

# South Lanarkshire Local Development Plan Main Issues Report



May 2012



## Health Impact Analysis



Community and  
Enterprise Resources

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## 1. Introduction

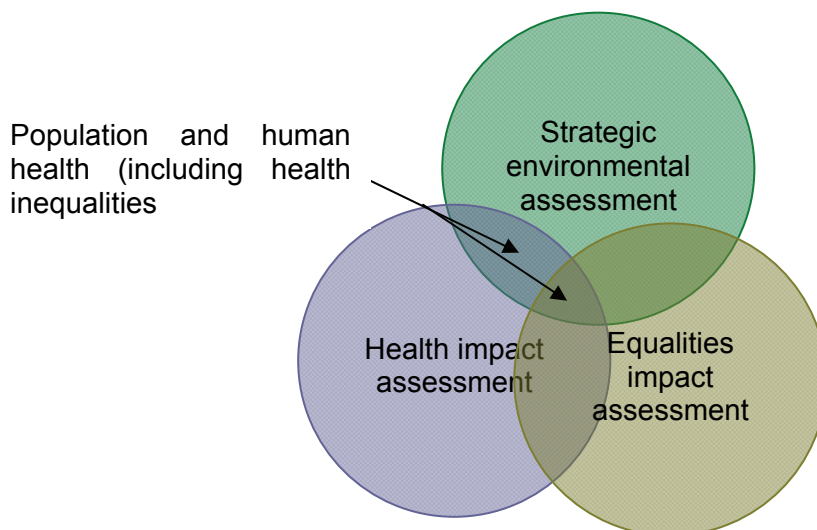
- 1.1 Preparatory work for the South Lanarkshire Local Development Plan (SLLDP) included an assessment of the environmental impact on a range of factors including human health. This recognised that the environments in which people live have an impact on their health and well being. There is a growing literature about the links between spatial planning and health outcomes and public health officers see the need to work more closely with planning officers to ensure that the spaces we create for the future are health promoting as far as possible. Work to assess potential health impacts was integrated into Strategic Environmental Assessment process, which identified that there may be impacts on human health as a result of proposals contained in the LDP.
- 1.2 A public consultation exercise was carried out as part of the background work to the LDP preparation. This raised a number of concerns which relate to health and well being the key ones being summarised below:
- A number of barriers to physical activity such as narrow paths, poor path surface quality and badly placed bollards or other obstacles which can impair mobility particularly for older people, people with buggies or prams, and children.
  - The benefits of good quality green spaces to local communities
  - Restricted access to affordable sports and leisure facilities and the need for well designed and safe play areas
  - Concerns about cyclist and pedestrian safety
  - Problems associated with traffic noise
  - Difficulties accessing public transport particularly in rural areas
  - The need for a mix of local shops as well as larger retailers
  - The large number of fast food takeaways in local areas
- 1.3 These concerns will be revisited as part of the discussion in this report. It should be noted that this report identifies a number of risks and opportunities for health and is not a comprehensive list of causal links between decisions on use of spaces and health. It aims to identify those areas where evidence suggests that health and well being might be best protected and maximised following certain types of approaches.

## 2. Health Impact Assessment of the LDP: the process

2.1 In September 2011 a rapid impact assessment including both health and wider equalities issues was carried out by Council officers. The resulting Health Impact Analysis (HIA) drew on the results of this initial assessment and also tapped into the consultation exercise carried out pre Main Issues Report (MIR) which took place in the autumn of 2011. This was supplemented by extensive desk research on relevant literature on planning and health which assessed the evidence supporting the links between good spatial planning and better health outcomes. The report was then compiled based on an assessment of the key areas where there was a link between spatial planning and health and well being.

2.2 This work was based on the premise that:

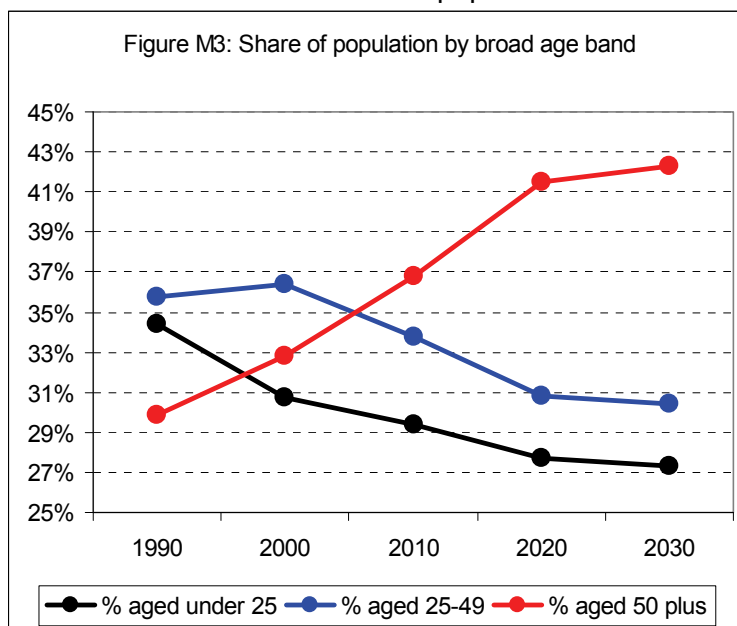
- An assessment of health risks for the LDP should provide a high level, objective assessment of the potential risks to human health of proposals that would be set out in the plan. This is evidence based and demonstrates that any decisions that we take have accounted for these risks and have been justified on an understanding of the evidence. This assessment also links through the Strategic Environmental Assessment (SEA) to the plan.



- As part of its statutory obligations linked to the planning process, the Council has produce a MIR which is essentially a public facing, consultation document, setting out the options which the Council is considering. This will have been informed by the SEA process and draws on the findings from the health impact assessment work.
- The recommendations stemming from this work relates to a range of departments and services across the Council and its partners and is not restricted to Planning and the scope of the LDP. The summary of recommendations (Appendix 1) makes it clear which actions may be taken forward within the LDP and those which will be progressed following discussion with other stakeholders. Recommendations combine actions to address specific risks which could be managed by a range of partners to address local perceptions of risk to quality of life, health and well being. Public reassurance that they are being listened to and their concerns are being taken seriously can contribute to overall well being.

### 3. Health profile of South Lanarkshire

3.1 South Lanarkshire Council is the fifth largest Council in Scotland and is home to over 311,000 people. As in other parts of Scotland, South Lanarkshire residents are living longer and this longer life expectancy is already having an impact on the shape of South Lanarkshire's population profile. There are now as many people aged over 65 as there are under 15, and this trend is likely to continue. Over the next twenty years, the population is projected to rise as a whole, but the greatest proportional rises will be in the older age groups. As shown in the graph below, by 2030 it is estimated that people aged over 50 will account for more than 40% of the population.



3.2 This ageing demographic profile will have an impact on the health profile of South Lanarkshire. This is accompanied by a rise in diseases associated with ageing including a number of cancers and dementia, as well as an increase in the numbers of frail older people who may require some kind of support. In addition to this, national policy on the future of care services is clear that more people need to be cared for in their communities. This will have an impact on a range of services aimed both directly and indirectly at older people. There are also likely to be infrastructural issues relating to access to services, spaces to support older people, spaces that encourage light activity and social interaction among others. These issues are considered as part of the detailed discussion below.

3.3 The health data for the Council is drawn from a number of sources including NHS statistics on the incidence and treatment of a number of conditions, mortality data held by the General Registrar's office, schools health surveillance, benefits data and a range of both national and local survey data. The two most significant surveys are the Scottish Health Survey and the South Lanarkshire Residents' Survey (most recent 2010).

3.4 This data allows us to state the following about the health of the people of South Lanarkshire:

- While health is improving in South Lanarkshire, this improvement is slower than for Scotland as a whole.
- There have been improvements in mortality rates in South Lanarkshire, but it continues to have higher mortality rates for all causes of death than the Scottish average. It also has a higher mortality rate for deaths for people aged under 75 years.

- Cancer, heart disease and stroke account for more than half of all deaths in South Lanarkshire.
- Projections for a range of cancers estimate that there will be an increase of 19.3% in all cancers, with more significant increases in cancers of the prostate, colon, pancreas and some forms of leukaemia by 2030. This is almost all due to increases in life expectancy and the rise in the numbers of older people.
- South Lanarkshire has similar smoking rates to those in other parts of Scotland and overall there has been a steady decline in the numbers of people smoking across South Lanarkshire. However, local survey data shows that the proportion of people smoking every day varies from 20% in East Kilbride to a 41% in the most deprived communities across the area.
- On average, fewer people in South Lanarkshire walk or cycle to work or school than in Scotland as a whole.
- Diabetes is more prevalent in South Lanarkshire than in Scotland as a whole.
- Obesity in Primary 1 children is significantly lower than the Scottish average. However, this is in the context of a rise in obesity for all age groups. Projections at Scottish level suggest that 40% of the population could be obese by 2030. A further 20-30% of the population could be overweight in the same timescale. This has implications for a number of diseases including hypertension, diabetes, stroke and heart attack as well as cost implications for health and care services and business more generally through days lost due to illness.
- Health outcomes for those in the most deprived parts of South Lanarkshire are worse than those in more affluent areas.

#### **4. Health Impact Assessment: principal issues**

4.1 Health Impact Assessment is an evidence based tool to support planners in assessing options for future plans, policies and strategies. It is set against the background of trends in health and well being seen both in Scotland as a whole and particularly in South Lanarkshire. From this perspective, the evidence demonstrates that the following issues should be considered in the development of the SLLDP:

- The relationship between the way spaces are organised to promote or discourage social integration/ social isolation
- The relationship between the environments and spaces within which people live and health outcomes. This includes the way spaces are organised to promote or discourage a range of different types of physical activity and is also linked to health inequalities.
- The impact of noise on physical and mental health and well being
- Transport infrastructure including public transport and alternatives to car use will cut across a number of themes, but is also a significant issue in its own right
- Access to healthy food options, including the role of the local authority to influence the location of business and promote healthy options
- The organisation of services within communities, including a mix of retail types from small shops and business to large, out of town developments
- Any specific rural issues impacting on health and well being. Actions to promote health and well being may be different for rural and urban areas, even where the issues appear to be the same. Actions need to take account of the spaces within which they are taking place.

## **5. General issues: health, social interaction and living environments**

- 5.1 There is a growing recognition that the places in which people live has an impact on their health and well being in a variety of ways. Some of these can be broken down in to relatively discrete topics of themes, and relate to health related behaviours. An example of this is physical activity, and decisions whether to walk, cycle or drive even relatively short distances within an area; similarly decisions taken by parents as to the level of freedom they allow their children within their neighbourhoods will be influenced by their perception of how safe an area is with reference to local traffic volume, speed that traffic travels at, perceptions of community safety, local lighting etc.
- 5.2 Other issues run through a number of topic areas. For example, in general, the spaces in which we live can affect the way in which we interact with each other. Social isolation has been shown to have a direct impact on both physical and mental health and well being. Spaces may be designed with a view to encouraging social integration; this might include measures to control traffic volume or flow; ensuring maintenance of green spaces; including seating or communal areas as part of developments; ensuring that retail developments complement existing small businesses and town centres; and ensuring links between residential developments and service locations. Other issues that may have an impact on health and well being include:
- Noise – often from traffic, but may be related to industrial development, construction, wind turbines or entertainment venues. Some of these activities will be subject to regular Noise Impact Assessments and monitoring arrangements to ensure that noise levels are kept within agreed, tolerable levels.
  - Poor air quality – most frequently related to traffic, but may also be related to industrial activity.
  - Decisions on land usage and the location and type of business. An environment with a high density of fast food outlets may have an indirect impact of increasing the level of this type of food within these communities. Equally environments that have high levels of access to fresh food may encourage healthier choices.
  - There are also some risks associated with flooding. Research into the impacts of floods in the UK in 2008 demonstrated a negative impact on mental health as a result of extensive flooding that summer. The increased risk of flooding may mean that some home owners and businesses will have difficulty in purchasing insurance for their properties and this can create stress and anxiety for proprietors.
- 5.3 The following sections look in more detail at the main headings which have come from this health impact assessment.



## **6. Physical activity and greenspace**

- 6.1 It is recommended that adults should take 30 minutes cumulative exercise on most days of the week. Children should take at least one hour of exercise on most days of the week. Staying active can help to maintain a healthy weight and protect against a number of cancers, diabetes, osteoporosis and heart disease. The spaces people live in can have an impact on the decision to be active. High levels of traffic, poorly designed paths or trails or networks and a poor supporting infrastructure can all act as barriers to cycling, walking and other forms of recreational physical activity.
- 6.2 National survey data tells us that less than 40% of adults and less than 70% of children in Scotland meet the existing recommended levels of daily physical activity. There are many reasons cited as contributing to this situation including a rise in sedentary occupations, rise in car usage and fears for personal safety – whether in terms of walking or cycling. There has also been a reduction in methods of active travel – the most recent figures from the Scottish Household Survey show a steady decline in the proportions of people for whom walking is their regular mode of transport from 16% in 1999/2000 to 10% by 2005/06. The numbers of people for whom cycling is their regular mode of transport is so small it is not recorded. This situation has remained constant over the last decade.
- 6.3 The evidence from countries where cycling and walking are promoted demonstrates that high levels of active travel contributes to healthy weights and good general levels of fitness. In a different study (Mackett and Paskins 2008) researchers found that children were more active during free play and walking to school than during formal, organised physical activity sessions. However, within communities, there are a number of influences that may promote or discourage regular physical activity. These include:
- The way in which communities and neighbourhoods are built influences whether or not people use public transport, drive, walk or cycle to get to their destination. Research shows that lack of connectivity, or poorly linked spaces, is a significant barrier to active travel methods. Research carried out by Franck et al in 2005 showed that the likelihood of someone walking for non-work purposes rose by 14% for every 25% increase in connectivity in the area in which they lived.
  - Feedback from the community consultation identified the state of footpaths as a deterrent. This included poor surfaces, obstructions such as bollards or street signs, footpaths ending abruptly or not linking residential areas with schools, retail or other service areas.
  - People with disabilities, including visual impairment, commented particularly on the need for good surfaces and well maintained paths and trails and how important this was for them.
  - Pedestrian and cycle paths that are off road, poorly lit and have poorly maintained greenery may deter use as people are afraid to use them. Poorly lit underpasses may similarly deter walking in those areas where underpasses are the principal way of crossing busy roads. Designing Streets (2010) is clear that high quality lighting can help to reduce the incidence of crime and reduce a perception of vulnerability among those who use these spaces. Routes should have an open aspect, be well lit and give a good level of surveillance.
  - Adequate storage facilities for bicycles in town centres, public buildings and leisure centres should be provided. Lack of storage was cited as an issue during consultation.

**Recommendation:**

Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.

Refer to the following guidance as part of this process:

Designing Streets, Scottish Government, 2010

PAN 77, Designing Safer Places

- 6.4 Access to quality greenspaces can also promote physical activity. Access to natural, green environments has also been shown to have a positive impact on mental health and well being.
- 6.5 Unfortunately because of the way greenspace is defined, rural areas generally have very low levels of functional greenspace. Evidence suggests that people in rural areas are more likely to be car dependent and more likely to drive to parks or greenspaces than walk or cycle to areas close by – suggesting that the green areas making up the rural environment are not used as a public resource. In addition many of these areas will be functional spaces, used in agriculture for example and may not be accessible for leisure or other uses.
- 6.6 The majority of comments received regarding green/open space from the community consultation highlighted how much local communities valued green spaces and where these were perceived as being poorly maintained this was noted as a concern. Lack of such spaces in some areas was also noted as an issue.
- 6.7 Small greenspaces, such as community gardens, play areas and neighbourhood parks play a vital role for wellbeing, as they offer easy access from home, which is essential to enable and encourage frequent use. This particularly important for less mobile groups, including children, older people, people without cars and people living on low incomes. Open space and play areas close to or within residential areas gives assurance to parents or carers since this allows for a level of surveillance to take place.
- 6.8 Evidence suggests that access to greenspace encourages an active lifestyle. In a Europe wide survey (Barton, 2009), it was found that people living in neighbourhoods rich in greenspace were three times more likely to be physically active than people who had limited access to greenspace. These areas also had 40% lower prevalence of obesity. Measures such as walking trails, cycle tracks and open air gym equipment can further encourage physical activity in greenspace. The benefits of greenspace are often available at no or nominal cost to users, which is key to strengthening equity.
- 6.9 Currently, however, provision of good quality greenspace is less common in more deprived areas compared with more affluent areas, resulting in the potential for health inequality for local residents. In addition, research shows that poor quality green space can attract anti-social behaviour and serve to lower wellbeing through reducing the quality and often the reputation of the neighbourhood.

**Recommendation:**

Consideration should be given for the inclusion of appropriate greenspaces within developments, including play areas, sports fields, paths or small community gardens.

Linear greenways and use of greenery should be encouraged in areas where streetscapes may be barren and devoid of natural coverage.

Consideration should be given to maximising local facilities e.g giving community groups access to school gardens, or sports pitches.

Good use of green spaces can have a positive impact on health and well being, promote biodiversity and contribute to local carbon management measures.

## 7. Transport infrastructure including traffic volumes

7.1 Traffic can have an impact on health and well being in a number of ways:

- Traffic noise can have a negative impact on health and well being
- Pollution from traffic can have an impact on respiratory conditions
- Heavy traffic volume is inversely related to social interaction
- Heavy traffic can deter active travel and outdoor, free play
- Poor public transport infrastructure can increase social isolation
- Reliance on private transport to access basic services can increase inequalities.

7.2 Noise can have a significant impact on environmental quality, health and amenity. It can come from a variety of different sources, each of which may require different solutions. For example, there are provisions to carry out monitoring checks on noise associated with mineral extraction or other industrial activity. Some types of activity, known to generate high levels of noise, should be considered carefully if there are proposals to locate them close to places that might be noise sensitive such as hospitals or care homes, schools, places of worship or some livestock facilities.

7.3 Research has shown that traffic is one of the main sources of noise, particularly in urban communities. Traffic noise was highlighted in a number of comments as part of the community consultation. Some of the impacts associated with traffic noise are:

- Heightened stress levels
- Reduced quality of sleep and sleep loss
- Communication difficulties

7.4 Road traffic noise impact assessments can be carried out. These should take account of the level of noise, potential vibration, disturbance and variation in noise levels throughout the day, the pattern of vehicle movements and the configuration of the road system. Forecasts for future developments may be based on existing data or, for major roads, may be provided by the local road authority. This should be done as part of the planning process, with actions to mitigate the impact of noise being taken where required.

### **Recommendation:**

Noise projections should be calculated as part of impact assessments relating to road developments to assess evidence relating to likely noise levels following development. This should include the supporting road infrastructure that might be required for residential, retail or industrial developments.

7.5 Poor air quality is also linked to a variety of sources, but traffic is increasingly the most common source of air pollutants, particularly in urban areas. Industrial sites may also be a source of air pollutants.

7.6 The impact of air pollution on health varies according to the type of pollutant and the level and duration of exposure to the pollutant. The most common impact is an increase in the risk of cardiovascular disease and respiratory problems. South Lanarkshire has already identified or is in the process of identifying a number of air quality management areas in response to rises in pollutants in these areas. Some land use may result in a rise in air pollutants. These potential impacts should be considered as part of the process to allow proposals to proceed.

- 7.7 Traffic is frequently cited as a reason for not taking part in active travel, or for restricting outdoor free play for children. Pedestrian and cyclist safety on the streets was an issue raised as part of the consultation exercise.
- 7.8 Speed reducing measures can have a positive impact in reducing local traffic accidents and can act as a reminder to motorists that they are not the only people using the road environment. Measures should be incorporated into the design of new residential and commercial developments. Where possible, these should concentrate on good design, such as use of certain materials, rather than simply applying reactive measures such as speed humps or chicanes. Design should be used to influence driver behaviour and reduce vehicle speed to levels that are appropriate for the local environment.
- 7.9 A number of studies from different parts of the world demonstrate the inverse relationship between traffic volume and activity at street level. There is considerable evidence that people living on streets with heavy traffic volume will have fewer friends and acquaintances in their neighbourhoods than those living on streets or in areas with lighter traffic volumes. The evidence also shows that heavier traffic volumes have an impact on outdoor free play for children and levels of independent mobility for older people or people with a range of disabilities.
- 7.10 Transport can play a significant part in supporting positive health outcomes. This can be directly through access to services and social opportunities, or indirectly by insuring an infrastructure that encourages different types of transport options are widely available.
- 7.11 The community consultation exercise identified a number of issues relating to public transport:
- Examples where bus services are not extended into residential and commercial developments
  - Examples where train stations are at a distance from both residential and commercial centres
  - Examples where train and bus services are not coordinated thereby breaking up journeys.
  - Examples where public transport is expensive, infrequent and has limited routes.
- 7.12 Some of these comments echo the findings of other consultations on transport, particularly transport to health services. Both carers and patients have raised the issue of uncoordinated public transport to key hospital sites. This can cause additional stress as well as adding sometimes considerable time to journeys for people who are already often frail or who have restricted mobility due to age or illness.
- 7.13 While the local authority does not have direct control over public transport, it should work with local providers to look at ways in which public transport could be coordinated and reach those populations at most risk of social isolation. This includes working with local communities which may have very restricted services either due to their remote location or perceived dangers linked to anti-social behaviour. There may also be scope to work with voluntary sector providers of community transport for a different range of transport solutions. An example of this is the community transport project in Cambuslang and Rutherglen was started following work by the Community Engagement Team in NHS Greater Glasgow with the express aim of making transport to Glasgow hospitals easier for patients, carers and family members. The project has evolved to cover a range of transport needs for the local community.
- 7.14 Transport links should be considered as part of plans for a range of developments including:

- New housing
- Retail parks and developments
- Leisure services, including outdoor facilities, museums etc
- Health services
- Schools

7.15 Work to develop park and ride facilities should be continued, and include provision for cycles as well as motorised vehicles.

**Recommendation:**

Transport links, particularly public transport links, should be considered as part of proposals for a range of developments including housing, retail, and the full range of leisure facilities, health services and schools.

Transport providers should be invited to discuss provision to serve new developments at an early stage in plans. Community transport solutions should be considered as part of an overall approach to transport.

Consideration should be given to link up transport options including provision for active travel. This may include ensuring sufficient storage/ parking facilities are available at public transport hubs and pathways provided, linking residential areas to public transport hubs and other service facilities.

## **8. Access to services, including access to healthy food options**

- 8.1 Access to services is linked to transport, but also relates to the way in which services are spatially located. The siting and design of services and links to residential and community facilities is very important. Equally important are links to retail developments, local businesses and town centres.
- 8.2 From a health perspective, there are two key issues to consider:
- Being in employment has been shown to have a protective effect on health so a vibrant local economy can be health promoting.
  - Vibrant town centres can encourage social interaction. By contrast, town centres which are run down and decayed experience lower usage of remaining businesses and perception that they are not safe places to shop.
- 8.3 More than 50% of comments in the community consultation exercise which expressed concern about retail issues highlighted the lack of local shops, a situation which was perceived as directly related to the rise of large supermarkets. Other comments noted included the lack of local produce, the dominance of hot food takeaways in some communities, lack of choice for children and young people around schools and the inaccessibility of larger supermarkets by foot and for older people who are unable to drive. A number of people in rural areas highlighted the reduction of shops in these areas as a particular issue.
- 8.4 Since the 1960s there have been substantial changes to the way goods are supplied across the UK and correspondingly in people's shopping habits. Changes in food retailing have been driven by a number of factors, including commercial forces, increasing car ownership and the tendency towards "one-stop-shopping". The result has led to changes in the built environment where large supermarkets are built in "out-of-town" locations, and a decline in the numbers of smaller general and specialist grocery shops in town centres and suburban areas. This lack of local shopping provision and variety coupled with the impact of large out-of-town retail centres was raised by a number of residents during the consultation exercise. A number of comments stressed the negative impact of reduced local trade on community cohesion and "spirit".
- 8.5 Clustered services increase the options for multi-purpose trips and thereby encourages the incorporation of exercise into everyday life, whilst facilitating informal meeting and social cohesion and reducing isolation. Places that offer local destinations of interest, such as shops, schools, services and greenspace, within a reasonable distance can encourage people to walk and cycle. This is supported by evidence from studies that suggest that building shopping malls at the fringes of cities may lead to a reduction in the number of shopping trips made per month, and a tendency for increased use of motorised vehicles and decreased pedestrian travel as the mode to access the shopping mall.
- 8.6 Regarding social and community interaction, studies suggest that social networks thrive in local places and economies. Locally available services and public space such as town centres and squares encourage active use of the neighbourhood. This physical dynamic supports natural social interaction and can strengthen social capital and social cohesion. This is important, as research shows that 'community spirit' is central to mental wellbeing and a prerequisite for developing resilient communities with a strong, positive identity and ability to tackle challenges. The evidence also suggests that cohesive communities are less likely to be affected by anti social behaviour.

**Recommendation:**

Consideration of significant out of town retail developments should take explicit account of the likely impact this will have on local town centres. Efforts should be taken to ensure a mixed economy where out of town developments complement town centres, rather than compete with them.

Transport links and in particular public transport links, should be considered as part of proposals for a range of developments including housing, retail, the full range of leisure facilities, health services and schools

- 8.7 Studies in Scotland have shown a tradition of low fruit and vegetable consumption and a corresponding high consumption of fat, sugar and salt. While this is true across all social classes, people living in the most deprived communities are more likely to eat diets that are high in fat, salt and sugar and low in fresh food and fibre. There is also a higher concentration of businesses selling fast food in these communities. Evidence suggests that living in close proximity to fast food outlets is associated with higher rates of overweight and obesity. Frequently these food businesses will be alongside other businesses that might have a negative impact on health such as off licenses and betting shops. It is the concentration of these types of business that creates the unhealthy environment rather than merely the presence of the businesses in isolation.
- 8.8 Some of the barriers suggested in the research include accessibility, lack of money, poor transport links and inconvenient access to facilities. There is also some evidence that lack of food preparation skills is an issue. This issue has been recognised by Scottish Government and a range of initiatives have been developed to address this. This includes Healthy Eating Active Living, a 2008 action plan to improve diet and activity levels in Scotland and more recently the Route Map: preventing overweight and obesity. One action coming from this has been to work with the Scottish Grocers' Federation to promote fresh fruit and vegetables in local shops. This Healthy Living programme now has over 1,000 members including 37 community food retailers. This is aimed specifically at smaller retailers operating within local communities. Further work on nutrition in schools has also been carried out to extend healthy eating approaches within schools and educational establishments.
- 8.9 The Route Map includes a range of recommendations for local authorities including planning authorities, to highlight ways in which they might influence environments to promote health including making healthier eating choices the easier choices.
- 8.10 Possible options available for local planning authorities which are highlighted in the Route Map action plan include:
- Use of National Planning Framework for Scotland 2 to ensure that policies in development plans have a positive impact on active living and healthy weight.
  - Ensuring excellence in design to develop communities that reduce car dependency and increase active travel, and create attractive, accessible open spaces for recreation through the Scottish Sustainable Communities Initiative.
- 8.11 There is also potential scope for local authorities to exercise power as follows:
- Use of licensing laws to restrict the numbers of fast food takeaways close to schools and within local communities
  - Increased planning for greenspaces which may be used for local food production
  - Procurement of local produce for use in local areas
  - Working with local voluntary sector organisations to promote healthy options such as food co-ops, food preparation skills etc

**Recommendation:**

The Local Development Plan should take account of National Planning Framework for Scotland 2, Planning by Design, and the learning from the Scottish Sustainable Communities Initiative to promote health promoting spaces.

Local communities should be consulted on the use of greenspaces for recreation including potential for allotments and community gardens. This includes innovative solutions to overcome issues such as contamination e.g. raised beds.

Use links into other local authorities to learn about what they are doing to control development of fast food takeaways and other businesses that might be harmful to health e.g. off licenses, betting shops, tanning salons.



## 9. Rural Issues

- 9.1 Many of the issues discussed above are relevant for rural areas, though the solutions to address risks to health and well being may be different. For example, models to determine whether an area promotes or discourages physical activity tend to be urban based and are not suitable for rural areas. In a similar way, discussions on use of greenspace do not consider the functional greenspace that make up rural areas – much of which will not be suitable for public physical activity, but which may have a positive impact on mental health. There may also be other pressures that are specific to rural areas: isolation may be more acute in rural areas, particularly if transport links are poor; it may also be more difficult to access services. There are also particular economic challenges in rural areas which may also have hidden unemployment, due to family businesses and seasonal nature of some industries (e.g. farming and tourism).
- 9.2 The Clydesdale area has a higher proportion of people who describe themselves as 'working from home' than other parts of South Lanarkshire and this is likely to reflect work practices in the agricultural sector. Work carried out on a HIA for the Minerals LDP noted that there was also a higher rate of road traffic accidents resulting in death or serious injury across the rural area than for South Lanarkshire as a whole. This included trunk roads and was not restricted to the motorway.
- 9.3 By contrast, air quality and noise levels tend to be far better in rural areas than in urban areas. The rural area has a number of 'active' local communities that could contribute to finding local solutions to issues such as isolation or lack of mobility experienced by some residents.

### **Recommendation:**

Particular issues for rural areas will include isolation, economic development, access to services and transport. There are also likely to be less uptake of active travel and other outdoor physical activity options such as walking and running due to personal safety concerns. All of these may have an impact on health and well being.

**South Lanarkshire  
Local Development Plan**

South Lanarkshire Council  
Community and Enterprise Resources  
Planning and Building Standards Services  
Montrose House, Montrose Crescent  
Hamilton ML3 6LB  
[www.southlanarkshire.gov.uk](http://www.southlanarkshire.gov.uk)

For further information or to enquire about  
having this information supplied in an  
alternative format or language,  
please phone 01698 455934 or email:  
[planning@southlanarkshire.gov.uk](mailto:planning@southlanarkshire.gov.uk)