



**Healthy Sustainable  
Neighbourhoods Model**

 INTRODUCTION

Despite significant improvements in the health of Glasgow, major health challenges for the city remain. These include premature death, poor physical and mental health, and the impact of health inequalities. Many of these challenges are exacerbated by environmental conditions. Efforts to address environmental influences on health are often focused on the broader determinants of health including employment, housing, transport, greenspace, local crime and safety issues, education, levels of poverty and accessibility to health care services.

Spatial planning and regeneration strategies represent a major investment by the public sector to create new sustainable futures in towns and cities throughout the UK. Spatial policy can be directed not only towards population health improvement, but also towards changing the balance of opportunities for disadvantaged people, which may, in turn, reduce the gap in health inequalities.

Place making is at the heart of national and local development policy but not until recently has there been a focus on how spatial policy can contribute to health improvement and the reduction of health inequalities.

In 2008, Glasgow City Council published its local development strategy for the East End of the city (EELDS)<sup>1</sup> covering inner city districts characterised by economic decline, low levels of educational achievement, and low life expectancy rates. In an attempt to create spatial policies to contribute to long-term improvements in aspects of population health, the local development strategy (LDS) was subjected to a Health Impact Assessment (HIA) while the first consultation draft was in preparation.

The HIA process involved local residents and professional planners from Glasgow City Council. This joint experience of the HIA led to a consultation programme which focused more on qualitative aspects of people's environmental experience, giving local planning officers a different and more nuanced evidence base from which to draft policy.

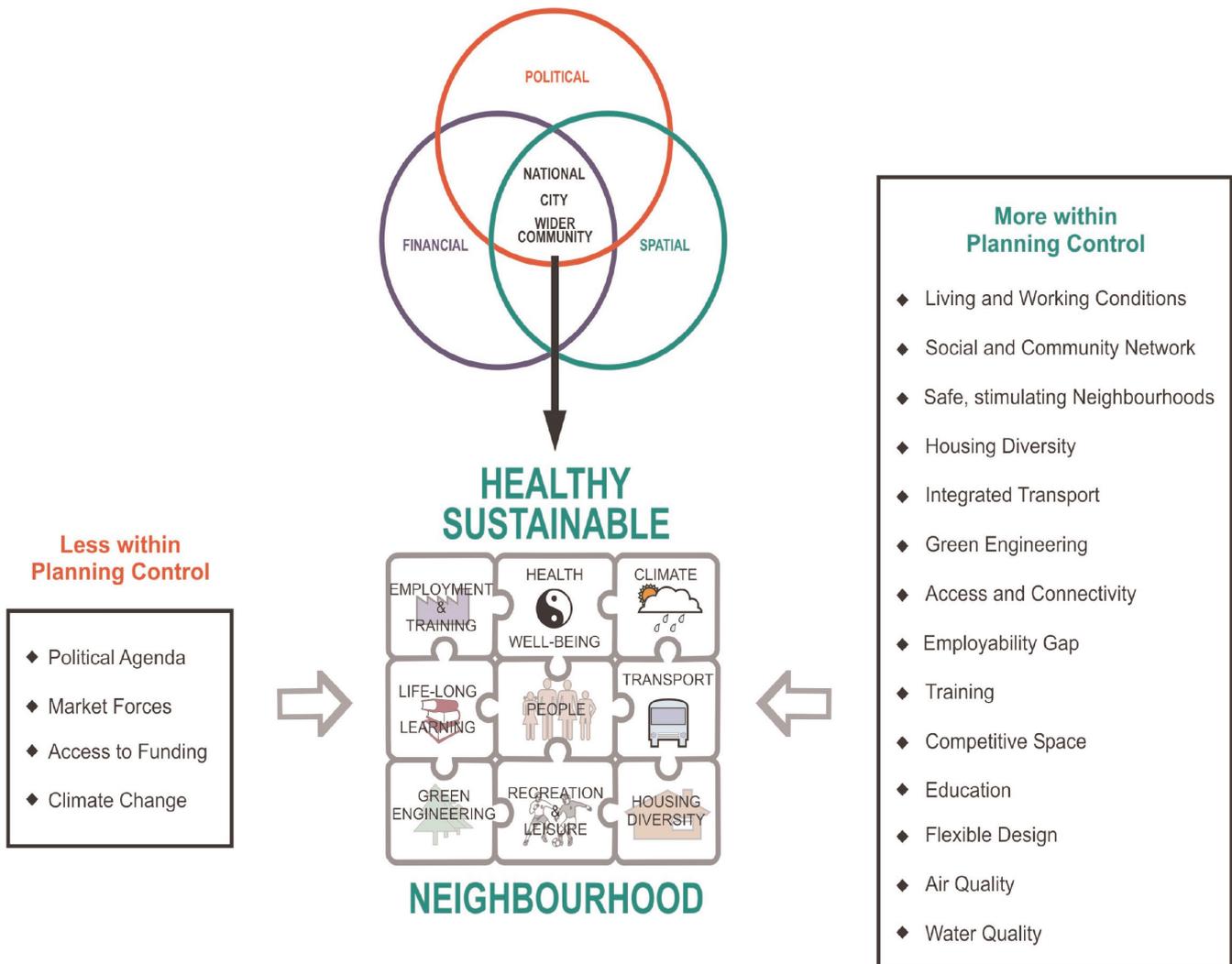
The Healthy Sustainable Neighbourhoods (HSN) model, as described in this paper, illustrates the scope of what the EELDS is endeavouring to achieve: to assess and if necessary to moderate the 'balance' between key aspects of the urban 'experience' in the East End of Glasgow.

The model has also been found to be applicable to many other place making and development planning scenarios.

<sup>1</sup> East End Local Development Strategy (EELDS) (2008) *Changing Places: Changing Lives*

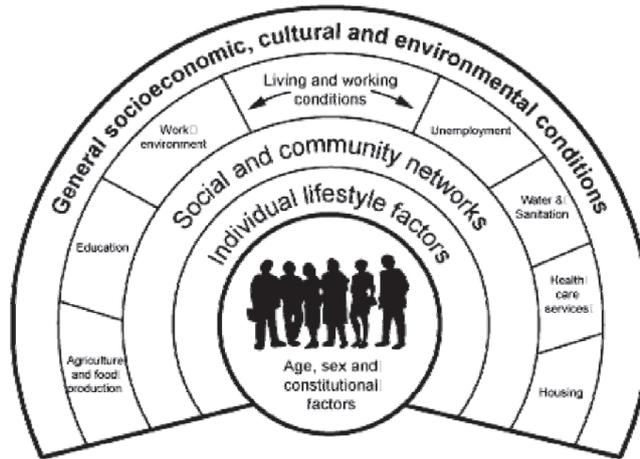
THE HEALTHY SUSTAINABLE NEIGHBOURHOODS MODEL

Figure 1



The Healthy Sustainable Neighbourhoods model is a planning interpretation and development of the Dahlgren and Whitehead “*Social Model of Health*”<sup>2</sup> that sets out to identify the numerous factors affecting population health.

Figure 2 Social Model of Health



The HSN model (Figure 1) was developed to provide a framework for integrating thinking around the constituents of a healthy sustainable neighbourhood and to support planners and others involved in the regeneration process to integrate not only health considerations but also issues of equality and sustainability.

The HSN model also represents the environment as a dynamic interaction of interdependent aspects which impact on people’s quality of life.

At the top of the model, the circles represent the pressures that influence the planning process at the national, regional and local level. The box to the left of the figure contains issues that are, to the most extent, out with planning control, while the box to the right contains those aspects more within the remit of spatial planning.

The rest of the model is represented by pieces of a jigsaw because a healthy sustainable neighbourhood is a dynamic ‘composition’ of nine spatial planning themes, between which there is a balance. If pieces of the jigsaw are missing or are of an inappropriate scale, shape or size, then the jigsaw is unbalanced – a situation in which failure of ‘place’ is a real prospect. Using this model, the nature of the imbalances can be identified and corrective ‘balancing’ policy actions can then be identified and acted upon.

2 Dahlgren G, and Whitehead, M. (1991) *Polices and strategies to promote social equity in health* Institute for Further Studies, Stockholm.

The HSN model provides a useful tool which addresses the complexity of planning and the development process in a way that is accessible to both professionals and community members alike. The model can assist in the process of quality place making by informing decision making.

The HSN model also becomes a tool for monitoring and evaluating plan making and place making activity over the long term by introducing a method of transformational change into environmental decision making and the development of spatial policy.

It offers several distinct opportunities:

- To reduce negative aspects of policy development and implementation by discouraging 'separation' in both policy and investment decisions
- To evaluate interaction with related dependencies
- To provide a framework for consultation and dialogue.

 KEY VALUES AND APPLICATIONS

### Key Values

The key values of the model are:

- To replace dependency on professional planning and urban design jargon
- To appreciate the interrelationship of the 'themes' in place making
- To monitor quality of place and to evaluate place making decision processes
- To increase mutual understanding with issues relating to *both* individual and population health and wellbeing and encourage people to talk about place making and health
- To support planners and others involved in the regeneration process to integrate health, equality and sustainability considerations.

### Applications

The model has a number of potential applications.

The model provides a useful framework for facilitating discussion among stakeholders and identifying potential impacts. Local residents can often play a crucial role in the spatial planning process, as they know a great deal about their area and are able to contribute to and help provide logical solutions to some difficult issues. Plans are in place to incorporate the model as a form of innovative community engagement in Glasgow.

The model can enable all parties to become involved in consultations about place making which, in turn, can provide further evidence to support decision making which mitigates negative health impacts *and* enhances positive wellbeing effects.

A series of questions have been developed to accompany each jigsaw piece for its use as a toolkit in health impact assessment. The toolkit has to date been tested successfully against two spatial plans in Glasgow. This has led to further development of the question set and further piloting of this toolkit is planned.

The model can further provide a framework for monitoring and evaluation, and efforts are also underway to develop a checklist for each piece of the jigsaw to help to embed it in planning practice.

 CONCLUSIONS

The Healthy Sustainable Neighbourhoods model has shown considerable potential to facilitate joined up thinking, research and working. While still in its early stages, there is substantial interest regarding the tool and it is currently being introduced in a variety of arenas.

One such arena will be the city of Glasgow, which has recently been designated an *Equally Well* test site to explore how planning can address health inequalities, particularly around mental health and the obesogenic environment.

*Equally Well* is the report of the Scottish Government's Ministerial Task Force on Health Inequalities<sup>3</sup> and the test sites will play a key role in implementing the recommendations of the report. Further development of the HSN model will be integral to the Glasgow test site work and opportunities will be sought to embed the model into planning practice.

 ACKNOWLEDGEMENTS

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3 <http://www.scotland.gov.uk/Publications/2008/06/09160103/0>

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