**MRC/CSO Social and Public Health Sciences Unit**

**Consultation Response**

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| **Title of consultation** |
| Local living and 20-minute neighbourhoods - planning guidance: consultation |
| **Name of the consulting body** |
| Scottish Government |
| **Link to consultation** |
| <https://www.gov.scot/publications/local-living-20-minute-neighbourhoods-planning-guidance/pages/10/> |
| **Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?** |
| The Scottish Government’s local living and 20-minute neighbourhood policy include a range of potential outcomes that they suggest could promote healthy lifestyles and support physical and mental wellbeing. These include supporting climate action; decreased health inequalities; improved local economy; and improved liveability/quality of life.  The place-based intervention and suggested outcomes relating to improving local liveability, decreasing health inequalities and improved liveability/quality of life are related to the research interests of the MRC/CSO Social and Public Health Sciences Unit. |
| **Our consultation response** |
| ***Question 1: How helpful is part 1 of the guidance in furthering the understanding of local living and 20-minute neighbourhoods in a Scottish context?***  Somewhat helpful.  The consultation provides a useful overview of the potential climatic, economic and health benefits from a local living and 20-minute neighbourhood urban design concept.  The guidance bases this background on evidence from only one report and misses key evidence relating to local living and 20-minute neighbourhoods in a Scottish and global context.  Key evidence missing:   * There are currently differences in access to specific facilities and amenities within Scotland; 91% of Scottish residential locations have access to at least one public transport stop and 84% a public open space. There was poorer access to primary care services (42%) and healthy food retailers (50%). * The quality of facilities and amenities is important to measure, this is currently difficult to explore using national comparative data. * Access to facilities and amenities is greatest in areas where individual health status tends to be worse. This highlights that focusing solely on improving access to key facilities and amenities for deprived areas may be ineffective in reducing health inequalities, as evidence shows these areas already have good access to a range of local living amenities. However, the quality of the facilities within areas, combined with the needs of local population must be considered. * Evidence suggests there is a co-location of health benefiting and health damaging facilities within 20-minute neighbourhoods.   These were reported in the academic publication: Olsen, Jonathan R., et al. "Nationwide equity assessment of the 20-min neighbourhood in the Scottish context: A socio-spatial proximity analysis of residential locations." Social Science & Medicine 315 (2022): 115502. <https://doi.org/10.1016/j.socscimed.2022.115502>  ***Question 2: How helpful is the framework diagram in encouraging flexible, place-based approaches to support local living?***  Somewhat helpful.  The framework presents a large and substantial list of key domains that are important to support place-based approaches to support local living. However, the framework does not highlight key/directional pathways or domains that are most important for improving health and decreasing health inequalities, which is one of the main outcomes described in section 1.  These directional pathways, or appreciation of the envisioned causal chain (i.e. how improving access to one or multiple domains would improve health), are unlikely to be well represented by a circular framework. In the current framework, for instance, ‘feeling safe’, ‘identity and belonging’, ‘social interaction’ and other domains might be impacted themselves by domains which currently sit alongside, such as improvements to ‘work and local economy’, ‘support and services’, etc. The mixing of (intermediate) outcomes and potential policy levers alongside each other is unlikely to be useful for implementation purposes (some domains and levers can be controlled much more directly than others).  We are currently conducting a scoping review (<https://doi.org/10.6084/m9.figshare.21897411.v1>) to examine the international evidence on proposed pathways between implementation of 20 minute neighbourhoods (and similar neighbourhood and city-based models) and health as well as health inequality outcomes. Our preliminary findings indicate:   * Ways to implement 20-minute neighbourhoods are vast and varied, likely with different levels of effectiveness on (and potential trade-offs between) outcomes of interest. However, a lack of detailed pathways between intervention components, their envisioned impacts on social determinants of health, health, and health inequality outcomes is currently common to the international literature. Especially the reduction of health inequalities, while often mentioned as a beneficial outcome, is often referenced without a clear description of how and which aspects of it will be addressed by the plan's implementation. Cities further ahead in piloting implementation, such as Melbourne, emphasise that implementation is a long-term, slow, commitment, likely to require continued investment and engagement. (Reference to Melbourne City Plan: <https://www.planmelbourne.vic.gov.au/__data/assets/pdf_file/0018/515241/Creating-a-more-liveable-Melbourne.pdf>) * Empirical evidence supporting any specific pathways that were outlined generally appears to be lacking (at least within publicly available planning documents). Even more straightforward pathways, such as increased proximity to services -> decreased car use -> increased physical activity and decreased pollution, should not necessarily be assumed as causal without this evidence to substantiate and often lack more direct descriptions of how they will be achieved through the proposed model. For example, data from the Scottish Household Survey show that during 2019 the majority of car journeys travelled were short; 17% were under 1km, and almost a third under 2km. <https://www.transport.gov.scot/media/48317/sct09201490081.pdf> * Some implementation plans, which appear to have thought through the pathways in more detail, also speculate on potential unintended negative consequences of 20-minute neighbourhoods on health inequalities. In particular, they draw attention to the possibility for local (house and service) price increases as some areas are improved more quickly or successfully than others over the implementation period. Specifically, that any upsides are likely to fall to current owners of property and assets, and cost increases to prospective purchasers or renters. This could lead to gentrification, community displacement, and decreased diversity.   This suggests that:   * The specific policy levers and interventions that local policymakers can control will matter for implementation and outcomes achieved. This specificity should be a focus for frameworks interested in implementation advice and concrete evidence-based links should be drawn between elements of the proposed plan and potential health outcomes. * Continued monitoring and research will be required as models are rolled-out, particularly attention paid to possible negative unintended effects on health inequalities. Data to record who benefits and loses will need to be planned early and is not necessarily straightforward since people (and businesses providing services and jobs) are not fixed in place and can move over time – requiring individual-level (and specific service) data.   ***Question 3:*** ***Looking at part 2 of the draft guidance: how helpful are the 'categories' and ‘key considerations for local living’ that are captured within this part of the document?***  No response.  ***Question 4:*** ***How helpful is the proposed 'structured approach' for use?***  No response.  ***Question 5: Does part 3 of the guidance clearly communicate the importance of both qualitative and quantitative data in establishing a baseline for a place?***  Somewhat helpful.  The guidance could provide further information regarding the potential to use national spatial datasets relating to the presence of facilities and link to data relating to use of those spaces.  The MRC/CSO Social and Public Health Sciences Unit conducted a study exploring access to and use of greenspace across Scotland in the context of 20-minute neighbourhoods. The research found that:   * 87% of respondents lived within 10 min walk of a natural space, meeting the policy specification for a 20-min neighbourhood. * Greater proximity to natural space and housing tenure were associated with increased use.   Reference: Olsen, Jonathan R., et al. "Trends and inequalities in distance to and use of nearest natural space in the context of the 20-min neighbourhood: A 4-wave national repeat cross-sectional study, 2013 to 2019." Environmental Research 213 (2022): 113610. <https://doi.org/10.1016/j.envres.2022.113610>  The findings provide important evidence that physical access to specific 20-minute neighbourhood domains differ. They also highlight key differences between access and use between socio-economic groups, for example private renters and homeowners are more likely than social renters to use greenspace, regardless of access.  ***Question 6:*** ***How helpful is the 'collaborate, plan, design' section of part 3 in supporting collaborative practices?***  No response.  ***Question 7:*** ***How helpful is the 'implement and review' section of part 3 in assisting the delivery of collaborative approaches to support local living?***  No response.  ***Question 8:*** ***Looking at part 4 of the draft guidance: do the case studies provide a useful and appropriate range of examples of good practice?***  No response.  ***Question 9: Looking at the impact assessment update report: do you have any views about the initial conclusions of the impact assessment update report that accompany and inform this guidance?***  No response.  ***Question 10: Additional information: please provide any further comments on the draft guidance document.***  Further background evidence, including that suggested within our response, could emphasise and support the connection between urban design and health outcomes. Making clear use of and reference to research studies in Scotland would provide support for local development plans to focus on improving health and reducing health inequalities based on current evidence.  Policies to increase access to services may not be beneficial for health outcomes and could generate negative impacts if greater evidence and thought is not used to differentiate between local amenities based on their quality and if they are health harming (for example, access to fast food or alcohol retailers) or health benefitting (for example, access to high quality greenspaces or healthy food outlets). |
| **When was the response submitted?** |
| 19th July 2023 |
| **Find out more about our research in this area** |
| [www.gla.ac.uk/slldp](http://www.gla.ac.uk/slldp)  <https://www.gla.ac.uk/schools/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/places/> |
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