Assessing the Health Impacts of Glasgow's Local Housing Strategy 2011-2016

**Health Impact Assessment
Scoping Workshop Report**

June 2010

Table of Contents

1. Purpose of Report

This is a report of the findings of a half-day health impact assessment (HIA) scoping workshop held 5 May 2010 which identified potential health and wellbeing impacts of Glasgow's Local Housing Strategy (LHS). Importantly, the workshop examined some of the potential differential impacts of the consultative draft of the LHS on different population groups. Findings are based on the knowledge and experience of those present at the workshop. This report is not a definitive statement or assessment of impacts but presents possible impacts that may require further assessment. The report identifies 66 initial recommended actions/questions to be addressed by the LHS policy team in order to understand the impacts further.

2. Local Housing Strategy Scoping Event

2.1 Rationale and Aims of the Event

Work has begun on a new Local Housing Strategy (LHS) for Glasgow which will cover the period 2011 to 2016. Glasgow's LHS represents the Council's statutory duty to oversee the city's entire housing stock and provides a strategic framework for future investment and management. The new LHS will include the local authority's strategies on homelessness, housing support, fuel poverty, energy efficiency and climate change, and private housing conditions.

> *"We shape our buildings and thereafter they shape us"*
> *Winston Churchill,1943*

Links between housing and health have long been recognised and there are a broad range of housing issues that can affect health and mental wellbeing. These issues include heating, neighbourhood quality, ventilation and insulation, housing quality and design, overcrowding, indoor air quality and homelessness. However, this relationship is complex, and links between the different elements of housing and health can operate at a range of levels. It is therefore essential that strategic planning for housing takes account of the impact of decision-making on the health and wellbeing of local people.

The principal aims of the HIA scoping event were to:
- influence the direction of housing strategy and policy
- identify the health impacts of the consultation draft of the new LHS
- shape the community engagement strategy for the LHS
- identify potential policy issues/research questions for further scoping i.e. those with greatest impact on health or health inequalities
- develop better links between housing and health and ensure long-term strategic engagement between housing and health improvement sectors.

2.2 Attendees
This interactive half-day workshop gathered around 40 key stakeholders from a variety of health backgrounds, not only those working in the NHS, but also others who play a key role in influencing many of the social determinants of health including housing, regeneration, transport and planning. See Appendix 1 for attendee list.

2.3 Methods

2.3.1 Why do a Health Impact Assessment?
Conducting a health impact assessment (HIA) can help organisations ensure that they make an active contribution to improving health and reducing inequalities or, at the very least, that their proposals do not inadvertently damage health or reinforce inequalities.

Tackling inequalities is ever more important in Glasgow, a city that continues to demonstrate major disparities in health between the wealthiest and the poorest communities. To highlight these stark inequalities, men born in the affluent suburbs of Bearsden or Clarkston can expect to live to over 80 - whereas a journey just 10 miles to the east side of the City finds male life expectancy plunging by approximately two decades.

What causes such inequalities in our society? Whilst poor health and illness can have genetic links and others are the result of individual life style choices, the evidence shows that some social groups tend to have much higher rates of illness, disease and death than others. It is now widely accepted that a range of socio-economic factors determines the health of a population and that the greatest scope for improving the public's health lies outside the control of the NHS.

Housing and the environment are key determinants of health and wellbeing along with access to transport, economic opportunities, education, good air quality, health and social care structures and opportunities for physical activity. Importantly, determinants can affect each other. For example, the quality and suitability of housing may be influenced by employment status, which in turn is affected by education and access to transport. Loneliness, social isolation, and fear of crime are affected by the design and quality of the built environment, mobility, and income. Income, education, and social networks are linked to levels of exercise, adequacy of diet and vulnerability to substance abuse. These are called the social determinants of health. The understanding of how health can be improved or damaged by such factors is called the social model of health. The potential impacts, recommendations and research questions in this report are informed by this model. Therefore, the 'health' in 'health impact assessment' does not just refer to physical health but also to mental health and social well-being. A diagrammatic representation of the social model of health can be seen in Figure 1.

HIA provides a systematic approach for assessing potential positive and negative impacts of a policy, plan or initiative on health and wellbeing, including the potential differential impacts on sub-groups of the population. Importantly, HIA looks to enhance the positive impacts of a plan or policy and to mitigate against any potential negative health impacts. The assessment seeks to influence decision-makers so that adjustments to the policy or plan can be made. It also seeks to improve partnership working through its multi-agency approach.

Using HIA in policy development has been championed by Glasgow City Council and as such HIA is now a consistent feature of current local policy development, policy review and implementation.

Other examples of recent HIAs conducted include an HIA of the city's land use plan (City Plan 2) and an HIA of the 2014 Commonwealth Games.

Figure 1: The Social Model of Health

The determinants of health and well-being in our neighbourhoods
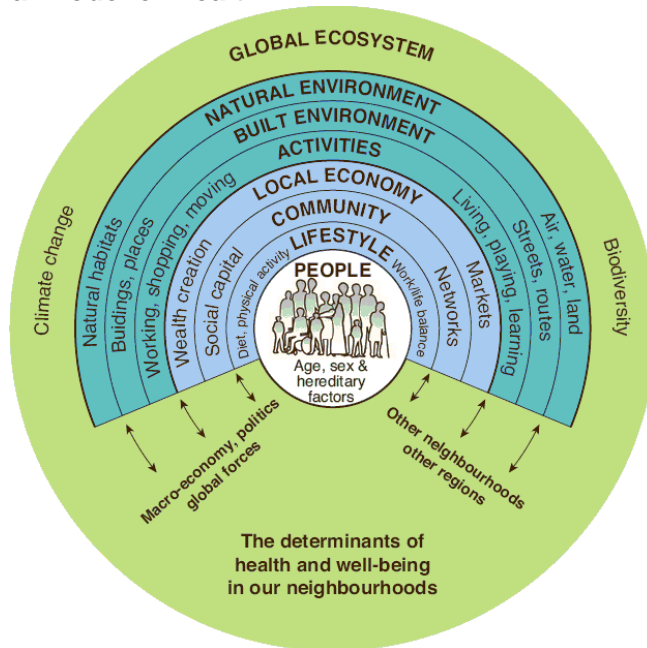
2.3.2 The Evidence: The Built Environment & Health

Figure 2: How the built environment influences health

Diagram from Laven et al. (July 2006)

The literature suggests some key links between the built environment and health:
- Poor people are more likely to live in poor quality built environments and this contributes to poor health.
- Neighbourhoods are the localities in which people live and evidence shows they are vitally important for health and well-being. At macro level this includes spatial planning, land-mix use and transportation infrastructure. At local level, the

design, maintenance and use of buildings, public spaces and transport networks are all important.
- Design of street networks and core paths, the availability of open spaces, and the perceived and actual safety of an area as well as personal resources are important environmental and social influences.

The influence that the wider built environment and its many components (including housing) have on health is illustrated in the diagram below:

Specific evidence around housing and health includes:
- Housing improvements (and in particular insulation/energy efficiency measures) can improve health, especially over the longer term
- Housing relocation (temporary or permanent) can have negative health impacts (e.g. stress, loss of social network support)
- Relocated residents will often benefit from a range of support (to avoid negative health impacts)
- Meaningful consultation and 'empowerment' for residents during regeneration can potentially improve health outcomes
- The role and behaviour of building contractors can have health impacts for local residents
- Some groups (e.g. disabled people, elderly people, BME communities, the unemployed) can be particularly vulnerable to the negative impacts of poor housing
- Potential extra household costs arising from relocation or improved housing can have negative health impacts
- Housing related health impacts are intricately related to other neighbourhood changes.

Effective planning for public health involves much more than planning curative services. It is about healthy human habitat and supportive social structures.

2.3.3 Delegate Pack Contents
Delegates were provided with a copy of the full consultative draft of the LHS, a summary document of the key aims within LHS consultative draft, the event programme, delegate worksheets (Appendix 3) and a Glasgow City Council committee report (from the Director of GCC DRS) with health issues highlighted by respondents during the consultation on the draft LHS.

2.3.4 Event Programme
The event was chaired by Russell Jones, a Programme Manager within the Glasgow Centre for Population Health with a healthy urban planning remit. (See Workshop Programme in Appendix 2).

Three presentations were arranged to offer background material for the workshop delegates, including:
- an overview of the impacts of housing and neighbourhoods on health and wellbeing (Ade Kearns, University of Glasgow, Professor of Urban Studies/Principal Investigator on the GoWell Programme)
- an overview of the health impact assessment in policy making & the social model of health (Jo Winterbottom, Glasgow City Council, Corporate Policy, Corporate Policy Officer, Health Policy Team)
- an overview of the content of the consultative draft of Glasgow's LHS (Steve, McGowan, Glasgow City Council, Development and Regenerations Services, Principal Officer, Housing Investment and Strategy)

The presentations can be viewed at www.glasgow.gov.uk/housing.

2.3.5 Workshop Structure

After the morning presentations, delegates were split into four facilitated workshops. The workshop organiser tried to ensure that people from different specialties and different partner organisations were evenly spread across all four groups.

The workshops were split into 2 parts;

a) A 30 minute brainstorm of the health, equality and wellbeing aspects of the entire strategy.

Each group was asked to comment on the positive and negative aspects of the current draft as well as any perceived gaps within the document in relation to integrating health and wellbeing considerations into the Strategy. Tables of health and equality prompts were provided to stimulate discussion (Appendix 3).

b) A detailed discussion on the aims of the Consultative Draft of Glasgow's Housing Strategy.

Two aims were allocated per workshop group. The remaining aims were considered if discussions around the two allocated aims were exhausted within the allotted time of one hour. For each aim, the 4 workshop groups were asked to:

- Consider potential impacts (positive and negative) on health and wellbeing, including differential impacts on affected population groups. For each impact, gaps in the evidence were considered.
- Prioritise 3 actions to ensure positive health and wellbeing impacts occur as a result of the revised Strategy (time-permitting).

3. Workshop Discussions

3.1 General Findings

The HIA Scoping workshop was welcomed and it was thought that the event marked positive action on attempting to integrate health, wellbeing and equalities considerations within the LHS and to foster relations between colleagues in planning, housing, social work and health improvement.

3.2 Five Emerging Common Themes

The scoping exercise identified **5 emerging common themes** across all aims within the LHS. All 5 themes have major implications for health and inequalities.

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5 COMMON THEMES

1. Improve alignment with other strategies, policies and initiatives

2. Build lifetime homes in well-designed neighbourhoods: holistic delivery

3. Develop strategies for community engagement, empowerment and ownership

4. Implement action through leadership, stakeholder buy-in and accountability

5. Translate evidence into action

Theme 1: Improve alignment with other strategies, policies and initiatives:
complex, interconnected issues such as planning, employment, community safety, sustainability, transport, homelessness, physical activity and environmental health must be integrated into the Strategy.

The delegates felt that positive steps had already been made to link housing to wider issues including health, planning, safety, employment and sustainability. However, emerging from all of the workshop discussions was a consensus of opinion that fresh thinking was needed to better align and integrate the strategy to other city-wide strategies, plans and initiatives. Delegates also wanted to see how the different strands within the LHS itself will fit together.

The city must tackle the complexities of housing and neighbourhood quality in a holistic way and deliver a multi-agency approach with the key aim of maximising health and wellbeing outcomes.

Specific examples of crosscutting issues discussed within the workshops included;
- Planning (including promoting mixed communities, designing out youth congregation, ASB and crime through physical improvements in neighbourhoods).
- Crime and anti-social behaviour (including working with local communities and partner agencies to tackle crime and disorder)
- Health and Wellbeing (including housing, support and signposting to services for those with multiple or complex needs)
- Employment and employability (including mechanisms to ensure that new developments provide employment and economic opportunities for the local community)
- Community & Child Safety (including preventing unintentional injuries, outreach work such as home visits & the provision of safety devices for vulnerable groups to prevent accidents in the home)
- Sustainability and Climate Change (including the use of sustainable materials/meeting building standards in all new housing developments)

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Crosscutting Theme 1: Improve alignment with other strategies, policies and initiatives

Key Recommendations/Questions

1. Strengthen the partnership approach to improve links between housing, services and communities. Link themes in the LHS to associated services and organisations.

2. Align the LHS closer with other city strategies, policies and initiatives to reflect joint working in order to tackle the wider determinants of health, and to focus on particular vulnerable groups

3. More reference to other crosscutting city strategies and initiatives within the LHS document.

4. Clarity, within the LHS, on how the different strands of the Strategy link together.

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**Theme 2: Build lifetime homes in well-designed neighbourhoods: holistic delivery
-** *the city must develop whole-life places and decent homes where people can continue to stay as their circumstances change.*

Building community infrastructure will impact on health. The LHS must better emphasise the need to develop safe and sustainable neighbourhoods that support active travel opportunities, improve access to local facilities and community space and public transport, promote community cohesion and build communities.

The design of the outdoor environment can influence levels of crime and feelings of safety. Potential differential and potentially adverse impacts of crime on vulnerable groups such as BME communities, travelling communities, refugees and asylum seekers, young men, older people, women experiencing domestic violence and LGBT people should be considered.

Designing out crime, anti-social behaviour and youth congregation from housing developments and providing alternatives which do not create a clash of lifestyles should be a key priority within the LHS.

Perceptions of safety influence levels of physical activity. Features such as graffiti and litter can make people feel less safe and less likely to be physically active. Fear of road traffic accidents also constrains levels of physical activity in terms of walking and cycling.

Delegates felt that housing is being designed to a generic template that does not have regard for flexibility to enable dwellings to grow or contract in step with evolving family circumstances.

Crosscutting Theme 2: Build lifetime homes in well-designed neighbourhoods: holistic delivery

Key Recommendations/Questions

5. Better emphasise the need to develop safe and sustainable neighbourhoods

6. Include a neighbourhood management strategy within all Area Development Frameworks

7. Link the LHS explicitly to community safety and crime reduction initiatives and target the most vulnerable groups

8. Develop lifetime homes that can accommodate diverse needs and trends and anticipate future requirements that are not necessarily foreseeable

9. Consider the recommendations of both the City Plan 2 HIA and Glasgow's Equally Well Test Site on planning and health

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Theme 3: Develop strategies for community engagement, empowerment and ownership: *ensuring local communities are meaningfully involved in decisions that affect them*

It is important that people are genuinely involved in the development and running of the places where they live and work, and have pride and a sense of ownership in their locality. Promoting citizenship within local communities will empower residents to contribute to looking after their local area - which is an important aspect of creating safe, vibrant and sustainable communities. Feeling empowered locally is strongly associated with mental wellbeing.

Communities should be involved in decision-making around new developments and regenerated neighbourhoods at all stages from planning to development, service provision and long-term management and stewardship. Creating opportunities for wider community, tenant and resident engagement and empowerment should be a key aim of the Strategy.

There is often bias or assumptions around the population groups who should be targeted for community engagement activities (e.g. social renters). The population groups consulted should reflect all affected communities. Whilst the existing community engagement structures in the city are useful, there is some question as to whether they are truly representative of the Glasgow population.

A variety of engagement methods and techniques should be employed to capture the spectrum of population groups that need to be reached. The accessibility of consultation methods should be considered (e.g. addressing language barriers, meeting the needs of people with low literacy & disabled people, accessibility of venues for engagement activity for different groups).

The spectrum of resident and community involvement ranges from engagement that includes consultation and information sharing to empowerment based around the community ownership and control of local assets. People and communities should have the opportunity to be involved at the level they feel most comfortable with and at the most appropriate time.

However, the risk of apathy for engagement due to over-consultation or because previous engagement activities did not deliver change, should be addressed. In this regard, engagement does not automatically translate into empowerment. Managing expectations requires a careful balancing of transparency, openness and ambition whilst avoiding false promises. Feeding back to communities on the outcomes of any engagement work is vital.

There is national guidance and excellent local examples of community engagement activities (e.g. East End Local Development Strategy Health Impact Assessment, Commonwealth Games Health Impact Assessment). This guidance and previous learning should be used to shape the community engagement strategy for the LHS.

Crosscutting Theme 3: Develop strategies for community engagement, empowerment and ownership

Key Recommendations/Questions

10. Set out a commitment to engage with communities e.g. through the development of a community engagement plan with clear communication strategies

11. Make community engagement an integral and a permanent thread throughout the LHS

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12. Ensure that people who are consulted represent the profile of the affected communities

13. Ensure community engagement methods do not discriminate against particular population groups

14. Adopt different methods of community engagement to maximise engagement across all groups and allow people to be involved on their terms

15. Acknowledge previous local community engagement data and be clear on the purpose and level of engagement with communities (e.g. active participation, seeking views, information sharing).

16. Monitor success of community engagement activities, assess impact and learn from this for future projects

17. Use the National Standards for Community Engagement as well as previous community engagement experience in the city to shape the community engagement strategy for the LHS**.**

Theme 4: Implement action through leadership, stakeholder buy-in and accountability: *partners must have clear actions, must be held accountable, and work towards a shared vision to enable implementation of the Strategy*

The workshop attendees questioned the levers of influence for implementation of the strategy. Given the broad range of stakeholders (public, private, internal and external) and their broad agendas and priorities, mechanisms to ensure that all players are held accountable for the delivery of their respective actions require careful consideration.

Partners must work collaboratively to share information, improve decisions and share responsibility. Delegates felt that the HIA Scoping Event provided a good example of bringing key partners together to share information and experiences and to develop shared priorities for improving health. Building on these partnerships in a more formalised manner is essential.

Senior management buy-in and commitment within all key partner organisations will be essential to deliver the Strategy's aims.

All partner organisations should sign up to, and contribute to the development of, the Strategy's action plans, which should have clear lines of responsibility.

Successful implementation will ensure the positive health impacts of the LHS actions will be recognised.

Crosscutting Theme 4: Implement action through leadership, stakeholder buy-in and accountability

Key Recommendations/Questions

18. Develop a robust implementation strategy to ensure that

> all players are held accountable for the delivery of their respective actions
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> 19. The action plan linked to the LHS must encourage partners to work collaboratively to share information, improve decision-making and share responsibility
>
> 20. The action plan should be developed along side local delivery partners to ensure buy-in and commitment to its implementation
>
> 21. Champions for implementation within each delivery organisation should be identified

Theme 5: Translate Evidence into Action– evidence around housing and neighbourhood quality and health needs to be translated into action

Despite the growing evidence around the impact of housing on health and wellbeing, health inequalities, economic regeneration, education and community cohesion (both locally and outwith the Glasgow boundary) delegates expressed a general issue around the inconsistent use of evidence within all policy-making and practice in the city.

Delegates felt that the LHS had made good use of the evidence around housing, health and inequality. It was however agreed that the available evidence and data around housing, neighbourhoods and health could be further utilised in shaping the revised strategy and its actions.

A stronger commitment to evidence-based policy by all key partners should improve health outcomes and reduce health inequalities within the city.

> **Crosscutting Theme 5: Translate Evidence into Action**
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> **Key Recommendations/Questions**
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> 22. Consolidate the research evidence and good practice on housing and health in an accessible form (for practical use)
>
> 23. Use the evidence around housing and health to shape the LHS action plan, including the differential impacts on different population groups

4. LHS Plans, Potential Impacts & Recommendations

Each section below describes the scoping workshop findings under each Aim (note that Aims D&E been merged). Each section is structured as follows:

  ➢ A summary of plans under each Aim
  ➢ Potential health impacts

Naturally, there are significant linkages between the Aims and their associated impacts.

4.1 Aim A: "To Advance the Regeneration of the City"

4.1.1 Summary of Plans and Priorities

The LHS Plans under Aim A focus on regeneration and include the following major housing-led regeneration projects**:**

- o Delivering the Commonwealth Games Village
- o 8 Transformation Regeneration Areas (Maryhill, Gallowgate, Laurieston, East Govan/Ibrox, Red Road, Sighthill, Shawbridge, North Toryglen),
- o New Neighbourhoods (Drumchapel, Ruchill/Keppoch, Garthamlock, Oatlands)
- o Canal Corridor, Clyde Waterfront

All of these projects include mixed tenure development in order to change the social mix and perception of these areas.

Aim A also looks at providing new housing or alternative housing for core communities within the Transformation Regeneration Area (TRA) demolitions. Different types of alternative provision for the Asylum Seekers Programme and homeless temporary units are being considered.

Aim A also looks at prioritising the recovery of the private house building sector after the economic downturn.

An improved offering for family housing is a key objective. This has long been established as a need in Glasgow city to stem depopulation, particularly of families to the surrounding suburbs. During the housing market boom, private developers concentrated on housing for single people and childless couples.

There is an aspiration to promote the city's economy and workforce skills through physical regeneration and regeneration activity e.g. community benefit clauses for employment of apprentices etc.

Second stage transfer of the GHA's housing stock (the onward transfer of housing stock to Local Housing Organisations) remains a key priority for the Council and the Scottish Government. The implementation of Second Stage Transfer aims to prioritise community empowerment and capacity building.

4.1.2 Potential Impacts & Recommendations

Mixed tenure communities: meeting the needs of vulnerable groups

A balance mixed of tenures (social rented and private tenures) will reduce the risk of concentrating deprivation in small pockets and provide a better balance of social mix. Large single-tenure (i.e. social rented) developments can impact negatively on health and wellbeing and increase health inequalities. Mixed tenure developments can also allow people to distance themselves from the prejudice often faced by those living on socially rented estates.

Potential positive impact on health and wellbeing, reduce health inequalities and decrease the polarisation of different population groups if the LHS results in more mixed tenure communities

The key objective to provide a range of house sizes and in particular affordable larger homes for families will mitigate the effects of overcrowding and is therefore likely to have a positive impact on physical and mental health.

Overcrowding is also associated with increased poor educational achievement in children. (See section 4.2.2 below on space/overcrowding).

Promoting the city's economy and workforce skills

Promoting and supporting a wide range of local employment opportunities for residents would have clear benefits in terms of health and wellbeing. Employment and training opportunities are important in reducing health inequalities.

The community benefit clauses for employment would ensure that local people would be able to access any training and employment opportunities linked to the regeneration efforts.

Community empowerment and capacity building through Second Stage Transfer (from GHA to local social landlords) & other empowerment models

The concept of second stage transfer and other empowerment models have the potential to impact positively on mental wellbeing and social inclusion by mobilising communities and empowering them to influence decisions around housing and service provision, ensuring that their needs are met.

Potential positive impacts on health and wellbeing will be lost if second stage transfer objectives and those of other empowerment models are not realised.

Neighbourhood Quality & Access to Services
Housing related health impacts are intricately related to neighbourhood quality. See sections 3.2 and 4.2.1.

Potential positive impacts if neighbourhood quality is systematically woven into regeneration efforts.

Potential negative impacts if neighbourhood quality is not systematically woven into regeneration efforts.

Demolitions & Rehousing
The upheaval of redevelopment, uncertainty around temporary accommodation, delays, lack of information, or risks of living on site during changes could lead to short-term reductions in health. Forced relocations would likely have a greater impact on vulnerable groups (e.g. disabled, elderly, BME) but the effects could be mitigated by careful planning and involvement.

Overall potential positive impacts if any negative impacts on health caused by relocation can be offset in the longer-term through better quality, more fuel-efficient housing and a range of support (if provided) e.g. for disability needs, mental health support, youth activities, benefits claims etc.

Potential positive impacts if demolition programmes benefit communities by improving the city's aesthetics and public realm

Potential negative impacts if original residents are rehoused in another area and do not receive the benefits of the housing improvements. The potential extra household costs arising from relocation or improved housing can have negative health impacts.

Potential negative impacts if large scale demolitions increase the demand for housing for the homeless or disperse the population with a related loss of community cohesion. This may serve to further polarise the community.

Regeneration and the Recession

Increasingly private developers have pulled out of large scale regeneration projects due to the economic downturn. This has resulted in unfinished regeneration or demolition efforts across the city and a glut of empty flats built by speculative developers.

Potential negative impacts on people living in TRAs if demolitions are not completed and living conditions are compromised. Some populations find themselves living on building sites which will impact negatively on their wellbeing.

The recession may result in private developers looking for greenfield sites (with less development constraints) in the periphery of the city that historically have had poorer access to services and amenities. This has the potential to affect health negatively; access to services is important for health (See page 16).

Community Engagement and Regeneration

Community engagement in the creation of the built environment builds a sense of ownership and community empowerment which helps to enhance community safety. There has been inconsistent community engagement/consultation processes for previous regeneration/ demolition projects. See sections 3.3, 4.1.2 and 4.3.2 for more information on community engagement and empowerment.

Consultation and 'empowerment' for residents during regeneration can potentially improve health outcomes and was regarded as key priority for Aim A.

Aim A: "To Advance the Regeneration of the City"

Key Recommendations/Questions

*Mixed tenure communities: meeting the needs of vulnerable groups
24. Provision of affordable housing that meets the needs of vulnerable groups

25. Tenure differences should be concealed through good housing and neighbourhood design that counteracts tenure prejudice or decreases the stigma associated with social housing

*Develop a Community Engagement Strategy
26. A greater commitment to community engagement activities

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in relation to regeneration and demolition projects should be a priority

27. A greater emphasis in the LHS of the importance of service-delivering organisations (& departments within) routinely needing to work closely & effectively together, with community engagement

*Translate Evidence into Action
28. Mitigate against problems experienced with previous decanting; responsible organisations need to work closely & effectively together during decanting

29. Use existing local and external evidence to shape decision-making (e.g. GoWell and Glasgow's Equally Well test site on planning and health).

30. Examine the evidence around the barriers that have undermined aspirations for community ownership in practice & in-doing-so explore how the city's record on Second Stage Transfer could be improved

*Regeneration and the Recession: Sequential Development
31. Regeneration should be implemented in ways that are sustainable if resources are cut. That is, sequential development of self-contained smaller developments (and over smaller geographical areas) might mitigate against large areas of unfinished work. As such, large sites should continue to be developed but this should be executed in a way that does not leave areas appearing to be 'unfinished' in the event of resources being cut.

Build Lifetime Homes
32. A greater emphasis on lifetime homes: the new housing needs to be adaptable - both to residents over their lifetime, and to the changing needs of future residents. See section 3.2 for more information and further recommendations on lifetime homes.

Promoting the city's economy and workforce skills
33. Encourage community benefit clauses within procurement tenders for physical regeneration projects

Neighbourhood Quality & Access to Services
34. Reference and integrate neighbourhood quality and neighbourhood management into Aim A

35. Include access to services in regeneration planning including rehousing and decanting
* = priority recommendation/action

4.2 Aim B "To raise the city's housing in all tenures to satisfactory standards, maximising energy efficiency, with affordable costs, and to improve the quality of our neighbourhoods"

4.2.1 Summary of Plans and Priorities

An objective under this aim includes improving health through better housing and improved neighbourhood quality.

In the previous LHS, the worst house condition problems were recognised as being in the socially rented sector, particularly in the ex-Council GHA housing stock. The Scottish Housing Quality Standard (SHQS) is a national standard of housing quality which each Housing Association is required to reach by 2015. Most are on track to reach this although there may be problems with some stock meeting the energy efficiency standards.

The worst house condition problems are now in pre-1919 tenemental properties, in the private sector (private rented and owner occupied). Recently, the focus on this type of stock has been in Govanhill. There are approximately 7,000 houses in the sector below the tolerable standard (BTS) which is the condemnatory standard for housing in Scotland, and many more properties in serious disrepair. In some areas, the extremely high costs associated with repairing and improving this stock can sometimes be more than the value of the property. A key finding from previous community engagement activities has been a desire to retain Glasgow's built heritage. There are emerging house condition issues in areas like Croftfoot and Kingspark in the cottage flat (namely, 4 in a block flats).

This section recognises that established BME communities and new migrants are over-represented in poor condition private housing.

The Right to Buy and the movement to owner occupation has resulted in more older owner occupiers than ever before. This is likely to impact negatively on the maintenance and repair in the stock due to affordability issues and the capacity to undertake repairs or appoint companies to carry out the works.

There are recognised affordability problems of owner occupation, particularly in the West & inner South Side and in areas where there are limited socially rented housing options. This can create issues with families living in close proximity to provide informal support etc.

The Scottish Government target for eradication of Fuel Poverty in all tenures (as far as is practicable) is by 2016. Fuel poverty is defined as households spending 10% or more of their income on fuel consumption. The Council's Fuel Poverty Partnership brings together key statutory and voluntary organisations to identify who the fuel poor are more likely to be, to maximise the installation of energy efficiency measures, choose the cheapest fuel supply arrangements and ensure households are maximising their income.

There will be challenges in meeting the carbon agenda requirements. There are zero carbon targets for new build housing by 2016 and existing housing by 2050.

A key objective in Aim B is the increasing focus on the wider environment, including neighbourhood quality and access to greenspace. This links to the perceived safety of the local environment, including crime levels and anti-social behaviour problems – which are often associated with lower SIMD areas.

A key objective of Aim B is to improve the regulation of private rented sector in relation to management of the sector and conditions of the housing in the sector (around 40,000 properties in Glasgow).

4.2.2 Potential Impacts & Recommendations

**LHS needs to balance action on existing versus new housing**

Potential negative impacts for those people in existing housing if LHS continues to focus on socially rented housing and new housing rather than on existing housing. Concern was expressed at the high levels of existing homes below tolerable standard in some areas.

Housing design based on need

Adequate provision of space has also been linked to health outcomes. An association has been found between poor mental health and lack of space within the home as well as lack of social space for interaction inside and outside the home. Multi-occupation dwellings and flats, particularly high rise flats, are the housing risk factors most strongly associated with poor mental health. Children are at particular risk of poor health as a result of limited space and overcrowding.

Potential positive impacts if LHS aims to provide space based on individual need (e.g. a disabled person living on their own may need an additional bedroom for a carer).

Potential negative health and wellbeing impacts for those groups who are more likely to find themselves in overcrowded living conditions (e.g. people living in social housing, BME communities and lone parents)

Potential positive impacts on communities accessing improved housing where new housing designs are adaptable and can meet the needs of all population groups and different life stages (See Section 3.2)

Maintenance, repairs & affordability

During a recession, as unemployment rises, some household incomes will drop. Reduced income may affect the ability to maintain the home in a decent state. This will cause stress and diminish the living conditions within these properties.

The long term impacts of Right to Buy are starting to emerge. Not only has Right To Buy resulted in fewer, available affordable homes; maintenance of these properties is a key issue.

Older people increasingly face issues relating to their ability to repair, maintain and adapt their homes; as people get older incomes tend to reduce, savings dwindle, and the risk of poor health and disability increases.

Potential negative impacts on people who are living in poorly maintained properties. Poorly maintained properties will also impact negatively on neighbourhood quality and therefore affect wider communities.

Potential negative health impacts if older owner occupiers do not have the means to maintain their properties due to affordability issues and capacity to undertake repairs (or to appoint a company to do so).

Problems with factoring issues can lead to anxiety and stress. The workshop attendees also felt that factoring issues can be compounded within mixed tenure properties if a majority of residents were unwilling (or not able) to pay for repairs.

Potential positive impacts if factoring problems within private rented sector are resolved through the LHS objective to improve property management regulation.

Potential negative impacts if housing improvements result in rent increases.

Improving neighbourhood design and the social environment through multi-agency working
In addition to indoor living conditions, conditions of the local neighbourhood in which people live can influence well-being as well as health (e.g. access to natural spaces, air pollution, road traffic, noise, floods, climate, accessibility, safety and anti-social behaviour, mixed land-use and street design). It is often the poorest people who experience the poorest quality outdoor environments.

The quality of the neighbourhood environment is and perceptions of community safety are important determinants of health and wellbeing and may influence physical activity levels (e.g. feeling safe to walk or play outside).

A good quality neighbourhood is one that is mixed use and has 'walkable' access to services including local transport services, nurseries and schools, shops offering healthy affordable food, greenspace as well as provision of well maintained play areas for children.

In this regard, city growth areas have traditionally had poor links to local services due to the small scale and dispersed nature of these developments. This is historically true for many of Glasgow's housing developments.

This has the potential to create issues related to isolation and distance from services which could have major negative implications for older people, job seekers, people with long term medical conditions and people with mobility problems. Unless necessary population thresholds are reached, the limited availability of public transport in particular has been a significant issue. This can lead to increased dependence on car use which will negatively impact on air pollution and CO2 emissions and negatively impact on our health. In contrast, affluent areas with higher population densities have traditionally been well connected to local services.

Better management of housing estates and improving community safety will help promote longer-term health benefits. The detailed design and layout of residential and commercial areas can ensure a natural process of surveillance over public space that reduces both the fear of and the actual incidence of crime.

👍 Potential positive health impacts if the LHS achieves its aim of increasing its focus on improving the wider outdoor environment through a multi-agency, holistic approach.

Fuel Poverty

Poor quality housing is a major factor in fuel poverty. Cold damp homes, which are inadequately heated and ventilated, have repeatedly been linked to both increased morbidity and mortality particularly amongst more vulnerable households such as those containing older people, young children and/or those living with chronic illness or disability.

👎 Conditions such as cardiovascular disease and respiratory illness are likely to be exacerbated by cold, damp homes. In addition, those living in cold, damp conditions are at a higher risk of falls and accidents in the home. The mental health impact of inadequate housing is still an emerging field of study, although evidence supports the view that householders do suffer stress that is detrimental to their quality of life and general well-being.

👎 Those who are fuel poor may also become more socially isolated due to economising and reluctance to invite friends into a cold home environment.

👎 Homes in fuel poverty have a choice between keeping warm and spending money on other essentials. Poor diet can potentially be the result, with increased long-term health risks of cancer and coronary heart disease.

👍 Potential positive health impacts if Glasgow's Fuel Poverty Partnership identifies and targets vulnerable groups who are fuel poor, including those aforementioned higher risk groups who are more susceptible to illnesses caused by the cold /damp and those who tend to spend longer at home.

Energy Efficiency Measures

Excess winter deaths are significantly more likely in private rented and owner-occupied home, houses built before 1850, and damp houses. Home energy improvements significantly decrease the rate of sickness absence from school for children with asthma and recurrent respiratory infections, leading to improved attainment levels.

However, energy efficiency measures will not always be sufficient to lead to health gain; appropriate ventilation is also essential to avoid indoor air pollution e.g. for dust mites.

Given the high proportion of pre 1919 tenements that fall below tolerable standard (BTS) in Glasgow, the workshop attendees felt the LHS should focus on improving the quality and energy efficiency (through insulation and heating) of older tenement properties (particularly the private rented sector) whilst addressing the barriers to upgrading them (e.g. high repair costs, rogue landlords).

The better balance between improving new housing and existing housing needs to be struck.

👍 Potential positive health impacts (particularly people living in the PRS) if LHS prioritises improving the quality and energy efficiency of older tenement

properties (rather than focussing too much on socially rented housing and new housing).

Aim B "To raise the city's housing in all tenures to satisfactory standards, maximising energy efficiency, with affordable costs, and to improve the quality of our neighbourhoods"

Key Recommendations/Questions

Addressing Poor Housing Conditions
*36. The LHS should aim to improve the housing stock (all tenures) and make the improvements sustainable over the longer term to ensure all householders have access to affordable warmth.

*37 The LHS should refocus the LHS on improving energy efficiency and sound insulation and the sustainability of older tenemental (especially pre 1919) property as a way of tackling fuel poverty

38. The LHS should emphasise and work to address the barriers to improving existing housing stock – especially private sector and right to buy properties.

Improving Access to Support Services
39. Develop clear referral pathways and protocols with local partners to maximise access to housing and energy efficiency improvements as well as income maximisation and advice services (including energy advice and money advice)

40. Develop awareness-raising activities to ensure policy makers, practitioners and the wider community all understand and lend support to affordable warmth policies and programmes.

Building Design based on need
*41. Improve space standards in new build dwellings and consider lifestyle changes in building design

42. Consider space requirement for particular groups (e.g. some wheelchair users require an extra bedroom for carer/family) – this should link to Independent Living (See section 4.3).

*Improving conditions in the Private Rented Sector**
43. Update/ Undertake / commission research to establish how many people in the private rented sector are living at the margins and use this information to direct resources to these communities in order to reduce health inequalities associated with cold, damp homes

44. Introduce a Landlord standard to improve the quality of tenements e.g. landlord accreditation

45. Investigate whether housing benefit could link to private rented standards

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4.3 Aim C "To meet people's changing needs for housing and promote independent living through housing support where needed"

4.3.1 Summary of Plans and Priorities

The national and local policy priority is a shift to independent living with support and care if required.

This aim covers the needs of social care housing needs groups in terms of specialist housing development. Recent housing developments have included clustered housing for people with dementia, sheltered housing developments, specific bungalows for families with children with autism, group living for men (with ongoing alcohol problems) from the hostel closure programme, clustered housing with a support flat for people with learning difficulties and projects for people with addictions.

The development of housing for particular needs will be under the same financial pressures as other services in the future. A key issue for this type of development is the limited housing support (Supporting People) funding requirements, meaning that most recent developments have not been 'new' services but re-provisioning for existing services which did not meet Care Commission requirements.

There are targets for wheelchair users' housing and large family housing through the socially rented housing development programme. During the last LHS, there was a City Plan 2 policy developed for increasing wheelchair adapted properties in all tenures.

The increasing older population, many of whom will be single, will increase the requirement for support for this group. Local consultation events looking specifically at housing issues and older people have highlighted social isolation, depression and mental wellbeing as key issues for older people.

There are some targeted property services for older people and people with disabilities to contribute towards independent living e.g. Care & Repair services, handyperson services.

This aim highlights the plan for the increased use of telecare (smart technology e.g. fall detectors and alarms) to support independent living.

Improving the accessibility and usability of the housing stock is also covered under this Aim. Most of the housing stock is flatted (around 70% of properties in Glasgow) and most of the current housing stock will exist well into the future. Adaptations are currently funded differently depending on which tenure people live in.

4.3.2 Potential Impacts & Recommendations

Meeting the needs of young people

The workshop attendees felt that the LHS did not adequately address the often quite distinct housing issues experienced by young people. Increasingly young people face difficulty in finding suitable independent housing as the problems of affordability and accessibility restrict the options available to them. Allocation policies for social housing may not work in favour of young people unless they are considered to be in a priority group. Whilst the private rented sector offers the possibility of independent living, it is often perceived as an expensive temporary measure with a lack of security.

Potential negative impacts on young people (particularly those in lower socio-economic groups) if they are unable to access affordable and decent housing (with the necessary support) which meets their specific needs as they make the transition to adulthood.

Meeting the needs of carers

The attendees felt that the LHS did not adequately address the needs of carers and the issues they may face.

Potential positive impacts if support, including telecare and adaptations, can assist with caring responsibilities. However, given that many informal carers are not on the social work system, it is difficult for services to 'reach' these carers and 1) provide information on accessing local support e.g. telecare, respite support and 2) to plan and prepare for the time when they can no longer continue in the caring role.

Wheelchair accessible housing: supply does not reflect demand

Potential positive impacts if target to make 10% of new housing wheelchair accessible reduces the inequality faced by disabled people in accessing suitable housing.

Potential negative impacts if the distribution of wheelchair accessible housing does not correspond with the demand for this housing in different areas. The distribution of wheelchair accessible housing should be based on demand rather than geographical area.

Engaging to Understand Needs

The LHS must not make assumptions about the needs of particular groups e.g. whilst the encouragement of independent living through housing support for vulnerable groups can be a positive and empowering experience for some; for others, it may be an unwanted prospect due to the threat of loneliness and social isolation.

Understanding the needs of the key groups mentioned above as well as other population groups through community engagement activities should be a key priority for the LHS. Support should be available to remove any barriers to participation and enable their views to be captured (e.g. those with low literacy, language barriers and/or a physical disability).

Potential positive impacts if community engagement activities engage with key groups to better understand their needs

Improving Access to Support Services

Potential negative impacts if there are declining levels of housing support for people with particular health and social care needs. A lack of support or low quality support can lead to social isolation and decrease wellbeing. Furthermore, this stress is compounded when accommodation and support services (including funding sources) are not joined up.

Aim C "To meet people's changing needs for housing and promote independent living through housing support where needed

Key Recommendations/Questions

*Improve alignment with other strategies, policies and initiatives
49. The LHS should link to the City's youth employability objectives and initiatives.

50. The LHS should link into early years strategies/ interventions (e.g. unintentional injury)

Housing Provision Based on Need
51. The LHS should gather evidence from the literature and from community engagement activities on:
- the differing needs of all population groups which will enable community buy-in for any new developments.
- *how young people access housing, both private and social rented, and the difficulties they experience
- the demand for more social housing (e.g. in areas outwith the city boundary)
- the demand in different areas for wheelchair accessible housing

52. The LHS requires more consideration of the ageing population, particularly carers, in terms of future housing provision and support

53. There is a need for family housing: the LHS requires clarification on the definition of 'large family accommodation' (GHA & RSl's standards are different and mean different things).

Improving Access to Support Services
See section 4.3.2. and recommendations 38, 39, 51 and 63.

54. The LHS should reference and integrate 'support service provision' into Aim C

55. Add more explicit information into LHS on support available (now and in the future) including who the support is for, the providers and how support links to housing outcomes

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4.4 Aim D "To prevent and alleviate homelessness through the delivery of effective services"

& Aim E "To promote equality of access to appropriate housing and housing services and to monitor relevant processes effectively"

4.4.1 Summary of Plans and Priorities

The key priorities within the Homelessness Strategy developed by the Homelessness Partnership (as it was) links in strategically with the LHS.

The delivery of services to homeless households is likely to change due to changes to the Homelessness Partnership in Glasgow. Detailed information is not available at present.

Homelessness is a continuing problem in the city, despite efforts to tackle homelessness, ongoing prevention activity, and the closure of the large hostels. There are 6,000 new homelessness presentations per year in Glasgow. Glasgow has 17% of Scottish homeless applicants and only 11% of the Scottish population. Two key issues are 1) too many people in temporary accommodation for long periods and 2) remaining substandard private and voluntary hostels in the city.

There will be an increasing demand for permanent housing for homeless households with the legislative abolition of 'priority need' by 2012. This legislative change will mean that all homeless households will be considered to be in need. Glasgow City Council will have to find permanent accommodation for all homeless people, which will increase demands on housing associations to house the homeless.

Support, including information and advice, for homeless households when re-housed is important to stop people going around the homeless cycle again, as well as improving housing conditions. There are still around 2,500 repeat homelessness applications in Glasgow annually (having fallen in recent times by 500 applicants). There are particular groups who are likely to require additional support. One group is asylum seekers who, when granted leave to remain, will become homeless. In some instances households will become a permanent tenant within the housing association and in the house they currently live (GHA tenants).

There is recognition of the linkages between health, social care, employment and prevention of homelessness. Joint working in terms of Essential Connection Forum (led by CHCPs) and Local Housing Forums (led by DRS Housing Investment) are key forums to develop joint working but other methods may be required.

Engagement with equality groups is key to development of the strategy. An equality impact assessment (more of an evaluation) was carried out of the last LHS. It highlighted that we should engage more with BME communities, older people and

younger people. The new LHS will have to take into consideration the new legislative requirements in the new UK Equality Bill, particularly regarding the positive duty on local authorities to promote equality.

4.4.2 Potential Impacts & Recommendations
Hostel Closures

Potential positive impacts on communities living in the vicinity of homeless hostels if they now feel safer within their local neighbourhoods.

Potential negative impacts if hostel closures result in an increased number of homelessness presentations, thereby compounding the homelessness issue in Glasgow.

Abolishment of Priority Need Legislation
The legislative abolition of 'priority need' by 2012 will require an increase in the number of available permanent homes**.**

More defined roles for RSL and the PRS should be included in the LHS draft.

Potential positive impact if best use is made of RSL stock or the PRS to assist in delivering the 2012 target.

Potential positive impacts through promoting equality of opportunity by abolishing priority need.

Potential negative impacts if the PRS discriminates against certain population groups – this will prevent equality of opportunity in accessing housing for certain groups.

Potential negative impacts if there is felt to be a strong bias towards housing homeless people ahead of other households in housing need, particularly in communities with limited affordable housing, which could lead to upset and bad feeling within communities. It could also potentially lead to increased stigma, which has a damaging effect on families and other households.

Joint Support, Information & Advice

Potential positive impacts on reducing and preventing homelessness through the objective to provide tenancy support and signposting to other services

Creating mixed and balanced communities
The workshop attendees debated the issue of the LHS's role in creating mixed and 'balanced communities' and questioned how prescriptive the LHS should be.

Potential positive impacts if mixed and balanced communities promote a de-concentration of poverty, good community relations between different groups and mitigate against social polarisation. In addition to poor housing conditions, low educational attainment, unemployment, crime and health and poor transport and services are all features of excluded areas which enhance isolation.

👍Potential positive impacts if mixed and balanced communities are delivered through policy alignment and joined-up thinking.

Community Engagement

👍Potential positive impacts if community engagement activities engage with key groups to better understand their needs.

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Aim D "To prevent and alleviate homelessness through the delivery of effective services" & Aim E "To promote equality of access to appropriate housing and housing services and to monitor relevant processes effectively"

Key Recommendations/Questions

Abolishment of Priority Need Legislation
58. More information in LHS on how Glasgow is progressing to achieve the 2012 target for the abolition of priority need

59. What RSLs are not playing their part in achieving the homelessness target?

60. Will the Council develop protocols and working arrangements for homeless referrals to RSLs and the PRS?

61. Will PRS have the skills and housing management systems to work with a much more vulnerable client group than they may previously have dealt with? How will this be addressed? Accreditation systems?

62. More information on levers to ensure RSLs play their part.

63. More information in LHS on how the private rented sector (PRS) is currently and may be used in the future to house some homeless households.

64. Commitment to engage with RSLs and the PRS as key stakeholders in delivery the 2012 target

Housing Provision & Support Based on Need
65. Commit to provide tailored support with different housing options which meet potentially diverse needs e.g. older people, young people or those with additional complex support needs.

Improve alignment with other strategies, policies and initiatives
66. Better policy alignment and the development of joined up, streamlined services to help create mixed and balanced communities e.g. homelessness, education, crime, health, transport

No prioritisation - due to lack of time

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5. Conclusions

This scoping workshop has highlighted a clear need for more consistent and formal collaboration between housing colleagues, planners and those working in public and environmental health.

Continued strategic engagement will ensure that those working outside the health sector will become aware of the impact of their actions on health. Correspondingly, those working within health will better understand the planning process and policy environment and be better able to input in an appropriate and timely manner.

The professional views emerging from this workshop must be complemented through a thorough process of community engagement to ensure that the LHS meets the needs of all Glasgow's residents. In-doing-so we must focus on those groups that are worst affected by poor housing and neighbourhood quality.

Report by: Susie Palmer, Glasgow City Council, Health Policy Team

Appendix 1: Registered Scoping Workshop Delegates

Name	Workshop	Job Title	Organisation
Sheila Beck	3	Principal Public Health Adviser	NHS Health Scotland
Stephen Birrell	4	Service Manager	Communities Sub-Group
Alastair Brown	2	Environmental Health & Trading Standards Manager	Glasgow City Council
Bill Brown	1 (Scribe)	Principal Officer	Glasgow City Council
Lisa Bullen	2	Housing Investment Division Manager	Scottish Government
Carol Connolly	2	Director	Glasgow Communiity & Safety Services
Janette Cowan	1	Principal Officer	Glasgow City Council
Etive Currie	4	Project Manager, Equally Well	Glasgow City Council
Ray de Souza	2	Head of Planning and Health Improvement	West Glasgow CHCP
Alice Docherty	1	Health & Homelessness Co-Ordinator	Glasgow Homelessness Partnership
Gary Dover	1	Planning Manager	East Glasgow CHCP
Eileen Dudziak	1	Planning Officer	Glasgow City Council
David Fletcher	2	Assistant Director of Regeneration	Glasgow Housing Association
Janice Greig	3	Planning Officer	Southwest CHCP
Anne Halsey	1	Director	Scottish Association of Landlords
Martin Higgins	3 (Facilitator)	Scottish HIA Network Co-ordintor	NHS Lothian
Doreen Hollywood	4	Housing Adviser	Glasgow Centre for Inclusive Living
Russell Jones	1 (Facilitator)	Public Health Programme Manager	Glasgow Centre for Population Health
Ade Kearns	1	Professor of Urban Studies	University of Glasgow
Lorna Kelly	2	Head of Policy	Greater Glasgow & Clyde Health Board
Nigel Kerr	3	Group Manager, Public Health	Glasgow City Council
Maureen MacKinnon	3	Principal Officer	GCC Social Work - Homelink
Gerry McCartney	4 (Facilitator)	SpR Public Health	GCPH
Stephen McGowan	4 (Scribe)	Graphic Designer	Glasgow City Council
Valerie McNeice	2 (Facilitator)	Public Health Practitioner Specialist	Glasgow Centre for Population of Health
Karen McNiven	3	Health Improvement Manager	Social Work South West CHCP
Michelle Mundie	3 (Scribe)	Project Officer	Glasgow City Council
Twimukye Mushaka	3	Project Officer	Poverty Alliance

Oleysa Nedvetskaya	4	PhD Scholar	Glasgow University
Andrew Olney	4	Area Manager - South East Area Services	Culture & Sport Glasgow
Laura Ramsden	4	Community Planning Research Officer	GCC Community Planning Section
Russell Robertson	4	Service Access Co-Ordinator	East CHCP
Tom Scott	2	Health Improvement Lead	East Glasgow CHCP
Monika Sharma	1	Development Manager	Scottish Refugee Council
Jennifer Sheddan	2 (Scribe)	Project Officer	Glasgow City Council
Jean Stevenson	4	Planning Officer	North Community Health & Care Partnership
Alan Stewart	2	Area Community Planning Officer	GCC Community Planning East Team
Hilary Thompson	2	Senior Scientist	Medical Research Council
Mike Thomson	3	Area Community Planning Officer	GCC Corporate Services
Julie Truman	1	Senior Researcher	NHS Greater Glasgow & Clyde
Heather Voisey	3	Partnerships Manager	Glasgow Housing Association
Jo Winterbottom		Policy Officer	Glasgow City Council

Appendix 2: Workshop Programme

Assessing the Health Impacts of Glasgow's Local Housing Strategy 2011-2016

A Stakeholder Consultation Workshop
5th May 2010, 9.30am-1.15pm
The Lighthouse, Glasgow

Chaired by Russell Jones, Glasgow Centre for Population Health

9.00-9.30	Registration and Coffee
9.30-9.45	Keynote – Opening Remarks **Ade Kearns, University of Glasgow** Professor of Urban Studies/Principal Investigator on the GoWell Programme
9.45-10.00	Housing and Health: The Evidence & Overview of HIA in Policy Making/Social Model of Health **Jo Winterbottom, Glasgow City Council, Corporate Policy** Corporate Policy Officer, Health Policy Team
10.00-10.15	Glasgow's Housing Strategy **Steve, McGowan, Glasgow City Council, Development and Regenerations Services** Principal Officer, Housing Investment and Strategy
10.15-10.45	Facilitated Interactive Workshop
10.45 - 10.55	Coffee/Comfort Break
10.55 – 11.55	Facilitated Interactive Workshop
11.55-12.15	General feedback on priorities Closing Remarks **Ade Kearns, University of Glasgow** Professor of Urban Studies/Principal Investigator on the GoWell Programme
12.15-1.15	Lunch

Appendix 3: HIA Scoping Workshop: Delegate Worksheets

Exercise 1: General Thoughts on Consultative Draft
WORKSHOP GROUP_____

Delegate Note Pad (A4)
Consider the Presentations, the Consultation Draft of the Housing Strategy and the Summary Document in delegate pack. **You may wish to use Table 1's and 2 as prompts to aid discussion.**

General thoughts on current draft - positive aspects / gaps

Exercise 2:

WORKSHOP GROUP_____

Consultation Workshop: Rapid Impact Assessment of Glasgow's Housing Strategy

Delegate Note Pad (A4)
Consider Presentations, Consultation Draft of the Housing Strategy & Summary Document in delegate pack
Your facilitator will ask you consider each aim in turn.
Please leave any notes with your Scribe at the end of the workshop.

Aim ___: Positive Aspects of / Gaps in Consultative Draft

Aim ___: Stakeholders and Communities Affected **(Refer to Table 2: EXAMPLES OF POTENTIAL GROUPS/COMMUNTIITES/STAKEHOLDERS AFFECTED)**

Who are the main stakeholders?	Which communities (of interest or place) are affected by this policy?

Aim ___: What are the **potential impacts (both positive and negative) on health and wellbeing including differential impacts, on the affected groups?**
[Refer to: Table 1: Determinants of Health Table of Prompts]

Aim ___: For each health impact considered **consider gaps in the evidence/ what else do we need to know to inform any action?**

Aim ___: **Prioritise 3 top potential health impacts/actions:**

1.

2.

3.

TABLE 1: DETERMINANTS OF HEALTH TABLE

For each AIM, which determinants of health are <u>most</u> affected?

Living Conditions e.g. overcrowding, water/air quality, building safety, noise, smells	Local economy e.g. in city centre and local communities, for locals and visitors	Culture e.g. customs, traditions and beliefs
Social inclusion and equality of opportunity	Effective communications	Transmission of infectious disease
Mental wellbeing: stress/resilience/control	Access to and quality of services: e.g. Healthcare, Housing, Transport, Education, Culture and Leisure, Social Services, Food provision	Personal behaviours/Lifestyles e.g. food, alcohol, tobacco & drug consumption, physical activity, sexual health/risk taking behaviour, education/learning/skills development
Working conditions e.g. working hours and conditions	Employment/unemployment (paid/unpaid) and Income	Promoting good relations between different groups
Crime and fear of crime e.g. domestic violence, public order, anti-social behaviour	Pollution/Climate Change (waste, energy, resource use) e.g. use of sustainable materials, insulation	Relationships with friends and family: social networks
Public Safety e.g. roads, lighting, risk of accidents	Community participation and engagement	*Others….*

TABLE 2: EXAMPLES OF POTENTIAL GROUPS/COMMUNTIITES/STAKEHOLDERS AFFECTED

- minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers, non-English speakers)
- women and men
- people with different religions or beliefs
- disabled people
- older people, children and young people
- lesbian, gay, bisexual and transgender people
- people living in poverty / people of low income
- people with mental health problems
- homeless people
- people involved in criminal justice system
- people with low literacy
- people in remote, rural and/or island locations
- staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)
- carers

OTHERS…….