LOCAL DEVELOPMENT PLAN 2

East Lothian Council

Health Topic Paper

ELC 004

Context: Relevant NPF policies 1: Tackling the climate and nature crises, 3: Biodiversity, 4: Natural places, 5: Soils, 6: Forestry, woodland and trees, 9: Brownfield, vacant and derelict land and empty buildings, 10: Coastal development, 11: Energy, 12: Zero waste, 13: Sustainable transport, 14: Design, quality and place, 15: Local Living and 20 minute neighbourhoods, 16: Quality homes, 18: Infrastructure first, 20: Blue and green infrastructure, 21: Play, recreation and sport, 22: Flood risk and water management, 23: Health and safety 24: Digital infrastructure, 26: Business and industry, 27: City, town, local and commercial centres, 28: Retail, 31: Culture and creativity

4.1 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.

4.2 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.

4.3 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.

LINKS TO EVIDENCE

ELC 022	The Council Plan 2022-2027
ELC 040	East Lothian Joint Strategic Needs Assessment 2022
ELC 087	East Lothian Poverty Plan 2024-2028
ELC 090	Children and Young People's Services Plan 2023-2026
ELC 091	Local Housing Strategy 2024-2029
ELC 092	Leave no one behind – the state of health and health inequality in Scotland 2023
ELC 093	Creating Hope Together: Scotland's suicide prevention Strategy 2022-2032

SUMMARY OF EVIDENCE

4.4 Current Demographic Context

- **Population Growth**: East Lothian's population is growing faster than projected, with a significant increase in older adults (55.8% rise in over-65s by 2028).

- **Implications**: This ageing trend necessitates a stronger focus on preventing ill health, managing chronic conditions, and adapting services.

4.5 Life Expectancy

- **General Trends**: East Lothian has higher life expectancy than the Scottish average, but national improvements have stalled.

- **Inequalities**: Life expectancy in the most deprived areas has dropped significantly—by 8 years for men and 4.8 years for women.

- **Drivers**: These disparities are linked to systemic inequalities and austerity policies.

4.6 Economic Factors

- **Health Inequalities**: Strongly tied to income, employment, housing, and education.

- **Deprivation**: 8 of East Lothian's 132 data zones are among Scotland's most deprived; deprivation is not limited to these zones.

- **Impacts**: Higher disease rates, food insecurity (especially among women), and increased reliance on food parcels.

- **Employment**: Unemployment and poor job quality are linked to worse physical and mental health.

4.7 Neighbourhood Design

- **Social Isolation**: Loneliness, especially among older adults, is a major health risk.

- **Green Space**: Access to green/open space improves physical and mental health, child development, and reduces health inequalities.

- **Active Travel**: Infrastructure for walking and cycling is essential for healthy living.

- **Stats**: 13.5% live near derelict land; 34.8% live alone; 63.93% of students use active travel to school.

4.8 Public Health and Healthcare

- **Health Burden**: Cancers, cardiovascular, and neurological diseases account for 47% of health loss.

- **Deprivation Link**: Higher disease and hospitalisation rates in deprived areas (e.g., COPD hospitalisations nearly double).

- **Environmental Factors**: Autoimmune diseases and cancers linked to stress, pollution, and early-life adversity.

- **Healthcare Access**: Rising demand strains facilities, especially in growing areas.

4.9 Social and Cultural Factors
- **Mental Health**: High rates of anxiety, depression, and suicide; 19.38% prescribed mental health medication.

- **Substance Use**: Drug and alcohol-related deaths are rising; deprivation is a key factor.

- **Obesity**: 68% of adults are overweight; childhood obesity has risen to 29.6%, highest in the Lothians.

- **Food Environment**: Deprived areas have more unhealthy food outlets, especially near schools.

4.10 Natural and Sustainable Environment
- **Climate Change**: Health impacts include pollution-related illness and mental health stress from extreme weather.

- **Planning Focus**: Reduce car use, promote local work opportunities, and enhance green infrastructure.

4.11 Housing
- **Health Link**: Poor housing quality and affordability contribute to health inequalities.

- **Trends**: Rising homelessness (32.4% above national average), lack of affordable housing, and pressure on healthcare from new developments.

4.12 20-Minute Neighbourhoods
- **Rural Challenges**: Limited access to services and transport in rural areas affects health and wellbeing.

- **Planning Needs**: Ensure services are accessible early in new developments and reduce car dependency.

SUMMARY OF STAKEHOLDER CONSULTATION

4.13 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.

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 tool.

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

Analysis

4.15   A Summary of Evidence Report Engagement Report (Document 060) has been completed for all the consultation undertaken in the development of the Evidence Report. A summary of the engagement carried out with Key Agencies and Public Bodies can be found in that report. The key themes that came out of the analysis from consultation and engagement with stakeholders for health and planning were:

	General Consultation	7-11 year olds	12-25 year olds
Active Travel	Wider footpaths, with safer walk/wheel routes that are connected to a wider network of active travel corridors. Discourage driving in town centres	Walkability is important, characterised as car free routes, well-lit paths. Need for lower speed limits, safe walkways, and cycle paths. The need for parks for older children is mentioned frequently.	Wider footpaths Frequency and reliability of buses More safe cycle routes and secure bike parking.
20 Minute Neighbourhoods	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	Children appreciate local facilities such as shops, community centres, sports facilities that they don't need to drive to. 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.	Improvements in the range of shops available
Open Space/Community Space	Allocating and improving open space and play areas. More green walkways connecting towns and villages. Land to be allocated for allotments, community gardens/orchards in existing & new settlements	Playing out is mentioned frequently as important to children. The common factors supporting this are spaces without cars, natural spaces, safe routes, street lighting.	Most young people like the open spaces, parks, and woodland in their area

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	Healthier food outlets across the county (too many takeaways opening up near schools Keep public toilets open. Presumption against particular types of development (e.g., drive throughs, out of town, take aways on the high streets) Providing affordable housing for key workers in health and care roles Encourage the renovating and upgrading of existing housing stock in the historic centres. Pause the Musselburgh Flood Scheme	Fewer cars would help with pollution and make roads safer to walk. The need to stay active and healthy and the significant impact cars have on daily lives.	A perceived lack of resources for mental health service for young people improvements to infrastructure and facilities lack of job opportunities

Locations of Concern for Suicide

4.16   NPF4 Policy 23(f) requires that development proposals be designed to take into account suicide risk. Under Policy 23, Scottish Government (2023) Local development planning guidance suggests that an awareness of locations of concern for suicide should be addressed in the Evidence Report.

4.17   Timely suicide data for East Lothian council covering the period January 2021-April 2023 was sought from Public Health Scotland. The data had been refreshed and updated with the latest release of data from Police Scotland. The information contains the number of deaths by suspected suicide for the local authority. Correspondence with the Councils General Manager for Learning Disabilities, Mental Health and Substance Use within East Lothian Health and Social Care Partnership has noted that the information is not broken down into location and in some cases, the numbers are so small that there is a need to be careful how it is presented so that the individuals are not identifiable.

4.18   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.

4.19 The Council is aware of the locations of suicides but in line with NPF4 has not included this information. LDP2 will take due consideration of the factors associated with higher rates of suicides within communities and will ensure that the design of new development meets the safety stipulations of NPF4 Policy 23(f).

WHAT THIS MEANS FOR THE PROPOSED PLAN?

Health as a Central Planning Priority

4.20 Health and wellbeing must be embedded across all planning policies—not treated as a separate issue. LDP2 should adopt a "Health in All Policies" approach, ensuring every planning decision considers its impact on physical, mental, and social health.

Responding to Demographic Change

4.21 With a rapidly growing and ageing population, LDP2 must:
- Plan for age-friendly communities with accessible services and housing.

- Support healthcare infrastructure that can meet rising demand.

- Promote preventative health environments through walkable, green, and socially connected neighbourhoods.

Tackling Health Inequalities

4.22 LDP2 must address the social determinants of health—like housing, employment, transport, and access to green space—especially in deprived areas. This includes:
- Prioritising investment in areas with lower life expectancy and higher disease burden.

- Ensuring equitable access to healthy food, active travel routes, and healthcare.

These priorities can be achieved through:

Designing Healthy Neighbourhoods:
- Promote 20-minute neighbourhoods where daily needs are within walking distance.

- Ensure safe, well-lit, and accessible paths for walking, cycling, and wheeling.

- Integrate green and open spaces for recreation, mental health, and social interaction.

Supporting Affordable, Quality Housing:
- Deliver affordable homes close to jobs, services, and transport.

- Improve existing housing stock to reduce fuel poverty and health risks.

- Design homes and neighbourhoods that are inclusive for people with disabilities and older adults.

Strengthening Community Infrastructure:
- Plan for co-located services (e.g., health, education, childcare) to improve access and efficiency.

- Ensure early provision of services in new developments to avoid lag in infrastructure.

- Use developer contributions to support healthcare and community facilities.

Promoting Active and Sustainable Travel:
- Reduce car dependency by improving public transport and active travel networks.

- Design streets that prioritise people over vehicles, especially in town centres.

- Address transport poverty in rural areas with better connectivity.

Creating Inclusive and Safe Public Spaces:
- Design spaces that foster social inclusion, especially for children, older adults, and vulnerable groups.

- Apply a child-friendly design lens to ensure universal accessibility and safety.

- Address food environments by limiting unhealthy outlets near schools and promoting access to healthy food.

Planning for Climate and Environmental Health:
- Integrate climate resilience into planning (e.g., flood protection, green infrastructure).

- Reduce air pollution and carbon emissions through compact, low-carbon development.

- Enhance biodiversity and access to nature for physical and mental wellbeing.

LDP2 should:

- Align with the Council Plan 2022–2027 and NPF4 by embedding health and wellbeing into all planning policies, supporting inclusive economic growth through well-located housing, services, and infrastructure and promoting climate resilience and sustainable development.

- Use proportionate universalism—targeting resources where need is greatest while benefiting all. This can be achieved by prioritising investment and infrastructure in areas with the greatest health inequalities; ensuring all communities benefit, while targeting support where it's most needed (e.g., deprived areas, rural communities, ageing populations); designing universal policies (e.g., walkable neighbourhoods, access to green space) that are flexibly applied based on local needs.

- Ensure community engagement continues to shape planning decisions by continuing inclusive consultation methods (e.g., Place Standard tools, youth engagement, drop-ins); embedding community feedback into policy development and spatial strategies; supporting local place plans that reflect community priorities and lived experiences.

- Monitor and evaluate health outcomes to inform future planning through the use health and deprivation data (e.g. from ScotPHO, NHS Lothian, SIMD) to track progress; monitor key indicators like life expectancy, obesity, mental health, and access to services; collaborate with public health partners to evaluate the impact of planning decisions on health; adjust policies based on evidence and outcomes, ensuring continuous improvement.

AREAS WHERE THERE IS AGREEMENT OR DISPUTE ON ISSUES AND POSSIBLE APPROACHES.

4.23   NHS Lothian considered all the health information that was gathered and reviewed the topic paper. They noted that overall it covers off the main areas they'd like to see and offered a few points to help strengthen areas- particularly around inequalities. All comments were accepted and incorporated.

Information on the points they were involved in the Evidence Report process is included in the Summary of Evidence Report Engagement Topic Paper (ELC 060).