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Practitioners' perspectives on health in SEA of spatial planning policies in Scotland

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Abstract

Objectives

Local authorities in Scotland are required to produce a Local Development Plan (LDP), which allocates sites for development and sets policies to guide decisions on planning applications. As part of this, local authorities must undertake a Strategic Environmental Assessment (SEA). This is a structured assessment of likely environmental impacts, which includes human health. This study explores how SEA practitioners and SEA consultation authorities consider health.

Study Design

Qualitative study design using eight in-depth semistructured interviews.

Methods

Individual interviews were carried out with SEA practitioners from six local authority areas in Scotland, and two SEA consultation authorities. Interviews were recorded, transcribed and analysed thematically.

Results

Respondents articulated a broad perspective on health, but this was not reflected in SEA practice. Barriers to considering health more fully in SEA included low confidence in assessing health, limited partnership working with public health professionals and the lack of a consultation authority able to cover all aspects of health. Respondents valued partnership work between public health and planning professionals.

Conclusion

This study suggests recent work in Scotland to increase understanding of the role of spatial planning to influence health has been successful. However, further work is required to expand this to include links between spatial planning and health inequalities. SEA in Scotland does not currently support

holistic consideration of health and health inequalities. Strong partnership working between public health and other sectors can increase understanding of links with health and create healthy places.

Key words

Environmental Assessment
Health Impact Assessment
Spatial Planning

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Practitioners' perspectives on health in SEA of spatial planning policies in Scotland

Spatial planning policy influences health because characteristics of the places where people live, work, grow and age affect their health and wellbeing. Covid-19 has highlighted further the importance of local environments to communities' wellbeing, including mental health impacts. In Scotland, public health and planning professionals increasingly recognise these links. The Public Health Priorities include 'A Scotland where we live in vibrant, healthy and safe places and communities¹.' The Scottish National Planning Framework 4 (NPF4) Position Statement states 'NPF4 will be redesigned to support the population's health and wellbeing and address longstanding health inequalities².' The relationship between place and health acts through multiple pathways. The Place Standard identifies fourteen dimensions, which are features of a place that affect health and may be influenced by spatial plans³. The Place Standard supports engagement of communities to increase understanding of how place affects their health.

All local authorities in Scotland must produce a Local Development Plan (LDP). This allocates sites for development and sets policies to guide planning decisions. A mandatory part of LDP development is Strategic Environmental Assessment (SEA), a structured assessment of likely environmental impacts. The Environmental Assessment (Scotland) Act 2005⁴ establishes the issues to be considered in SEA, including human health.

The World Health Organisation advocates encompassing health impact assessments (HIA) within SEAs to ensure the full range of health determinants is considered⁵. Conversely, SEA guidance focuses narrowly on physical determinants. The Scottish Environmental Protection Agency (SEPA) scrutinises human health in SEAs in Scotland. Its guidance directs assessors to consider 'environmentally related health issues such as exposure to traffic noise or air pollutants⁶.' One of us (MD) reviewed Scottish SEAs, including 15 SEAs of spatial plans, finding variation in the health impacts considered and little assessment of differential impacts⁷. Reviews in other settings similarly report that 'health' in SEAs focus narrowly on air, water and soil quality as well as noise, with only few considering differential impacts and health inequalities^{8,9}. Most previous studies have been documentary reviews.

Little is currently known about the perspectives of SEA practitioners on including health in SEAs. We took a qualitative approach to explore the views of practitioners involved in SEA of LDPs in Scottish local authorities. Using qualitative semi-structured interviews we explored the views of eight

practitioners involved in SEA of LDPs in Scottish local authorities. They were Planning Officers in six local authorities who had led SEAs of their authorities' LDPs and SEA managers in two Consultation Authorities who scrutinise SEA reports. We identified four main themes: 1) Broad concept of health and place 2) Narrow scope of health in SEA 3) Barriers to considering health in SEA 4) Strategies to improve health in SEA. Table 1 presents example quotes by theme.

- Insert table 1 here

Broad concept of health and place

All respondents described an understanding of health encompassing physical and mental wellbeing. They emphasised the breadth of this understanding, often using the words 'broad' or 'wide' and described multiple influences on health. Local authority respondents reported that their LDPs reflected this broad understanding and were designed to improve health. One interviewee described achieving this through working with health partners to embed health in planning.

Respondents noted recent increases in recognition of broad links between health and place. Five of the six local authority respondents described using the Place Standard to assess the quality of local places and links to health, which may have contributed to this. Several respondents identified poverty as a health determinant, but there was less recognition of how planning could influence health inequalities.

Narrow scope of health in SEA

Contrasting with their own broad understanding of health, most participants reported a narrower scope of health within SEA, including environmental hazards and greenspace, but not mental or social wellbeing. None of the respondents reported consideration of differential impacts, although SEAs may include inequalities data in the baseline report. Health was viewed as subjective, less tangible than other issues assessed in SEA.

Several respondents reported frustration with SEA, saying it was cumbersome and did not add value to their planning process. They described LDPs as contributing to health improvement, reflecting good planning practice and Scottish Government policies. However SEA did not enhance these opportunities.

There was one discrepant account, from LA2, the only local authority respondent who was a dedicated SEA officer, without a spatial planning background. LA2 argued that the whole purpose of SEA was to protect people's health through environmental improvements. Interestingly though, LA2 also recognised that SEA practice often excluded consideration of 'softer' health issues and suggested that involvement of health professionals could help address this.

Barriers to considering health in SEA

Challenges in assessing health in SEAs included confidence and expertise of SEA practitioners. Some mentioned loss of dedicated SEA officers due to savings. Most practitioners said they lacked confidence in assessing health issues. There were difficulties in engaging with NHS colleagues in SEA, although some had engaged with health colleagues in developing the LDP itself. Several respondents identified a lack of relevant health data or expertise to understand and use health data meaningfully. Finally, they identified a lack of independent scrutiny of health within SEAs. Each consultation

authority scrutinises SEAs in relation to their area of expertise, and may identify some impacts relevant to health, but they cannot assess health overall.

Strategies to improve coverage of health in SEA

Several respondents proposed specific guidance or a template to identify health issues in SEA. This could build on tools used in health impact assessments adapted for SEA. However, others argued for a more integrated, streamlined approach. Some reflected on whether the Place Standard could be used in SEA. But there were concerns that it was too 'subjective'. Several reported positive experiences using it for local neighbourhoods but felt it would be less useful at a higher scale.

Respondents agreed that health would be more fully covered in SEA if there were a consultation authority able to scrutinise the full range of health issues, although most were pessimistic about identifying a suitable authority to take on this role.

Several respondents identified potential benefits of greater partnership work with health colleagues. LA2, who expressed the most enthusiasm for SEA and its potential to improve health, was the only practitioner who reported good involvement of NHS colleagues in SEA. This involved workshops at the scoping stage of SEA.

Embedding health in planning – the way forward

The accounts from SEA practitioners reported within this paper demonstrate their understanding of health as well as their perceptions of SEA. Practitioners in our study were familiar with the Place Standard, which may have contributed to their understanding of links between health and spatial planning. This did not transfer, however, to a greater understanding of links with health inequalities. Further work should raise awareness of the equity impacts of planning.

The WHO has long advocated the inclusion of health within SEA⁵, but SEA remains narrowly focused on environmental risks, despite repeated arguments for change. The structure of SEA also provides a poor framework to assess differential impacts and health inequalities. This highlights a glaring question. Should public health professionals abandon efforts to influence SEA and instead engage with planning, and other sectors, in other ways? This could involve separate health impact assessments, tools like the Place Standard, shared data, evidence and further training. Public Health has scarce resources, with increased capacity constraints following Covid-19, so must focus efforts in ways that are most likely to be influential. However, increased understanding of health among spatial planners in Scotland may not be replicated in other sectors, in settings where SEA guidance is less restrictive, or among the private sector consultants who complete many SEAs. As a mandatory assessment that is intended to include health, SEA should be viewed as a key opportunity to improve the health impact of plans and policies in many sectors. Doing this requires us to challenge guidance restricting the scope of health⁶. Recent international guidance may help to support this¹⁰.

Our findings highlight the important role of SEA consultation authorities in directing the scope and scrutinising SEAs. Respondents reported that Scotland lacks a consultation authority able to take a broad overview of health determinants in SEAs. Public Health Scotland is a newly established organisation covering all the domains of public health and could take on this role, but would need dedicated resources and legislative support to do so.

Finally, our findings highlight the benefits of strong partnership. The accounts suggest the Place Standard, developed as a partnership between public health and planning, has broadened understanding of health among planners. Respondents also reported benefits from involving public health colleagues, either in LDP development or less commonly in the SEA. A health in all policies

approach involves public health professionals building working relationships with colleagues to influence plans and policies. This can involve working together on SEA or through other processes. Either way, partnerships and public health engagement in planning are a powerful way to create a common understanding of opportunities for health and contribute to healthier policies in planning and other sectors.

References

1. Scottish Government. Public Health Priorities for Scotland; 2018. <https://www.gov.scot/publications/scotlands-public-health-priorities/> [Accessed 1st July 2021].
2. Scottish Government. Fourth National Planning Framework: position statement; 2020. <https://www.gov.scot/publications/scotlands-fourth-national-planning-framework-position-statement/pages/5/> [Accessed 1st July 2021].
3. Scottish Government. Place Standard tool Strategic Plan 2020-2023; 2020 https://www.placestandard.scot/docs/Place_Standard_Strategic_Plan.pdf [Accessed 1st July 2021].
4. Scottish Government. Environmental Assessment (Scotland) Act 2005, <https://www.legislation.gov.uk/asp/2005/15/contents> [Accessed 1st July 2021].
5. Fehr R, Viliani F, Nowacki J, Martuzzi M [editors]. Health in Impact Assessments: Opportunities not to be missed. Copenhagen: WHO Regional Office for Europe, 2014. <http://www.euro.who.int/en/health-topics/environment-and-health/health-impact-assessment/publications/2014/health-in-impact-assessments-opportunities-not-to-be-missed> [accessed 1st July 2021]
6. Scottish Environment Protection Agency. Strategic Environmental Assessment SEPA Guidance Note 5: Guidance on consideration of human health in Strategic Environmental Assessment; 2019. <https://www.sepa.org.uk/media/219433/lups-sea-gu5-consideration-of-human-health-in-sea.pdf> [Accessed 1st July 2021].
7. Douglas M, Carver H, Katikireddi S. How well do strategic environmental assessments in Scotland consider human health? *Public Health*. 2011;125(9):585-591. <https://www.sciencedirect.com/science/article/pii/S0033350611001892>
8. Fischer T, Matuzzi M, Nowacki J. The consideration of health in strategic environmental assessment (SEA). *Environmental Impact Assessment Review*. 2010;30(3):200-210. <https://www.sciencedirect.com/science/article/pii/S0195925509001292>.
9. Carmichael L, Barton H, Gray S, Lease H, Pilkington P. Integration of health into urban spatial planning through impact assessment: Identifying governance and policy barriers and facilitators. *Environmental Impact Assessment Review*. 2012;32(1):187-194.
10. Economic Commission for Europe. Draft guidance on assessing health impacts in strategic environmental assessment. 2020; ECE/MP.EIA/WG.2/2020/7. https://unece.org/fileadmin/DAM/env/eia/documents/WG.9_2020/Final_documents/2004508E.pdf [accessed 1st July 2021]

Table 1: Interviewee quotes by theme.

Theme	Quote	Interviewee ¹
1) Broad concept of health and place	<i>'I suppose within planning there's been a real kind of raising of awareness in the last 4 or 5 years, of the role that planning has in terms of creating places but it's also how that physical environment links quite dramatically with people's health... access to health services...active travel – walking, cycling opportunities, how a new development is going to affect the number of cars on the road, then that feeds into air quality. So, I think in my time here I have seen a real kind of, almost a change in mindset, that planning's not just the physical environment it actually affects peoples physical and mental health as well.'</i>	LA4
2) Narrow scope of health in SEA (Discrepant account)	<i>'When I put my SEA hat on that just narrows everything right down.. our [LDP] objective in terms of health is provide a suitable range of housing and employment opportunities, improve the health and living environment of people and communities, so they are really quite broad. Then the [SEA] questions are... how will it affect people in terms of noise or smells etc and do they have access to cycling and walking routes, open spaces and green spaces.'</i> <i>'The fundamental environmental thing for SEA is people and their health, and that's why in most things we do in terms of SEA, that is always top consideration, is people and health. As no matter what environmental consideration you look at in terms of SEA, it all comes back to the impact on or effect it would have on people, and their health and their wellbeing... like the green thread.'</i>	LA4 LA2
3) Barriers to considering health in SEA	<i>'They struggle to find out what is relevant health information in the context of the plan they are preparing so there is a big challenge there. They couldn't find information, even when they did have information they didn't really know what to do with it.'</i>	CA1
4) Strategies to improve health in SEA	<i>'I think [health] guidance would only be useful if you had, if the health agenda was picked up more clearly in one of the consultation authority's roles... unless you have someone in a position to pick up that aspect of SEA it's probably going to sit on the shelf somewhere.'</i> <i>'[in workshops]...everyone talks to each other about all the different things and how it impacts. So now when we do environmental work here, people aren't sitting in silos doing their own thing, it tends to be more joined up.'</i>	CA2 LA2

¹ LA indicates a Local Authority interviewee, CA indicates a Consultation Authority interviewee