

Places and communities that support and promote good health

This briefing is intended for those working in policy, planning and practice. It forms part of NHS Health Scotland's Delivery Plan.

Key messages

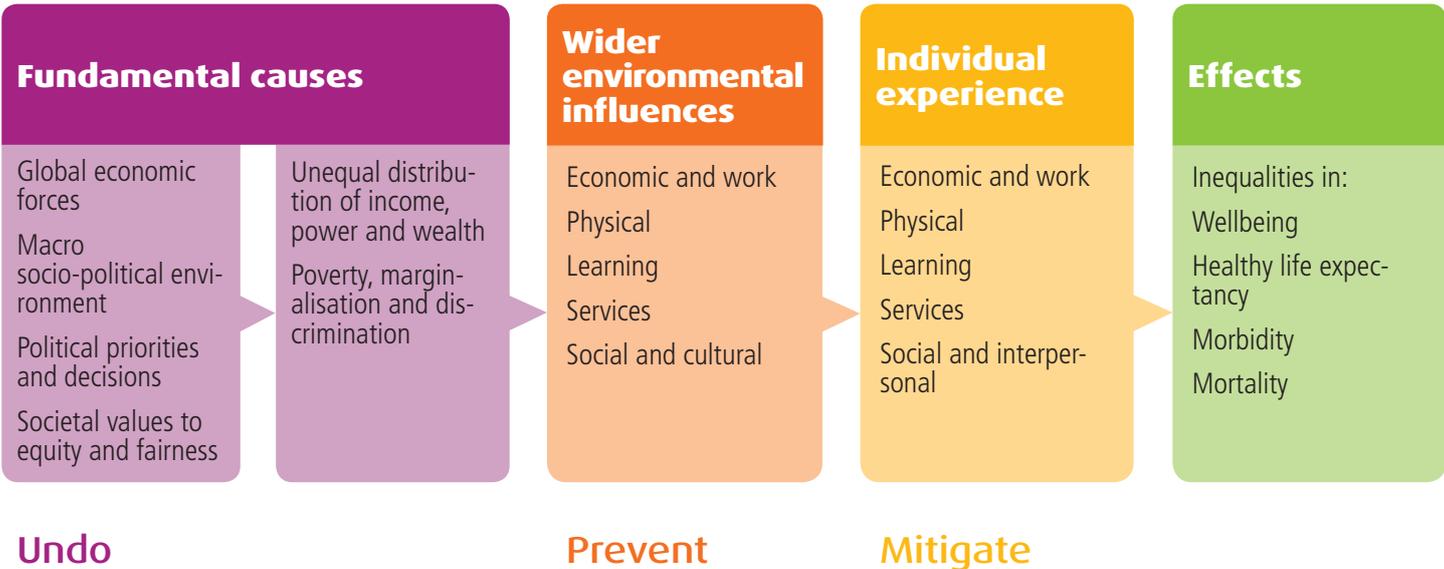
- Where we live – our home, neighbourhood, social meeting places and green spaces – has a vital influence on how we live, the quality of our lives, and our long-term health and wellbeing.
- People need the opportunity to participate, be included and socialise with others in their community. They also need to remain part of that community as personal circumstances change, as they grow older and are in need of more support.
- To protect health and wellbeing, we need to:
 - address the problems of cold and damp housing, poor air quality and neighbourhood safety
 - improve access to green and natural spaces and play areas
 - improve access to amenities and encourage active travel
 - improve access to good employment.
- Empowering communities to ensure that they have all the support that they need to take a full and active part in the democratic process, including how public services are planned and delivered, is important for wellbeing.
- Research across Scotland is improving our understanding of how the places and communities people live in can influence health and wellbeing. We are using this knowledge to influence decision-makers about the need to improve the living conditions of all and, in particular, those currently living in deprived conditions and areas.



The role of NHS Health Scotland

NHS Health Scotland aims to reduce health inequalities and improve the health of all the people living in Scotland. We do this through working with and through the public, private and third sectors in Scotland.

In order to identify how to best reduce health inequalities in Scotland, we have built a picture of how these arise, using a combination of research, evidence and theory.



This model demonstrates the impact that the environment has on the distribution of health and wellbeing. Our core programme on places and communities seeks to influence two aspects of people’s experience of the wider environmental influences:

- 1 the places (physical environments) and communities in which they live
- 2 the social and cultural environments in which they live.

The scale of the problem in Scotland

Housing¹

- In 2012, 54% of dwellings failed to meet the criteria of the Scottish Housing Quality Standard and 87,000 (3.7%) dwellings fell below 'tolerable' standard.²
- The highest rate of failure is in the energy efficiency criteria of the Scottish Housing Quality Standard, with 41% of dwellings failing.
- In 2012 647,000 (27.1%) households were living in fuel poverty³ and 170,000 (7.1%) households were living in extreme fuel poverty.⁴

Neighbourhood⁵

- In 2013, 27% of those living within the 10% most deprived areas, as measured by the Scottish Index of Multiple Deprivation (SIMD), rated their neighbourhood as a very good place to live, compared to 76% of those living within the 10% least deprived areas.
- In 2013, 67% of those living within the 20% most deprived areas as measured by the SIMD were satisfied with their local greenspace, compared to 82% of those living within the 20% least deprived areas.

Involvement in local decision-making⁵

- The proportion of adults who agree they can influence decisions in their local area varies by level of deprivation with 19% of adults within the 20% most deprived areas agreeing with this statement compared to 25% of adults within the 20% least deprived areas.

We know that places and communities can impact on physical health directly, for example, through levels of air pollution or violence. They can impact on people's mental health and wellbeing, for example, through ability to access green and natural places, or levels of fear of crime or community support in a crisis. They can also impact on these indirectly by influencing behaviour, for example, the number of alcohol outlets in an area may influence how much we drink, or the quality and maintenance of paths and walkways may influence how willing people are to walk or cycle or allow their children out to play in an area.

What's the solution?

There is no single solution; instead a blend of concurrent action is needed to ensure that the places and communities in which people live will support and provide access to healthy, fulfilled lives. Key to this is action to:

- improve and maintain the places people live in
- provide support and empower communities to decide how public services are planned delivered, focusing on those communities most deprived and least engaged in the democratic process
- improve how safe and secure people feel in the homes and communities in which they live
- build high quality places to last for all in the community
- help older people to be able to stay at home in their community and continue to contribute
- help people who are finding it hard to eat well with access to shopping services, help with meal preparation and opportunities to eat with others, for example, at lunch or supper clubs.

Investing in communities to provide the means for them to develop these preventative approaches is a key feature of an effective approach.

We believe that this action, in parallel with tackling the fundamental causes of health inequalities and the other environmental dimensions which influence health (access to services, opportunities to take part in good employment, educational services), will reduce inequalities in health and improve health and wellbeing.

What NHS Health Scotland is doing

We are helping to develop the evidence on places and communities by co-funding the GoWell partnership to evaluate the health impacts of regeneration in Glasgow over 10 years. The partnership includes Scottish Government, Glasgow Centre for Population Health, the Glasgow Housing Association, NHS Greater Glasgow & Clyde and the University of Glasgow. This has influenced both policy and practice and provides stronger support for action to improve the places and communities people live in.

We support the Scottish Government's Good Places Better Health initiative by providing expertise on issue-framing and information analysis to national and local groups seeking to further their understanding of environmental issues and how these can be addressed.

We are working to improve the places in which people live by helping the Scottish Government develop a Place Standard for Scotland. This will be used by planners and developers when they are creating new neighbourhoods, and by communities and local organisations who are setting out to improve their neighbourhoods.

We are working to improve community safety by working with the prison service, police, NHS Boards and others to address gender-based violence.

We are working with communities to empower and enable them to make positive healthy changes through our community food and health team and by funding national community support organisations.

We are supporting the Scottish Government in the development of the National Walking Strategy by providing an overarching advisory role to the Working Group. We also provide input at the National Steering Group, which has responsibility for overseeing the decisions about the implementation of the strategy (as one of the key actions of the National Physical Activity Plan).

This briefing should be read alongside the following briefings:

- Tackling the fundamental causes of health inequalities
- The right of every child to good health

Further information

We have a range of resources which describe more fully the research behind this briefing, most notably our *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities*:

www.healthscotland.com/documents/23047.aspx

We would also be happy to discuss our research and evidence in more detail.

Please contact **nhs.HealthScotland-Communications@nhs.net**

- 1 Source: Scottish Household Conditions Survey 2012.
- 2 Tolerable Standard is a minimum standard for habitability introduced in the 1969 Housing Scotland (Act).
- 3 A household is in fuel poverty if, in order to maintain a satisfactory heating regime, it would be required to spend more than 10% of its income on household fuel use.
- 4 A household is in extreme fuel poverty if, in order to maintain a satisfactory heating regime, it would be required to spend more than 20% of its income on household fuel use.
- 5 Source: Scottish Household Survey 2013.