

West of Scotland Chapter event report

John Walls reports on the Chapter meeting on 'Planning and Public Health' – 29 May 2008

The meeting proved to be very enjoyable: there were 3 speakers and 24 people participated. And it demonstrated that what goes around comes around - public health is now back on the agenda and influencing the direction of planning.

The first speaker, **Russell Jones of the Glasgow Centre for Public Health and Population**, set the scene. He explained that the initiative was driven by the World Health Organisation under the Health and Urban Planning Agenda. It advocated a 'balanced approach' which resonates closely with current approach to sustainable development. Russell Jones observed the links between health and planning going back to the 19th century. At that time our urban areas were rife with contagious diseases such as typhoid, cholera, yellow fever, scrofula (related to tuberculosis). In the 21st century these diseases had been replaced by obesity, heart disease, and diabetes: matters relating to unhealthy and stress related lifestyles, and of course, the urban environment.

Thus, although characteristics have dramatically changed since the 19th century, planning still has a major role to play in health related determinants: access and infrastructure are key factors. In terms of recent public health lessons, the main message emerging was 'avoid car-based designs'. These impact on the quality of neighbourhoods with increasingly limited amenities within walking distance and, for those without access to a car, increased difficulty of travelling to inconvenient out of town centres. This is compounded by the increasing rationalisation and centralisation of services. Perhaps the disappearance of many of our post offices is one of the best examples of this. Regrettably in late 20th century urban design, not to mention other 'policies', little priority has been given to 'walkability' and this has resulted in monoculture neighbourhoods where people can rarely walk to local services.

Russell Jones indicated that this was leading to the development of health impact assessments to complement other impact assessments.

Tim Mitchell of Glasgow City Council is responsible for the East End Local Development Strategy under the City Plan for planning the East End and he observed that this area has some of the worst health statistics in the UK; for example, male life expectancy falls as low as 58 years in some neighbourhoods. The area includes the Clyde Gateway Urban Regeneration Company Project. It is the largest regeneration area in Scotland. It is also designated as a national priority in the National Planning Framework. Tim indicated the thrust of urban planning is moving away from repairing to re-inventing and reconnecting. The area will also accommodate the Commonwealth Games in 2014 - a further catalyst for change.

Consultations in the area have revealed that people opt to use buses rather than walking and many areas are neither attractive nor safe to walk in. It is essential, therefore, that future planning focused on walkability: indeed, the future success of regeneration in this area will be down to walkability.

Current thinking is that the regeneration requires five development hubs for which master plans will be prepared. The concept envisages dense development, walkable neighbourhoods and connectivity within and between areas. Other key factors are the M74 completion, the National Indoor Sports Arena, the Commonwealth Games and drainage.

The traditional consultation approach was found to be unsuccessful so a different approach relying on the services of local people and community groups was used. Residents were given disposable cameras to develop a 'scrapbook' approach and taking local photographs to give their views on the area's problems from the local perspective. In addition, the planners explored change in terms of whether it would improve or worsen people's health prospects.

Etive Currie took up the story explaining how she had developed a *Healthy Sustainable Neighbourhood Model*. She indicated simplicity was key and is reflected in a nine theme jigsaw to illustrate the measures used to test planning proposals: themes selected include employment & training, housing diversity, climate, health and well-being.

Experience so far indicates that the model is useful at revealing imbalances. More importantly, it has been found that the community responded better to the healthy neighbourhood approach, because:

- it replaced planning and urban design jargon;
- it allows them to look at what is better and what is worse through health.

Etive has been developing a toolkit linked to the model which promotes the use of models and drawings rather than maps at local meetings which people find difficult to read. It is clear for those of us who've been around for some time that there is a resonance between this approach and *Planning for Real* that was popular a decade or two ago – the latter brought together local knowledge with planning skills and experience.

The City Council now plans to publish this Health Impact Assessment (HIA) model and see it tested in other places and, perhaps, use the toolkit on the Commonwealth Games proposals. A future meeting is planned with the Scottish Government who seem to be very interested in the responses to the HIA approach so far, and Glasgow will be happy to share their learning in the near future.