

The Health Inequalities Impact Assessment was an opportunity to review the potential health impacts of the 2022-27 Local Housing Strategy with housing being a key driver of health outcomes. The process was a pilot with NHS Tayside and Public Health Scotland colleagues to integrate Health Impact assessments into local authority practice.

The Local Housing Strategy has a broad scope with close interrelations with other strategies and delivery programmes in planning, housing, health and community planning. In response, the links to these strategies were strengthened with the document but necessarily the document has to remain focussed on the remit to provide revised actions for improved housing delivery and avoid explaining current working practice determined by other policies.

Many of the impacts were determined to be positive. From an extensive list of recommendations, some of which out with the remit of the strategy, we have integrated those that can.

Health Inequalities Assessment recommendations actioned in the draft LHS

- Adjustments to Priority 1 vision to make affordable housing's contribution to communities more explicit
- Improve interlinkages with other strategies
- Some alterations to elevate the profile of social housing within the document. More explicit about the focus of resources on social rent housing provision within the overall provision of affordable homes.
- Reference to discrimination as factor of inequality
- Place making principles have been more clearly defined and their contribution to locating homes in existing places with access to services and amenities and building these features into new locations.
- More explicit about the role of the Independent Living Panel in supporting people with mental health conditions including enduring and severe conditions
- Further information on the work to identify and authorise provision of transient gypsy traveller sites
- Prioritise low-income areas for action to improve walkability and access to services secure bike storage into Design Guide for new build flatted properties
- Home safety and security for those with support needs and raised with Housing and Safer Communities
- As part of the communications plan, aim to provide a version of the LHS that is easier to read using key infographics to use in future engagement and monitoring.

Recommendations for other strategies

Mobility Strategy

- secure bike storage
- improve existing walkable access to services particularly for accessible housing and affordable housing

- transportation for the caring profession including public

LHEES

- Prioritising groups most in need to receive energy efficiency improvements.
- Ensuring decarbonisation measures don't increase fuel poverty in households

Perth and Kinross Local Housing Strategy 2022-2027

Health Impact Assessment Report

1. Introduction

This brief Health Impact Assessment report is based on the discussions and input from multi-agency colleagues (see section 3, participants) who participated in various meetings as described below;

- scoping review exercise conducted during Health Impact Assessment training held on 29th August 2022
- follow up meetings, individual feedback and comments on the scoping review report and initial recommendations and
- the short life steering group meeting held on 25th September 2022.

The report bring together following papers which were produced after the scoping review exercise;

- I. Section A - Scoping review report
- II. Section B - The LHS HIA matrix of health impacts
- III. Section C - List of recommendations

Section A

Report of the Scoping review exercise

2. Background

The Local Housing Strategy (LHS) is a local authority's sole strategic document for housing in its area. The Housing (Scotland) Act 2001 (SG, 2022) places a statutory requirement on local authorities in Scotland to produce an LHS which sets out its strategy, priorities and plans for the delivery of housing and related services. The Act also states that the LHS must be supported by an assessment of housing provision and related services.

The Scottish Government published (SG) ‘Housing to 2040’ (Scottish Government) during 2021 which sets out a vision for housing in Scotland and a route map to get there by 2040. The route map aims to deliver the SG’s ambition for ‘*everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be*’. The SG also published a position statement to accompany ‘Housing to 2040’ which presents evidence about equality and inequality in the housing system for different population groups. The position statement includes a section on housing and health which discussed the fundamental relationship and links between housing, health and wellbeing.

This is a report of a scoping exercise held on 29 August 2022 to identify how the Perth and Kinross Local Housing Strategy (P&K LHS) may impact on health and wellbeing, including identifying differential impacts on different population groups. The exercise used a health impact checklist, provided by Scottish Health and Inequity Impact Assessment Network (Douglas, 2016), to identify population groups and Wider Social Determinants of Health (WSDH) and health inequalities likely to be affected by the LHS.

3. Housing and Public Health

The factors that influence health and wellbeing which include housing, are connected intricately to the other determinants, for example transport, employment, education, access to services and income (Gibson et al, 2011).

The World Health Organization (2018) and Gibson et al (2011) have highlighted poor housing conditions as one of the key mechanisms through which social and environmental inequality translates into health inequality, which further affects quality of life and wellbeing. The right to an adequate standard of housing is therefore inextricably linked to the right to the highest attainable standard of health (PHS, 2019). To improve physical health and mental and wellbeing and address health inequalities in communities across Perth and Kinross we need to ensure everyone has access to a warm, dry, safe, affordable home which meets people’s needs as discussed in ‘Housing to 2040’. However, it is also important to recognise that the causal links between the built environment and health are often complex (PHE, 2017). Housing can influence health and wellbeing directly through conditions, security of tenure, access to wider services, overcrowding and suitability for inhabitants’ needs. Wider aspects of housing that influence health indirectly include affordability and poverty, housing satisfaction, choice and control, social isolation, access to key services such as healthcare, and environmental sustainability (SG, 2021).

3.0 Participants

1.Margaret Douglas	Public Health Scotland , facilitator
2.Imran Arain	NHS Tayside, Co-facilitator
3.Elizabeth Oldcorn	Public Health Scotland, Co-facilitator
4. John Brown	Public Health Scotland,
5.Gemma Watson	Dundee City Council
6. Nicola Hay	Angus Council
7. Lynsey Dey	Angus Council

8. Hannah Kettles	P&K Council
9. Stephanie Durning	P&K Council
10. Angela Harris	P&K Council
11. Ben Wilson	P&K Council
12. Jane Bray	NHS Tayside
13. Laura Henderson	NHS Tayside
14. Stephen Halcrow	NHS Tayside
15. Sarah Noble-Clyne	NHS Tayside
16. Leigh-Ann Neave	NHS Tayside
17. Wei Fan	NHS Tayside
18. Eloise Vajk	NHS Tayside (Notes)
19. Lindsey Roncone	NHS Tayside (Notes)
20. Frances Loffreda	Angus Council
21. Steven Brown	NHS Tayside
22. Santosh Chima	NHS Tayside
23. Robbie MacAulay	Public Health Scotland
24. Robin Falconer	Dundee City Health Inequalities
25. Peter Alan	Dundee City Health Inequalities
26. Michael Tornow	PHS

4.0 Summary of Findings

4.1 Key Impacts

4.1.1 Access and affordability

Improved access to affordable homes, of appropriate size and type could benefit individuals, families and the wider community. There are particular benefits for low income groups, disabled people and older people.

Community-led planning approach should support new homes to be in places with amenities, education, retail, greenspace, places of workshop etc., with a view to potentially enabling a 20 minute neighbourhood. However it is unclear how and if this can be provided in rural areas where housing is more spaced out.

Another important impact is about people living with long-term conditions including cancer, diabetes, respiratory disease etc., and considering the housing options available to them. Technological solutions may be inaccessible for people with low digital literacy. Impact on rents is also unclear.

4.1.2 Social inclusion, engagements and support

Increased support for older people and disabled people to stay at home in accessible/adaptable homes, including training to use technology will help reduce isolation. This includes local enhanced housing for varying needs standards.

Provision for people with severe and enduring mental health issues is less clear, although high quality affordable housing is likely to benefit mental health outcomes and improve mental wellbeing for everyone.

If older people stay at home for longer rather than moving to care homes this could increase pressure on informal carers but this will be mitigated by increased support, e.g through adaptations and partnership with the HSCPs.

Improved support should be implemented for homeless people or people in insecure accommodation to gain or retain secure homes.

Stronger social networks and support such as providing a mix of housing type, size and adaptations means that people are less likely to have to move out of their communities in order to access suitable accommodation as their circumstances change, and instead can stay in their existing communities and social support networks.

10% provision for disabilities is positive step in the strategy.

To support range of people from different background and population groups documents should be available in different languages, easy read formats etc.

There is ongoing engagement plan with the vulnerable groups throughout the five years cycle of the LHS. The vulnerable group defined as per P&K LHS- 2022-2027.

4.1.3 Stigma, discrimination and other impacts

Social rented housing can be seen as stigmatising or seen as low status. There is potential for discrimination and/or exclusion affecting specific groups. There is discrimination against LGBT groups including Trans men and women in private renting schemes.

Carers needs including public transport, parking places, and working patterns can be considered.

Asylum seekers, gypsy travellers may benefit from positive actions in the strategy, but are also open to stigma and discrimination.

There could be impact on transitional age groups for example teenagers moving into adulthood. The Strategy should include identifying their housing needs and consider forced evictions especially against younger people. The matter of forced evictions is illegal so this is a matter for Police Scotland which the LHS could recognise.

What are the consideration for married, single lone parents?

There may be demands of small houses for couples/individuals and bigger housing for families, 4-5 bedrooms.

Are there any considerations necessary for different cultural norms and practices for minority ethnic people? Is this in the Design Guide?

4.1.4 Poverty/Fuel Poverty and financial challenges

Reduced fuel poverty is possible through increased energy efficiency. This is particularly important, especially after the current increase in energy prices and cost of living. Populations most vulnerable include low income groups, older people and children/teenagers in low income families.

Increased employment opportunities from construction, energy efficiency improvement work and from new apprenticeships could be a positive impact.

4.1.5 Housing Quality

Private rented sector often poorer quality housing, council is less able to control this but there are actions in the strategy to encourage energy efficiency improvements.

4.1.6 Traffic, Noise and air pollution

During construction work there could be negative impacts for local residents including noise, traffic, air pollution etc. Are there any options in the LHS to address these issues?

4.1.7 Education, learning and development needs

Training opportunities should be provided for staff especially if staff are expected to undertake work that differs from their original roles.

4.1.8 People with Long-term health conditions

Severe injury, severe and enduring mental health problem, or cardiovascular disease, or another disease- how does that affect their house?

The housing needs for these categories and some of that would come from the literature. It will definitely come from the independent living panel's work as well. So it might be that a little bit of a profile. This doesn't have to be a huge piece of work. A lot of this information is already available in the literature.

4.1.9 Links to other policies and strategies

The LHS is already linked with Rapid Rehousing Plan and Child Poverty Action Plan. More explicit links to LDP, Spatial Planning strategy and HSCP policies and strategies could improve the clarity of the strategy.

4.1.10 Outdoor and greenspaces opportunities

Diet and nutrition activities could be supported through more linked work in communities. Options for greenspaces, garden, communal garden, allotments could be explored and available through the LHS.

Physical access of people in areas of deprivation to greenspaces, walking ,cycling, woodland areas, community support services and healthcare centres.

5 Detailed Discussion

5.1 Population groups

5.1.1 Older people, children and young people

Importance of lifetime homes: energy efficient, accessible, able to accommodate transitions into different life stages. To enable people to stay in the community they live in for each stage of their lives.

An increase in the range of housing options can support this, along with incentives and encouragement for people to move to different accommodation, while remaining within their community, to the appropriate size of housing for their life stage.

Older people: Often needing more accessible housing in line with health and mobility needs. Housing should allow people to remain in their own homes and therefore in their community for as long as possible, rather than move to care homes. Older people are more likely to live in rural areas and possibly in older homes which are less energy efficient so are potentially at risk of fuel poverty. Older or retired people may spend more time at home as well so are more at risk of cold weather implications. Public transport links should also be considered for older population. Support to older adults living with long-term conditions such as mental health, cancers, diabetes or respiratory disease etc. Independent living panel work trying to prioritize people with those needs for housing and housing support.

Children: Families and children should have access to appropriate outdoor areas and greenspaces. Affordable housing should be available to allow young people and those starting families to stay in the area they grew up in if they wish.

Younger people are being priced out of their childhood communities, often by second home owners or buy-to-let landlords. Families should have support to find big enough accommodation for the size of their family group, to avoid the impact of insecure housing and moving communities and schools throughout a childhood. Accommodation not always available for students near their college or university, leading to them not being able to attend course.

Children to be supported to have a safe and secure space within their homes.

Young people: potential to benefit from apprenticeships linked to construction work

5.1.2 Women, men (include trans men and women and issues relating to pregnancy and maternity)

Women more likely to own short term/secondary lets than men.

Women with young families are more likely to use the car to make multi-stop trips, for instance from home to school or nursery then to the shops and then to work, rather than a direct commute.

Women who live alone may have more security concerns; single housing units should take this into consideration in regards to lighting, walkways, and general safety of environment.

Trans men and women could have different housing needs which can be considered.

5.1.3 Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems)

These groups are often impacted by inappropriate housing and accommodations. Proactive support should be highlighted better, with more signposting to support within communities.

Accessible, affordable and available public transport public transport links potentially very important to those living with a disability, either for themselves to stay connected to services and communities, or for help and carers to be able to access them.

Greenspaces are an important support for mental wellbeing and aiding good mental health.

Accessible community support services are important to be considered.

5.1.4 Minority ethnic people (includes Gypsy/ Travellers, non-English speakers)

There is a lack of appropriate housing for the Gypsy/Traveller community, and additionally a lack of appropriate or authorised encampment sites, leading to more unauthorised encampments. More short term suitable sites need to be available.

5.1.5 Refugees & asylum seekers

High intake in recent years for countries such as Ukraine and Syria. Need immediately liveable homes. Potential future intake is hard to predict in numbers but can identify potential needs. The LHS could specifically mention/action the needs of these groups.

5.1.6 People with different religions or beliefs

Housing new build sites should take into consideration the proximity and/or accessibility of houses of worship, including possible transport links.

5.1.7 Lesbian, gay, bisexual and heterosexual people

No discussion in this part

5.1.8 People who are unmarried, married or in a civil partnership

Tenant issues, possible problems with whose name is on lease in case of relationship break down. Single parents in need of two households to allow sharing of childcare and allowing children sufficient space within each home.

5.1.9 People living in poverty / people of low income

Energy efficient homes needed for everyone especially to cater the needs of low income groups. New housing projects can provide employment opportunities as well. Support should be combined with housing information to ensure signposting to routes to maximise income is being utilised fully. People are being exploited by rising rents in private housing sector, often driven into poverty. The LHS could consider a way to control private sector rents or say that this will be considered pending publication of the SG's rented sector strategy and associated legislation on rent controls being published.

5.1.10 Homeless people

Increased housing will have a positive impact on this community, who may also benefit from the rapid rehousing policy.

Community within those who are rough sleeping should be taken into consideration when providing housing, and support to settle into new housing.

5.1.11 People involved in the criminal justice system

Support those moving through criminal justice system with a secure place to live, along with support to reduce reoffending.

5.1.12 People with low literacy/numeracy

Digital literacy should be considered, with rise of Smart Homes which can be intimidating or hard to get to grips with. Some people prefer person to person support and someone to talk to, especially if they struggle with their literacy levels, while those who have English as a second language may prefer written communication and chatbots as support. Does this have implications for housing allocation policy or practice e.g. does the LA or HA operate choice based letting and if so how does this accommodate bids from people who cannot use a computer in making their bids?

5.1.13 People in remote, rural and/or island locations

Energy efficiency is often poorer in rural homes. Lower amount of options in rural areas, both in terms of properties and locations.

Rural areas are often attractive for second home buyers, pricing locals out of community. Action could be taken to cap short term let properties in some areas.

5.1.14 Carers (include parents, especially lone parents; and elderly carers)

Enable people to stay in their own homes for longer. Pressure is on unpaid carers. Carers for elderly people is often a partner or loved one who may also be older and may have their own care needs. Older people who are in need of care may also be living in more rural areas so transportation links may be an issue. Housing needed in rural areas for workforce of carers.

5.1.15 Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)

Farm workers in rural Perthshire often in need of housing for 6-9 months of the year.

5.2 Housing and Wider Social Determinants of Health (WSDH) and Health Inequalities

Research suggests that WSDH including housing play a significant role in person's health outcomes (Gibson et al, 2011; Rolfe et al., 2020). A safe house away from potential hazards can promote well-being. However, living in unsafe or unsuitable housing conditions may contribute to vulnerability, health inequities and be a factor in health problems, such as chronic diseases (Gibson et al, 2011; Rolfe et al., 2020). Poor housing may contribute to many preventable health conditions or injuries such as many types of cancers, respiratory disease, cardiovascular disease and mental health problems (Gibson et al, 2011; Rolfe et al., 2020). The physical, social and wider environment in which we are born, live, learn, grow, work and retire have significant impact on our health and wellbeing (Gibson et al, 2011, WHO, 2018). Following were the main discussion points from the scoping review exercise relating to physical, social and wider environment.

5.2.1 Health Related behaviours

- Diet & nutrition: availability and access to appliances and affordably energy within the home in order to cook healthy and nutritious food. Availability and access to allotments, community gardens. This is linked to LHS's priority 3.
- Exercise & physical activity: having services within walking or cycling distance encourages active travel and better exercise habits. Important to have healthy and safe spaces to commute through, cycle paths, green spaces
- Substance use: tobacco, alcohol or drugs: relocation options can be important part of recovery services, changing communities and friendship groups etc.
- Sexual health: those in rural or isolated communities would benefit from having alternatives healthcare options, including STI postal testing services, or options to receive healthcare closer to home rather than having to travel to nearest city (sometimes hours away). Will new build areas also receive funding for additional GP and surgery capacity?
- Learning & skills: Transport connections and access for children and families to education and learning

5.2.2 Social environment

- Important to enable people to live in a community they are familiar with and where they have access to the social supports they need.
- Mixed housing developments could be important for improved social status. Shared equity offers
- The strategy offers employment opportunities and creates a need for training and apprenticeships

- Places importance of feeling safe in own home along with security, crime rates, perception of how safe communities are, and the need to feel safe in own home. Lighting in the streets and developments.
- Inclusive strategy including affordable mixed social housing and community engagement can support trust building, positive perception and sense of control and belongingness.

5.2.3 Physical environment

- Natural and greenspace is important, they are impacted by lots of other strategies as well.
- Access to sunlight can be linked through design side of the housing developments
- Lockable cupboards in new builds are helpful for those with young families or vulnerable people within the home, can be used to secure cleaning products, medication etc
- Homeworking has risen and is likely to remain commonplace. Access to space to use as homeworking area is important to reduce barriers to employment.
- Supporting more training opportunities around home and safe working practices

5.2.4 Access to & quality of services

- Bike lockers to encourage active travel and security of possessions
- Private gardens positive outlet for some but source of stress for others – important to have access to greenspace in varying ways that suits the need and fit for purpose.
- Transport links to access to maternity services
- Affordable and accessible leisure and sports services. This is linked to how affordable housing support can benefit people so that there is then income available to spend on leisure and other things.

5.2.5 Equality

- Will there be an Easy Read, BSL and translated version of the strategy available?
- There could be more information in the strategy about how the Gypsy/travelling community will be impacted, especially as they won't necessarily receive much benefit from new build houses if those in the community are not looking for a stationary home.

6 Possible research questions

Following possible research questions were identified, but due to limited time available for the recommendations to be submitted to LHS colleagues it was not possible to answer the questions using wider evidence, rather expert views and discussions were relied on to identify initial recommendations. These recommendations were then finalised after further round of discussions and input from the steering group as discussed in Section C below.

- A. How can social status needs be considered in mixed tenure housing and social housing developments?

- B. How will the actions in the LHS affect rent for current social and private rented tenants?
- C. Where will new homes be built in rural parts of P&K and will they have walkable access to services and amenities?
- D. How will the requirement for increased energy efficiency in the PRS affect PRS supply?
- E. What are the housing needs of people with severe and enduring mental health and substance use issues? (Also including other long-term conditions such as dementia, CVD, cancers, reparatory disease etc?)
- F. What is the level of need for support with digital literacy to enable people to use SMART technology?
- G. How can the introduction of energy efficiency plans support the affordability of renting ?
- H. What are the links between decarbonisation and warm homes and health, And how can smart technology improve energy efficiency within homes? How accessible will this be to people who don't speak English or have low digital literacy levels?
- I. How can targeted interventions be developed using housing and income domains from within SIMD, especially in areas where there are more severe needs?

7. Sources for further data, information and evidence bases development (refer above research questions)

Following areas of evidence input were identified during scoping review exercise. Although, initial research work was carried out to answer some of the above (section 6) research questions, but due to limited time the evidence base was not fully digested and it was agreed to base the recommendations mainly on expert views, individual input and steering group discussions.

- Public Health Intelligence – Local Health Profiles , housing and SIMD data
- Data around LTCs, mental health sickness and substance use
- Data and evidence around fuel poverty linked to health and wellbeing and/or areas of deprivation
- Fuel Poverty Steering Group (Stephanie mentioned in the follow up meeting)
- Access information from DWP as they use some tools - Can HIA PHS team help to link with DWP information support
- Correlation between drop in temperature and increase in excess winter mortality – Data and evidence (Stephen H mentioned this point)

Section B

Matrix of Health Impact Assessment

Housing related issues	Pathways	Affected Populations	Potential Impacts	Type of Impact	Probability
Access and affordability	More people will be able to access a range of housing and life improvement related services for eg public greenspaces, walkable and play areas	People who move into new homes (cost of moving and rent in the new area)	Improved access to social and wellbeing activities	Positive	Possible
	Improved digital infrastructure	Older adults	Increased affordability		Possible
	Improved access to home working	Low income groups	Improved financial situation		Possible
	Improved home security, adaptability and better meeting the needs of vulnerable groups	Unemployed			Probable
	Increased new and retrofitted homes	People with physical and mental disability			Probable
	Increased options for need based mixed housing tenures				Probable
	Improved social and wider services connection of low income areas				Possible
	Protection of rent levels in social housing				Possible
Social inclusion, engagements and support	Increased partnership opportunities across the sectors but in particular with HSCPs, Education, Criminal Justice, Social Work services.	People who are socially isolated	Improved confidence, control self-esteem and trust	Positive	Possible
	Engagement with vulnerable groups on ongoing	People living in temporary			Probable

	<p>basis. Raise the profile with equalities groups and provide any support needed to address discrimination.</p> <p>Opportunities to deal with the housing related issues facing asylum seekers, gypsy travellers, refugees, students, seasonal workers, people who are out of area but wish to come back to P&K.</p> <p>Addressing the needs of people with long-term conditions especially people living with dementia, severe and enduring mental health conditions, CVD, Respiratory disease etc.</p> <p>Addressing stigma and discrimination and supporting LGBT groups including trans men and women, and other related policies and strategies if actions are not possible through LHS.</p> <p>Opportunity to link services to children and young people especially considering ACEs</p>	<p>accommodations</p> <p>People librated from prison</p> <p>People in criminal justice system</p> <p>Homeless and displaced population groups</p>	<p>Improved perception of social status in turn that could lead to positive life outcomes</p> <p>Increased chances of employment opportunities</p> <p>Improved circumstances for families and children</p>		<p>Probable</p> <p>Possible</p> <p>Possible</p> <p>Possible</p> <p>Probable</p>
Stigma, discrimination and other related impacts	<p>Social rented housing can be seen as stigmatising or seen as low status. There is potential for discrimination and/or exclusion affecting specific groups.</p> <p>There could be discrimination against LGBT groups including Trans men and women in private renting schemes.</p> <p>Carers needs including public transport, parking</p>	<p>LGBT Population groups</p> <p>Asylum seekers, gypsy travellers</p> <p>Ethnic minorities</p>	<p>Improved opportunities to tackle housing related stigma and discrimination</p> <p>Enhanced acceptance of the</p>	Positive	<p>Probable</p> <p>Probable</p> <p>Probable</p>

	<p>places, and working patterns of the carers should be considered</p> <p>Asylum seekers, gypsy travellers may benefit from positive actions in the strategy, but are also open to stigma and discrimination.</p> <p>There could be impact on transitional age groups for example teenagers moving into adulthood. Identifying young people's housing needs and the possibility of forced evictions.</p> <p>Considerations for different cultural norms and practices for minority ethnic people</p>	including different religious groups	range of differentiation in the society		<p>Possible</p> <p>Probable</p> <p>Probable</p> <p>Probable</p> <p>Probable</p>
Poverty/Fuel Poverty and financial challenges	<p>Reduced fuel poverty is possible through increased energy efficiency.</p> <p>Populations most vulnerable include low income groups, older people and children/teen agers in low income families.</p> <p>Increased employment opportunities from construction, energy efficiency improvement work and from new apprenticeships could be a positive impact.</p> <p>Healthcare and social care may not be trained in identifying patients who are likely to be in fuel poverty and trained in the referral process.</p>	<p>Low income population groups including families with children and teenagers</p> <p>Retired/pensioners on low income</p> <p>Vulnerable groups for e.g pregnant women</p>	<p>Improved financial circumstances</p> <p>Reduction in fuel poverty</p> <p>Low risk of cold homes related sickness</p>	Positive	<p>Possible</p> <p>Probable</p> <p>Possible</p> <p>Possible</p>

Housing Quality	<p>Private rented sector often poorer quality housing.</p> <p>Council is less able to control PRS but there are actions in the strategy to encourage energy efficiency improvements.</p> <p>Demands/availability of small houses for couples/individuals and bigger housing for families, 4-5 bedrooms.</p>	<p>People moving from one temporary accommodation to another</p> <p>People live in PRS</p>	<p>Good quality homes linked to better health and wellbeing and may positively impact on LTCs</p>	<p>Positive</p>	<p>Probable</p> <p>Probable</p> <p>Possible</p>
Traffic, Noise and air pollution	<p>During construction work there could be negative impacts for local residents including noise, traffic, air pollution etc.</p> <p>Options in the LHS to address traffic, noise and air pollution issues?</p>	<p>General population living in areas where construction work is happening</p>	<p>Increased stress and health issues</p>	<p>Negative</p>	<p>Probable</p> <p>Possible</p>
Education, learning and development needs	<p>Lack of training opportunities for staff especially if staff are expected to undertake work that differs from their original roles.</p> <p>More training and L&D opportunity for staff</p>	<p>People working in housing related jobs</p>	<p>Work related stress and increased burden of extra work</p> <p>Work related sickness absences</p>	<p>Negative</p>	<p>Possible</p> <p>Possible</p>
People with Long-term health conditions and their housing needs/quality	<p>Severe injury, severe and enduring mental health problem, or cardiovascular disease, or any other disease due to housing quality issues.</p> <p>There is increased risk of LTCs and mental health</p>	<p>Patients living with long-term health conditions such as cancer, diabetes, respiratory disease,</p>	<p>Increased risk of Long-term conditions</p>	<p>Negative</p>	<p>Probable</p>

Sections C

List of recommendations

1. Access and affordability

The housing design guide should ensure homes are adaptable, meet any relevant cultural needs and provide lockable cupboards, cooking and food storage, secure bike parking, private and public greenspace, natural light and space to allow home working.

There should be consideration of how to provide adaptations (sustaining tenancies/ continuing to live in their home because there are adaptations) that improve home security for people that need this.

Coordination with other strategies is important, in particular the Local Development Plan, Local Transport Plan, Open Space Strategy and Play Sufficiency Assessments and Education.

Increased new and retrofitted homes. New and retrofitted homes should be designed and located in communities with mixed housing types, sizes and tenures, mixed and appropriate density, easy access to local services within a walkable distance, public greenspace, food growing, play areas, including space for older children, passive surveillance, active travel infrastructure and public transport links.

Prioritise low income areas for action to improve walkability and access to services.

Provide digital literacy training/support/Improved digital infrastructure

Protect rent levels in social housing and where possible in PRS

Improved access to home working.

Improved home security, adaptability and better meeting the needs of vulnerable groups.

Increased options for need based mixed housing tenures.

Improved social and wider services connection of low income areas.

Protection of rent levels in social housing.

2. Social inclusion, engagements and support

Partnership work with the HSCP (is already action in the strategy).

Partnership work with the HSCP to provide support for carers.

Partnership work with Education to support children who are being re-homed or in temporary accommodations.

The LHS and associated communications should promote social housing as a positive option for individuals and communities.

Engagement with 'vulnerable groups' should be ongoing rather than just to inform the strategy, should raise profile with equalities groups and provide any support needed to address discrimination. (May be defining the term - people vulnerable to worse health outcomes that could be made worse by poor quality, secure housing or homelessness/ Or a term that seems to many to be more inclusive and helpful than 'vulnerable groups' is 'people who experience marginalisation or exclusion')

Communications and support should be provided in appropriate formats and languages for non-English speakers, and for people who require easy read formats or BSL. There also need to be accessible formats for visually impaired people and others using screen reading technology. The draft LHS was published in two columns which made it difficult for a screen reader to read and screen readers cannot read infographics.

Further work is needed (as noted in the strategy) to provide sufficient places for Gypsy/Travellers.

Further work is likely to be needed to identify places for Refugees/Asylum seekers, including need to balance their needs with existing homeless population.

Partnership with Criminal Justice and Social work to support people involved in criminal justice system.

There may be a need to consider housing needs of: students, seasonal workers, people who are out of area but wish to come back to P&K.

The LHS should highlight work already in place in relation to tenant participation and management of antisocial behaviour.

Addressing the needs of people with long-term conditions especially people living with dementia, severe and enduring mental health conditions, CVD, Respiratory disease etc. What about the needs of people living with severe and enduring mental health conditions such as manic depression and schizophrenia.

There should be more emphasis on co-living, intergenerational living (although research by the housing team had established that intergenerational living was not what people wanted and it wasn't particularly beneficial)

The strategy could clearly identify the key targeted groups at the start. For example Impact on children and young People, but also state that the strategy is meant to be inclusive.

Consider access and links to NHS services – e.g. maternity care, gender reassignment. May be cross-reference with transport plan.

Communication and engagement methods around strategy could be refined e.g. for minority ethnic groups not relying on written communications only and older people, whose English isn't their first language, other digitally excluded people (e.g. migrants, homeless)

Single parent household could be included as a separate population group.

Consider educational needs to children who are being re-housed or in temporary accommodation, especially as this relates to the Unsuitable Accommodation Order – link with education strategy/dept.

Provision and accessibility to quality play spaces.

There should be Links for provision for activities for older children. More explicit links to ACEs or NHS strategies – Statement in the LHS may be helpful.

Engaging with vulnerable groups (define who is vulnerable) as an ongoing basis rather than actions in the strategy.

How the needs of the carers with disabilities (physical or mental) can be considered.

3. Stigma, discrimination and other related impacts

The strategy should make explicit links to stigma and discrimination, LGBT groups including trans men and women, and other related policies and strategies, especially if the actions are not possible through LHS.

Address other related issues for example there could be discrimination against LGBT groups including Trans men and women in private renting schemes. Social rented housing can be seen as stigmatising or seen as low status.

Carers needs including public transport, parking places, and working patterns of the carers should be considered.

Asylum seekers, gypsy travellers may benefit from positive actions in the strategy, but also consider they are also open to stigma and discrimination.

Consider the impact on transitional age groups for example teenagers moving into adulthood. Identifying young people's housing needs and the possibility of forced evictions.

Considerations for different cultural norms and practices for minority ethnic people.

4. Poverty/Fuel Poverty and financial challenges

Families and individuals with the highest needs should be prioritised for energy efficiency, support with costs of de-carbonisation and other support.

How introduction to energy efficiency plans can support the renting and affordability.

Financial support should be considered for people with low incomes to help meet the costs associated with decarbonisation.

There should be opportunities to reduce car dependency when planning new housing developments. Also consider density of new housing developments.

Increased employment opportunities from construction, energy efficiency improvement work and from new apprenticeships could be a positive impact.

Consider healthcare and social care workers may not be trained in identifying patients who are likely to be in fuel poverty and trained in the referral process.

5. Housing Quality

Private rented sector often poorer quality housing, LHS should come up with a plan to monitor the PRS. There is also increased risk of many LTCs linked to PRS as council is less able to control PRS but there are actions in the strategy to encourage energy efficiency improvements.

Consider the demands/availability of small houses for couples/individuals and bigger housing for families, 4-5 bedrooms.

6. Traffic , Noise and air pollution

Ensure construction work minimises noise, traffic and other impacts on local residents.

Consideration around noise pollution during construction time.

7. Measurements and monitoring

Use appropriate tools to monitor inequalities in housing needs and supply over time.

Strategy can identify/introduce monitoring tools to measure and monitor gaps between most deprived and least deprived areas/people over a period of time.

8. Migration

There is need to look and balance the needs of migrants/refugees with existing homeless population.

There should be something specifically in the strategy for people migrating from Ukraine.

Considering people who are on placements 'out of area' (for whatever reason) who want to come back to live in P&K.

9. Links to other strategies or Policies

Integrated Care Systems and wider policy links can improve housing, which will in turn improve health and wellbeing in all age groups and reduce inequalities. (The LHS is already linked with Rapid Rehousing Plan and Child Poverty Action Plan). More explicit links to LDP and Spatial Planning Strategy could improve the clarity of the strategy.

The strategy should make explicit links to education transport, L&D, Spatial planning, greenspace, HSCP, land use and other related strategies sitting within LDP policies.

Make more explicit emphasis on Place Building and 20 minute neighbourhood.

Raise profile of the strategy with equalities groups.

10. Training and learning development

Ensure the recruitment of adequate staff if increased actions were expected through the strategy implementation.

11. Long stay in Hospitals

Provisions and/or links to support people who are staying longer in hospitals due to long-term conditions including people with severe and enduring mental health problems.

Housing with varying needs, how the provision of sunlight can be considered through design guide etc. Passivhaus standards may be helpful to make links in the LHS
https://passivhaustrust.org.uk/what_is_passivhaus.php

12. Outdoor opportunities

Opportunities to access growing food and community gardens provision should be supported. Diet and nutrition activities could be supported through more linked work in communities.

Consider opportunity to physically link up areas of deprivation with wider services i.e healthcare centres, education, environment etc. Improved physical access of people in areas of deprivation to greenspaces, walking, cycling, woodland areas, community support services and healthcare centres and so on.

Consider providing options for garden, communal garden and allotments through the LHS.

13. Other discussion points

NHS, P&K LHS and P&K HSCP working together to develop and implement need based public health interventions. Explore what framework will underpin the work, what topic areas will support LHS delivery and how the delivery of the intervention could be possible.

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Note: Many of the references below relates to the papers/reports that we identified but due to limited time were not analysed/digested. However, some of these references can be helpful and linked to some of the recommendations discussed in Section C.

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