



Your details

Please complete the following details below. It is essential that we have a name and the name of any organisation if you are responding on their behalf. Contact details would be helpful if we need to follow up on any points.

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Would you like us to keep your response confidential:	No

Consultation questions

Below you will find response boxes for each of our consultation questions. If possible, please base your response on answers to these questions.

Some questions may be somewhat irrelevant to your interests, in which case please feel free to answer as many or as few as you like. And please feel free to offer other comments if you think they are relevant to our remit. There is space at the end for you to do so.

You can skip to the section(s) that you wish to respond to through the links below:

1. [Wellbeing](#)
2. [Housing and investment](#)
3. [Housing and the economy](#)
4. [Housing and welfare policy](#)
5. [Housing and the environment](#)
6. [Housing and health and education](#)
7. [Housing and community regeneration](#)
8. [The Private Rented Sector \(PRS\)](#)

Section 1: Our assessment of the importance of housing for wellbeing in Scotland

Q.1. Has our assessment of housing and wellbeing missed any important benefits and, if so, which benefits and what is the evidence for this?

Generally NHS Health Scotland felt that the Commission's assessment of housing and wellbeing had not missed any important benefits, but felt that there were a few gaps.

The first paragraph, of the subsection on the eight types of wellbeing on page 10, on housing as "home" does not mention stable or secure housing, which is also important for people's health and wellbeing. There is some research on the negative consequences of unstable housing to health and wellbeing. It is mentioned in the paragraph on education in this consultation, but having secure housing has further impact on health and wellbeing than just education. This paragraph on housing as "home" also discusses space for family life and activities, but we feel this should include some examples of activities such as space for dining/eating and cooking. This was advocated in the Good Places Better Health (Scottish Government's strategy on health and the environment) report, [Good Places Better Health for Scotland's Children](#).

In the paragraph on health adequately heated homes are discussed, but there is nothing on the issue of homes being adequately ventilated, which is also very important. Housing being adequately ventilated is recommended in the Good Places Better Health report, [Good Places Better Health for Scotland's Children](#) and other reports.

Also in the health section the focus seems to be more on physical health than mental health and wellbeing, in particular stress. For example in a [report](#) by GoWell there were quotes by tenants who live in damp and mouldy housing about how they feel stigmatised and do not want to invite friends and family to their homes because of the damp/mould in their homes. This can then lead to isolation and loneliness, which can lead to less social connections, which can negatively influence mental health and wellbeing. If people live in mouldy/damp housing they quite often have to replace furniture and possessions on a regular basis, which they cannot afford. This can cause stress and anxiety, which can negatively impact on mental health and wellbeing

In the section on income we feel fuel poverty should be included.

The section on community safety should also mention unintentional injuries, which impacts on wellbeing as highlighted in the Good Places Better Health report, [Good Places Better Health for Scotland's Children](#).

Q.2. Has our assessment exaggerated any of the benefits of housing for wellbeing and, if so, in what respects and what are your reasons for saying this?

We did not feel that your assessment exaggerated any of the benefits of housing and wellbeing.

Section 2: Does Scotland invest enough in housing?

Q.3. Do you agree with our assessment of the current position on investment in housing?

NHS Health Scotland generally agreed with the Commission's assessment of the current position on investment in housing. We felt that there was not enough appropriate housing to meet the needs of the population.

Q.4. Do you agree with our brief assessment of current policy on investment in housing?

We agreed with your brief assessment of current policy on investment in housing.

Q.5. Do you agree with our suggestions for further action in the area of investment in housing?

We agreed with your suggestions for further action in the area of investment in housing. In particular we agreed with applying the Scottish Housing Quality Standard (SHQS) to houses in all tenures, which was also one of the recommendations in the Good Places Better Health report, [Good Places Better Health for Scotland's Children](#).

The last point, in the subsection which suggested future medium term actions, notes the "consideration of the use and effectiveness of the powers provided to local authorities in the 2006 Act" and we feel this should also mention the 2014 Housing (Scotland) Act.

Q.6. Do you have any other suggestions that we have not mentioned in relation to investment in housing?

Section 3: Getting a better fit between housing and the economy

Q.7. Do you agree with our assessment of the current position regarding housing and the economy? What more would you add?

NHS Health Scotland agrees with the Commission's assessment of the current position regarding housing and the economy.

However we felt that the focus on housing development appears to prioritise profit over the wider social wellbeing. For example the affordable housing is quite often built on the less desirable pieces of land or land that is leftover and often of poor quality and the expensive developments/houses are built on the more desirable pieces of land. This brings revenue to local authorities and developers, but appears to put profit ahead of the wider social benefit to communities and wider society. One suggestion would be to have a mix of tenures on a development so that people on low incomes as well as higher incomes could benefit from the development, particularly developments built on a more desirable piece of land. However further analysis of the evidence of what works with regards to mix tenures is required. This is also discussed in section 7, housing and community regeneration, but felt that it was important to include it in this section as well because has relevance to housing and the economy.

Q.8. Do you agree with our assessment of the current situation of UK Government policy with regards to the housing market and the economy?

We agree with your assessment of the current situation of UK Government policy with regards to the housing market and the economy.

Q.9. What are your views about the five areas of policy reforms suggested here?



Section 4: Getting a better fit between housing and welfare policy

Q.10. Do you agree with our assessment of the current position regarding housing and welfare benefits? What more would you add?

NHS Health Scotland agreed with the Commission's assessment of the current position regarding housing and welfare benefits.

Q.11. Do you agree with our assessment of the current situation of government policy at UK levels and the possible outcomes post-referendum? What more would you add?

We agreed with your assessment of the current situation of government policy at UK levels and the possible outcomes post-referendum.

Q.12. What are your views about the medium term policy options presented here? What other ideas and issues strike you over this time frame?

NHS Health Scotland had some concerns over devolving housing benefit to Scottish Government and no other benefits and how it would operate.



Q.13. Do you agree that we have a unique opportunity to consider longer term policy options over the next key period in Scotland's history? How do you respond to the options proposed here? Are there other options that should be considered?

We agree that we have a unique opportunity to consider longer term policy options over the next period in Scotland's history.

We felt that some of the options proposed were quite idealistic. For example the "universal citizens income" or liveable income is a good idea, but it could be difficult for people to adapt/change to a new system and could involve more public resources to implement it. We felt that there should be a range of options for people, which are person centred and meet individual needs and aspirations.

Section 5: Getting a better fit between housing and the environment

Q.14. Do you agree with our assessment of the importance of housing to the environment?

NHS Health Scotland agrees with the Commission's assessment on the importance of housing to the environment. In particular we are very supportive of your point about ensuring that new housing is built in locations and at densities which do not depend on car based commuting. This is not only good for the environment, but also encourages active travel, which is good for people's health and wellbeing.

It is about managing space in a local area so that the resources and land are maximised to the best effect for the local community.

Q.15. Do you agree with our brief assessment of current policy on housing in relation to the environment?

We agree with your assessment of current policy on housing in relation to the environment. However we wanted to note that the policy around brownfield sites seems to have an economic perspective rather than a social perspective.



Commission on Housing & Wellbeing

Q.16. Do you agree with our suggestions for further action in the area of housing and the environment?

NHS Health Scotland agreed with your suggestions for further action in the area of housing and the environment, but felt that some of the suggestions had not gone far enough.

Q.17. Do you have other suggestions that we have not mentioned in relation to housing and the environment?

We suggest micro generation in all new housing.

Community energy generation schemes should benefit the whole community. For example when these schemes are being implemented the physical environment of the local area should be improved at the same time.

Another suggestion was to engage with community much more, particularly focusing on community benefits of changing the environment

Private and social landlords, including landlords of tied housing, should be fined more heavily to maintain properties at a certain quality level and to take account of the environment and sustainability issues.

Section 6: Housing and Health and Education

Q.18. Do you agree with our on our assessment of the importance of housing to health and education?



NHS Health Scotland agreed with the Commission's assessment on the importance of housing to health and education, but felt that there were some gaps.

For example as we suggested in our response to the first section on housing and wellbeing there is not much mention of mental health and wellbeing particularly in relation to damp/mouldy housing and stigma associated with poor quality housing. For example in a [report](#) by GoWell there were quotes by tenants who live in damp and mould housing about how they feel stigmatised and do not want to invite friends and family to their home because of the damp/mould in their homes. This can then lead to isolation and loneliness, which can lead to less social connections, which can negatively influence mental health and wellbeing. If people live in mouldy/damp housing they quite often have to replace furniture and possessions on a regular basis, which they cannot afford. This can cause stress and anxiety, which can negatively impact on mental health and wellbeing.

Also fuel poverty is mentioned, but not how that can impact on stress and mental health and wellbeing. Also the relationship between fuel poverty and food poverty is not discussed. Sometimes a person/family has to choose between "eating or heating". They can maybe access food for example through food banks, but it is not the appropriate food because they are not able to heat the food because cannot afford the energy or do not have access to cooking equipment.

Falls are discussed, but not other unintentional injuries such as burns in children, which can lead to emergency admissions to hospital.

There are vulnerable groups such people coming out of the army, prisons, people who have been in care such as children's homes, who often have difficulty accessing quality housing and can end up homeless. These people not only need a house, but may need further support because they might not have the skills to run a home or know how to budget or how to heat their home because they have never had to do this before.

Q.19. Do you agree with our brief assessment of current policy on housing and health and education?

We agree with your assessment of current policy on housing and health and education.

Q.20. Do you agree with our suggestions for further action in the area of housing and health and education?

NHS Health Scotland agrees with the Commission's suggestions for further action in the area of housing and health and education.



Q.21. Do you have other suggestions which we have not mentioned in relation to housing and health and education?

There should be a range of options for support for different groups who are homeless.

We feel that further analysis of the evidence around Housing First, a new approach to homelessness, and how it operates, should be undertaken.

Section 7: Housing and Community Regeneration

Q.22. Do you agree with our on our assessment of the importance of community regeneration?

NHS Health Scotland agrees with the Commission's assessment of the importance of community regeneration.

Housing quality, as part of the wider environment influences, is a contributory factor for health inequalities. Improving the quality of housing for all in particular people on low incomes who tend to reside in poor quality housing is likely to help with preventing health inequalities. As you point out housing is also likely to help with regenerating neighbourhoods and communities, which will also assist with reducing health inequalities. Reducing health inequalities benefits the whole of society

Community regeneration should focus on place and person.

Q.23. Do you agree with our brief assessment of current policy on community regeneration?

We agree with your brief assessment of current policy on community regeneration.

However would like to note that the Place Standard, which the Scottish Government is actively supporting and is currently being developed, is about improving or regenerating existing neighbourhoods as well as new developments. The [Place Standard's](#) purpose is "to support the delivery of the high quality places in Scotland and to maximise the potential of the physical and social environment in supporting health, wellbeing and a high quality place" Scottish Government Architecture and Place are working in partnership with NHS Health Scotland and Architecture and Design Scotland to develop the place standard.

We felt that the focus on housing development appears to prioritise profit over the wider social wellbeing. For example the affordable housing is quite often built on the less desirable pieces of land or land that is leftover and often of poor quality and the expensive developments/houses are built on the more desirable pieces of land. This brings revenue to local authorities and developers, but appears to put profit ahead of the wider social benefit to communities and wider society. One suggestion would be to have a mix of tenures on a development so that people on low incomes as well as higher incomes could benefit from the development, particularly developments built on a more desirable piece of land. However further analysis of the evidence of what works with regards to mix tenures is required.



Q.24. Do you agree with our suggestions for further action in the area of community regeneration?

NHS Health Scotland agrees with the Commission's suggestions for further action in the area of community regeneration.

Q.25. Do you have other suggestions which we have not mentioned in relation to community regeneration?

We feel that Scotland should be building on good practice undertaken by housing associations around the "wider role" and supporting them to carry on this good work.

Private and social landlords and tied housing should be fined more heavily to maintain properties at a certain quality level.

Section 8: Do we need a more robust private rented sector?

Q.26. Do you agree with our views on the need for a more effective private rented sector which can make a greater contribution to meeting housing needs?

NHS Health Scotland agree with the Commission's views on the need for a more effective private rented sector which can make a greater contribution to meeting housing needs.

Renting in Scotland is still seen a bad thing to do compared to other European countries.



Commission on Housing & Wellbeing

Q.27. Do you agree with our brief assessment of current policy on the private rented sector?

We agree with your brief assessment of current policy on the private rented sector, but feel that more recognisance of the new Housing (Scotland) Act 2014 should be reflected in this section.

Q.28. Do you agree with our suggestions for further action in the private rented sector?

We agree with your suggestions for further action in the private rented sector.

Q.29. Do you have other suggestions which we have not mentioned in relation to the private rented sector?

We feel that there needs to a cultural change with regards to private renting because renting it still seen as a bad thing to do compared to buying your own home when compared to other European countries.

The focus should be on housing being seen as somewhere to live rather than an investment.

There should be more monitoring of the private rented sector in particular at a local level.

Private landlords should be fined more heavily to maintain properties at a certain quality level.



Commission on Housing & Wellbeing

Do you have any further comments in relation to the Commission on Housing and Wellbeing's consultation paper?

Tied housing is an important issue, especially in rural areas, which has not been discussed at all in this consultation.

We should be building housing that lasts and is of social and environmental benefits.

NHS Health Scotland felt that the consultation was clear, well-structured and was written in plain English. In general it covered all the main aspects of housing and wellbeing.