



Briefing 07/35 May 2007

Environment and Health in Scotland

TO: ALL CHIEF EXECUTIVES, MAIN CONTACTS AND EMAIL CONTACTS (Scotland)

CC: ALL CHIEF EXECUTIVES, MAIN CONTACTS (England, Wales & Northern Ireland)

Key issues

The Scottish Executive Health Department and the Environment and Rural Affairs Department have issued a joint discussion paper on a new approach to environment and health

Recognises the effect the environment around us can have on our state of health and well being

Consultation deadline – 22 June 2007

1. Introduction

In October 2005 the Deputy Minister for Health and Community Care announced the development of the Environment and Health Strategic Framework with the intention to conduct a consultation exercise. 16 months later, the Scottish Executive Health

Department and Environment and Rural affairs Department have issued a joint discussion paper entitled 'Environment and Health in Scotland: A new approach'. The paper presents the work done to date in developing the Environment and Health Strategic Framework, and seeks stakeholder views on a new approach to environment and health and how this approach might be implemented. It is hoped the feedback received will help the two departments put forward a proposal to Ministers for consideration on how to proceed.

2. Background

Everyday we interact with our environment and this, together with the social and behavioural factors affecting us, influences our state of health and well-being. Traditionally, the link between environment and health has focussed on existing or potential hazards in the surrounding area. However, this discussion paper recognises an additional need to better understand the complexity in our relationship with our environment and indeed how, if properly planned, the physical environment can promote a positive effect on our health. For example, well-maintained green spaces are not only pleasant places to live near, but they also offer local people a place where they can walk, or contemplate and reflect, thus contributing to better frames of mind. Similarly, we have evidence that areas without graffiti and litter tend to be areas where levels of stress and reported illness are less than those of places that do suffer from these blights. Physical environment can also influence how we think about our communities, whether we feel safe or under threat and indeed whether we feel part of a community at all.

Much of the work of the Scottish Executive and of local government in this field seeks to improve the environment in which the people of Scotland live. Initiatives such as Greenspace for Communities improve opportunities for the quiet enjoyment of nature and also to provide areas for enhancing biodiversity. The provision of funding for regeneration projects and for improving vacant, derelict and contaminated land, as well as the continuing efforts to rid our communities of litter, vandalism and dog dirt, all aim to improve the living environment and the quality of life generally.

3. The case for a new approach

The new approach outlined in this paper provides a mechanism to co-ordinate and direct action on the key environmental impacts on human health. It is believed that greater attention to the links between environmental conditions (both positive and negative) and health has the potential to enhance health protection and affect health improvement.

The Health and Environment and Rural Affairs Departments believe that failure to take a broader approach to environmental factors may prevent them from:

- better understanding how peoples' perception of the areas in which they live affect their mental and physical wellbeing
- defining a research agenda which can lead us to new policies on local environments which can, in turn, benefit health
- fully realising the power of the Community Planning agenda
- effectively tackling health inequalities

Benefits of the new approach include the opportunity to bring together policies from across different areas of the Executive to focus on the quality of local environments. For example, the sustainable development strategy, the biodiversity strategy, NHS Health Scotland, Scottish Natural Heritage, Greenspace and the Scottish National Programme for Improving Mental Health & Wellbeing. It would also help Scotland fulfil its international commitment on children's environment and health.

4. The Environment and Health Strategic Framework

The goal of the Strategic Framework was articulated by the Deputy Minister for Health and Community Care in October 2005 as 'the development of better systems to pursue environments consistent with, and promoting of, human health and well being and a Scotland of equal opportunity'. It will provide a framework to:

- ensure greater co-ordination of policy and action between Scottish Executive Departments and the wide range of stakeholders and partner organisations in the environment and health sectors
- enhance the evidence base to inform policy development and priorities
- develop new systems for:
 - gathering intelligence on the relationship between environment and health
 - evaluation of evidence
 - optimising the process of environmental change for health protection and health promotion;
- increase capacity to identify research and facilitate successful research through greater collaboration
- develop the contribution of local government in improving public health by supporting the work of environmental health professionals and others within local government, including housing and planning professionals
- identify more clearly the contribution of the physical environment to Scotland's priorities for health improvement set out in the Health Improvement Challenge
- contribute to positive outcomes in other cross-cutting policies, including closing the opportunity gap, environmental justice, climate change, sustainable development, biodiversity and growing the economy

It will involve a "bottom up" approach: bringing in information, knowledge and experience, evaluating this and channelling results towards action, and will adopt a selective approach with the initial priorities being cardiovascular disease and asthma.

In future it is intend to extend the priorities to include unintentional injury or selected categories of unintentional injury.

The proposed implementation plan has three main headings:

The model which describes how the environmental and other influences relevant to a particular health outcome can be mapped to illustrate the “environmental health territory”. Using a model to frame problems in the field of environment and human health can, it is suggested, provide a quick overview of key issues in health where environment is a factor. The Strategic Framework recommend using the Modified DPSEEA Model – Drivers, Pressures, State, Exposure, Effects and Actions (Morris *et al*, Public Health) to map the environmental territory for different health outcomes.

The systems which collect and analyse relevant data and combine with research findings and operational expertise to link evidence to policy through a robust process of evaluation.

The governance structure which will support the systems and ensure the translation of evidence directly into action. It is anticipated that the Strategic Framework governance structure will be created on three tiers: Strategic; Evaluative and Intelligence Related.

Throughout the discussion paper are a series of questions which the Health and Environment and Rural Affairs Departments are seeking feedback on from key professional organisations. The full list of questions is attached in Appendix 1.

5. Summary

The Association would appreciate your thoughts on this discussion document.

All comments should be sent by email to gsimpson@apse.org.uk by **8 June 2007** at the latest, in order for the Association’s full formal response to be submitted by the 22 June 2007 closing date.

Gillian Simpson
Association for Public Service Excellence

Appendix 1

Discussion Questions

Is this approach worthwhile?

1. Do you agree that we need to improve the way we address problems in environment, health and wellbeing in order to improve health and reduce health inequalities in Scotland?
2. If so, do you consider that the Strategic Framework for Environment and Health offers the potential to allow us to do so at national level?
3. In what ways do you think that Strategic Framework could influence policy and practice?
4. Are there other strategic planning mechanisms which the Strategic Framework could link into?
5. Do you agree that defining priorities in terms of health outcomes is appropriate?
6. Do you agree that the success of the Strategic Framework is best assured by building systems and structures initially to support a limited number of priority areas?

Are the health priorities correct?

7. Do you agree with the suggested health priority areas and, if not, why?
8. What other issues might be considered for future attention, and why?
9. Do you consider that unintentional injuries should be included in the first wave of priorities?

The model

10. Do you think that framing problems with reference to the Modified DPSEEA Model would also be beneficial for identifying environmental factors linked to health outcomes?

The Systems

11. What existing data sources could be channelled into the information element of the Intelligence System?

12. Are there any gaps in projected data requirements at this stage?
13. Will the operations of the Strategic Framework be compatible with existing research programmes identified?
14. Are there other research organisations and funding streams which the Strategic Framework could liaise with/draw on?
15. Do you agree that we can capture the experience of practitioners through representation on the Evaluation Group?
16. What other ways might we optimise the contribution from relevant practitioners and stakeholders?
17. Are there existing networks which could contribute to the evaluation process?
18. How might the outputs from the evaluation work be communicated to stakeholders?

The Information Steering Group

19. Do you consider that a specific institutional lead should be identified to collate data from the range of potential contributors and to develop, maintain and interrogate the database holding information?
20. Do you consider, given its current work in this area, as co-ordinating agency for EHS3 that Health Protection Scotland would be an appropriate agency to perform this role?
21. Is there another agency or arrangement which would be preferable? Please give reasons for your answer.

The Governance Structure

23. Are there alternative, preferable governance arrangements which might better support the Strategic Framework?
24. What organisations/institutions should be represented on the various elements of the structure?
25. Do you consider that stakeholder participation is adequate and, if not, how might it be improved?