

Health Topic Paper – ELC 004 (Background Paper)

Contents

INTRODUCTION.....	2
Context of change and uncertainty	3
Scope of Process	4
Data Collection.....	4
Doing the Review	5
Analysis	6
Impacts of Planning on Health.....	7
BACKGROUND EVIDENCE – SETTING OUT THE ISSUES.....	9
<i>Current Demographic Context</i>	9
Life Expectancy.....	9
Planning Objective	10
<i>Economic</i>	10
Planning Objectives	11
<i>Neighbourhood Design</i>	11
Planning Objectives	12
Public Health and Healthcare	12
Planning Objectives	15
<i>Social and Cultural</i>	15
Planning Objectives	18
Natural and sustainable Environment	18
Planning Objectives	18
Housing	18
Planning Objectives	19
20 minute neighbourhood.....	19
Planning Objectives	20
CURRENT GAPS	20

INTRODUCTION

The World Health Organisation describes health as “*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity...*” It describes well-being as “*a positive physical, social, and mental state; it is not just the absence of pain, discomfort, and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment and a healthy and attractive environment.*”

Increased wellbeing and sustainable development are part of the core purpose of Scotland’s National Performance Framework, which includes health as one of 11 national outcomes. This encompasses several national indicators including healthy life expectancy and premature mortality. The other 10 national outcomes include fair work and business, education, children, the economy, and poverty. Each of these in turn encompasses indicators that relate to the wider determinants of health, such as secure work, educational attainment, child social and physical development, income inequalities and wealth inequalities.

This highlights that health policy is not solely a matter for the health service but that the environment in which we live is a key determinant of health and well-being and therefore spatial planning has a huge effect on the impacts of our health. There is an important link between how places are planned, and developments delivered and the health of the communities who live in them.

Almost every aspect of our lives shapes our health and how long we will live – our jobs and homes, access to education and the quality of our surroundings. The inextricable link between health and wealth has been evident through the COVID-19 pandemic and the current cost-of-living crisis. Both have brought underlying poor health and structural inequalities to the fore.

The purpose of this Paper is to provide background information on the subject of health and wellbeing in our communities in relation to the development of the East Lothian Local Development Plan 2 and to assess the key health and well-being priorities arising in East Lothian as evidenced through the latest [East Lothian Strategic Assessment 2022](#).

The Strategic Assessment analyses the key trends, challenges and opportunities presented and is structured around three key objectives of the [East Lothian Plan 2017-2027](#) (Local Outcomes Improvement Plan) - Sustainable Economy, Resilient People, Safe and Vibrant Communities - whilst Reducing Inequalities, the overarching priority, is a cross-cutting theme throughout. This work captures multi-level data to describe local health and wellbeing needs. These needs underpin locally identified priorities that LDP2 should consider when developing policies to support health. The key aim is to ensure that the best possible responses to the identified health priorities are fully integrated into the planning process.

OBJECTIVES

The objective of reviewing the current policies is to enhance the effectiveness and efficiency of the Local Development Plan in achieving the objectives of planning in Scotland as set out in the Planning Framework established in NPF4. The new LDP will evaluate the local content to ensure that it:

- Sets out effectively the policy objectives for use and development of land and
- Makes effective use of National and local provisions to give effect to national and local planning policy objectives.

Planning Policy Background

Much of the content of the Local Development Plan (LDP) is determined by the Government and reflected in the Planning Act 2019 and the fourth National Planning Framework for Scotland, NPF4. NPF4 sets out the broad policy principles, of which regional and local policy must align. The local content of the LDP applies these broad principles to the local context and provides guidance for day-to-day decision making. The local content also helps the community understand the types of use and development anticipated, and in which locations.

This paper evaluates the current LDP and ensures that the emerging LDP2 is consistent with, and gives effect to, new national and local policy directions. The 2019 Act requires the LDP2 to be consistent with the Council Plan, with the expectation that the LDP will contribute to the wider vision for an area as set out in the Local Outcomes Improvement Plan.

In this context, the paper goes beyond a policy neutral review. Council will use this evidence base to canvas and advance some broader visions for the future land use and development of the county in consultation with the community.

This paper specifically provides information on the key health issues facing the county and details the methodology, the key findings of audit work and any consultation feedback and makes recommendations for changes to the current LDP policy approach which will be developed further through the next stages of the LDP.

Context of change and uncertainty

At the national level there has been considerable policy change, with some key proposals still not enacted from the Planning Act (2019). Several key national policy documents have/are undergoing change:

- In July 2019, the Scottish Government enacted the new Planning Act 2019. The Act created fundamental changes to modernise Scotland's planning system, including changes to planning for health in Scotland. An assessment has been made against the new objectives for planning as set out in the Act.
- In November 2021, the Scottish Government released a draft National Planning Framework for consultation. This was not policy neutral and proposed a new framework for the Local Development Plan.
- In January 2022, the Scottish Government released a draft regulation and guidance on Local Development Plans
- In January 2022, the Scottish Government released guidance on Local Place Plans

- In February 2023 the National Planning Framework 4 came into force.

Other current national planning reforms

- The review of permitted development rights
- Digital transformation of planning
- The promotion of place

Taken together, these reforms create a new focus on planning and new opportunities to embed health considerations within the planning process. This is of key relevance for East Lothian, which sets out the following objectives¹ in the Council Plan:

- **Grow our Economy** – Increase sustainable and inclusive economic growth as the basis for a more prosperous East Lothian.
- **Grow our People** – Give our children the best start in life and protect vulnerable and older people.
- **Grow our Communities**– Give people a real say in the decisions that matter most and provide communities with the infrastructure and environment that will allow them to flourish
- **Growing our Capacity** – Deliver excellent services as effectively and efficiently as possible within our limited resources.

Outcomes in each of these areas can be improved if every opportunity is taken to maximise the health benefit of planning considerations. The Council Plan 2022-2027 seeks '*An even more prosperous, safe and sustainable East Lothian, with a dynamic and thriving economy, that enables our people and communities to flourish.*' The Plan, adopts one overarching objective, **Reducing inequalities within and across our communities**. This means the forthcoming LDP2 must facilitate healthy place shaping and help deliver various health and wellbeing initiatives.

Methodology

Scope of Process

The primary purposes of this review are:

- To ensure alignment between the Council Plan 2022- 2027 and the Local Development Plan.
- To review local planning policies in light of recent national and local planning policy changes and relevant appeal/Case Law findings.
- To seek feedback from stakeholders and the community as to the performance of the Local Development Plan.

Data Collection

In carrying out this review the following data has been collected and considered:

- The Council Plan 2022-2027.
- Demographic data from ScotPho, National Statistics Scotland, NHS Lothian, Joint Strategic Needs Assessment².
- National and local government policy and other requirements which have been modified since the 2018 LDP.

¹ [East Lothian Council Plan 2022-2027](#)

² [Joint Strategic Needs Assessment 2022-2027](#)

- Feedback from other Council departments, including data on health statistics, areas of deprivation, housing, and planning applications.
- Community and other stakeholder feedback.

STAKEHOLDER CONSULTATION

Council carried out consultation with the local community and other stakeholders. Engagement activities ran for 14 weeks, between June and September 2023. Council designed the activities to give interested stakeholders a range of opportunities to learn about the new Local Development Plan and provide feedback.

Activities included:

- Six ‘drop in’ engagement sessions in each of the main settlements.
- A bulk email to all interested parties on the LDP mailing list.
- Displays within Council’s libraries and local community notice boards.
- A social media post shared via Council’s Facebook and Twitter accounts.
- An online survey and story board.
- The Place Standard.

As part of our statutory duties, the Planning Service also undertook targeted consultation and engagement with Children and Young People. This consisted of:

Primary Schools –

- A video introducing planning and the Local Development Plan
- ELPA introducing the LPD during summer play events.
- East Lothian Plan Association (ELPA) in 10 schools to undertake focused activities about place.

Secondary Schools –

- Specific school age place questionnaire to be completed.
- Play Scotland in 6 schools to undertake focused activities about place.
- Use of the Place Standard or Children and Young People.

U25s –

- Poster and flyers highlighting the opportunity to get involved in place making – QMU, East Lothian Works, The Ridge, The Bridge Project.

Council also worked closely with the NHS Lothian Public Health Partnership and Place team (East Lothian) who offered guidance, resources, and feedback.

Doing the Review

The review has considered:

- The content of the current Local Development Plan.
- The consistency of the LDP with the broader NPF4.
- The strategic performance of the LDP.
- Any strategic gaps in the LDP.
- Linkages between the Council Plan and the LDP.

Analysis

The Council carried out extensive consultation with the local community and other stakeholders. Engagement activities ran for 14 weeks, between June and September 2023. Specific meetings were held with NHS Lothian and East Lothian Economic Development colleagues. As well as public wide consultation and general consultation information was also gathered from surveys with young people (of various ages), individuals with particular needs including accessible housing needs, gypsy travellers and general consultation with key agencies, the development industry and the public.

A Summary of Evidence Report Engagement Report (Document 027) has been completed for all the consultation undertaken in the development of the Evidence Report. A summary of the engagement carried out can be found in that report.

The key themes that came out of the analysis from consultation and engagement for health and planning were:

	General Consultation	7-11 year olds	12-25 year olds
Active Travel	<p>Wider footpaths, with safer walk/wheel routes that are connected to a wider network of active travel corridors.</p> <p>Discourage driving in town centres</p>	<p>Walkability is important, characterised as car free routes, well-lit paths.</p> <p>Need for lower speed limits, safe walkways, and cycle paths.</p> <p>The need for parks for older children is mentioned frequently.</p>	<p>Wider footpaths</p> <p>Frequency and reliability of buses</p> <p>More safe cycle routes and secure bike parking.</p>
20 Minute Neighbourhoods	<p>Creating mixed use neighbourhoods within walking distance of services such as shops and schools that encourage informal social interaction and including protecting existing, and allocating new, land for community gardens, allotments, community woodlands, wildlife corridors etc</p>	<p>Children appreciate local facilities such as shops, community centres, sports facilities that they don't need to drive to.</p> <p>Clean towns with local facilities that are safe and easy to walk and cycle to. Parks, places to play, swimming pools and shops are frequently mentioned.</p>	<p>Improvements in the range of shops available</p>
Open Space/Community Space	<p>Allocating and improving open space and play areas.</p> <p>More green walkways connecting towns and villages.</p>	<p>Playing out is mentioned frequently as important to children. The common factors supporting this are spaces without cars, natural spaces,</p>	<p>Most young people like the open spaces, parks, and woodland in their area</p>

	Land to be allocated for allotments, community gardens/orchards in existing & new settlements	safe routes, street lighting.	
Safety	Consider solar lighting for some areas.	Safety comes from street lighting, fewer cars, cycle paths and knowing people in the neighbourhood.	Issues around feeling safe – road safety and in the dark Lack of lighting in some areas.
Other	<p>Healthier food outlets across the county (too many takeaways opening up near schools)</p> <p>Keep public toilets open.</p> <p>Presumption against particular types of development (e.g., drive throughs, out of town, take aways on the high streets)</p> <p>Providing affordable housing for key workers in health and care roles</p> <p>Encourage the renovating and upgrading of existing housing stock in the historic centres.</p> <p>Pause the Musselburgh Flood Scheme</p>	<p>Fewer cars would help with pollution and make roads safer to walk.</p> <p>The need to stay active and healthy and the significant impact cars have on daily lives.</p>	<p>A perceived lack of resources for mental health service for young people</p> <p>improvements to infrastructure and facilities</p> <p>lack of job opportunities</p>

Impacts of Planning on Health

The linkages between health and the built and natural environment have long been established and the role of the environment in shaping the social, economic, and environmental circumstances that determine health is increasingly recognised and understood¹. Research is clear that the environment in which we live is inextricably linked to our health across the life course. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health, and wellbeing outcomes. Public Health Scotland define health inequalities as '*...unfair and avoidable differences in health within the population across social classes and between population groups*' (PHS, Health Inequalities Learning Hub, n.d.)

In recognition of this, the significant inequalities that Scotland face, a climate crisis and the social and economic impacts of the Covid-19 pandemic, the Place and Wellbeing Outcomes³ are a useful reference point. These provide a consistent and comprehensive set of outcomes that every place needs to enable those who live, work, and relax there to stay healthy and thrive. Crucially, it highlights that to help in reducing Scotland's significant inequalities, every sector needs to be working together to take actions that deliver all the Outcomes in every place⁴.



Across a range of aspects of health there is a widening health gap between people living in the most deprived fifth of areas and the rest of the population. Trends in the socioeconomic factors that influence health provide little indication that health inequalities will improve in future, underlined by increasing rates of extreme poverty.

As a result, public health issues are high on the political agenda within the Scottish Government and locally. A stronger connection with planning will enable place-making to play a more preventative role in creating healthier communities and secure a healthier built environment.

In producing this paper, it is intended to promote health and help East Lothian tackle health inequalities and encourage healthy developments through the production of LDP2 and try to deliver the most beneficial outcomes for the health and wellbeing of the community.

³ www.improvementservice.org.uk/data/assets/pdf_file/0016/23173/EMBriefing-20MinuteNeighbourhoods.pdf

⁴ [Briefing: Place and Wellbeing Outcomes \(improvementservice.org.uk\)](http://www.improvementservice.org.uk)

This is a very complex subject which impacts almost every Local Development Plan policy. It is therefore not practical to identify every issue. We will instead look at the main areas where there is potential for planning policy changes to have a significant impact and look at the main topics that have been raised by those living in East Lothian. We will focus on tackling the planning-related components that make up the 'social determinants' of health.

It is intended that this work will be used as evidence to inform future planning policy and decision-making for East Lothian in the next LDP.

BACKGROUND EVIDENCE – SETTING OUT THE ISSUES

Current Demographic Context

Over the next 10 years, population growth will rise in East Lothian with population estimates between 2018 and 2043 predicted to increase by 12.8%, reaching a peak of 121,743 by 2043⁵ (estimated population rise over 65 between 2018 to 2028 is 55.8%)⁶. An ageing population means we need to increase our focus on preventing ill health, managing long-term illness, and identifying new ways of working to meet the needs of the growing older population.

New Census 2022 information note that the National Records of Scotland estimates and projections of East Lothian's population are well below the reality. The last long-term projections based on 2018 estimates (published March 2020) suggested that East Lothian's population would rise to 113,400 by 2028. But we already have a population of 112,300 by June 2022 so are likely to hit the 113,400 level by mid-2023 – 5 years before the projection.

Based on these projections East Lothian will see a faster population growth than Scotland.

Life Expectancy

On average East Lothian is a relatively affluent area and has a higher average life expectancy than many other areas of Scotland – however Scotland has the lowest life expectancy of any Western European nation. Mirroring trends in the wider UK, improvements in life expectancy and other important markers of population health, have stalled in East Lothian in the last decade⁷. An increasing body of evidence links these national trends to UK government austerity policies and their impact on inequalities.

Since the 1950s, Scotland has had the lowest life expectancy of UK nations and in recent decades its position has deteriorated relative to other western European countries. Although East Lothian life expectancy is above the Scottish average, aggregate figures mask wide inequalities in life expectancy. Within East Lothian, the life expectancy of males and females is predicted to increase by 2.4 and 1.8 years, respectively by 2042/43. East Lothian has a higher life expectancy among females (82.9) than males (78.2). However, life expectancy in the most deprived areas of East Lothian has decreased by 8yrs for men and 4.8yrs for women.

⁵ [East Lothian JSNA Draft Sept 22.pdf](#)

⁶ [Background information | Planning older peoples' services | East Lothian Council](#)

⁷ [See Glasgow Centre for Population Health Factsheet: Changing Life Expectancy in the UK and Why it Matters \(gcph.co.uk\)](#)

These outcomes are the result of ‘systematic, unfair differences in the health of the population that occur across social classes or population groups’. Examples of such classes or groups are people from more deprived socioeconomic positions, ethnic minority populations, people living with disabilities and care-experienced people.

The population change and life expectancy rates raise various interrelated considerations such as the impact on the local economy, the viability of some services and whether additional services will be required. An ageing population is likely to increase the prevalence of disability or long-term illness conditions.

Planning Objective

To facilitate the development of well-designed and appropriately located residential aged care facilities.

Economic

The significant inequalities in life expectancy are mirrored by inequalities in many measures of disease and wellbeing (examples outlined below). These outcomes are in turn driven by inequalities in the social determinants of health, including income, employment, housing, and education.

In 2019, there was a 24-year gap in the time spent in good health between people living in the most and least socioeconomically deprived 10% of local areas in Scotland. This gap has been widening since 2016.⁸

The SIMD 2020 reported that 8 of East Lothian’s 132 data zones were ranked in the 20% most deprived in Scotland. 26 data zones in East Lothian are in the 20% least deprived in Scotland. These areas of deprivation are found to the west of the county (4 in the Tranent, Wallyford & Macmerry ward, 3 in the Preston Seton Gosford ward, and 1 in the Musselburgh ward).⁹ Although area-level deprivation is helpful for understanding how concentrations of disadvantage or need can occur, it is important to note that many people experiencing socio economic disadvantage in East Lothian live outside areas categorised as the most deprived communities. Hence disadvantage is spread unevenly across the population and will be experienced differently for people in rural and semi-rural areas.

Deprivation leads to health inequalities, including lower life expectancy, higher rates of disease and more long-term illness. COVID-19 mortality rates were over twice as high in the most deprived areas, driven by poorer underlying health and increased risk of exposure to the virus. As the cost-of-living crisis increases, the poorest families are least able to cope with higher costs of food etc. These crises are exacerbating long-established health inequalities, placing greater urgency on the need for comprehensive and sustained action across society¹⁰.

In a British study, unemployed people had higher markers of inflammation in their bodies and hence were at higher risk for illness. The longer the unemployment the greater the risk. The most severe inflammation levels were recorded in Scotland, the part of the UK where unemployment was most prevalent and chronic¹¹. This can also be seen in those that are employed but deem their position to

⁸ [Leave no one behind | Health Foundation](#)

⁹ [SIMD \(Scottish Index of Multiple Deprivation\) – these are currently being updated and will be available on 2024.](#)

¹⁰ [Leave no one behind | Health Foundation](#)

¹¹ [Elevated inflammatory biomarkers during unemployment: modification by age and country in the UK | Journal of Epidemiology & Community Health \(bmj.com\)](#)

be lower on the societal hierarchy which can be a greater predictor of death from heart disease than commonly listed risk factors such as smoking cholesterol or hypertension. Along similar lines Australian researchers found that a bad job is worse for mental health than being out of work.

In East Lothian:

- 10.2% of Residents are income deprived.
- 10.38% of children are in low-income families.
- 7.62% of working age population claiming out of work benefits.
- 10.62% of households with children in East Lothian are living in fuel poverty.
- There has also been an increase in people receiving food parcels¹².
- Women (9%) are impacted by the threat of food insecurity significantly more than men (2%) in East Lothian¹³.

Gambling is part of East Lothians recreation and entertainment offering, but for some people it causes serious personal, financial, and social effects. There is concern that electronic gaming machines and betting offices pose a risk for vulnerable communities due to the geographic prevalence of venues and high level of losses generated.

Planning Objectives

To encourage the concentration of retail, residential, commercial, administrative, entertainment and cultural developments into town and local centres that are highly accessible to the community.

To strengthen and diversify the economy.

To provide accessible community infrastructure (e.g., health, education, social, leisure and cultural facilities) in different locations suited to the local community's needs, this is covered in more detail in the Spatial Strategy and Infrastructure Background Paper (Document 006).

To encourage development that meets the community's needs for retail, entertainment, office, and other commercial services.

To provide appropriately located sites for community facilities including schools, libraries, preschools and childcare, health services, police and fire stations, recreation, and sports facilities.

To ensure the location of services responds to local social, health and economic characteristics, and avoids negative effects on vulnerable communities.

Neighbourhood Design

Loneliness can kill, especially in older people separated from pleasures, social connections or support. A vast review of multiple studies encompassing more than 300,000 participants concluded that the lethal effect of deficient interpersonal relationships is comparable to such risk factors as smoking and alcohol and even exceeds the dangers posed by physical inactivity and obesity¹⁴. Open space and greenspace is extremely important to the population's health and wellbeing. Open space / greenspace also has important functions in community cohesion, social interaction, inter-generational meeting places (reducing loneliness & isolation etc), access to nature, play spaces etc.

¹² This is based on ScotPho information from 2016/2017.

¹³ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/scottish-health-survey/)

¹⁴ [Social Relationships and Mortality Risk: A Meta-analytic Review | PLOS Medicine](#)

The built environment and particularly green space has a major effect on a child's development. He noted that mothers who live near green space and a well-suited built environment have healthier babies with a healthier weight. - East Lothian has a statistically significantly worse % of healthy birth weights compared to Scotland. Children who live near open space have better health than those who do not. Access to open space early in a child's life is crucial for long term good health and development (see social and cultural section above). *'The more green spaces in areas, the more the inequalities of those health of children will actually come through'*¹⁵ Access to open and green spaces at a young age also helps to build up a child's immune system resulting in less asthma, eczema, hay fever, less cancers and dementia and heart disease in future etc due to less inflammation triggered at a young age from impacts of their built environment.

- 13.5% of East Lothians population live within 500m of derelict land.
- 34.8% of residents in East Lothian live alone.
- 71.8% of adults rate their neighbourhood as a very good place to live.
- 63.93% use active travel to get to school.
- 10.89% use active travel to get to work.

Planning Objectives

To achieve neighbourhoods that foster healthy and active living and community wellbeing.

To contribute to community health and wellbeing by providing a high-quality environment which encourages walking and cycling as part of the daily lives of residents, workers and visitors.

To improve access to open space/green space and improve connections between spaces.

To provide for direct, safe, and easy movement through and between neighbourhoods for pedestrians, cyclists, public transport, and other motor vehicles using the neighbourhood street network.

To design footpaths to accommodate wheelchairs, prams, scooters, and other footpath bound vehicles.

To provide secure, accessible, and convenient bicycle parking spaces and associated shower and change facilities

To provide public lighting to ensure the safety of pedestrians, cyclists, and vehicles.

To provide pedestrians with a sense of personal safety at night.

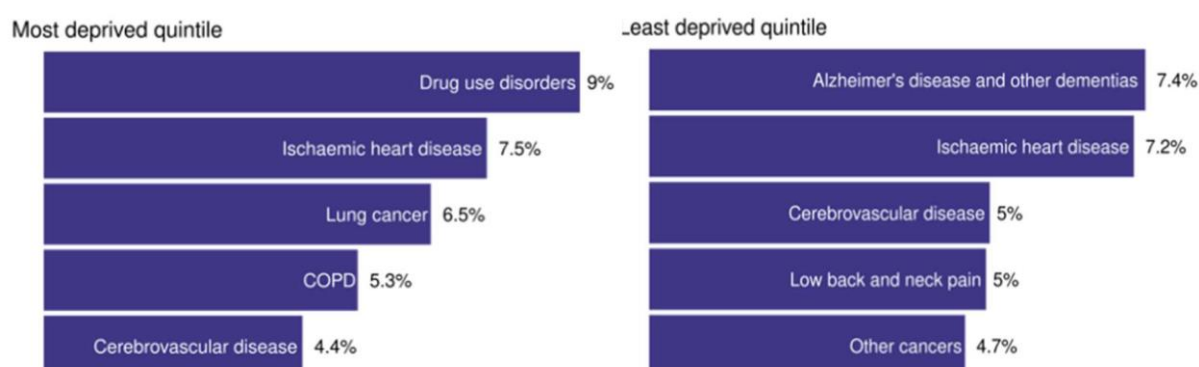
Public Health and Healthcare

While mortality is a useful measure of population health it is also important to look at the number of years people live in good health. This is also stagnating in Scotland, much like life expectancy. The three leading groups of causes of ill-health and early death in East Lothian are cancers, cardiovascular diseases, and neurological disorders. These groups of causes account for 47% of the total burden of health loss. It is striking that in East Lothian these rates of ill health and early death tend to be lower than Scottish rates. It is likely that this improved average health in East Lothian is in large part attributable to the relatively low levels of deprivation across the population as a whole.

¹⁵ [Levelling Up Housing and Communities Committee - Intelligent Health Evidence \(youtube.com\)](#)

Figure 2 helps to understand which diseases and injuries contribute most to population ill-health and early death in the most deprived quintiles compared with the least deprived quintiles of the population in East Lothian.

Figure 2. Leading individual causes of ill health and early death by proportion in the most and least deprived quintiles in East Lothian (SIMD 2020)



There has been a rise in autoimmune conditions with 1 in 10 people having a disorder in the UK, 13% of women and 7% of men. Socioeconomic, seasonal, and regional disparities were prevalent among numerous autoimmune disorders in the UK¹⁶. These variations indicated that they are unlikely to be attributable to genetic differences alone and may instead show the involvement of more modifiable risk factors such as smoking, obesity or stress that contribute to the development of some autoimmune diseases. In other words, something in our environment or a combination of things is inflaming our bodies. For most of us when we hear environmental factors, we tend to think of material factors such as air pollution. A complete understanding of health and disease requires a far more encompassing view of the world environment. The explanation for these changes should be sought in the environment.

In a five-decades-long British study that followed nearly ten thousand people from birth until the age of fifty, it was found that early-life adversity—abuse, socioeconomic disadvantage, family strife, for example—greatly increased the risk of cancer before the mid-century mark. Women who experienced two or more such adversities had a doubled risk by midlife¹⁷. There is some suggestion that cancer risk may be influenced by exposure to stressful conditions and events early on in life.

Figure 3 Differences in cancer registrations between deprivation groups for 2018-2020

¹⁶ [One in ten people have an autoimmune disorder in the UK \(openaccessgovernment.org\)](https://openaccessgovernment.org/one-in-ten-people-have-an-autoimmune-disorder-in-the-uk/)- accessed 6/11/23.

¹⁷ [Childhood adversity as a risk for cancer: findings from the 1958 British birth cohort study | BMC Public Health | Full Text \(biomedcentral.com\)](https://www.biomedcentral.com/bmcpublichealth/article/13/1/111)

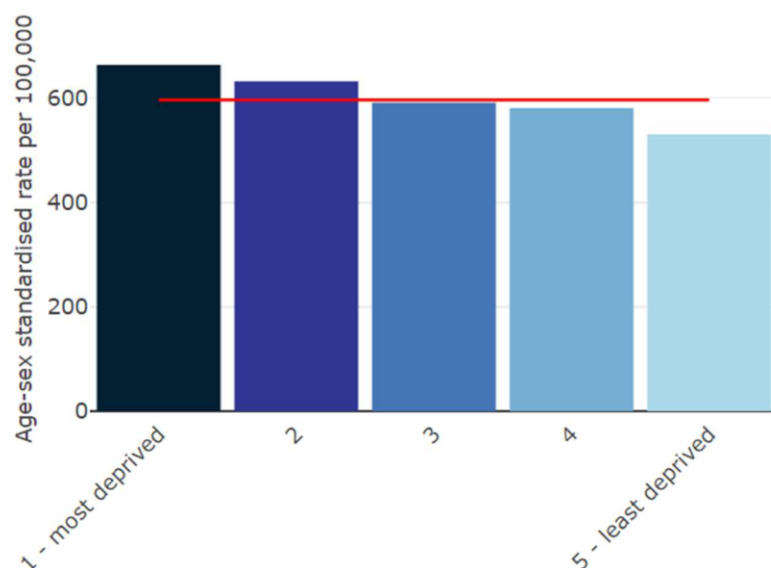
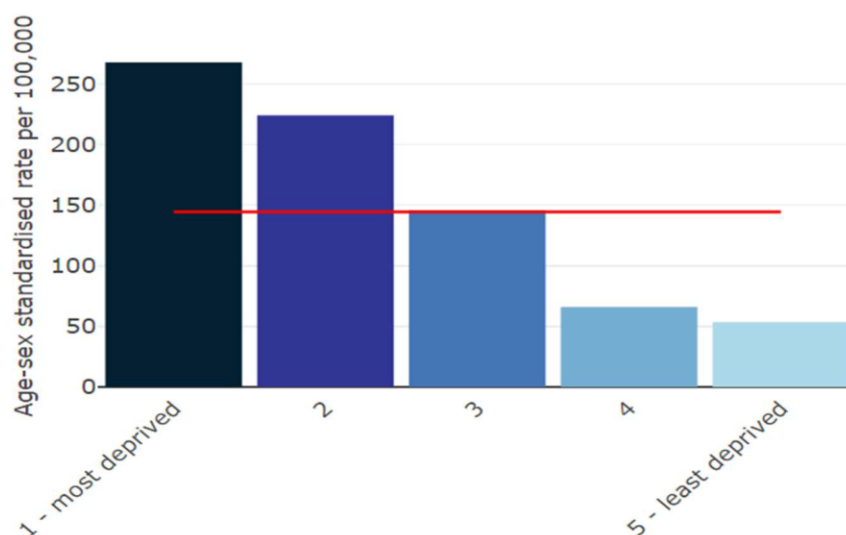


Figure 3 shows difference in prevalence of all types of cancer (measured by cancer registration) for people living in more and less deprived areas of East Lothian. Cancers include a wide range of different disease processes, with a broad range of risk factors (e.g., tobacco, pollution, obesity, genetics). Those living in the most deprived areas of East Lothian have 13% more registrations for cancer than the overall average.

Figure 4. Differences in chronic obstructive pulmonary disease (COPD) patient hospitalisations between deprivation groups for 2019/20-2021/22



The most important risk factor for COPD in high- and middle-income countries is tobacco smoke. Other risk factors for COPD include outdoor air pollution, increasing age, infection, genetic predisposition, socioeconomic status, and factors associated with lung growth and development¹⁸. As can be seen in Figure 3, patient hospitalisations for COPD in those living in the most deprived areas of East Lothian are almost double the overall average.

- 30.64% People aged 65+ with high levels of care needs who are cared for at home.

¹⁸ [Risk factors – ScotPHO](#)

- 24.2%¹⁹ of East Lothian residents reported having a long-term limiting disability or mental health condition in 2019
- 47% loss of health from cancers, cardiovascular diseases, and neurological disorders
- 13% more registrations for cancer than overall average in most deprived areas.
- Cause of ill health in most deprived areas: 9% drug use, 7.5% heart disease, 6.5% lung cancer, 5.3% COPD.
- Cause of ill health in least deprived: 7.4% Alzheimer's/dementia, 7.2% heart disease, 5% cerebrovascular disease.
- COPD is attributed to outdoor air pollution, increasing age, infection, genetic predisposition, socioeconomic status.
- Almost double the average patients in most deprived areas have COPD.
- The number of Alzheimer's and other dementia deaths has increased within East Lothian (183.7% since 2000). East Lothian has a consistently higher rate of death due to Alzheimer's and other Dementias than Lothian and Scotland.
- Higher density "unhealthy food outlets" around schools.

Planning Objectives

To assist the integration of health facilities with local and regional communities.

Facilitate health and community wellbeing areas through co-location of existing services.

To establish, manage and improve a diverse and integrated network of public open space that meets the needs of the community.

Social and Cultural

The effects of our socioeconomic environment are visible within our cells. The neighbourhood in which we live, the deprivation, crime, the income associated with a postcode are all associated with ageing of the cells. That is one of the biggest demonstrations that our health is outside of our body.

In recent decades, an enormous amount of research has stated the importance of women's physical environment, health, and emotional balance during pregnancy to the optimal development of the infant. In the same time we have seen a substantial increase in the number of children, adolescents, and young people facing depression and anxiety and other mental health challenges. A very early factor is the stresses pregnant women are under—emotional, economic, personal, professional, and social.

There is also a socioeconomic link between children and ADHD. Physical factors such as access to open/green space, nutrition and air quality interact with socioeconomic status predisposing children to such problems as depression and anxiety and ADHD. Those in the lower SIMD areas have more exposure to these things on all counts, whether the bad air, or stress and other things. For example, they have lower average birth weights and breastfeeding rates, have poorer dental health and are more likely to be obese²⁰. Maternal smoking, alcohol consumption, and drug use during pregnancy have been identified as significant prenatal risk factors for ADHD. Some studies have found that children born to mothers who smoked during pregnancy may be at a higher risk of developing ADHD; similarly, prenatal exposure to alcohol and certain drugs has been associated with an

¹⁹ [Statistics.gov.scot](https://statistics.gov.scot)

²⁰ [Scotpho – East Lothian Profile](#)

increased likelihood of ADHD symptoms in children²¹. Premature birth and low birth weight are additional prenatal factors that have been linked to an increased risk of ADHD. Access to regular physical activity and open spaces can help with ADHD.

- The East Lothian healthy birth weight is significantly lower than Scotland percentage at one point in all year's measures (2018/19-2020/21)²².
- East Lothian (32.97%) has statistically higher than the national average (16.47%) of maternities with drug use.
- 21.5% of 16-34 years smoke in East Lothian, the majority of them are female.

24.2%²³ of East Lothian residents reported having a long-term limiting disability or mental health condition in 2019. The East Lothian mental wellbeing score was statistically higher than the Scottish population and especially high in S2 girls.

The rate of suicide deaths per 1000,000 population in East Lothian follows a similar trend to the total number of suicides and has increased for years to 2016-2020. The lowest rate recorded in East Lothian is 8.5 in 2015-2018. At their peak the rate of East Lothian East appears to be higher than East Lothian West.

- 19.38% of East Lothian residents are prescribed drugs for anxiety/depression.
- Increase in mental health issues and growing waiting list for mental health services.

The misuse of drugs can have a wide range of effects on people's health and their place in a community. In Scotland the drug-related admission rate has shown a general upward trend from 3,366 in 1996/97 to 10,323 in 2020/21. A higher rate of problematic drug use in Scotland is more prevalent in deprived populations. 2018 and 2019 share the highest number of deaths of all recorded years (18). Being a relatively small population with lower levels of multiple-deprivation, East Lothian has quite a small numbers of drug related deaths. Rates calculated from those small numbers of events will vary from year to year, however the increasing trend is evident in East Lothian, as elsewhere.

Addiction can impact anyone. According to Scottish Government Statistics²⁴ there were:

- 298 suspected drug deaths in Scotland between January and March 2023. Males accounted for 67% of suspected drug deaths. This compares with 70% between January and March 2022;
- There were 98 suspected drug deaths of females in Scotland, an increase of 14% (12) compared to the same period in 2022;
- A majority (66%) of suspected drug deaths were of people aged between 35 and 54.
- There were 1,105 suspected drug deaths over the 12 months to March 2023, 7% (82) fewer than the 12 months to March 2022.
- For East Lothian, a total of 17 deaths were recorded for 2022²⁵

²¹ [Exploring the Links Between ADHD and Environmental Factors | The ADHD Centre](#)

²² [East Lothian JSNA Draft Sept 22.pdf](#)

²³ [Statistics.gov.scot](https://statistics.gov.scot)

²⁴ [Suspected drug deaths in Scotland: January to March 2023 - gov.scot \(www.gov.scot\)](https://gov.scot)

²⁵ [Official 2022 East Lothian Drug Related Deaths Statistics are released | East Lothian Council](#)

As a comparison, in East Lothian the rate of alcohol-specific deaths (14.3 /100,000) are approaching similar levels to the drug misuse deaths (15.5 /100,000).²⁶ It is important not to lose sight of the harm that accessibility to alcohol presents and the psychological impacts of substance use. Again, this often demonstrates a deprivation gradient where people with problematic substance use have and do experience multiple and overlapping disadvantage, of which drug and alcohol use is the symptom of greater inequality.

The food environment plays an important role in promoting a healthy diet, but this is a complex system influenced and determined by a series of factors, including a person's proximity to food retail outlets and the type of food available. Vulnerable groups, including those on a low income, children, young people, those who are overweight or obese, and those of certain ethnicities, are less likely to achieve a healthy and balanced diet. To date, there is relatively limited good quality review level evidence on the influence of the food environment on health and wellbeing outcomes. However, existing evidence indicates that making healthier foods more accessible and increasing provision of low-cost healthier food could be effective interventions, but these are likely to be more effective as part of a whole system approach to diet and obesity.

- Nearly two-thirds of adults in England are obese or overweight, as are a third of children six years of age. According to the NHS, in the statistical year 2018–2019 there were 876,000 hospital admissions in Britain in which obesity was a factor, an increase of nearly 25 percent over the preceding twelve months²⁷.
- 68% of adults in East Lothian have obesity or excess weight.
- Activity levels of East Lothian residents for physical activity has experienced an overall decrease.
- Increase in childhood obesity in recent times from 21.8% to 29.6% - highest in the Lothians.
- A decrease in healthy weights of children from 77.7% to 69.9%. From 2019/20 onwards East Lothian was statistically lower than the Lothian population²⁸.

The rising levels of childhood obesity are very concerning, and childhood obesity is not only linked with poorer health outcomes and health risks into adulthood but can also be linked with poorer academic outcomes and mental health issues in childhood. There are growing concerns over the link between poverty and deprivation and childhood obesity and prevention should be focused on the socio-economic determinants of childhood obesity.

Evidence supports that the food environment plays a key role in health outcomes and obesity levels in children. There is a key link between deprivation, unhealthy food environment and obesity/poorer health outcomes. Evidence supports that in areas of higher deprivation there is a higher density of "unhealthy food outlets" and also higher rates of childhood obesity. This link is also true of higher density "unhealthy food outlets" around schools in more deprived areas. There is also the reverse of this where areas of high deprivation have lower density of outlets selling healthy food.

There are persistent inequalities in weight outcomes for both children and adults. As well as the complications and poor health outcomes similar to those listed for children above obesity can also contribute to cardiovascular heart disease (CHD). 'Despite a substantial reduction in the rate of death from coronary heart disease over the last decade, it remains one of the leading causes of death in Scotland²⁹.'

²⁶ NHS Lothian Drug Related Deaths Annual Report 2021, September 2022

²⁷ [Statistics on Obesity, Physical Activity and Diet, England, 2020 - NHS Digital](#)

²⁸ JSNA

²⁹ CHD Introduction 2, <https://www.gov.scot/publications/long-term-monitoring-health-inequalities-march-2022-report/pages/15/#:~:text=There%20were%20over%202%2C300%20deaths,low%20of%2096.8%20per%20100%2C000.>

Planning Objectives

To create environments that are safe, healthy, functional, and enjoyable and that contribute to a sense of place and cultural identity.

Natural and sustainable Environment

Health is inextricably tied to climate change. Climate and extreme weather events: including an increase in air pollution, rising temperatures and extreme weather events such as flooding can have a long-lasting impact on our health. The harms of climate change include acute and chronic physical illness such as cardiovascular disease and susceptibility to infections, along with mental health challenges brought on by the stress they have to live through when a natural disaster happens e.g., without heat or electricity, darkness, cold and home damage. East Lothian Council declared a climate emergency in 2019 and a nature emergency in 2023.

Planning Objectives

To reduce car use, greenhouse gas emissions and air pollution

To provide greater opportunities for residents to work locally to reduce travel times to work, reduce congestion and for the sustainability and health benefits of less car reliance.

To ensure development maximises passive energy efficiency and creates quality living and working environments. For more information see the Climate Background Paper (Document 003).

To establish, manage and improve a diverse and integrated network of public open space and green space that meets the needs of the community, such as community gardens, sports and recreation, play spaces, active transport routes, wildlife corridors etc.

Housing

'Housing has the potential to reduce or reinforce health inequalities. It exerts a substantial influence on health and wellbeing through several linked routes, including: the affordability of homes; the quality of homes; and the role of the home as a platform for inclusion in community life. In Scotland, many people do not live in a house that is warm, dry, and affordable, with people on low incomes being disproportionately affected³⁰.

Good housing is about supporting place-making to ensure new homes create good community relations and promotes positive health impacts. It's about improving existing stock to reduce carbon emissions and tackle fuel poverty. Living in good quality and affordable housing is associated with numerous positive health outcomes for the general population and those from vulnerable groups.

There has been an increase in the estimated number of dwellings within East Lothian. The total number of occupied dwellings is estimated to increase. The total number of vacant dwellings is also estimated to increase over the same period³¹. This increase has occurred alongside an increase in the East Lothian population, which is projected to continue. As of 1 April 2023, the housing land audit indicated that around 2,922 dwellings were committed to be built in locations outside Principal Settlements. This shows that a significant amount of housing development has and is currently being built in locations out with Principal Settlements which generally have more limited accessibility to services.

³⁰ [Housing and health inequalities report - Publications - Public Health Scotland](#)

³¹ JSNA

- Homelessness has increased by 32.4% above Scottish average.
- Lack of affordable housing continues to be a major concern across East Lothian's communities.

The issue of pressure from housebuilding in community health care facilities is largely a Lothian issue in Scotland with our health board area experiencing 80% of the population growth in Scotland. We are experiencing the impact of housebuilding over the last decade in East Lothian with the pressure on our current facilities as services have employed more staff to respond to the demand and this increases pressure on consultation room and other space. A recent example is one of our mental health clinical services has required staff to provide clinical care remotely due to the lack of suitable accommodation in the West of the county.

NHS Lothian is responsible for providing General Practice services (see Infrastructure paper). In all cases in East Lothian this is achieved through the 2018 GMS contract with General Practices either running as 17C or 17J practices. They are independent contractors and commissioned by NHS Lothian to provide these services. In most cases they provide services from buildings that are owned by NHS Lothian (Tranent, Prestonpans, Musselburgh Primary Care Centre, Cockenzie, North Berwick) with the other practices running from buildings that are either owned by ELC (Gullane) or another third party provider. The arrangements mean that different capital development approaches may be taken but it shouldn't mean that as a principle, East Lothian Council developer contributions would not be sought because they are independent contractors.

Planning Objectives

To facilitate well-located, integrated and diverse housing that meets community needs.

To deliver more affordable housing close to jobs, transport, and services.

To encourage the consideration of the needs of people with limited mobility in the design of developments.

To ensure that there is sufficient health care provision to serve new housing, or, where necessary, to secure developer contributions to ensure that such provision would be available.

20 minute neighbourhood

A large proportion of the country's more rural communities have limited access to essential services. The availability, choice and range of services found within rural areas are often very different to those available in more urban areas, for example easy access to a doctors' surgery or pharmacy nearby, hospital treatment may involve long journeys, emergency care may take time or social care and support services may be more difficult to access. We therefore need to recognise that differences and inequalities in access to health, social care and other services, their relative availability and range of facilities may have a detrimental effect on the lifestyle, opportunities, and in particular the health and wellbeing of rural communities specifically. There is also often limited access to sustainable / active transport options and a high reliance on private cars which can exacerbate fuel and transport poverty especially in rural communities.

East Lothian Council had the second largest increase in household numbers between 2001 and 2021 by 27% (10,200)³². Housing development can sometimes be needed in less accessible locations to sustain existing services and enable people, particularly younger people, to live in the area they are strongly connected with. If services fail, existing communities may have to travel further afield to access services. If the Country cannot retain younger people, the aging population issue may also be exacerbated, and the local communities and economies may be negatively impacted. The LDP must therefore be mindful of these issues, ensuring that policies contribute to the development of strong, stable communities where residents can access services without relying on private vehicles. Not all primary health care is provided in the community the person lives in, as the HSCP provides a range of services that requires clinical space in communities and people travel to another town to access this. So increased demand on primary care services from housebuilding does not just affect the nearest community health facility.

Planning Objectives

To create compact neighbourhoods that are oriented around easy walking distances to town and local centres, schools and community facilities, public parks and open space, and public transport.

To allow easy movement through and between neighbourhoods for all people

To recognise, support and protect neighbourhood character, cultural identity, and sense of place.

To assist the integration of education and early childhood facilities with local and regional communities.

To manage the sequence of development in areas of growth so that services are available from early in the life of new communities

To facilitate access to social, cultural, and economic opportunities by effectively integrating land use and transport.

CURRENT GAPS

NPF4 notes *‘Health policies including Scotland’s diet and healthy weight delivery plan reflect the importance of places which provide opportunities for exercise and access to healthy food. Our strategy for tackling social isolation and loneliness also recognises the importance of providing quality, accessible and welcoming places for everyone through placemaking and regeneration’*.

Social issues do not have their own section in NPF4 and issues such as universal access and social inclusion are not adequately addressed. This review provides the opportunity to create a stronger link between The Council Plan 2022-2027 and the Local Development Plan by recognising how different uses and the design of buildings and public realm impact on people’s health, particularly in relation to universal access, community safety and social inclusion. The built environment must meet the needs and rights of children and young people. The LDP should seek to maximise opportunities for activities, play and social interactions in all outdoor spaces for all current and future generations to come. Based on the consultation feedback and the move to 20-minute neighbourhoods, one approach is to apply a ‘child friendly approach’³³. This is based on the theory

³² [NRSScotland](#) – household estimates 2021

³³ [Cities Alive Designing for urban childhoods \(1\).pdf](#)

that if a place is designed to be child friendly, all access, inclusion and safety considerations are considered and the needs of everyone in the community are addressed.

A screening of the current LDP identified the need for stronger policy in LDP2 in relation to:

- Health and wellbeing – community connectedness, social inclusion, safety, health, social impact, and accessible town centres and open/green spaces.
- The impact of indoor spaces is not considered.

Health is a cross cutting issue not limited to one specific policy, it is intertwined into everyday lives. As such promotion of health in all LDP2 policies will create connection with the East Lothian Plan.

There is a need to improve health and well-being through, amongst other things, active travel and neighbourhood design that promotes physical activity, enhances social connections, and strengthens mental health. There is also the need for compact neighbourhoods with local facilities and public transport accessibility allowing car free access to jobs and wider services.³⁴

Improving the design quality of the built environment in East Lothian is a high priority in managing development associated with population growth. Good design is intrinsically linked to safety, health and well-being and environmental sustainability. This is addressed in the Design Standards for new Housing Areas SPG.

Principles to consider when thinking about recommendations for spatial planning and health.

As demonstrated above, health inequalities are reflected in the social gradient across the whole population and not just the gap between the most and least disadvantaged. Therefore, it is important to stress that *'Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently'*. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is called proportionate universalism³⁵. This approach aims to improve the health of the whole population, across the social gradient, while simultaneously improving the health of the most disadvantaged fastest and ensuring equity for all. It requires ELC to understand the needs of the population and the impact of social inequalities on health outcomes, as well as a judgement as to how to weight resources.

The illustrative examples above are largely at East Lothian wide level. Some health and inequalities data can be produced at smaller geographies. However, given East Lothian's relatively small population, health data at community or locality level are seldom robust (due to small numbers) and will often fluctuate considerably over time. Hence looking at health data in small geographical areas (with small populations) will seldom provide useful intelligence.

Common diseases and risk factors where spatial planning may improve health and wellbeing (e.g. mental ill-health, overweight and obesity; diabetes; physical inactivity; cardiovascular disease etc) are experienced across our populations hence preventative measures and measures to promote good health and wellbeing should be considered across the county.

³⁴ [Enabling Healthy Place Making \(RTPI\)](#)

³⁵ [Fair Society Healthy Lives full report \(parliament.uk\)](#)

Public Health England undertook an umbrella literature review to assess the impact of the built and natural environment on health which concentrated on five key built environment topics: **neighbourhood design, housing, healthier food, natural and sustainable environment, and transport**. These five aspects of the built and natural environment were identified as the main characteristics that can be influenced by local planning policy.

The five aspects above fit with the 6 overarching spatial principles in the National Planning Framework⁴. To ensure sustainable and inclusive growth, inequalities must be addressed and planning provides a powerful tool for supporting and delivering change to do this by working collaboratively and ensuring that health is considered in all policies and developments.

APPENDIX 1

Background Evidence

Key Strategies, Policies and Data Sources		
The Council Plan 2022-2027.		
East Lothian Poverty Plan 2021-2023		
East Lothian Physical Activity Plan	Active Scotland Delivery Plan - gov.scot (www.gov.scot) Obesity Action Scotland Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland	
Children and Young People's Services Plan 2023-2026		
Local Housing Strategy 2024-2029		
Leave no one behind – the state of health and health inequality in Scotland 2023		
East Lothian Strategic Assessment 2022		
ScotPho		
Background information Planning older peoples' services East Lothian Council		
Leave no one behind Health Foundation		
SIMD (Scottish Index of Multiple Deprivation)		
Elevated inflammatory biomarkers during		

unemployment: modification by age and country in the UK Journal of Epidemiology & Community Health (bmj.com)		
Scottish Health Survey (shinyapps.io)		
Exploring the Links Between ADHD and Environmental Factors The ADHD Centre		
Statistics.gov.scot		
Suspected drug deaths in Scotland: January to March 2023 - gov.scot (www.gov.scot)		
Official 2022 East Lothian Drug Related Deaths Statistics are released East Lothian Council		
Statistics on Obesity, Physical Activity and Diet, England, 2020 - NHS Digital		
Social Relationships and Mortality Risk: A Meta-analytic Review PLOS Medicine		
One in ten people have an autoimmune disorder in the UK (openaccessgovernment.org)		
Childhood adversity as a risk for cancer: findings from the 1958 British birth cohort study BMC Public Health Full Text (biomedcentral.com)		
Housing and health inequalities report - Publications - Public Health Scotland		
NRSScotland	Household estimates	
Enabling Healthy Place Making (RTPI)		