

GOOD PLACES, BETTER HEALTH

A NEW APPROACH TO ENVIRONMENT
AND HEALTH IN SCOTLAND

IMPLEMENTATION PLAN

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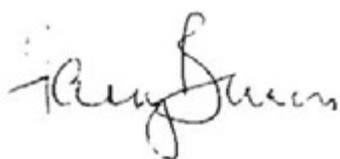
FOREWORD

The health of Scotland's people has improved greatly in a few generations. An important contribution to this improvement has been the organised efforts of government and many agencies to secure a clean and healthy environment.

Despite these improvements, major challenges still exist. While the quality of the air that we breathe and the water that we drink may be uniformly high, the difference in health and in life expectancy amongst different communities is stark. It is vital, therefore that we achieve a better understanding of the subtle and complex contribution of environment to health and wellbeing. Today's issues are less about toxic or infectious threats but rather the capacity of ugly scarred and threatening environments to foster hopelessness and stress, discourage active healthy lives and healthy behaviours.

Good Places, Better Health offers an innovative approach to understanding the complexities and to finding more effective and inclusive ways to engage national and local stakeholders. Only through organising to deliver can we shape and implement the policies to make a real difference to the places where we live.

When it comes to health and wellbeing, it is often said that 'everything matters'. Our challenge is to translate this understanding into effective policy and action. The launch of *Good Places, Better Health* is evidence that Scotland is rising to that challenge using an innovative approach which is both policy-relevant and pragmatic.



Dr Harry Burns
Chief Medical Officer
November 2008

1.0 PURPOSE

The Scottish Government is committed to creating a wealthier and fairer, smarter, healthier, safer and stronger, and greener Scotland. Through these strategic objectives we aim to deliver on the central purpose of creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.

Good Places, Better Health recognises that to deliver on the Government's purpose, themes, and national outcomes there is a need for greater connections around how physical environment influences health.

In *Equally Well*, the Health Inequalities Task Force highlighted the need to work to reduce further people's exposure to factors in their physical and social environments that cause stress, damage health and wellbeing and lead to inequalities.¹

We know that the physical environment that surrounds us is key to our health and wellbeing. Historically we have focused (very successfully) on creating environments free from significant hazards. Whilst this continues to be important we now recognise an additional need to create positive physical environments which nurture better health and wellbeing. The relationship between environment and health is complicated and creating safe and positive environments for health requires us to think, plan and deliver in new and more effective ways.

***Good Places, Better Health* supports five of the National Outcomes**

- Our children have the best start in life and are ready to succeed
- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- We live in well-designed, sustainable places where we are able to access the amenities and services we need
- We value and enjoy our built and natural environment and protect and enhance it for future generations

¹ Scottish Government Health Inequalities Task Force, 2008, *Equally Well*

Good Places, Better Health will ensure greater connections between environment and health policy and actions. It will aim to ensure that the complexities of the relationship are understood and transparently mapped out, that we improve the collation and interpretation of evidence and that this improved knowledge is translated into policy and actions which can be applied nationally and locally to develop health-nurturing environments.

“By delivering better, more equal health care Scotland can make progress in terms of four of the Scottish Government’s five strategic objectives; to make society: wealthier and fairer, healthier, safer and stronger, and smarter. However, when better, more equal health is delivered through creating better *places* we can address all five strategic objectives more effectively. Without focusing on place and recognising the ways in which environmental inequality can contribute to health inequalities, interventions may improve health but may not meet wider sustainability objectives.”

George Morris, Scientific Advisor to Scottish Government



2.0 A NEW APPROACH

This Implementation Plan takes a bold and innovative approach to policy. It follows an announcement in 2005 which established the intention to create a Strategic Framework for Environment and Health in Scotland. Led by health interests in collaboration with a range of policy interests across the Scottish Government, this work has created a blueprint for a truly cross-cutting initiative of public health significance. It complements a range of Scottish Government policy aspirations including sustainability, climate change, environmental justice and successful, safe, effective communities. The work has attracted interest and support within Scotland and within the wider EU. Academics, practitioners and policy makers now show broad consensus around the nature of the environmental health challenge for western countries but Scotland is being recognised as a country taking an innovative approach to meet these challenges.

“We welcome this initiative by the Scottish Government. It takes a new approach to presenting the relationship between environment and human health and wellbeing. Importantly, *Good Places, Better Health* focuses on gathering the best available evidence and linking this to policy. Of particular relevance is its ‘system-based’ rationale for action and attempts to reduce health inequities and the links with other governmental strategies related to this domain.”

“Creating places that are safe and truly promote good health and greater equity in health is a huge challenge for all governments everywhere in Europe. Scotland is adopting an imaginative but very practical approach and we look forward to learning more as the initiative rolls out.”

**Dr Erio Ziglio, Head of WHO European Office for Investment for
Health and Development**

**Dr Lucianne Licari, Regional Adviser, Partnerships and Communication Unit,
WHO Europe**

3.0 BACKGROUND

Our physical environment in its many forms is key to our health and wellbeing. Specific observations, discoveries and accumulations of evidence over time, have repeatedly driven governments to seek to remove or reduce environmental threats to health. Today, action on environment by government and others still protects individual and population health. In Scotland, the scope of this activity is wide, targeting toxic, infectious and physical aspects of the places where we live, work, learn, play and socialise and also of the food and water we consume.

Getting it right on environment for everyone's health and wellbeing, including those made especially vulnerable by age, disability or pre-existing illness, might be regarded as a core value of government. Yet, from a 21st-century perspective, the challenge to governments everywhere of creating and maintaining an environment consistent with health and wellbeing assumes new and more complex dimensions. Health and wellbeing are products of a complex interaction of factors in our social and physical environment with our behaviour and our genetic make up. Growing recognition of this complexity, set against a background of some stubborn health challenges sets a new agenda for environmental health. Toxic, infectious, allergic, and physical threats, which demand our immediate attention, still exist and will continue to emerge. However, there is now an additional need to shape places which are nurturing of positive health, wellbeing and resilience and which are consistent with and promoting of healthy behaviour and healthier lives.

“How people feel about their physical surroundings, can impact on not just mental health and wellbeing, but also physical disease.”

[Health in Scotland 2006: Annual Report of the Chief Medical Officer](#)

The contribution of the physical surroundings to the health of those living in our most deprived areas of society is significant. This is a view increasingly supported by the flow of evidence. Indications are that the environment in poorer neighbourhoods in the UK is generally no more toxic or infectious than that of more affluent communities. Frequently though, such places are untidy, damaged and lacking in amenity. These factors create neighbourhoods which are often alienating and even threatening. Implicitly this contributes to a cocktail of disadvantage inconsistent with health and wellbeing for adults and children.

4.0 IMPLEMENTING *GOOD PLACES, BETTER HEALTH*

Good Places, Better Health is about responding to the challenge we face in creating safe and positive environments. The implementation of *Good Places, Better Health* will consist of an initial prototype phase which will consider a discrete number of health priorities and their environmental determinants. This phase will run from Jan 2009 until March 2011. This incremental approach is considered most suited to develop, refine and secure the systems and governance structures required.

This prototype will look in particular at children's health and sustainable places, with a primary focus on the four child health issues of obesity, unintentional injury, asthma and mental health and wellbeing. *Good Places, Better Health* will allow us to analyse the key environmental influences in these areas and improve our policies and decision making to produce better health outcomes for children. This will be undertaken at a national and local level.

In the longer term the outcomes of the prototype will be analysed to consider whether adoption of the principles of *Good Places, Better Health* leads to environmental policy in its widest sense delivering the most positive outcomes for the health and wellbeing of Scotland's people.

This work will support and complement focused activity elsewhere within the Scottish Government and partnership organisations including:

- sustainable places
- *The Early Years Framework*
- *Healthy Eating, Active Living*
- *Towards a Mentally Flourishing Scotland*
- *Equally Well*

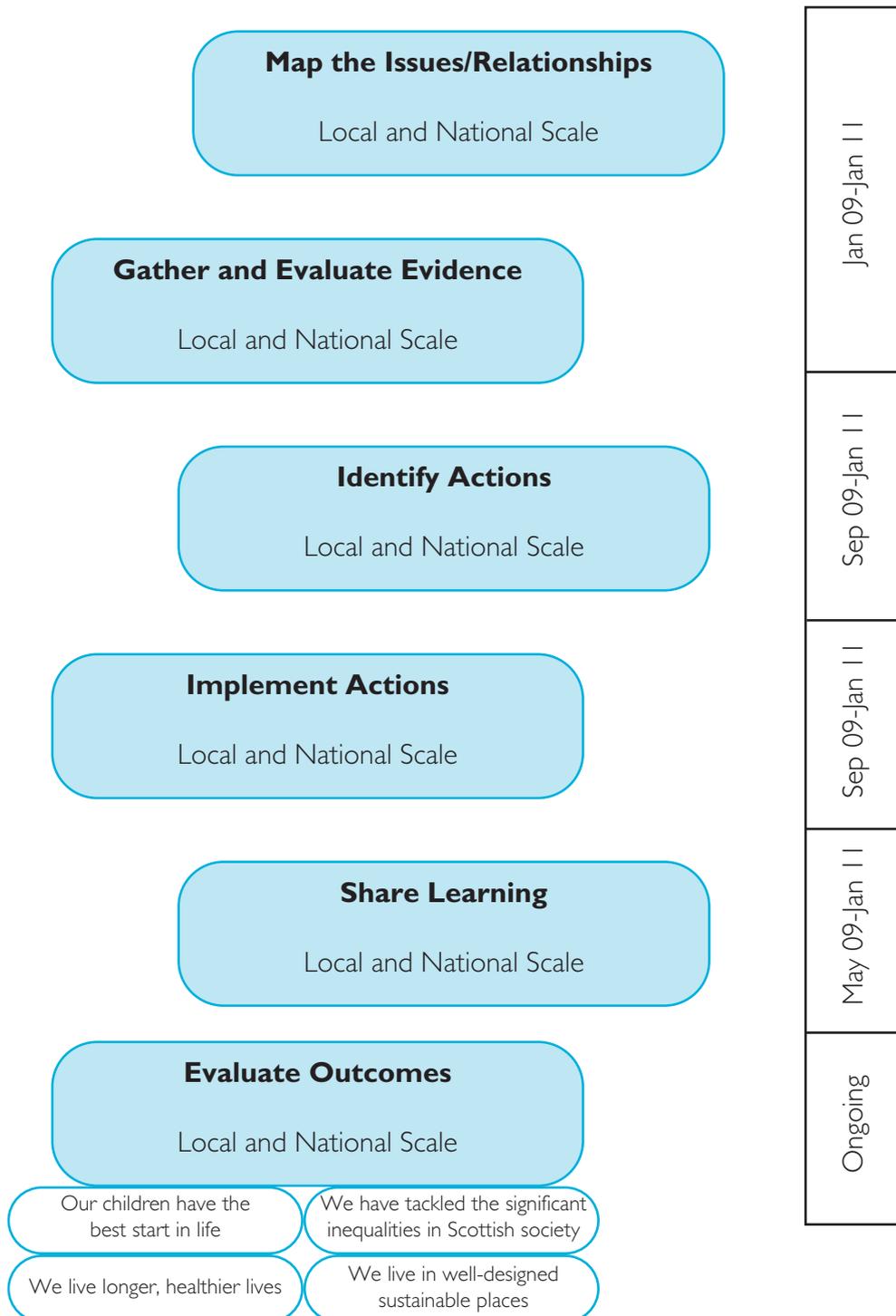
Additionally, it will represent a coherent response to the Children's Environmental Health Action Plan for Europe and its priority goals.

5.0 OUTCOMES OF *GOOD PLACES,* *BETTER HEALTH*

This project will help deliver effective environmental policy which will positively impact on health. The success of this project will be measured in terms of how it influences policy at a national and local level and by identifying where the outputs of this project have resulted in new, improved or adjusted policy approaches. We will also track how this influence on policy delivers on national outcomes.



The main stages of implementation are detailed below:



We will specifically track the outputs to demonstrate their impact on four specific national outcomes – our children have the best start in life, we have tackled significant inequalities in Scottish society, we live longer, healthier lives, and that we live in well-designed sustainable places. In this way we will create a chain (policy intervention – output – outcome) which can measure the impact of the initiative in terms of life changing outcomes for individuals.

6.0 THE NEW APPROACH

The implementation of the prototype requires us to think, plan and deliver in new and more effective ways at national and local level. This will ensure we deliver the outcomes effectively. We aim to ensure that cross-cutting working is effective and that we challenge the silo working that traditional approaches in many environment and health policy areas may have created. The proposed approach will tackle the complexities in a holistic way and provide a new link between environmental policy and health outcomes.

We will deliver this new approach by developing a national infrastructure that will help local delivery. We will do this by:

- Framing the problems, gathering intelligence and analysing the relationships. A model will be used to illustrate transparent relationships between physical environment and health and how we deliver actions.
- Taking a systems approach to link science, research, practice and policy making in real time.
- By uniting around a shared approach and common language we will bring various stakeholders together to consider the issues and move forward with actions.

The following sections provide further information on how we plan to frame the problems and what the systems approach will look like.

6.1 Framing the Problem: A New Model

It is important that we are able to demonstrate clearly the relationship between physical environment and health outcomes, even where these are complicated. We know a simple 'cause-and-effect' model is not adequate to do this.

We have therefore identified a new model that can represent issues and frame problems for policy makers in a way which facilitates consideration, firstly of higher level determinants of environmental quality and, secondly, of a range of contextual issues which influence whether good environments translate into positive health and wellbeing or poor environments impact negatively on health and wellbeing. By recognising the contribution of a wider set of issues, a more coherent cross-cutting policy response can be made. Fundamentally, this is a common sense approach that focuses on cross-cutting health and wellbeing policies and effects a clear blueprint for delivery.

An effective model which can frame the complex relationships between environment and human health is the Modified DPSEEA model.² This model will be used to frame the problems and identify the solutions.

Annex I provides further details of the model.

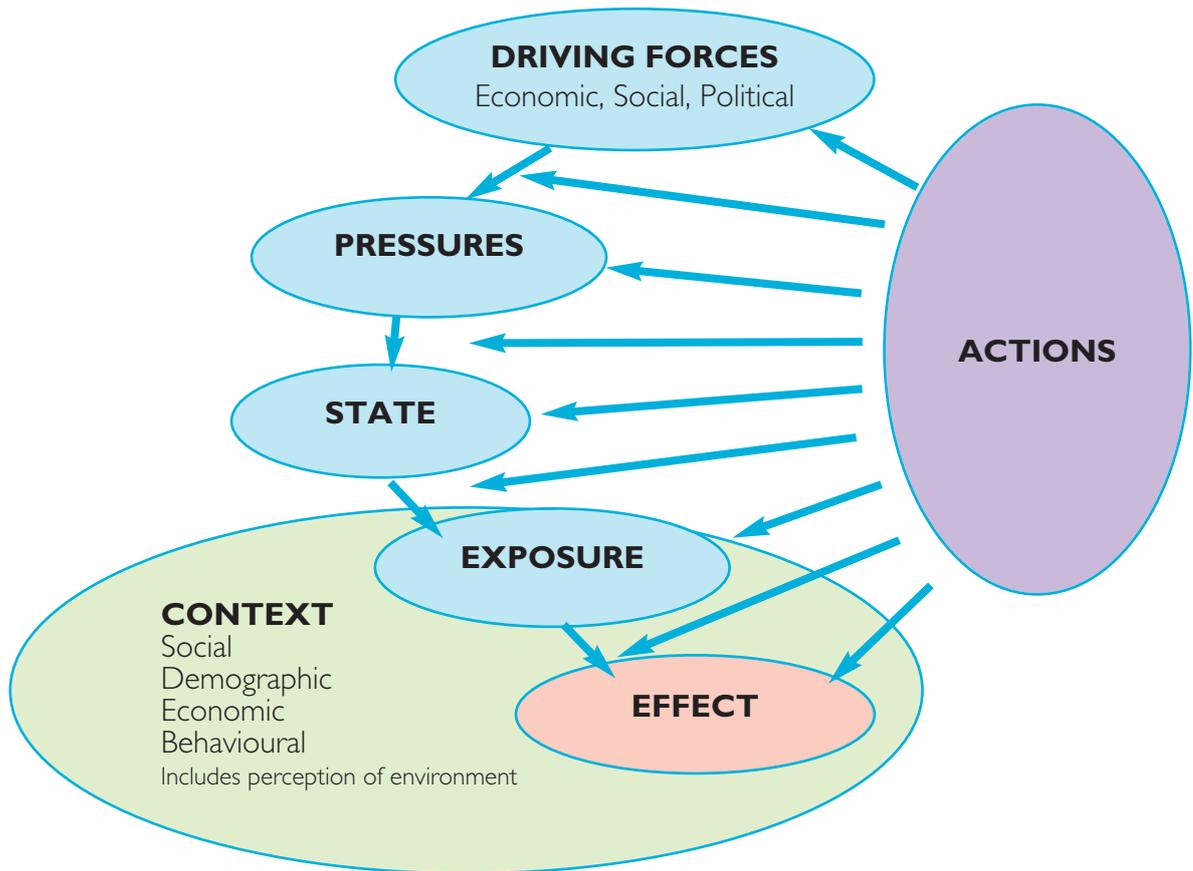


Figure 1: The Modified DPSEEA Model²

² Morris et al, 2006, *Getting Strategic about Environment and Health*, Public Health. v120, p889-907.

6.2 Taking Things Forward: A Systems Approach Built Around Priorities

Once we have framed the problem and demonstrated the important factors in the relationship we must act upon those insights. This will involve a robust process that allows us to work through evidence to implementation of actions.

The process we will implement will collect and analyse relevant data and combine this with research findings and operational expertise. This allows evidence to be linked to policy through a robust process of evaluation. This more comprehensive co-ordinated evaluation of wider environmental health intelligence is intended, with development, to be a basis for more effective decision making and policy.

Critical to the process of linking evidence to policy on an ongoing basis are three core systems which are the cornerstones of a strategic approach. These are: an intelligence system, an evaluation system and a levers of change system. However, there is already much good and promising practice which will inform meaningful action for the future. An important benefit of the strategic framework will be its potential to add value, to co-ordinate and augment existing activity in Scotland.

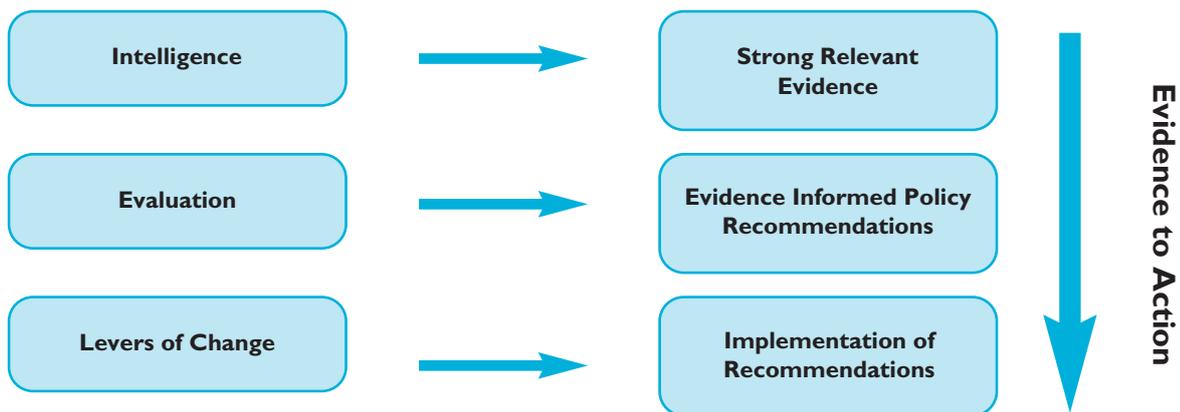
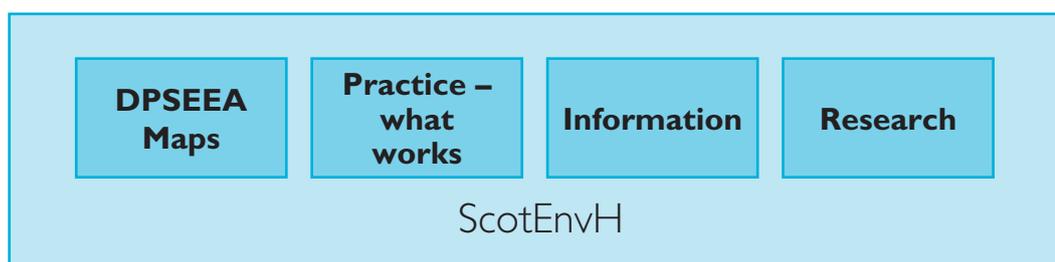


Figure 2: The Three Core Systems and Their Outputs

The **intelligence** system will make us smarter about what we do. It will bring four key intelligence streams together to highlight the links between environment and health and wellbeing. The intelligence system will deliver strong relevant evidence. Each intelligence stream will be led by an appropriate agency with co-ordination through a Scottish environment and health information network (ScotEnvH). It is important to note from Figure 3 that we view intelligence as more than just research and that we will also add to the evidence, learning on what works in practice, and knowledge and opinion from experts and those working to deliver in these areas. We will build on the strong networks that are already found throughout the fields of public health and environment to gather intelligence at a national and local scale. The evidence produced by the intelligence system will then be disseminated appropriately.

Figure 3: The ScotEnvH Intelligence Streams



The **evaluation** system will ensure appropriate rigour in the evaluation of evidence in this complex area. It will draw upon the valuable evidence produced by the intelligence system whether this relates to information (usually in the form of data), products of research or lessons from “Practice – what works”. Effective evaluation will point the way to solutions which may be delivered through policy.

An important part of the system in terms of moving from evidence to action is a **levers of change** system. We need to ensure that we are able to work nationally and locally to implement the appropriate policy recommendations. Where a policy recommendation needs action at a national level, e.g. the removal of a barrier or resolution of clashing policies, the issue will be raised within the appropriate parts of government. There are likely to be a number of policy recommendations arising from analysis of practice or research evidence that we will wish to make available to inform actions at a local level. We will support implementation of actions at a local level through existing learning networks and the links through the field prototypes (see section 7).



7.0 WORKING IN PARTNERSHIP ON ENVIRONMENT AND HEALTH

It is recognised that many of the complex interactive determinants of health and wellbeing appear at the level of community and solutions involve input from a spectrum of agencies and institutions. Key players include health boards, local authorities, broader community planning partnerships, third sector organisations, community based organisations and communities themselves. The success of *Good Places, Better Health* therefore relies on a level of co-operation and shared sense of purpose.

The Concordat between Scottish Government and local government marked a new relationship where the direction of policy and overarching outcomes are set by central government but local authorities and their partners, through a reduction in ring-fenced funds and associated monitoring, have been given greater autonomy to deliver their services to meet the varying local needs and circumstances across Scotland.

Single Outcome Agreements (SOAs) have been forged between Scottish Government and each local authority. For 2008/09 these cover all local government services in each area as well as a significant range of responsibilities of Community Planning Partnerships (CPP). From 2009/10, all SOAs will cover the range of CPP responsibilities.

Good Places, Better Health will support development of SOAs and will be a tool to enable effective working by a number of partnership organisations to deliver on shared outcomes as identified nationally and in SOAs. We therefore envisage a win-win situation for central and local government as *Good Places, Better Health* provides a toolkit for multi-agency delivery.

We will support and develop a number of geographic field prototypes for *Good Places, Better Health* which will provide toolkits and support to enable local partnerships to engage with key stakeholders to identify and implement new and improved actions at a local level based on shared outcomes. We will also look to identify existing good practice in the area of environment and health at a local level and gather and disseminate that good practice throughout Scotland.

The field prototypes will bring partners together to explore the locally available intelligence, transfer knowledge from the national scale and encourage and facilitate a more strategic approach to environment and health at a local level. We will provide knowledge on tools and techniques to map out and analyse the problems and identify and implement solutions which can enable communities, organisations and the public sector at a local level to effectively create physical environments which are safe and nurturing of health.

An outline of how we envisage *Good Places, Better Health* will influence partnership working around health outcomes is presented in Annex 2.

We anticipate a number of community planning partners being involved in *Good Places, Better Health* throughout its course, bringing each partner a number of benefits. Outlined below is a practical example to illustrate what this prototype may deliver for one group of professional partners.

What does *Good Places, Better Health* mean for partners engaged in community regeneration?

How does health feature in community regeneration pre *Good Places, Better Health*?

Those engaged in community regeneration have been working in an outcome focused context for a number of years. This has recently gathered pace in the context of the Concordat with Local Government, development of SOAs, and the introduction of the Fairer Scotland Fund. There are a limited number of tools, techniques and practical advice on how to plan for delivery of health outcomes levered by community regeneration.

This has meant that despite an underlying assumption that actions to improve housing and undertake community regeneration would in turn improve the health of communities, health is not always viewed as a primary objective or driving force of regeneration activity, and is not easy to evaluate as a tangible outcome of regeneration.³ This may limit the potential for regeneration to maximise positive and directly attributable health outcomes.

How might health feature in community regeneration with *Good Places, Better Health*?

Good Places, Better Health will help regeneration professionals to examine their role and the role of others by working back from an outcomes-focused approach. It will enable them to view their actions through the prism of health by offering an analytical approach which recognises that better health and reduced health inequalities are central to sustainable economic growth and that the physical environment has a key role to play in achieving health outcomes that align with regeneration outcomes.

³ Atkinson R et al, 2006, *Giving Urban policy its 'medical': assessing the place of health in area based regeneration*, Policy and Politics 2006; 34(1):5-26

Good Places Better Health will seek to provide those engaged in community regeneration with improved **knowledge, understanding, practical actions and tools and techniques** to contribute far more meaningfully to a “healthier” Scotland, through:

- provision of clear mapped evidence on how physical environment impacts on health.
- making closer links with other existing sources of relevant research, evidence, learning and capacity building activity such as the ongoing work with GoWell and the suite of Learning Networks being supported by the Scottish Centre for Regeneration.
- provision of toolkits and support through field prototypes on how to use the modified DPSEEA model to map the local physical environment issues and link them to health outcomes.
- provision of toolkits on how to use the modified DPSEEA model to identify where to focus actions to achieve improved health outcomes locally.
- the field prototypes which will provide tools and support to enable engagement and partnership approach at a local level between public sector, third sector and communities on physical environment and its impact on health.
- provision of toolkits to demonstrate clearly how regeneration work delivers on the “healthier” national strategic objective.

For example, in relation to mental health and wellbeing, managers will be better equipped to ensure regeneration projects can create positive environments in terms of noise, litter, access to greenspace, access to culture, safe streets, opportunities for play, increased opportunities for active travel, reduced isolation, improved community cohesion, and to demonstrate the impact they are having through evidence-based actions. Annex 2 further highlights some of the physical environmental factors that have an important impact in relation to mental health and wellbeing.

8.0 CONCLUSION

Scotland is at the forefront of innovative developments in health improvement. In the past, environmental health activity has been represented by traditional approaches which delivered very effectively for public protection but which may well fail to provide the necessary solutions for the future. This Implementation Plan gives effect to an initiative which marks a significant departure from traditional approaches. It configures environmental health activity for a new public health era, significantly enhances mechanisms through which evidence in its widest sense will be gathered, implements new structures for robust evaluation and gap analysis and provides mechanisms for hard wiring what we learn and what we know, to what we do.

ANNEX I – The Modified DPSEEA Model

A simple model is promoted as a basis for building a strategy to inform policy and action in many complex situations. We believe an effective model must frame relationships in the field of environment and human health with reference to the factors which bear upon them (often the influence of such factors is such that they might more accurately be assigned the status of co-determinants). It must also reference higher level drivers which shape the characteristics of environmental state. It has become clear that a model with the simplicity and flexibility to allow a rapid overview of key issues in health where environment is a factor must underpin *Good Places, Better Health*.

The development of the Modified DPSEEA Model⁴ has been driven by the desire to achieve simplicity, flexibility in application and a capacity to map the environmental territory for different issues. The Modified DPSEEA model, is the adaptation of an earlier (DPSEEA) model developed by WHO for developing indicators in the field of environment and human health.⁵

In its unmodified form the **DPSEEA** model allows for the mapping of a spectrum of environmental health issues. The Model adopts a linear or ‘chain’ approach to mapping environment and health issues from high-level cultural, political **Drivers** of environmental change to **Pressures** which modify the physical environment to produce an environment with defined characteristics (**State**). A particular environmental State in turn is mapped to human **Exposure** and on to health **Effect**. Critically, from a policy perspective, the DPSEEA Model also allows **Actions** to be mapped. These may impact at any point on the DPSEEA chain.

The Modified DPSEEA model recognises that whether a particular aspect of the environment (a State) results in an Exposure for the individual and whether that exposure results in a health Effect (positive or negative) is influenced by **Context**. That context may be demographic, social, behavioural, cultural, genetic etc. and aspects of Context may also be targets for policy and action to improve the health outcome.

4 Morris et al, 2006, *Getting Strategic about Environment and Health*, *Public Health*. v120, p889-907.

5 World Health Organisation, 2004, Development of environmental health indicators for European Union countries: results of a pilot study.

Table 1: Elements of the Modified DPSEEA Model

Element	
Drivers	Society level: social, economic or political influences on the environment
Pressures	Factors resulting from drivers which act to modify or change the environmental state
State	The resultant environment which has been modified due to the pressure
Exposure	Human interaction with modified environment
Effects	Human health effect
Actions	Policy and practice designed to address particular factors identified in the chain
Context	Individual level: Social, economic, demographic factors which influence a person's exposure to the modified environment or which lead to a health effect

In communicating and applying the new approach, the Modified DPSEEA model retains the critical axis of health and physical environment at its core. In keeping with the philosophy of *Good Places, Better Health* it also affords cross-cutting policy relevance by recognising a spectrum of contextual issues which affect the transition from these environmental states to exposure and on to health outcomes (positive or negative).

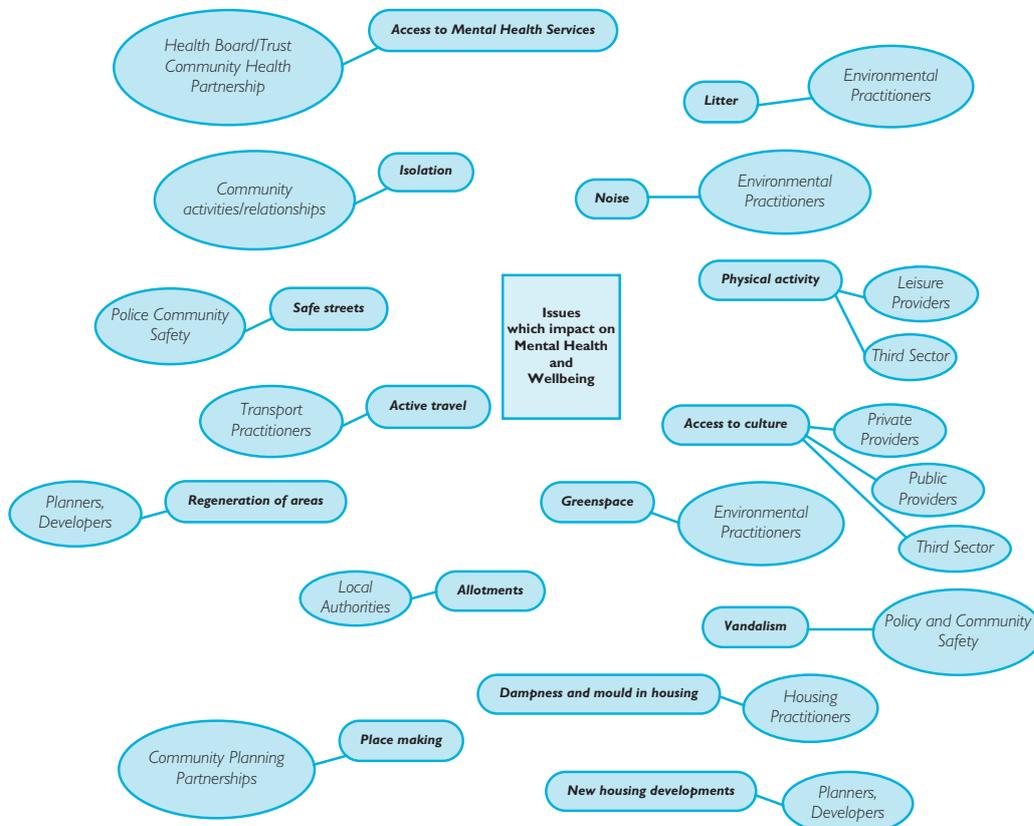
Application of the model to selected health and physical environment axes produces a series of maps representing the relationship between the chosen health outcomes, the physical environment and other factors bearing upon that relationship, thus providing the desired helicopter view of the environmental health territory necessary for smart cross-cutting policy formulation.

ANNEX 2 – Partnership Working Through Good Places, Better Health

As an illustration of how we envisage *Good Places, Better Health* improving partnership working to create health nurturing environments we have outlined below an example of current (pre *Good Places, Better Health*) and future (with *Good Places, Better Health*) practice around a particular health outcome.

Pre Good Places, Better Health

The diagram below outlines the type of physical environment issues that may impact on mental health and wellbeing⁶ and the type of organisations who may be involved in these issues.



Pre Good Places, Better Health

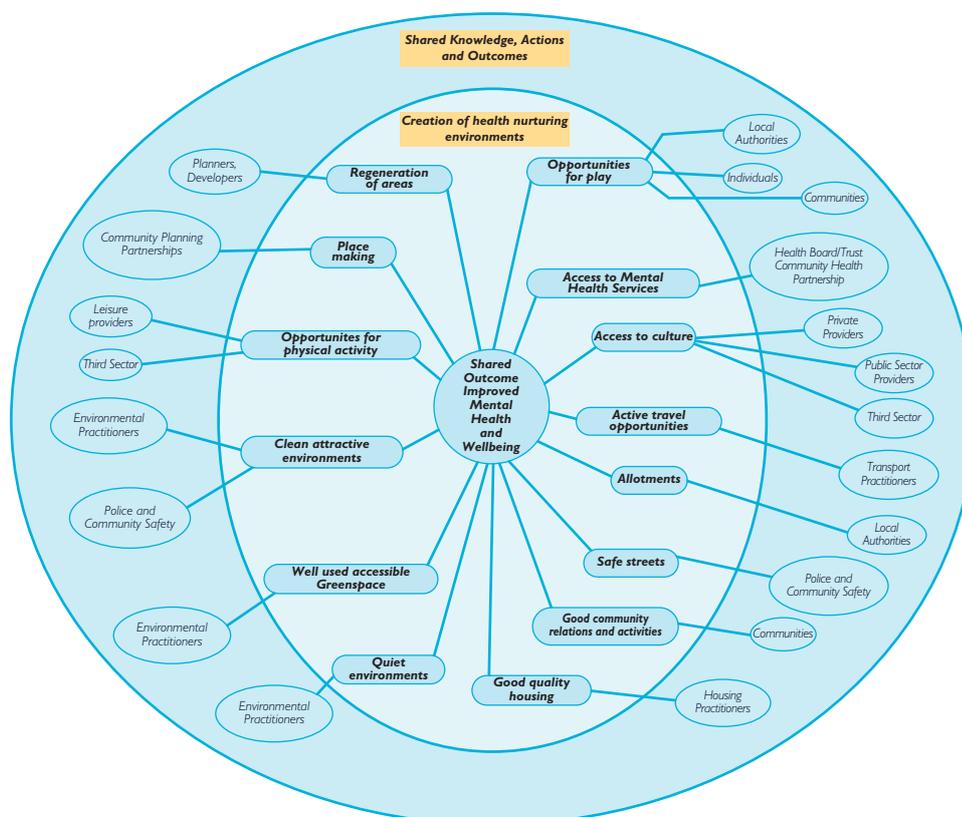
Most of these activities are driven by individual policies, legislation, commitments and organisations acting in isolation or in limited partnerships around specific projects. They are driven by a need to respond to a particular agenda and not necessarily a health agenda. For example:

- Do all organisations understand that these issues impact on mental health and wellbeing?
- Do these partners always consider mental health and wellbeing when planning the design and delivery of these services?
- Do all organisations understand what they could do in these areas to improve mental health and wellbeing?
- Could we measure and evaluate how these services impact on mental health and wellbeing?

⁶ Foresight, 2008, *Mental Capital and Wellbeing*

With Good Places, Better Health

In this example we consider the same physical environment issues but we highlight that by using *Good Places, Better Health* they will be approached as a means to creating positive health nurturing environments through shared outcomes, knowledge, and actions. Each partner will understand that the work they do impacts on specific health outcomes and how they deliver the service can make a difference and can deliver on national outcomes. In this way we envisage that *Good Places, Better Health* will help facilitate the delivery of SOAs and the national outcomes and help identify roles and responsibilities of partners in each area.



With Good Places, Better Health

The creation of cross-cutting focused partnerships where everyone understands and implements the actions they can take to achieve the shared outcome through:

- Shared knowledge and understanding of how physical environment impacts on mental health and wellbeing
- An understanding of what each organisation can do, through unique and joint contributions, to create positive health-nurturing environments which will lead to improved mental health and wellbeing
- A commitment to take action to create positive health-nurturing environments and an understanding of the impact that action will have
- Measurement and evaluation of impact on mental health and wellbeing

