.

As this report is intended to be accessible to all, a 'glossary of terms' is provided at the end (page 32) to offer definitions for any potentially unfamiliar terminology used.

4. BECOMING AN EQUALLY WELL TEST SITE AND AGREEING ON OUR APPROACH

4.1 Forming the Glasgow City Test Site

In recognition of the link between the built environment and population health, the Glasgow city test site proposal offered an alternative approach to tackling health inequalities. Although the relationship between health, health inequalities and the physical environment are well established, traditional working structures within town planning and public health have seen professionals working quite separately.

The proposal was built largely on the success of a Health Impact Assessment (HIA) of the East End Local Development Strategy (EELDS) – a strategic planning document providing guidance and policies for the future development of Glasgow's east end (figure 1). Aware of the acute health problems in the area, the EELDS delivery team acknowledged that certain policies and proposals within the document could help to address health issues. The HIA was conducted in partnership by Glasgow City Council and the Glasgow Centre for Population Health (GCPH) in order to identify the likely positive and negative health impacts of development proposals and to explore new ways of engaging with people. In 2009, partners from Glasgow City Council, GCPH and NHS Greater Glasgow and Clyde came together to form a test site. The joint venture brought together professionals with experience in planning, public health, community engagement, monitoring and evaluation, research and project management.

4.2 Our approach to integrating planning and health

Alongside research into existing planning practice, the test site has focused on three major strands of work:

- Developing toolkits to support placemaking approaches.

- Understanding communities better.

- Providing capacity building opportunities for professionals.

The overall approach to delivering each project has been based around the principles, goals, approaches and influences set out in figure 2. This has involved working alongside local people to explore new ideas, acknowledging that positive health outcomes are unlikely to be realised tin the short term.

Figure 1: Creating community scrapbooks to identify local priorities in the East end.

Figure 2: Our approach to reducing health inequalities
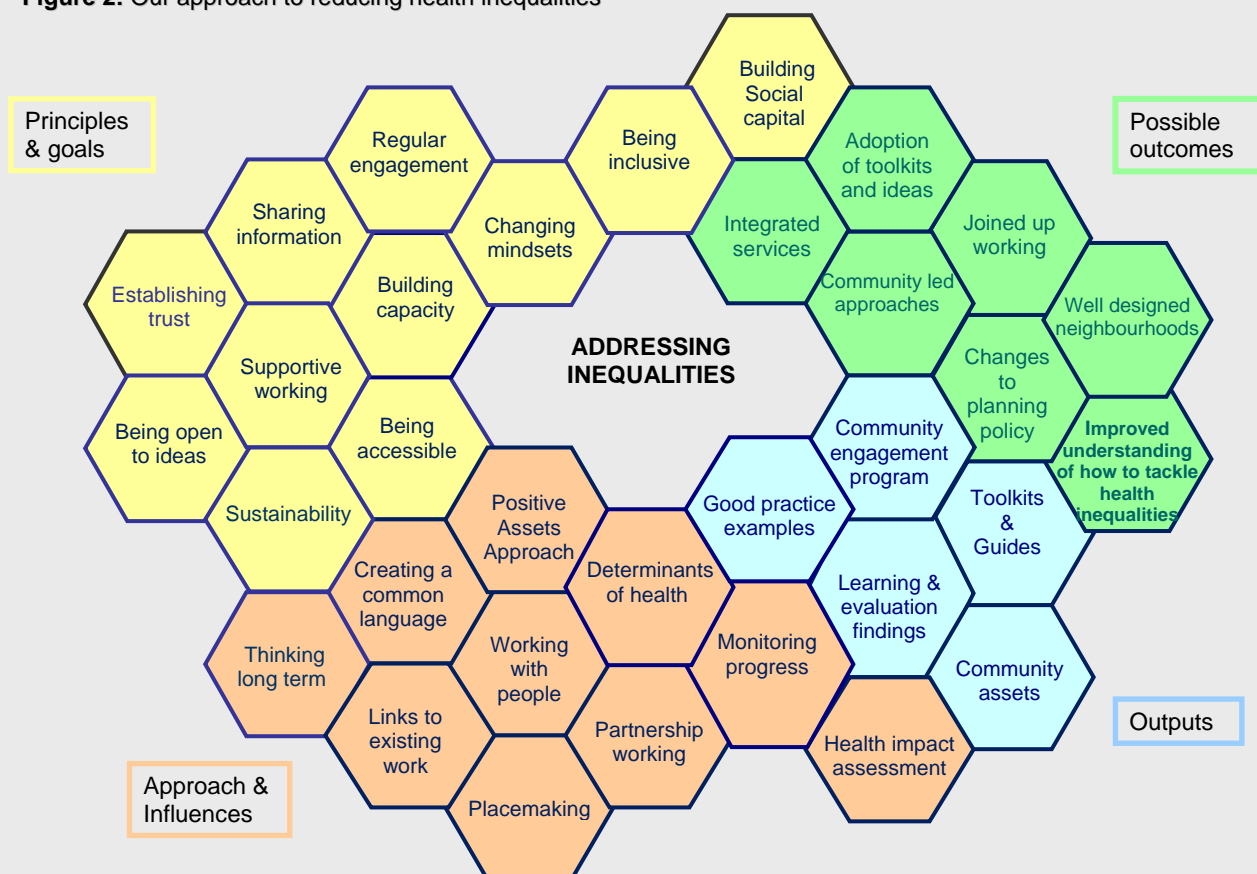
4.3 Monitoring and evaluating progress

Monitoring and evaluation of the test site has been carried out using a framework established at the outset. A mixed methods approach using predominantly qualitative research techniques was developed to take account of personal experiences. This included interviewing test site members and key stakeholders, document analysis, anecdotal feedback and participatory appraisal. The evaluation – a Scottish Government requirement for each test site – served to provide:

- Examples of 'what works' when attempting to carry out or implement innovative or untested approaches towards work.

- Evidence of how the partnership between organisations involved has developed.

- Evidence of how successful the test site has been at working towards pre-determined long term goals.

- Guidance for future test site work.

Although driven by a set of agreed projects identified in the business plan, being flexible and willing to adapt to new ideas has been important. Some projects have been driven by the wishes of local people and others through emerging opportunities to influence planning practice. Work completed to date, and future proposals, are outlined in chapters 6, 7, 8, 9 and 10 within this report.

5. EXPLORING THE LINKS BETWEEN PLANNING AND HEALTH

5.1 Introduction

This chapter offers a brief overview of existing literature around the links between the physical environment and health, setting the work of the test site in the context of current knowledge, practice and emergent thinking.

5.2 A quick guide to Spatial Planning in Scotland

'Planning involves twin activities - the management of the competing uses for space, and the making of places that are valued and have identity.[2]*'*

 (*What planning does*, RTPI)

In simple terms, planning is about deciding where development should and should not take place. It involves balancing competing interests to find solutions that best meet the needs of local neighbourhoods and society as a whole. In Scotland, planning functions are delivered through local authorities (or national park authorities), acting in accordance with a planning policy framework set by the Scottish Government.

Planning practice operates across a number of different scales, from national strategies to local action plans. Local communities are encouraged to participate in practice through discussions around the preparation of plans or by participating in consultations for major developments[3]. Local Authorities provide information on ongoing planning practice and are the main point of contact for all local planning matters. Meanwhile, the Scottish Government provides information on the planning system and planning matters of national significance[II].

Planning practice plays an important role in shaping public life, yet it can be poorly understood by communities and professionals working across different sectors. In order to positively shape the way in which neighbourhoods develop in years to come, greater effort is needed to improve this understanding and to encourage involvement in practice through participatory placemaking.

5.3 What is placemaking?

Placemaking is an approach to creating places that puts people at the heart of the decision making process. The pursuit of inclusive placemaking involves working with the people who live in and/or use a particular place, in order to discover their needs and aspirations[4]. The approach has been endorsed by several leading organisations including the Scottish Government and Architecture and Design Scotland[5, 6] for its potential to address community agendas,

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[II] For further information on the planning system visit: http://www.scotland.gov.uk/Topics/Built-Environment.

promote social cohesion and create better functioning places. Complementary to this, placemaking is regarded as an important means of achieving the Scottish Government's central purpose of sustainable economic growth[7]. It is therefore apparent that, at least in theory, placemaking approaches could make an important contribution towards delivering a number of current national priorities.

5.4 Understanding health inequalities

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups[8]. The persistence of health inequalities has been described as a 'wicked issue', posing a complex set of problems, with multiple causes and no clear solutions[9]. Since the publication of Towards a Healthier Scotland[10] in 1997, health policy in Scotland has prioritised health inequalities as a central theme across government and delivery organisations. However, despite best efforts and the overall improvement in Scotland's health in absolute terms, there is evidence that, for socioeconomically disadvantaged individuals and communities, health is not improving at the same rate[11].

5.5 Health, wellbeing and the physical environment

Health and wellbeing are shaped by a range of factors, for which many are beyond the control of individuals and their behaviours.

Alongside the well-established influence of our genetic make-up and lifestyle choices, the social and physical environment in which we live are key determinants of health. Although our appreciation of the physical environment is a subjective matter, it is understood that improvements to it can make a real difference to both the decisions we make and how we feel[12]. The link between health and where people live is well established. Housing conditions, employment type and income, proximity to amenities, quality of amenities, availability of green space, levels of social interaction, a sense of belonging, and levels and perceptions of crime all have a bearing on people's sense of wellbeing[13, 14, 15].

In a rapidly urbanising world, cities have become a crucial scale for examining issues relating to health and wellbeing, offering people both the best and worst opportunities for living healthy and productive lives. In principle they offer increased access to social and health services, with urban dwellers often demonstrating higher rates of literacy and higher life expectancies than their rural counterparts. Despite this, urban areas often have the highest rates of health inequalities and often display deeply ingrained social problems relative to other environments[16].

5.6 Health in Scotland: the context for change

In recent years, the theoretical framework for health has shifted away from an emphasis on the management of physical and social problems towards approaches which attempt to tackle

the root causes of social breakdown[17]. In addition, asset-based approaches, which value the capacity, skills and knowledge and connections in individuals and communities[18], as well as preventative or 'upstream' approaches to health, have been seen in an increasingly favourable light by Governments realising the vast cost of curative or downstream healthcare[19].

Research suggests a wide and ever increasing geographical gap in healthy lifestyles and life expectancies across the UK. For example, the Grim Reaper's Road Map, a 2008 study by research groups within the Universities of Sheffield and Bristol, points to the fact that residents in deprived areas of Scotland can expect to live nearly a decade shorter than their average UK counterparts[20]. Meanwhile, research on the link between socioeconomic status and health outcomes has revealed that Scots have a 50% higher risk of being diagnosed with ischemic heart disease compared to the English, even once individual social circumstances (and other risk factors such as smoking, alcohol consumption) have been controlled for[21]. In 2009, 27% of Scottish men and 26% of women were obese (with a Body Mass Index of greater than 30) and a far higher proportion were overweight[22], with long term studies indicating higher than average UK rates of childhood obesity[23].

The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of multiple deprivation across all of Scotland[24].

Despite accommodating just 11% of the Scottish population[25], Glasgow currently accounts for 31% of the data zones in the 15% most deprived in Scotland. These statistics represent progress on previous years, but clearly illustrate that Glasgow continues to be a city with a high concentration of poverty and disadvantage.

These issues must be addressed in the context of current trends such as fluctuating energy resources, an ageing population, increased traffic levels (forecasted to rise by 25% by 2021) and financial recession[26]. Financial insecurity is linked to a host of related problems that could bring negative psychological health impacts to the population such as fuel poverty, increasing debt, evictions and homelessness[27].

5.7 Addressing inequality through planning and design

It is increasingly being recognised that the way cities are planned and designed greatly affects people's life chances, livelihoods and even length of their lifespan[28]. High quality urban design and positive planning decisions can help to facilitate improved lifestyle choices. Meanwhile, poor design can limit people's choices and opportunities in a very real way – restricting movements or access to resources, or impeding educational and economic possibilities. At the same time, physical design is only one part of the equation: healthy and resilient places also require cohesive social infrastructure, amenities, cultural life and space to grow[29].

Some of the principles of designing healthy places in urban contexts revolve around ease of movement (particularly for pedestrians), personal safety, levels of noise, air and water quality, as well as the provision of adequate land for public space for recreation and play, including green-space. New developments are encouraged to provide access to diverse employment opportunities, high quality educational and cultural resources, retail leisure and open space, and opportunities for local food production[30].

These factors illustrate that the urban environment is part of a wider system of socioeconomic and cultural interactions[31]. Amidst the challenges affecting national health, it is clear that Scotland needs to innovate, experiment, and deliver healthy planning in new ways. Central to this, as outlined in Equally Well, is utilising the potential of coproduction in delivering outcomes via the capacities of local people, organisations and networks[32] [33].

Exploratory work of the test site may only scratch the surface of how to address health inequalities through more integrated working and use of healthy urban planning practice. Underlying cultural issues, economic inequality and social conditions need to be considered as part of a more holistic approach towards addressing these complex issues though more integrated placemaking and community led approaches to neighbourhood development.

6. GATHERING EVIDENCE AROUND LOCAL PRACTICE: MASTERPLANNING IN DALMARNOCK
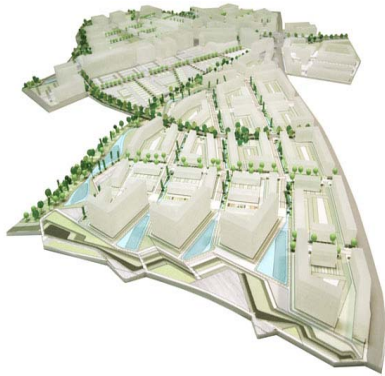
South Dalmarnock indicative Masterplan layout.
Source: Sheppard Robson

6.1 Introduction

Gathering evidence around local practice and understanding how receptive stakeholders were to new ways of working was important in considering possibilities for developing test site thinking and ideas. In this instance, research has taken place around the Dalmarnock masterplan process, providing an opportunity to consider how cumulative changes to the area might impact upon the health and wellbeing of the local population. Semi-structured interviews with key stakeholders took place at two different time periods, once prior to the completion of the masterplan, and again once it had been completed and signed off by Clyde Gateway Urban Regeneration Company (URC).

6.2 The masterplan journey

Following years of industrial decline, demolition and subsequent population displacement, South Dalmarnock was identified as an area in need of extensive

urban renewal. In 2005, the Glasgow 'City Plan' called for the formation of the East End Local Development Strategy (EELDS) to provide supplementary guidance and more detailed direction on the future regeneration of the east end of Glasgow. Over the same period, 'SUDS: Integration in Urban Design: A design study' was prepared by Transport and Environment, and Project Management and Design Services to provide urban drainage guidance based on the integration of design principles and sustainable engineering solutions. On the back of the positive reaction to both strategic documents, Clyde Gateway URC appointed Glasgow City Council to prepare a project brief for the South Dalmarnock masterplan. While this provided an opportunity for council services to work collaboratively, it also marked an important first step towards a more sustainable approach towards masterplanning in Scotland.

Predicated on the concept of an 'integrated urban infrastructure', the masterplan brief incorporated engineering and design concepts together with place-making and planning principles. There was a strong emphasis on health considerations within the brief, with

tendering submissions expected to demonstrate an understanding of the links to health and a commitment to incorporating healthy design principles when drawing up the masterplan. The involvement of EELDS staff in writing the project brief is relevant to the test site in that an HIA of the EELDS was the initial catalyst for bringing together test site members. The partnership approach towards delivering the masterplan has been recognised as an example of best practice, winning at the 2011 Scottish Design awards in the Placemaking/ Masterplan category. This demonstrates that progress has been made to integrate health principles into a major regeneration and development project within Glasgow. Building on this experience and promoting similar practice across a range of different scales will now be important to mainstream this practice across Glasgow.

6.3 Masterplan principles and their links to health

The finalised masterplan has been divided into chapters which explain the core principles and approaches taken towards ensuring that it meets the requirements of the project brief in an inclusive and integrated way. Although not always stated explicitly, a number of issues have been addressed in ways which will promote healthy behaviour and minimise the risk of events that could impact negatively on the health of the local population. This includes flood protection measures, creating movement networks, developing green infrastructure and incorporating people friendly design.

6.4 Some key findings

The following summary of key findings is based on thematic analysis of semi-structured interviews with key stakeholders involved in the masterplan process. The selected interviewees included planners, a community engagement facilitator, architects, a representative of the travelling show community and the masterplan project manager.

Joint working and improving understanding: The masterplan process appears to be an example of successful joint working, with representation from a number of different professions and local interests. Through this process, awareness has been raised amongst stakeholders who may not previously have considered the potential health impacts of their work or actions.

Understanding local issues: The negative feelings associated with poor connectivity and derelict land have been considered through increased emphasis on public spaces, open walkways and natural surveillance. Through regular engagement, the delivery team appears to have listened to the views of all affected by the proposals. For example, the most populous group in the area – the travelling show community – have established a working relationship with Clyde Gateway URC which has brought progress in moving towards identifying new living sites and relocating people from existing ones in the area. Achieving this quickly, it was suggested, will help to ease the burden of uncertainty placed upon those affected by the proposals.

An integrated urban infrastructure: The 'integrated urban infrastructure' approach to masterplanning – which involves the coming together of resources and services to create a well-functioning and distinctive place – is seen to bring about solutions to problems while delivering wider social benefits at the same time. However, the creation of a masterplan with a focus on movement networks and sustainable travel

at a period when a major road is being developed (the East End Regeneration Route) was seen to compromise these principles. This demonstrates that while good partnership working is taking place, wider contextual factors have not always been recognised.

Masterplan priorities: Creating walkable neighbourhoods, finding new uses for vacant sites, retaining local identity, creating local jobs, removing negative perceptions of the area and benefitting from the Commonwealth Games were identified as being key priorities for the future development of the area. While improving the health and wellbeing of local people was considered important, it was often seen to be a likely positive outcome of delivering on other priorities rather than an explicit goal in itself.

Creating healthy environments: Several of the key principles and policy statements in the East End Local Development Strategy are visible within the masterplan document; this should help to ensure that a people friendly and inclusive living environment is established. While there is clearly a greater awareness of health issues and a desire to improve the quality of life for people living in Dalmarnock, it may be useful to build up a bank of information around 'what works' in terms of improving health and addressing inequalities through physical and social regeneration. In addition, identifying ways for public spaces to be maintained over time should be a priority in light of shrinking public sector budgets and resources.

Although there is support to see the approach replicated elsewhere, the experience in Dalmarnock is atypical in that high levels of financial support from the public sector were available. This is not likely to be widely available in the future and there is a need to consider more affordable design solutions that can help to address health inequalities and encourage people to make healthy decisions.

7. UNDERSTANDING COMMUNITIES BETTER

7.1 Working with communities

Understanding communities better is an important step towards delivering services more effectively and ensuring that neighbourhood changes reflect local needs.

7.1.1 Changing the way we deliver public services

'We recommend that, in developing new patterns of service provision, public service organisations should increasingly develop and adopt positive approaches which build services around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience[34]'

(*Commission on the future delivery of public services*, Scottish Government)

The 2011 'Christie Commission' on the future delivery of public services outlines the need for collaborative 'whole system' working in order to achieve greater efficiency in the delivery of public services. In recognition of the knowledge and skills within communities, local people will play an increasingly important role in achieving this aim. Exploring ways in which public services engage with local people is an important aspect of the test site's work. Through several linked projects, local people have been encouraged to have conversations with planners in an informal and comfortable setting, with both parties contributing to the engagement process.

This work has examined the potential benefits of effective community engagement by attempting to improve the way in which planning services are delivered. Through open dialogue with local people and regular contact with a community worker, planners involved have engaged with people that may not previously have considered doing so.

With the benefit of appropriate learning about the potential value of a particular service before participating in an engagement process, community members may demonstrate an increased willingness to contribute towards the decision making process. A potential benefit of this is that service providers can draw upon a greater pool of local knowledge when making decisions.

The main advantage of this approach is that people are valued as sources of experience and knowledge. Anecdotal evidence suggests that more regular dialogue with local people can reduce feelings of dissatisfaction or apathy towards public officers. One way of improving relationships and improving communication between planners and the public, is through the use of connectors. Connectors, as described here, are locally active people who provide a two way point of contact for service providers and the community in order to help to bridge the gap between them.

7.1.2 Test site exploratory work

Early test site work involved local people in Bridgeton exploring the key issues within their neighbourhood. Prompted by nine generic themes (as contained within the Healthy Sustainable Neighbourhoods jigsaw described in chapter 8), the group came up with what they felt were the most significant themes for their own neighbourhood. While the original themes were found to be broadly relevant, the community felt that they did not accurately reflect their local circumstances. The subsequent production of a locally developed jigsaw has helped to frame neighbourhood issues in a more accessible way.

Following a visit from Sir Harry Burns, Chief Medical Officer for Scotland, community members were tasked with providing real life examples of 'how to go about delivering an assets based approach'. To meet this task, the group identified and mapped out the positive features within their neighbourhood – a process known as 'asset mapping' (figure 3).

Asset based approaches, although not new, have come into mainstream thinking in Scotland following the promotion of the approach at a national level. Subsequent work by the test site has embraced the principles underpinning asset based approaches by focusing on raising the capacity of local people and celebrating communities for the skills and resources within them. Further methods have been explored to engage with the community, including scrapbooks, drawings, photographs and jigsaw sheets. More recently, this work has been expanded into different parts of the city, with

the content of the sessions varying depending on group circumstances and experience of planning.

While an assets approach may be a way forward, a key element of engaging people is to find out what communities need in order to participate. The involvement of local people in Bridgeton has been successful because participants had previously developed a strong working relationship with planning officers through engagement in the East End Local Development Strategy 'scrapbook project'. The group stated that they gained the necessary confidence to take part following their participation in a community based personal development program.

7.1.3 Developing Healthy Sustainable Me

Personal development programs, while not directly linked to planning practice, can increase participant confidence and potentially, willingness to become involved in service oriented community engagement. These findings mirror established thinking around community development which emphasises the need for community capacity to be raised prior to involvement in outcome oriented engagement:

'Most of the beneficial changes in communities come about through the process of engagement, whereby communities are able to respond to opportunities, or deal with problems, by bringing them to the attention of those with the ability to respond and carry out agreed plans of action. But such engagement cannot take place unless the community has the capacity and the recognition required to engage in such discussions'[35].

(*Community capacity building*, SCDC)

To develop these ideas further, test site members have begun piecing together a community development course called Healthy Sustainable Me (HSMe). The course focuses on the connection between feelings, behaviour and place, exposing participants to the real life issues that exist within many neighbourhoods. Participants will be asked to explore the connection between where they live and how they feel, considering the role of confidence and understanding in determining how they might respond to local issues. To encourage further action, local services will be introduced and the determinants of health, community resilience and placemaking approaches explored. To tie the learning together, participants will collectively draw up a neighbourhood action plan. By applying this approach, the course offers an alternative means for service providers to engage with a wide and diverse community audience.

Figure 3: 'Asset Mapping' in Bridgeton, Glasgow

7.1.4 Some key findings

This work has taken place with several groups across the north and east of Glasgow. Some of the most interesting insights or findings have been derived from conversations with participants or simply by observing positive changes in the attitudes, behaviour and general outlook of the people involved. To capture this, completed courses are being evaluated using both quantitative and qualitative techniques.

In Bridgeton, local people have been involved in this work since the inception of Equally Well. Group members report that involvement has improved their understanding of how professionals operate and made them more open to involvement in subsequent community projects. A further positive outcome from this work is that participants have since initiated work independently to identify ways of improving their neighbourhood.

The experience of the test site is that the disconnect between service providers and communities can be bridged successfully by local connectors. Identifying people within communities with strong local networks and building relationships with them will take time, commitment and, potentially, a move away from traditional professional roles and responsibilities. HSMe, it is hoped, will provide a useful platform for planners and other service providers to engage more effectively with the communities that they serve. By achieving this, it is anticipated that local people will feel motivated and empowered to act in the interests of their community.

7.2 Identifying priorities, implementing change and measuring impact

7.2.1 Adopting a community led approach in Calton

Based on established working relationships and ongoing planning work, the test site has been involved in a series of linked projects to improve the quality of the built environment in Calton. The focus of which has been on community led approaches.

Calton is a community in the east end of Glasgow with a proud history and industrial heritage. Perhaps best known today for being home to the Barrowlands and Barras market, the community sits next to Glasgow Green and is within easy walking distance of Glasgow city centre. Despite this, Calton remains one of the most deprived neighbourhoods in Scotland. Having established an unwelcome reputation for having the lowest male life expectancy in Europe[36], local residents recognised the need to create a more positive identity for the area and address some of the deep rooted social problems that continue to affect the community. In 2009, the Calton area association produced an area action plan entitled 'Making the Next

Move' to set out priorities for the area identified through a series of community consultation events. The document established a number of key themes under which priorities would be delivered.

Following this, the test site worked alongside Living Streets (a national charity that works with communities to improve the quality of their streets) to provide an opportunity for local people to highlight key issues in particular streets and spaces as part of a 'community street audit'. Identified priorities were included within a report on the process entitled 'Calton: Unlocking the potential'. In response, the test site donated a proportion of its budget, as well as human resources, to assist with the implementation of a series of physical improvements in the area. A working group was formed between Glasgow City Council Elected Members, Development and Regeneration Services, Land and Environmental Services, Strathclyde Police and community residents. The group prioritised change options and identified further funding to allow priorities to be delivered on the ground.

> *'The response to the street audit has been positive and we have obtained funding to deliver quick 'wins' in the area. The final report is proving a very useful document for attracting funding and justifying spend in the area.'*
>
> Senior Planner, Glasgow City Council

7.2.2 Measuring the impact of physical interventions on health and wellbeing

The test site is conducting a study to better understand the impact of the physical improvements being implemented. The overall aim of this piece of research is to determine whether the processes to identify priorities for environmental improvements, and the actual improvements have had any impact on the mental and physical health of the affected population.

The study will consist of analyses of existing surveys (the NHS Greater Glasgow and Clyde Health and Wellbeing surveys and GoWell: Studying change in Glasgow's east end) to explore trends in physical activity, perceptions of safety, wellbeing and neighbourhood cohesion. Additional qualitative research

with those involved in the street audit will explore attitudes following the implementation of environmental improvements.

8. DEVELOPING TOOLKITS AND GUIDES TO SUPPORT A PLACEMAKING APPROACH

8.1 Introduction

The HSN model (figure 4) and HSN placemaker (figure 5) are resources that have been developed to support planners and related professionals to engage with communities more effectively. Both are intended to offer a more engaging and relevant framework for local people to think about their neighbourhood and how to become involved in its development.

Figure 4: The Healthy Sustainable Neighbourhood (HSN) model
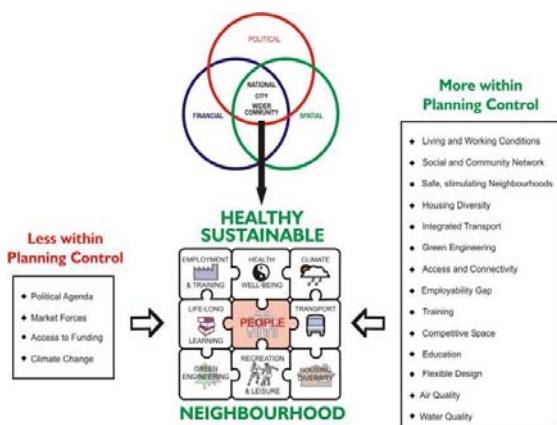
8.1.1 Developing the Healthy Sustainable Neighbourhoods (HSN) Model

The HSN Model has been developed by Etive Currie, Project Manager for the test site, to provide a framework for integrating thinking around the components of a healthy sustainable neighbourhood. The model (which takes the form of a jigsaw) supports planners involved in working with communities and can help to shape plan making and local level policies. The rationale behind this is to promote better practice by integrating health, equality and sustainability considerations. As a useful conversation starter, the model provides a simple and understandable representation of how neighbourhoods are formed and what influences their functioning. At the centre of the jigsaw is 'people', an acknowledgement to the fact that the community are the most important component of any neighbourhood. The eight surrounding jigsaw pieces may be subject to change, but are currently employment and training, health and wellbeing, climate, lifelong learning, transport, green engineering, recreation and leisure and housing diversity.

8.1.2 Using the HSN model to prepare a best practice guide

Understanding how the model fits with different forms of planning practice and establishing how it might be used by health improvement staff will be an important step towards creating a best practice guide. The guide will be developed through practical use of the model with both professionals and communities. This will allow for the production of well informed and locally relevant material to help promote integrated working. A completed guide is likely to be available by autumn 2012.

8.2 The HSN placemaker toolkit

Figure 5: The HSN Placemaker toolkit
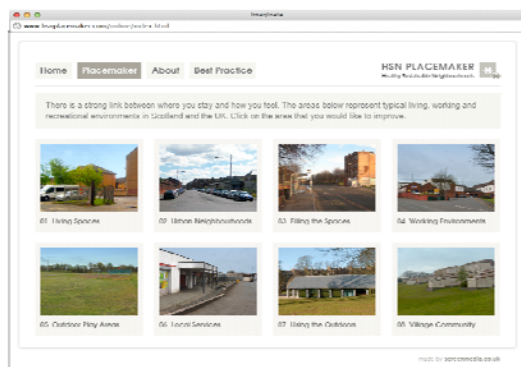
8.2.1 Developing the Healthy Sustainable Neighbourhoods (HSN) Placemaker

The Healthy Sustainable Neighbourhoods (HSN) Placemaker[III] is an interactive toolkit designed to stimulate thinking and generate debate around how planning services (and potentially other services) can work with communities to create better places. Community members can view slides of existing streetscapes across Scotland and select from a series of change options to alter the physical appearance or use of a space. Before making decisions, users are encouraged to consider the impact of their decisions on community health and wellbeing and the natural environment.

The Placemaker promotes a more holistic approach to the development of our neighbourhoods, acknowledging that, although physical development is important, spaces become places when people inhabit them and are involved in their creation. Research indicates that community involvement in the development of public facilities and spaces can increase public use and maintenance of such assets[37].

8.2.2 Why was the 'Placemaker' developed?

Through increased awareness around issues relating to health, the environment and community action, it is hoped that community members might become more active in the development of their neighbourhood through working alongside service providers. While it is acknowledged that planning practice might not always be considered relevant to all community members, the toolkit seeks to challenge this perception by removing professional jargon, focusing on how places make people feel and identifying ways in which people can influence the development of their own neighbourhood.

The toolkit intends to serve an educational function by offering balanced information to

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[III] The HSN Placemaker can be viewed online at:
http://www.hsnplacemaker.com

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allow users to make informed decisions. By using images of existing streetscapes from the eight test sites across Scotland, it is hoped that the nationally representative cross section of neighbourhood conditions will enable users to relate to the toolkit. The change options within the toolkit are varied, ranging from minor maintenance repairs to new housing developments. It has been developed to demonstrate that by making incremental physical changes, neighbourhoods can be transformed into more people friendly places that encourage social interaction, pedestrian movement, environmentally friendly behaviour and inclusiveness. Users must prioritise changes and consider the compatibility of the choices they make (figure 6).

8.2.3 The future of the HSN Placemaker
Initial feedback on the toolkit has been gathered through survey responses from identified potential users. This process included community members as well as professionals from planning, public health, community health, urban design, policy, regeneration and the police. There is strong support for further development of the concept, with many people indicating that it is a potentially useful way of framing neighbourhood issues and capturing people's imagination.

Notwithstanding this, several suggestions were proposed around the content of the toolkit, with feedback indicating that greater clarity should be provided around how to use it, and who it might be relevant to. In its

current format, the placemaker is widely seen as a potentially useful educational resource for children, students or people with little prior understanding of planning practice. An alternative use of the toolkit, identifying neighbourhood priorities across Scottish communities, was not seen to be realistic without considerable development. Obtained feedback will shape the future development of the resource.

Figure 6: Layering changes using the HSN Placemaker
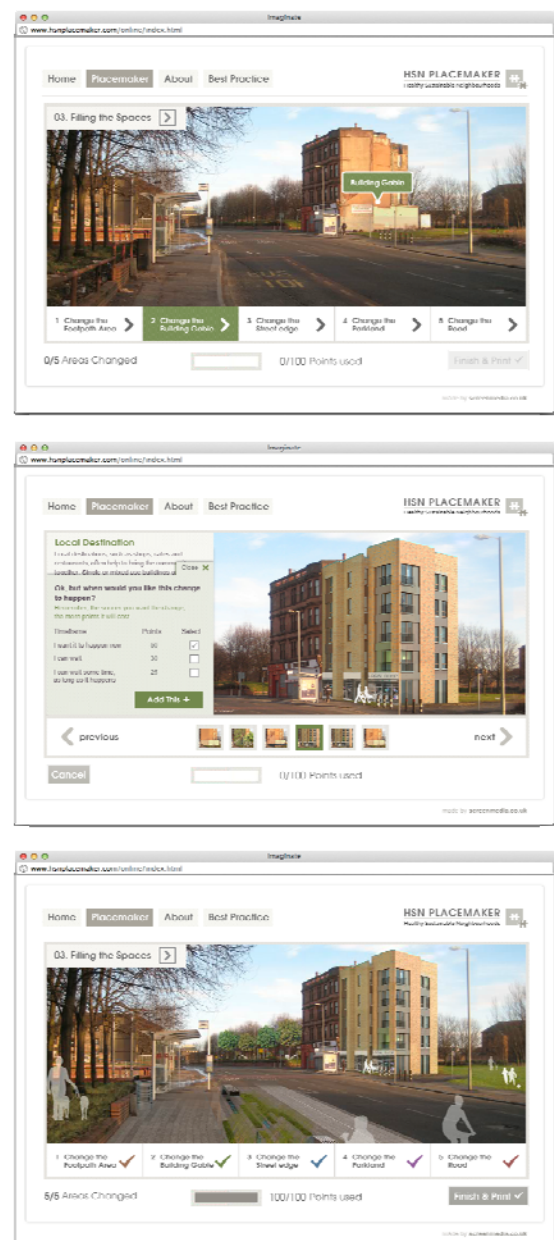
9. CHANGING ORGANISATIONAL CULTURE: RAISING AWARENESS AND OFFERING CAPACITY BUILDING OPPORTUNITIES

9.1 Changing organisational culture

This overarching project has aimed to change organisational culture by demonstrating the 'collaborative gain' that can be achieved through integrated working between related, but currently disparate professions. Through the delivery of five workshops and an engaging cartoon publication, awareness has been raised around the links between planning and health and the mutual benefits of cross sector working and coproduction.

9.2 Health girl and friends: from here to equality

'From here to equality' is a cartoon publication[IV] which explains, in simple terms, that by working together, planners and health professionals can create healthier and more sustainable neighbourhoods with people at the heart of their success. The cartoon (figure 7) paints the picture of current day professional working conditions which can be target driven, bureaucratic and conducive to silo thinking. By highlighting the merits of thinking outwith traditional professional boundaries, the publication seeks to promote greater levels of cross sector collaboration.

Figure 7: 'From here to equality' publication

[IV] 'From here to equality' can be viewed online at http://www.gcph.co.uk/publications/202_health_girl_and_friends_from_here_to_equalitywww.gcph.co.uk.

9.3 Capacity building and learning

Capacity building opportunities have been delivered to planners and public health professionals through a series of workshops. The principle objectives of each were to improve understanding of both disciplines, to generate interest in Equally Well, and to increase awareness, understanding and support for the use of tools that can help to integrate the professions.

Participants were encouraged to consider the possibilities for joint working, with the workshops facilitating opportunities for collaboration. Events featured expert speakers and facilitators, site visits, tools and best practice examples, all with an emphasis on discussion and interaction. The five workshops completed to date covered the following topics:

1. An introduction to health and planning

2. What makes a quality place?

3. Tools to integrate planning and health

4. Community engagement, health and the environment

5. Practical ways to integrate planning and health

9.3.1 An introduction to health and planning

This event introduced planning and health as interrelated disciplines, offering perspectives from local senior professionals currently working within public health and planning. Speakers emphasised that there is great potential for collaborative working in order to create environments that encourage healthy behaviour. This workshop introduced the links between planning and health, provided a summary of the planning system, introduced the social determinants of health and brought to the attention of the group the correlation between 'wealth' and 'health' in light of the current political emphasis on 'sustainable economic growth'.

9.3.2 What makes a quality place?

This workshop emphasised that, although the connection between place and health is widely acknowledged and to a large degree understood, there remains some dichotomy between understanding and practice. Although an increased emphasis on placemaking approaches and exposure to the use of Health Impact Assessment have brought health issues to the attention of many planners, a key theme from this session was that greater effort is required to improve this understanding and to offer realistic and integrated ways of improving the quality of neighbourhoods.

9.3.3 Tools to integrate planning and health

The third workshop focused on the use of toolkits to integrate health and planning. While recognising that there are many tools available to achieve this, Health Impact Assessment, Community Street Audits and Spectrum Appraisal were introduced.
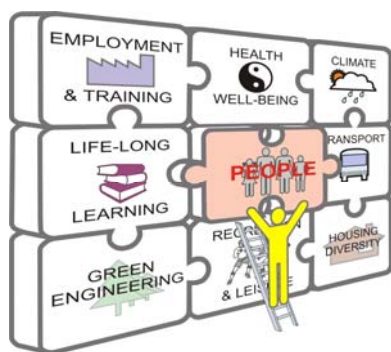
9.3.4 Community engagement, health and the built environment

The fourth workshop focused on community engagement, a key component of both planning practice and health improvement. Reaching the 'silent majority' through creative forms of engagement featured strongly within discussions and presentations.
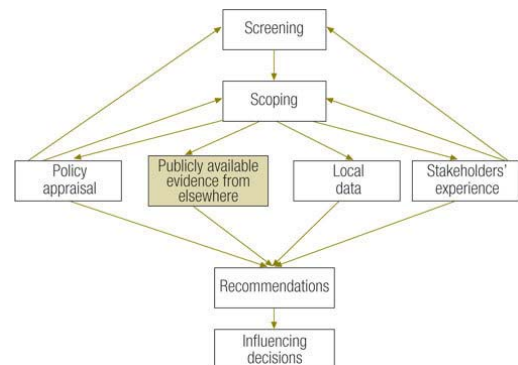
9.3.5 Practical ways to integrate planning and health

The final workshop introduced practical ways to integrate planning and health. The session focused on the persistence of health inequalities in the west of Scotland, the salutogenic model of health and asset based approaches to addressing health inequalities. Following discussion, practical examples of integrating planning and health were provided by guest speakers operating within local authorities. Some examples of the models presented at the workshops to illustrate the link between health and the physical environment are provided in figures 8 to 11.

Figure 9: World Health Organisation. Improving the use of health evidence in HIA.
http://www.who.int/bulletin/volumes/88/7/09-068510/en/index.html (Accessed March 2012)

Figure 10: Egan J. Components of sustainable communities:http://www.communities.gov.uk/documents/communities/pdf/152086.pdf (Accessed March 2012)

Figure 8: Currie E. The Healthy Sustainable Neighbourhoods (HSN) DRS, Glasgow City Council

Figure 11: Barton H & Grant M, The determinants of health and wellbeing in our neighbourhoods (adapted from Dahlgren M & Whitehead G, The determinants of health and wellbeing, 1991).

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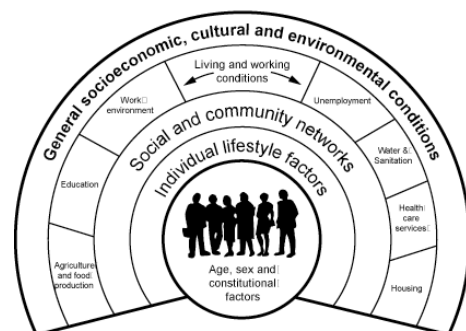
9.4 Key learning from the workshops

Key learning from the workshops was captured in a report which was distributed to attendees. Much of this has helped to inform subsequent test site work. A summary of the key learning is provided below:

The current role of planning: The role of planning was discussed to provide an overview of the broad function of the profession to public health attendees. As a profession that has the potential to influence many societal issues, planning was not always seen to be doing enough to influence public life in a positive way. In relation to the persistence of health inequalities, it was demonstrated that planning practice had begun to address this issue through the promotion of joint working and consideration of the influence of practice and policies on the affected population. However, in light of the national emphasis on sustainable economic growth, it was considered that health was not currently at the forefront of thinking and action. Achieving greater income equality, rather than pursuing economic growth, might result in better overall health outcomes and could play a part in reducing health inequalities. In addition, a more people centred and holistic approach to place shaping involving planners, public health workers, wider professional groups and communities could help to improve the way in which neighbourhoods develop. This approach, widely referred to as placemaking, has become part of the professional language amongst planners. Getting other related professionals and the community onboard was seen to be an important next step, particularly in periods of reduced budgets.

Understanding the links between planning and health: The physical environment is an important determinant of health that is closely aligned with the social, economic and cultural conditions within a place. Planning practice and design, although only part of any solution, were seen to play an important role in shaping human behaviour. Improving the quality of neighbourhoods and the spaces within them through better quality urban design was seen to be critical, and it was suggested that greater emphasis should be placed on the need to create attractive and functional places in order to promote use of the outdoor environment. Conversely, better design could help to reduce unhealthy coping behaviour associated with living in a stressful environment. A further potentially negative impact of the physical environment on health relates to the stigmatisation of certain neighbourhoods. Removing the labels attached to many communities and promoting more positive local action was seen to be a way of celebrating local identity and improving community cohesion. An important overarching message from the workshop series is that places come to life when people inhabit them.

How can planning and design influence public health? Planning practice can influence both how people feel about a place and how they behave within it. It can therefore have a profound impact on both physical health and mental wellbeing. People's behaviour in many urban areas was often seen to be dictated, either positively or negatively, by the physical fabric within it. If negative, it can influence perceptions of a place, prevent social interaction and dissuade people from walking or being active. Meeting local needs within walking distance of their homes, providing access to good quality greenspace and designing communities to encourage interaction and pedestrian movement are all principles of design that are widely endorsed within best practice guidance documents. But this was only seen to be part of the picture; improving social and economic conditions, as well as challenging cultural norms are important too. Although not the complete answer to tackling health inequalities, placemaking could help to bring many approaches together under a single umbrella.

9.5 Future efforts to integrate the disciplines

Taken from a published Australian journal on land use planning[38], five enabling factors for cross sector working between planners and public health workers are detailed below:

1) Understanding the Planning System

2) Having an evidence base to draw on

3) Having tools and processes available to intervene

4) Having the capacity to use these and to work inter-sectorally

5) Having strong inter-organisational relationships built on collaborative working

These enabling factors are not necessarily realised in a sequential order. While there is a growing evidence base and a number of tools to encourage joint working, public health professionals may need to more readily acknowledge the links between the physical environment and health, and better understand how the planning system operates, as part of a wider shift towards preventative spending.

Evaluation of the workshop series has provided useful feedback to help guide future efforts to link the disciplines. While the delivery of the five workshops has helped to raise the profile of this work and improve understanding of it, future efforts are likely to take a more varied and long term approach. This could include seminars, practical site-based exercises and influencing the content of learning courses designed for health improvement staff. As a strand of work relating to both planning and health improvement, community engagement has been identified as a way of bringing professionals together around the common goal of improving neighbourhood conditions and raising community confidence.

10. FUTURE OPPORTUNITIES AND PRIORITIES FOR THE TEST SITE

10.1 Future governance of the test site

Although funding to support this work will not continue, the Scottish Government have agreed to offer operational support, and efforts will be made to continue to embed the learning and outputs developed. Partners involved acknowledge the importance of making connections across the city and will continue to promote the work in order to generate interest in, and support for, a people centred and integrated approach towards improving places. As with previous test site work, opportunities are likely to arise organically. There are, however, projects that will continue to be developed and it is likely that structural arrangements will develop in order to accommodate staff changes and promote more integrated working. In addition, external contracts to support existing projects will continue until September 2012. This will allow the test site to fully develop the Healthy Sustainable Neighbourhoods Guide and the Healthy Sustainable Me course. The Calton study is a further commitment that will necessarily extend beyond the original test site timescales.

10.2 Future priorities for the Glasgow Equally Well Test Site

Planned future work is summarised below:

- Development and promotion of the HSN Guide and HSMe course.

- Presentation and dissemination of test site work to raise awareness and encourage use of the HSMe course, the HSN Placemaker and the HSN guide.

- Continued provision of learning opportunities for planners and public health workers by presenting relevant work, facilitating opportunities for joint working and by exploring possibilities to influence NHS learning courses for health improvement practitioners.

- Promotion of more integration between service providers by bringing relevant wider services into the existing management group.

- Continued communication with the Scottish Government's ministerial taskforce on health inequalities and the Equally Well learning network over new developments.

10.3 Challenging the status quo

Based on test site learning, we feel that breaking down professional language barriers and bridging the cultural gap between professionals and the community should be a stated priority for public sector organisations. Opportunities to effectively shift practice lie in continuing to support new ways of working, reconsidering the role of government, and understanding which aspects of health are most affected by planning.

Town planners and public health professionals have shared responsibility for making sense of, and providing solutions to increasingly complex and intertwined social, environmental and economic issues. Shifting practice within public services is a huge challenge in light of shrinking budgets, staff reductions and macro-level changes. Coproduction and more regular engagement with communities may represent the best opportunity to deliver services more efficiently, although this is likely to involve more risk taking and moving out-with professional boundaries. Based on the experience of the test site, this approach brings both difficult challenges and unique opportunities. Working in partnership requires patience and commitment from partners. With different working cultures, practice and professional expectations, those involved need to be receptive to new ideas, willing to compromise and have a shared vision of what success looks like.

The built environment is a key determinant of health that should be accorded importance alongside other more widely acknowledged factors. Creating healthy environments is a collective responsibility of communities and the organisations and services that impact upon public life. Building up an accessible bank of what works, in what context, and with what resources, may help to encourage the application of positive placemaking approaches nationally.

GLOSSARY OF TERMS

Equally Well: the report of the Scottish Government's Ministerial Taskforce on Health Inequalities, launched in June 2008. A subsequent Implementation Plan was published in December 2008.

Test sites: the local authorities and partner organisations selected by the Scottish Government to deliver Equally Well priorities.

Greenspace: Greenspace can be defined as any vegetated land or water within or adjoining an urban area.

Health impact assessment (HIA): a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

Local Development Strategy (LDS): a document which guides regeneration within a defined geographical area, including providing detailed planning policies and design guidance to deliver the vision for regeneration and future development.

Masterplan: a comprehensive plan that describes and maps the overall development concept for a defined area, including present and future land use, detailed urban design and landscaping, built form, infrastructure and service provision.

Placemaking: involves working with the people who live in and/or use a particular place, in order to discover their needs and aspirations. This information is then used to create an agreed place vision and action plan which focuses on people and function rather than design led solutions.

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APPENDIX 1 - Background Paper 1

Introduction:
Glasgow is a designated European Healthy City and the City Council has a responsibility to:
-- Reduce Inequalities
-- Improve Neighbourhoods
-- Improve Accountability to Local People
-- Value for Money
-- Improve Partnership working

The Local Development Plan has stated that it will incorporate health and wellbeing as a major part of the plan.   Set out below is a matrix showing how urban planning can have a positive impact on health and wellbeing.   The Healthy Sustainable Neighbourhood (HSN) Model's thinking is simplified within this matrix and can be visually incorporated if required.   The matrix should also demonstrate the linkages between spatial and socio-economic considerations.

Social & Economic Health Considerations

1. Employment & Economic Growth:

Significance	Examples of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact on Health & Wellbeing
Those in secure employment generally enjoy better health than those who are unemployed. Unemployment or job insecurity can lead to financial stress, social isolation, depression, anxiety and a higher risk of premature death. **Urban planning can facilitate opportunities for businesses, encourage diversity in employment and ensure local job opportunities are retained. It can also play an important role in making job opportunities easily accessible to all members of the community by ensuring employment opportunities are easily accessible and are fully integrated with public transport.** **Economic Investment can contribute to increased wealth and vitality of the city. It can lead to a greater sense of**	☑ **Encourage a diverse local economy by identifying land for a wide range of businesses.** ☑ **Identify land which would provide attractive opportunities for businesses** ☑ **Target land in deprived areas for new job opportunities** ☑ **Provide sites which would encourage small business development** ☑ **Provide sites for local business development in areas of social and economic disadvantage** ☑ **Target sites for compatible new business development**	☒ Encouragement of employment opportunities in inaccessible locations. ☒ Encouragement of employment opportunities in locations which are not fully integrated with public transport. ☒ Failure to provide areas for local business development.

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
security and diversity in employment and can increase the quality of living. Urban Planning should safeguard the provision of areas where there will be increased opportunities for business development and the growth or maintenance of cultural facilities.	near new housing developments ☑ **Allocate land for new job opportunities in locations which are accessible to all sections of the community.** ☑ **Ensure new business developments are fully integrated with public transport networks.** ☑ **Promote investment in cultural facilities.** ☑ **Identify and promote mixed use development.**	

2. Education:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Education is a crucial determinant of health. It gives a purpose and structure to life, a means of participating in society and provides access to employment opportunities. Lifelong learning can promote social cohesion and improve the economic development of an area. Education also ensures that individuals are better informed to make crucial life choices, which can influence health and wellbeing. **Urban planning can contribute by ensuring that education sites are available locally and are easily accessible for all.**	☑ **Allocate land for educational purposes in neutral areas which are accessible to all sections of the community.** ☑ **Allocate land for educational purposes near new housing developments.** ☑ **Ensure that land for educational purposes is fully integrated with public transport networks.** ☑ **Provide sites for mixed use buildings within areas of deprivation.** ☑ **Allocate land with a view to recruitment of businesses which will provide training opportunities in the area.**	☒ Allocating land for new developments will contribute to a reduction in local education facilities and opportunities.

3. Poverty:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Poverty is the largest risk factor for health, leading not only to material deprivation but also social and psychological problems. People living in the lowest socio-economic groups are more likely to suffer from chronic illnesses and to die prematurely. Deprived neighbourhoods tend to have higher rates of violence, crime and truancy. Urban planning can help by targeting deprived areas and contributing to the provision of good quality low cost housing and accessible training and job opportunities. Opportunities for business development within deprived neighbourhoods will encourage economic development. Crucially urban planning plays a massive role in changing attitudes and perceptions of people living in deprived areas, by taking them on a journey of change through a comprehensive and interactive community consultation programme. This is the most important role for urban planners and ensuring meaningful co-product plans and projects. This will achieve greater social cohesion and opportunities for building social capital.	☑ **Provide sites for new business development within deprived areas. Encourage local people to open local businesses through – co-operatives, entrepreneur mentoring schemes, etc.** ☑ **Provide sites for a mix of private and social housing development within deprived areas. Also promote self-build and eco-housing, etc.** ☑ **Ensure any land identified for new housing within deprived areas is fully integrated with public transport networks.** ☑ **Contribute to increasing accessibility to education (both formal and informal), employment and health services for people within deprived neighbourhoods by appropriate identification of sites for education and employment opportunities and health services.**	☒ Targeting sites for education and employment away from deprived neighbourhoods and hence increasing the gap between deprived and affluent groups.

4. Safety:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Safety includes both the freedom from assault and from the fear of assault. When the local environment is intimidating people tend to stay indoors or use cars. This minimises social interaction and physical activity. The design and layout of residential and commercial areas can help to alleviate the problem of safety. Good lighting, natural surveillance over public spaces and vibrant, busy areas can reduce the incidence of crime. Road traffic accidents are a leading cause of accidents especially among the young, the elderly and disabled people. Traffic-calming techniques to slow the speed of road traffic and give priority to pedestrians and cyclists are key to a safer environment.	☑ **Promote the development of traffic calming measures.** ☑ **Ensure appropriate location of land for new housing developments (i.e. not in areas liable to flooding or new unprotected railway lines)** ☑ **Identify areas for further development of pedestrian walkways** ☑ **Identify land for secure play areas especially near new residential developments** ☑ **Identify and develop 'community greenways' linking urban open spaces.**	⊠ Allocating land for new developments which result in loss of existing cycle and pedestrian networks. ⊠ The development of new road networks which will increase traffic flow through residential areas. ⊠ The separation of residential areas by new road networks.

5. Accessibility:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
People require easy access to goods and services needed for everyday living, such as banking facilities, post offices, pharmacies, food shops and employment opportunities. At times they also require specialised services, such as hospitals and schools. In many areas, public services schools and hospitals are being rationalised, leading to closure and/or displacement of local facilities. Bulk shopping facilities are now being located out of town often to the detriment of local facilities. This can restrict access to certain sections of the community e.g. elderly people, women with children, people with disabilities and ethnic minorities. It also increases dependence on cars and motorised forms of travel.	☑ **Ensure new residential developments have easy access to local social and community facilities, such as schools, crèches and local shops.** ☑ **Ensure new residential developments have easy access to areas of employment.** ☑ **Ensure new residential developments have easy access to health facilities.** ☑ **Identify areas for new employment creation near existing residential areas especially deprived wards.**	⊠ Identifying land for new residential areas which is isolated from public transport, social and community facilities or local areas for job creation. ⊠ Promoting car dependency by identifying land for housing or employment which is not integrated with public transport.

	Significance	
Ensuring these facilities are an integral part of the network of neighbourhoods can encourage greater social cohesion and address issues of displacement and isolation. Ensuring that these facilities are easily accessible through walking, cycling and public transport can encourage people to take more physical activity	☑ **Restrict further development of out of town shopping facilities which are only accessible by car.** ☑ **Identify areas for further development of cycling networks.** ☑ **Identify areas for further development of pedestrian walkways.** ☑ **Promote investment in a variety of public transport services, such as the rail network.**	

6. Social Cohesion:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Supportive networks of family and friends throughout the community help people cope with daily stresses and can reduce depression, isolation and chronic illness. Fragmentation of these links by splitting up communities means people lose access to these networks. **Urban planning can create cohesive social networks. Creating communities in which people live, work and play together can facilitate community cohesion. A feeling of safety and areas for community interaction will also help networks to develop. Of practical importance to Glasgow is the development of mixed communities.**	☑ **Encourage patterns of development which support and develop community interaction and cohesion.** ☑ **Promote diverse range of housing types.** ☑ **Allocate land for development of mutual meeting places e.g. post offices, schools, community centres, libraries, etc.** ☑ **Identify land for mixed use developments.**	☒ Development of roads severing community links. ☒ Creation of barriers to pedestrian connectivity. ☒ Insensitive housing development. ☒ Separation of communities.

7. Recreation:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Healthy exercise combats heart disease, strokes and other diseases that are associated with both sedentary occupations and stressful lifestyles. It can also improve mental wellbeing. **Play has an important role in promoting the health and social development of children.** **Planning can create attractive, safe and convenient environments that encourage people to walk or cycle to work, shop, school and other local facilities.** **Development Plans can ensure adequate recreational opportunities including accessible open spaces and areas for children to play, which are equally distributed among the network of neighbourhoods.**	☑ **Promote development of vibrant town and city centres.** ☑ **Identify and allocate land for playing fields, leisure centres, parks and allotments.** ☑ **Protect and enhance country and urban parks and landscape wedges.** ☑ **Develop provision for open space in area which are currently deficient.** ☑ **Develop provision of open spaces in ways which will provide natural surveillance and increase safety for users.** ☑ **Establish neighbourhood 'integrated infrastructure' (bringing together green, open spaces, walking, cycling and SUDS) to create a network.**	☒ Building on Greenfield sites. ☒ Failing to provide land set aside for leisure facilities. ☒ Failing to provide open spaces in new residential developments.

Checklist:

Social and Economic Considerations				
	Does the LDP	**Actions which have a Positive Impact**	**Actions which have a Negative Impact**	**Alternative options or ways to Mitigate Negative Impacts**
EMPLOYMENT & TRAINING / CLIMATE / LIFE-LONG LEARNING / PEOPLE / GREEN ENGINEERING / RECREATION & LEISURE / HOUSING DIVERSITY	Impact on housing conditions?			
	Impact on employment opportunities?			
	Contribute to a wide range of job opportunities for all citizens of Glasgow?			
	Impact on opportunities for life-long learning?			
	Threaten the provision for education and training across the City?			
	Impact on deprivation within the City?			
	Impact on safety among individuals and communities?			
	Impact on the sense of security among individuals and communities?			
	Impact on community's access to essential goods and services?			
	Restrict access of certain groups to local facilities?			
	Promote a network of integrated neighbourhoods?			
	Segregate or isolate individuals or groups?			
	Retain / Improve social networks?			
	Impact on recreational activities across the city?			

Environmental Consideration

1. Conservation:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Good urban planning can protect natural habitats and wildlife thereby providing opportunities for recreation whilst enhancing the aesthetic value of an area. **Open spaces will include playing fields, allotments, children's play areas, etc. They all contribute to the urban environment and provide opportunities for leisure and improve health and wellbeing.** **Development on previously used land reduces the pressure on the countryside thereby helping to maintain it for future generations.** **Trees and vegetation cover helps reduce air pollution, provides habitat for wildlife and improves the aesthetics of the area.**	☑ **Safeguard designated sites.** ☑ **Increasing wildlife potential through landscaping.** ☑ **Increasing and/or maintaining the quality of and access to open spaces.** ☑ **Development on previously used sites. (brownfield land)** ☑ **Provision of new and/or replacement trees and vegetation.**	☒ Development which leads to loss or degradation of wildlife habitats. ☒ Intensive agriculture and forestry. ☒ Development which leads to loss of open spaces, sports pitches etc. ☒ Development on 'greenfield' sites. ☒ Development which leads to loss of trees and hedges.

2. Air Pollution:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
The planning system has an integral role in improving air quality and should take account of air quality objectives.	☑ **Reduce need to travel.** ☑ **Reduce traffic congestion.** ☑ **Increase energy efficiency.**	☒ Increase traffic congestion. ☒ Increase emissions into the air. ☒ Increase use of fossil fuels.

3. Noise:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Urban planning can separate noise producing premises from noise sensitive premises. It is recognised that long-term exposure to environmental noise can have significant effects on health and wellbeing.	☑ **Separation of noise producing and noise-sensitive premises.** ☑ **Protection of noise sensitive premises and tranquil areas.** ☑ **Mitigation effects of noise.** ☑ **Reduction of noise impact.**	☒ Increased noise from transport, commercial and industrial activities.. ☒ Increased ambient noise levels. ☒ Increased noise disturbance to people.

4. Management of Waste:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Waste disposal to landfill and incineration both have negative environmental impacts. The minimisation of waste production will help reduce the environmental impact.	☑ **Use recycled materials in development.**	☒ Increased waste production.

5. Management of the Water Environment:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
The nature and location of development can impact upon levels and quality of water supply. In certain circumstances development can lead to the increased risk of flooding.	☑ **Maintaining ground water and river levels.** ☑ **Safeguarding water supply.** ☑ **Decreased use of impermeable asphalt surfaces.** ☑ **Increase amount of Sustainable Urban Drainage Systems**	☒ Increased risk of flooding ☒ Increased run-off from development.

6. Cultural Heritage:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Urban planning can ensure that conservation areas, historic buildings and sites of architectural value remain to add the aesthetic value of the city.	☑ **Safeguarding listed buildings and conservation areas.**	☒ Development which leads to loss of architectural heritage.

7. Transport:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Inefficient use of transport contributes to poor air quality, increased ambient noise and traffic congestion. **Access to employment, goods and services in and from socially deprived areas is a key to the regeneration of those areas.**	☑ **Reducing trip length.** ☑ **Reducing number of motorised trips.** ☑ **Increasing public transport share.** ☑ **Increased attraction to walking and cycling.** ☑ **The provision of gas and electric fuelling points for alternative fuel vehicles.** ☑ **Free on-street parking for low-emission vehicles.**	☒ Increased parking provision. ☒ Development which produces barriers to foot and cycle paths. ☒ Peripheral mono-use developments. ☒ Dispersed community facilities.

8. Resources:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Safeguarding mineral resources contributes to sustainable development because it conserves scarce resources for future generations.	☑ **Protection of mineral resources.** ☑ **Use of recycled materials.**	☒ Unsustainable new development. ☒ Road building.

9. Environmental Quality:

Significance	Example of Actions which would have a Positive Impact on Health & Wellbeing	Examples of Actions which would have a Negative Impact
Investment in public and community assets and infrastructure can increase the quality of life for all Glasgow's citizens.	☑ **Development of vibrant and vital urban centres.** ☑ **Development of low-energy use buildings.**	☒ Increased traffic congestion in urban areas. ☒ Increased noise. ☒ Conflict between neighbouring land uses.

Checklist:

Environmental Considerations				
	Does the LDP	**Actions which have a Positive Impact**	**Actions which have a Negative Impact**	**Alternative options or ways to Mitigate Negative Impacts**
	Help to protect the destruction of natural habitats and wildlife?			
	Help to maintain areas of open land?			
	Encourage use of previously used land?			
	Encourage the maintenance of existing and establishment of new areas of trees and vegetation cover?			
	Encourage compliance with national air quality objectives?			
	Help reduce the emission of pollutants which contribute to global warming?			
	Help reduce the exposure to environmental noise?			
	Policy encourage a reduction in the production of waste through, minimisation, re-cycling, recovery, re-use, etc.?			
	Policy encourage a high standard of waste disposal?			
	Help protect natural water resources?			
	Promote water conservation and minimise use?			
	Encourage reduction in the production of waste water?			
	Encourage conservation of the City's cultural heritage?			
	Encourage a reduction in motorised travel?			
	Encourage the use of public transport, cycling and walking as a viable alternative to the private car?			

	Encourage socially inclusive use of transport and the provision of linkages to socially deprived areas? **Reduce the need for mineral resources and/or increase the recycling and re-use of materials?** **Help improve the quality of urban areas?** **Encourage the regeneration of run-down urban areas?** **Encourage the development of environmentally efficient urban buildings?**			