

Glasgow Centre for Population Health

Response to Glasgow City Council's Regeneration Framework for Sauchiehall and Garnethill

Our response begins with a set of recommendations and supportive statements. This is followed by more detailed comments organised under key headings.

Key recommendations

- Learning from the approach is used to inform the remaining city centre frameworks and other public consultations undertaken by Glasgow City Council.
- A similar breadth of engagement – using innovative approaches to capture feedback from a broad spectrum of the population – is employed for future Council consultations.
- Continuous local involvement in the regeneration of the area is encouraged and supported by Glasgow City Council.
- Consideration is given to how the delivery of key infrastructure projects can contribute to the creation of a joined up environment that supports people to make active travel choices.
- Access to good quality food (including local food) is recognised as being important, and opportunities to improve the food environment are supported through the framework.
- Measures are considered which support a balanced economy and diverse street uses (particularly in streets with high vacancy rates). The inclusion of a local currency is an idea that we support in principle.
- The design of public realm improvements is considered in relation to the needs of all potential users (i.e. age, gender and the needs of people with disabilities are accounted for).
- Public safety is a key consideration in the design of public spaces, (e.g. though better lighting and well-designed streetscape improvements).
- An integrated impact assessment is conducted on the final framework/action plan to assess potential health and equalities issues.
- The framework is action focused, concise and reader-friendly.
- Climate change assumes a more central focus in the framework and actions are considered in relation to their potential impact on climate change and building community resilience to climate change.
- Targets are included with respect to what Glasgow City Council aim to achieve within a specified timescale. For example, modal shifts in transport use, better air quality, access to

greenspace and increased employment are just some of the possible outcomes from the regeneration of the area.

Supportive statements

- Many of the proposals put forward in this framework have the potential to have a positive impact on public health (e.g. streetscape improvements, greening, public realm, improved infrastructure). These projects have the potential to impact positively on air quality, living conditions, accessibility, public safety, congestion and opportunities for walking, cycling and socialising (see appendix).
- We support actions which improve living conditions for local people (e.g. through air quality improvements and noise reductions in areas affected by the M8 and night-time activities).
- We support joined up actions/projects/infrastructure which can help to create an integrated network of routes for walking and cycling within the framework area and beyond.
- We support the proposed segregation of cycle lanes, improvements to street and pavement surfacing and removal of unnecessary obstructions on walkways and pavements. The proposed 20mph speed limit will also contribute to enhanced safety for people travelling in the city centre.

1. Introduction

The Glasgow Centre for Population Health (GCPH) welcomes this opportunity to comment on the draft regeneration framework for Sauchiehall and Garnethill. Having recently relocated from Charing Cross, GCPH staff have a good local knowledge of the area and are well placed to comment on how the area could be developed in the interests of public health. As the first of nine frameworks to be developed for the city centre, we feel that this document sets an important precedent for how the remaining frameworks are delivered and other consultations are undertaken in the future.

Through a number of programmes of work and research projects, the GCPH aim to improve understanding around how the built environment and regeneration can shape health, wellbeing and inequalities, as well as how different approaches to regeneration can encourage more local participation. This response draws on this evidence and experience, focusing on how the delivery of the framework might shape different aspects of health. Feedback is also offered on the on the

structure, comprehensibility and readability of the framework. This feedback has been considered in relation to questions included in the survey issued on the Glasgow City Council website.

The GCPH recognises the importance of the Sauchiehall and Garnethill area as a place to live, work and visit. Garnethill and Sauchiehall provide an entry point to the west of the city, as well as connecting the city centre to the neighbouring areas of Port Dundas and North Woodside. These areas, and those beyond, face considerable barriers to connectivity as a result of the M8 motorway and other busy streets such as Cowcaddens Road. This area of Glasgow also has some of the poorest air quality in Scotland¹, making it an important location for promoting active travel and reducing vehicle emissions.

2. The built environment and health

Direct impacts on the built environment include factors such as air quality, climate, noise and traffic. Much of the evidence concerning these factors is quantifiable and causal effects can be attributed. An example of a direct impact on health is poor air quality, which can reduce life expectancy and heighten the effects of some respiratory conditions². Indirect impacts on health and wellbeing, meanwhile, include aspects of the built environment that can shape the feelings and behaviour of individuals and populations.

Good quality housing that is fit-for-purpose and well maintained is important for a healthy population^{3,4}. New homes should be adaptable to meet the needs of a changing population, and measures should be taken to avoid overcrowding. At a neighbourhood level, the quality of the environment is important for how people feel. Recent evidence from GoWell found that those who considered their neighbourhood to be of a good quality were more likely to report their own health to be either good or very good⁵, while people who reported the environment to be of poor quality were more likely to report feelings of loneliness⁶.

The quality and design of the built environment and the ability to meet daily needs within that environment also has an influence on health behaviours and lifestyle choices, including travel behaviour⁷, food choice^{8,9}, alcohol consumption¹⁰ and exercise habits^{11,12}. Feelings of safety in an outdoor urban environment can influence whether or not people choose to exercise, and environments where people feel unsafe are associated with worst mental health, particularly for women¹³. In contrast, walkable neighbourhoods are associated with higher levels of trust and a more socially active population¹⁴. The physical characteristics of neighbourhoods identified as having a positive impact on health, wellbeing, physical activity and walkability are: choice and diversity;

well-kept environments; affordable and efficient public transport; safe and sociable play areas; the presence of greenspace; well-lit and pedestrian-friendly footpaths; and street patterns that provide opportunities for informal contact among residents^{15,16,17}.

As well as providing a carbon sink, good quality greenspace makes an important contribution to the quality of the experience that people have in a city, and is important for escaping stress and improving mental wellbeing¹⁸. Conversely, poor quality greenspace, vacant and derelict land¹⁹ and a lack of community resources²⁰ have been linked to poor mental wellbeing. Good quality environments should also cater for the varying needs of the population. For people with limited mobility or sensory impairment, poor street design can present a range of challenges²¹.

Neighbourhood perceptions have been found to be associated with feelings of control over the decision-making process, and feeling disempowered can be associated with increased feelings of dissatisfaction towards a neighbourhood. This was demonstrated in Glasgow through GoWell research, where there was a positive association between perceived community influence over local decisions and respondents' views of other aspects of community life such as feelings of belonging, neighbourliness and cohesion²².

3. Promoting health, wellbeing and equity through the framework

The changes proposed in the framework have the potential to make Sauchiehall and Garnethill a more liveable and healthier place, as well as improving connections to neighbouring areas. There is recognition for the important distinction between roads and streets, and GCPH support plans which aim to create streets which prioritise walking and cycling over cars. This is in keeping with *Designing Streets: a policy statement for Scotland*²³, which places pedestrians and cyclists at the top of the street user hierarchy. Through joined up public realm improvements, greening (which is particularly important given there is limited greenspace in the area), speed restrictions, traffic calming and by prioritising human scale development, there is significant potential for public health gains to be realised through the joined up delivery of the projects outlined in the framework.

In 2009 the Glasgow Health Commission, which was informed by expert opinion and the best available evidence, made several recommendations relating to how the built environment could be enhanced in the interests of public safety, including the introduction of 20mph zones, the prioritisation of safe, active and sustainable transport, improving connectivity, improving opportunities for public engagement in decision-making about neighbourhood design and enhancing

the role of health considerations in planning decisions. The actions proposed in this framework have the potential to contribute towards delivering on these important recommendations.

The potential health impacts of different aspects of regeneration proposed in the framework are summarised in an appendix. This is based on range of evidence sources on the known impact of the built environment on health, and has been adapted from a GCPH evidence review on the influence of the built environment on health²⁴.

4. Design, structure and readability

In the consultation survey feedback is sought on whether the framework is comprehensive and easy to read. The current draft of the framework, at over 100 pages, is perhaps more comprehensive than is needed. A more concise and focused document, which avoids the use of academic or professional language might encourage more people to read it and respond to it. This may be important if projects are to be successfully delivered through partnership approaches.

5. Alignment with other plans, strategies and policies

This framework has been developed to meet the objectives set out in the Glasgow City Centre Strategy and Action Plan 2014-2019. It also has the potential to influence a number of other Council strategies, proposals and wider objectives (some of which are outlined on page 14). One example of which is the proposed introduction of 20mph zones in city centre areas, which is likely to have an impact on the pedestrian experience and will be complementary to many of the streetscape and public realm improvements proposed in this framework. Some specific recommendations in relation to the alignment with other plans, strategies and policies are as follows:

- A section is included which outlines how plans and policies in the framework will contribute to meeting wider Council aims and objectives.
- An explanation is provided for how this framework sits within the wider set of policies covering this area, including any other frameworks being drawn up as part of the City Centre Strategy.
- Delivery mechanisms and monitoring are closely linked to the delivery of other relevant plans.

6. Four strategies

We understand that the four strategies in the framework (a living district, local distinctiveness, connected and mobile, a vibrant district) will be used as supplementary guidance to inform development decisions. Beneath each strategy are a set of statements. It is not clear if these are aspirational statements or more definitive objectives that Glasgow City Council are committed to delivering. For example, the proposed introduction of a local currency could have a transformative effect on the area by helping to support local businesses and encouraging more sustainable forms of consumption. However, no indication is given around how important this is to the delivery of the framework or how the Council might go about helping to set it up. Although the area is well serviced to meet the needs of the wider city population, local services in the area may need to be improved to help create a better quality 'living district'. Specific recommendations concerning the four strategies are as follows:

- Consideration is given to what further measures may be required to create a 'living district'. This might include measures which reduce the negative impact of noise from busy roads and people spending time in the area in the evening.
- Consideration is given to what local services may be required to help create a living district.
- The objectives within each strategy are clear and measurable, providing strong guidance to help inform development decisions.
- Measures of success for each strategy include an agreed approach to delivery, including how data will be collected to monitor progress on each strategy. It may be helpful to provide a more definitive set of success indicators and a timeline for capturing data.

7. Focusing on the city centre

The strong emphasis on the city centre region is important for the future prosperity and growth of Glasgow. This is an area of high footfall where people from across the city can take advantage of the various improvements once delivered. However, given that inequalities in health are most pronounced in more peripheral parts of Glasgow, we feel that substantial investment should be carefully prioritised to ensure that other areas in need of regeneration are not overlooked. For example, many of the arterial routes into the city pass through some of the most deprived neighbourhoods in the city. Many of these streets are heavily congested and could benefit from similar streetscape improvements to those proposed in the framework. In times of reduced public

sector spending, we feel that it would be beneficial to take a strategic approach to how budgetary decisions for streetscape improvements are made.

8. What do we feel is missing from the framework?

Although we recognise that the framework reflects local wishes for how the area develops, we feel that consideration should be made for a number of issues that have the potential to shape health and to ensure that certain population groups are not disadvantaged. These are summarised under headings below:

Framework purpose and future engagement opportunities

This framework is one of nine to be developed across the city centre region, and the first to be consulted on and drafted. We recommend that:

- A short section is included which provides this context, as well as information on when future frameworks will be consulted on.

Funding, delivery and monitoring

We recommend that:

- Details are provided of how regeneration projects will be funded (e.g. through City Deal), including where funding may be sourced from if it has not already been earmarked.
- Greater clarity is provided over whether the key projects and ideas within the framework are aspirational or have already been committed to and supported with funding.
- Targets are included around what Glasgow City Council aim to achieve within a specified timescale. For example, modal shifts in transport use, better air quality, access to greenspace and increased employment are just some of the possible outcomes from the regeneration of the area.
- Baseline data is collected on these factors and targets for improvement are set over a specified period.

A 'placemaking' approach

Placemaking is understood by the GCPH to be a broad concept which involves collective decision-making about place from a range of perspectives. It involves thinking more holistically about how places are created and draws on local knowledge to inform decision-making. A more 'people-centred approach' to regeneration based on the principles of placemaking is outlined on page 14 of the framework. However, it is not currently clear what opportunities a more people-centred approach to regeneration will bring for people living or working in the area. We recommend that:

- A page is dedicated to the placemaking approach, with reference made to the principles of placemaking outlined in the new proposed Local Development Plan and supplementary guidance.
- A website or social media site for the area is created to give local people and businesses an opportunity to share ideas and connect with other organisations, including Glasgow City Council.
- A dedicated section is included which provides Council contacts, details of Council initiatives (e.g. Stalled Spaces), links to other funding streams and signposting to other relevant information (e.g. information on the steps needed to complete a community asset transfer).

Public safety

Given the importance of the night-time economy to the area, and the increased risk of being a victim of crime that this brings, we feel that regeneration projects delivered on the back of the framework should be considered in relation to their potential impact on crime and perceptions of crime at the design stage. We recommend that:

- Public safety audits are undertaken to better understand current issues and how proposed physical improvements might help to alleviate them.

Climate change

Reference to climate adaptation is made just once throughout the document. Although many of the projects outlined in the framework could contribute to this agenda, a more strategic approach to reducing CO₂ emissions, improving air quality and encouraging more sustainable behaviour could

help to meet Glasgow's target of becoming the most sustainable city in Europe over the next 20 years. We recommend that:

- Climate change assumes a more central focus in the framework and actions are considered in relation to their potential impact on climate change and building community resilience to climate change.

Asset transfer

Facilitating opportunities for asset transfer is recognised as an important aspect of regeneration in the plan. However, little information is given around the steps required to make this happen. We recommend that:

- Information is provided and readers are signposted to relevant information about how to go about undertaking an asset transfer.

The food environment

The food environment in the area, while varied, is typically characterised by unhealthy fast food outlets. This is particularly apparent in the evenings and during the weekend when people are buying food after a night out. This is an important issue to consider given that around two-thirds of the Scottish adult population are currently overweight²⁵. We recommend that:

- Access to good quality food (including local food) is recognised as being important, and opportunities to improve the food environment are supported through the framework.

Inclusive design

Inclusive design is important to ensure that different population groups can benefit from the actions delivered. The inclusion of drop kerbs, uncluttered pavements, adequate pedestrian crossings and easily accessible buildings can help to make urban environments more inclusive, manageable and enjoyable for all users. We recommend that:

- Actions within the framework are considered in relation to the needs of different population groups, including people with disabilities and older people.

- An integrated impact assessment is carried out on the final framework/action plan to assess potential health and equalities issues.

Appendix : Regeneration activities associated with health behaviours and outcomes¹.

Regeneration activity/approach	Possible outcomes	Potential impact on health and wellbeing
Traffic calming and active travel infrastructure	Better air quality, more active population, fewer road accidents.	Mental wellbeing and physical health, disease incidence, obesity, injuries and deaths from accidents.
Housing improvements	Better quality built environment, better living conditions, less overcrowding.	Mental and physical health, chronic conditions, quality of life.
Improving routes	Improved accessibility for all users.	Reduced inequalities in access to services and amenities.
Greening and greenspace provision	Better air quality, more attractive environment.	Mental wellbeing and physical health, obesity, quality of life, health impacts of climate change.
Public realm and streetscape improvements	More attractive environment, drainage solutions, improved accessibility.	Reduced inequalities in access to services and amenities, quality of life, health impacts of climate change.
Lighting improvements	More pleasant environment after dark, people feel safer, more active population.	Mental wellbeing, physical health, gender equality.
Human scale development	More active population, more opportunities for socialising.	Mental wellbeing and physical health, obesity, quality of life.
Community use of vacant land and buildings	More attractive environment, more opportunities for community activity, sustainable projects.	Empowerment, health impacts of climate change, inequalities in health.
Facilities and amenities which support healthy choices and behaviour (e.g. healthy food outlets, outdoor gyms, spaces for growing)	More active population, healthier choices.	Mental wellbeing and physical health, obesity.
Amenities/facilities which increase the likelihood of making unhealthy choices (e.g. unhealthy food, alcohol consumption, increase the risk of financial hardship).	People make healthier choices, better quality environments, safer places.	Mental wellbeing and physical health, obesity, inequalities in health.

¹ Adapted from Jones R, Yates G. The built environment and health: an evidence review. Glasgow: GCPH; 2013.

References

-
- ¹ Understanding Glasgow. *Air Quality, PM10 levels*. http://www.understandingglasgow.com/indicators/environment/air_quality/city_comparisons/pm10_levels (accessed December 2015)
- ² Grant M, Barton H, Coghill N, Bird C. *Evidence review on the spatial determinants of health in urban settings*. Bonn: WHO European Centre for Environmental Health; 2009.
- ³ Carmona M, Gallent N, Sarkar R. *Space Standards: The benefits*. London: Cable; 2010.
- ⁴ Miller W, Pollack C, Williams D. Healthy homes and communities: putting the pieces together. *American Journal of Preventative Medicine* 2011;40(1):48-57.
- ⁵ Egan M, Tannahill C, Bond L, Kearns A, Mason P. *The links between regeneration and health: a synthesis of GoWell research findings*. Glasgow: GoWell; 2013.
- ⁶ Kearns A, Tannahill C. *Briefing Paper 22: Loneliness in Glasgow's Deprived Communities*. Glasgow: GoWell; 2015.
- ⁷ Bonnefoy X, Annesi-Maesano I, Aznar L, Braubach M, Croxford B, Davidson M, Ezratty V, Fredouille J, Gonzalez-Gross M, van Kamp I, Maschke C, Mesbah M, Moissonnier B, Monolbaev K, Moore R, Nicol S, Niemann H, Nygren C, Ormandy D, Röbbel N, Rudnai P. *A Review of Evidence on Housing and Health. Background Document for the Fourth Ministerial Conference on Environment and Health*. Budapest: WHO Regional Office for Europe; 2004.
- ⁸ Deary A. Editorial: Impacts of our built environment on public health. *Environmental Health Perspectives* 2004;112(11):A600
- ⁹ Sallis JF, Glanz K. Physical activity and food environments: solutions to the obesity epidemic. *Milbank Quarterly* 2009;87(1):123-154.
- ¹⁰ Renalds A, Smith TH, Hale PJ. A systematic review of built environment and health. *Family & Community Health* 2010; 33(1):68-78.
- ¹¹ Mitchell R. Is physical activity in natural environments better for mental health than physical activity in other environments? *Social Science and Medicine* 20013:91:130-134.
- ¹² Forsyth A, Hearst M, Oakes J, Schmitz K. Design and destinations: factors influencing walking and total physical activity. *Urban Studies* 2008;45(9):1973-1996.
- ¹³ Heath G, Brownson R, Kruger J, Miles R, Powell K, Ramsey L. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. *Journal of Physical Activity and Health* 2006;3(Suppl 1):S55-S76
- ¹⁴ Leyland K. Social capital and the built environment: The importance of walkable neighbourhoods. *American Journal of Public Health* 2003;93(9):1546-1551.
- ¹⁵ McDonald J, Wise M, Harris P. *The health impacts of the urban form: a review of the reviews*. Sydney: Centre for Health Equity Training, Research and Evaluation; 2008.
- ¹⁶ Maas J, Verheij RA, Groenewegen P, De Vries S, Spreeuwenberg P. Green space, urbanity, and health: how strong is the relation? *Journal of Epidemiology and Community Health* 2006;60(7):587-592.

¹⁷ Cohen S, Janicki-Deverts D. Can we improve our physical health by altering our social networks? *Perspectives on Psychological Science* 2009;4(4):375-378.

¹⁸ Sustainable Development Commission. *Health, place and nature. How outdoor environments influence health and wellbeing: a knowledge base*. London: Sustainable Development Commission; 2008.

¹⁹ Guite H, Clark C, Ackrill G. The impact of the physical and urban environment on mental well-being. *Public Health* 2006;120(12):1117-1126.

²⁰ Thomas H, Weaver N, Patterson J, Jones P, Bell T, Playle R, Dunstan F, Palmer S, Lewis G, Araya R. Mental health and quality of residential environment. *British Journal of Psychiatry* 2007;191:500-505

²¹ Imrie R, Kumar M. Focusing on disability and access in the built environment. *Disability & Society* 1998;13(3):357-374.

²² GoWell. *Progress for People and Places: Monitoring change in Glasgow's communities. Evidence from the GoWell Surveys 2006 and 2008*. Glasgow: Glasgow Centre for Population Health; 2010.

²³ WSP UK. *Designing Streets: a policy statement for Scotland*. Edinburgh: Scottish Government; 2010.

²⁴ Jones R, Yates G. *The built environment and health: an evidence review*. Glasgow: GCPH; 2013.

²⁵ Scottish Government. *The Scottish Health Survey 2014: Volume 1*. Edinburgh: Scottish Government; 2015. Available at: <http://www.gov.scot/Resource/0048/00485587.pdf> (accessed January 2015).