WEST LOTHIAN COUNCIL LDP2 EVIDENCE REPORT

BACKGROUND PAPER

Health and Wellbeing in West Lothian

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Contents

Section 1: Introduction

This report brings together important information about health and West Lothian. This aims to support planning colleagues in their fulfilment of *Town and Country Planning (Scotland) (Act) 1997, as amended: Section 15(5) and NPF4 LDP Requirements*.

Details of the current and predicted size, composition and distribution of the population of West Lothian are outlined in the attached appendix.

Section 2 outlines the important health challenges facing West Lothian focusing on life expectancy and the causes of early and preventable deaths such as cardiovascular disease, cancer, respiratory conditions, Alzheimer's and health harming substances e.g. cigarettes, alcohol and drugs. Mental health and well-being, suicide and trends in prescription drug use related to mental health conditions are then considered.

It is noted that other authors who have more expertise in health service provision will submit separately to the planning team data outlining the health care facilities infrastructure of the district, how that infrastructure is used & what will be needed in the area, including potential for co-location of complementary services, in partnership with Health Boards and Health and Social Care Partners

Social determinants of health and health inequalities

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Section 2 of this report highlights important unjust and avoidable differences in people's health across the West Lothian and between specific population groups[1].

These differences are termed health inequalities. They arise from systematic differences in the social conditions in which people are born, grow, live, work and age[2] and the systems around them which shape daily life. Differing experience of the building blocks of health shown in Figure 1 have a sizeable and direct impact on health (Figure 2). Indeed, without them, as Maslow's hierarchy shows us, people are unable to thrive and reach their full potential.

Furthermore, it is critical to appreciate that these building blocks of health also have an indirect effect as many lifestyle factors such as unhealthy behaviours are often a result of a lack of choice and control, for example being unable to access a healthy diet due to cost and lack of transport, or inability to be active due to not feeling safe where you live, the cost of taking part in activities or poor mental health. Substance misuse is often a maladaptive stress coping strategy rather than a lifestyle 'choice'[3]. Similarly, factors such as transport, income and working conditions can influence people's ability access to healthcare in particular preventive measures such as dental check-ups and screening programmes thereby affecting their long-term health and ability to stay well[4].

[1] World Health Organisation, 2018. Health inequities and their causes (who.int)
[2] What are health inequalities? - Health inequalities - Public Health Scotland)
[3] Wadsworth ME. Development of Maladaptive Coping: A Functional Adaptation to Chronic, Uncontrollable Stress. Child Dev Perspect. 2015 Jun 1;9(2):96-100. doi: 10.1111/cdep.12112. PMID: 26019717; PMCID: PMC4442090.).
[4] Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote social.)

Figure 1. The building blocks of health[5].

Figure 2. Contribution of different factors to overall Health[6].

[5] Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote Social Determinants of Health - Sustainability | UCLA Health

[6] Social Determinants of Health - Sustainability | UCLA Health

Figure 3 Maslow's Hierarchy of Need[7]

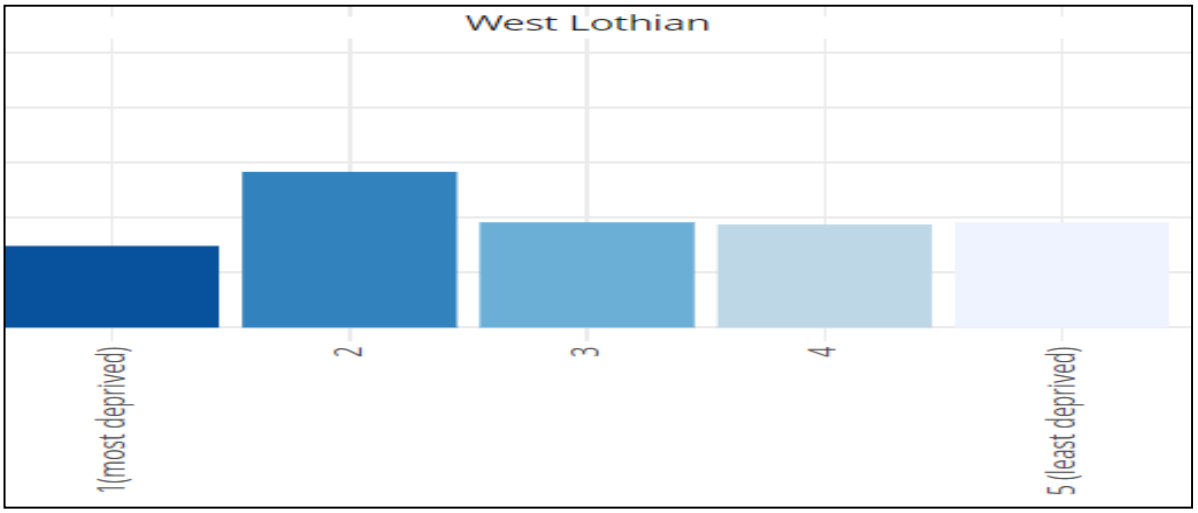
[7] Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396. https://doi.org/10.1037/h0054346

Inequalities associated with deprivation.

The key finding of section 2 is that people living in less affluent areas are much more likely to have a lower life expectancy and experience a range worse health outcomes than those residing in areas of affluence[8].

In West Lothian 14.8% of residents are living in SMID quintile 1, 28.3% in quintile 2 and 19.1% of in quintile 3. This SMID metric (Scottish Index of Multiple Deprivation) is a relative measure of deprivation across small areas called data zones. Lower quintile numbers reflect an area has been identified as having fewer resources or opportunities in relation to the seven domains of income, health, employment, education, access to services, crime and housing[9]. Therefore, in West Lothian a sizeable proportion of the population are living in areas of higher deprivation.

Figure 4. SIMD Breakdown in West Lothian[10].



Inequalities associated with age.

Many health conditions become more prevalent as age increases and given population predictions around an increasing number of older adults this is likely to result in a marked increase in the number of people living with chronic diseases such as cardiovascular, respiratory, musculoskeletal

[8] https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/06/scotlands-public-health-priorities/documents/00536757-pdf/00536757-pdf/govscot%3Adocument/00536757.pdf)

[9] Scottish Index of Multiple Deprivation 2020 - gov.scot (www.gov.scot)

[10] Scottish Government (2020) Scottish index of multiple deprivation. Footnote to add: Scottish Government (2020) Scottish index of multiple deprivation.

and metabolic conditions e.g. diabetes. More specifically, Alzheimer's which predominantly affects older adults is an increasingly important cause of death. Moreover, those living with Alzheimer's require housing, communities, places and health services that support them to live safely with this condition.

Inequalities associated with gender.

Inequalities associated with gender vary by condition. Women in West Lothian have a higher life expectancy than men, but notably healthy life expectancy is similar for both at 61 years reflecting that on average women in West Lothian spend longer in ill health than their male counterparts. Indeed, the longer life expectancy of women may explain the higher rates of Alzheimer's in this group as this condition typically becomes more prevalent with age.

Mirroring national and global trends, so-called deaths of despair (deaths associated with mental health conditions, drugs or alcohol) tend to be more common amongst men in West Lothian than women[11]. However, rates of self-reported anxiety are higher in women and both genders have a similar prevalence of reported loneliness.

Inequalities associated with disability and ethnicity.

Deprivation is not the only contributor to poor health. Unfortunately, data on how health conditions vary based on disability and ethnicity is often not available. At an overall West Lothian level, we know that 33% (27 – 39.4%) have limiting long-term conditions. A further 12% have non-limiting long-term conditions. Whilst 14% (8.2 – 19%) Provide any regular help or care for any sick, disabled or frail person[12]. Social Security Scotland recorded a caseload of 9,290 individuals across West Lothian with total payments amounting to £37,950,740 for adult disability allowance (April 2024)[13]. Scottish wide figures indicate that mental and behavioural disorders followed by disease of musculoskeletal system and connective tissue are the top two conditions that individuals receive adult disability allowance[14]. In June 2024, Social Security Scotland recorded for children's disability allowance a West Lothian caseload of 3,725 with a total payment amounting to £32,027.560. Scottish wide figures indicate that mental and behavioural disorders are the top conditions that individuals receive child disability allowance[15].

Opportunities for sustaining health at place

The final section focuses upon the elements of place that influence health and well-being outcomes, highlighting 3 important approaches around how we use land that can minimise inequalities and promote health.

[11] Allik, M., Brown, D., Dundas, R. *et al.* Deaths of despair: cause-specific mortality and socioeconomic inequalities in cause-specific mortality among young men in Scotland. *Int J Equity Health* **19**, 215 (2020). https://doi.org/10.1186/s12939-020-01329-7)

[12] Limiting long-term health conditions and illness - ScotPHO)

[13] Social Security Scotland, 2024 https://www.socialsecurity.gov.scot/reporting/publications/adult-disability-payment-high-level-statistics-to-30-april-2024.)

[14] Social Security Scotland, 2024 https://www.socialsecurity.gov.scot/reporting/publications/adult-disability-payment-high-level-statistics-to-30-april-2024.

[15] Social Security Scotland, 2024 https://www.socialsecurity.gov.scot/reporting/publications/adult-disability-payment-high-level-statistics-to-30-april-2024) .

Figure 5. Place and Wellbeing Outcomes[16].

- Stewardship – a perceived sense of influence and control over one's life has important health benefits for individuals and communities. Therefore, active engagement and coproduction with communities about how land in the area can be used to create a health promoting space could have a profound and positive impact upon health.

- Resources – child poverty is a persistent and profound factor undermining the health and well-being of children and families in West Lothian. Ensuring citizens have access to safe, appropriate, affordable housing as well as working with partners to support access to well-paid quality work would create a vital foundation for health.

- Movement, spaces & civic elements in relation to the obesogenic environment - as discussed above, maintaining a healthy weight and diet is rarely a simple "lifestyle choice" for individuals.

[16] :Place and Wellbeing Outcomes | Improvement Service

Instead, consistent global, national and local evidence tells us that it is much more effective to create environments that support people to make the healthy choice.

- This includes using our licensing tools to increase the affordability and availability and of health supporting substances (e.g. fruits and vegetables) whilst decreasing affordability and accessibility for health harming substances such as alcohol, tobacco, illegal drugs and high-fat/sugar/ salt foods.

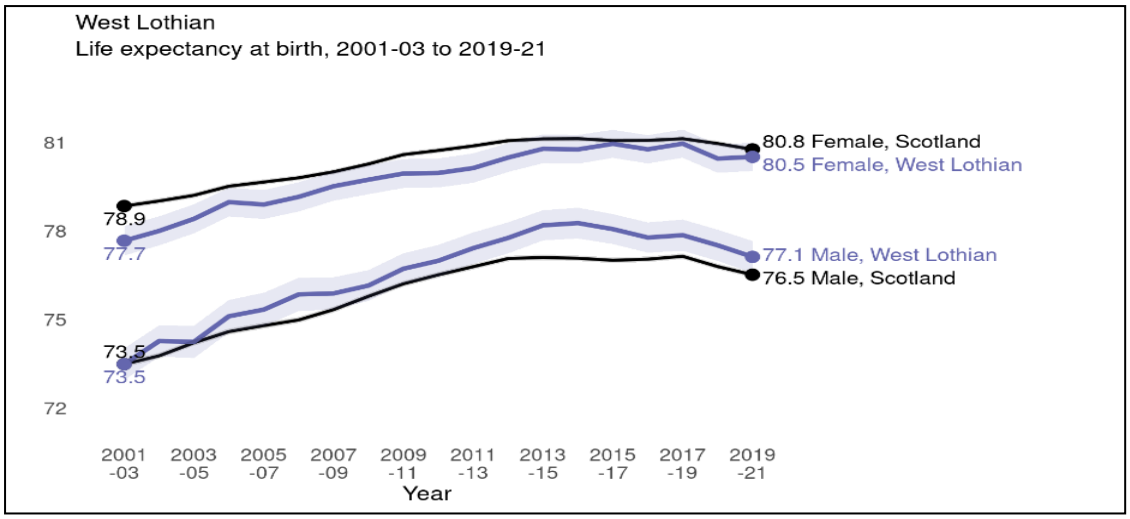
- Similarly, using levers of spatial planning to create safe, attractive spaces could support creation of environments that promote active travel, physical activity and importantly safe play for children.

Section 2: mortality and morbidity inequalities in West Lothian

2.1 Life Expectancy at birth

Life expectancy has increased in Scotland, and West Lothian has followed a very similar trend. In West Lothian, life expectancy at birth was higher for females (80.5 years) than for males (77.1 years) in 2019-21. Male life expectancy at birth has increased more rapidly than female life expectancy at birth between 2001-03 and 2019-21. In West Lothian, female life expectancy at birth is very slightly lower than Scotland and male life expectancy at birth is slightly higher than the Scotland level.

Figure 6. West Lothian life expectancy at birth. Source: National Records of Scotland (2021) Life Expectancy in Scotland.



2.2 Life Expectancy in relation to gender and deprivation

It is clear from the data that despite a rise in life expectancy, there are clear deprivation and gender inequalities with people (particularly men) experiencing shorter life expectancy than females, particularly in SIMD quintiles 1 and 2. Male life expectancy ranges from 85 years in Linlithgow north to only 73 in Dedridge, highlighting a gap of 13 years. For females, 87 years in Linlithgow South to 76 years in Blackburn highlighting a gap of 11 years.

Figure 7. Male Life Expectancy by SIMD. Source: National Records of Scotland (2021) Life Expectancy in Scotland.

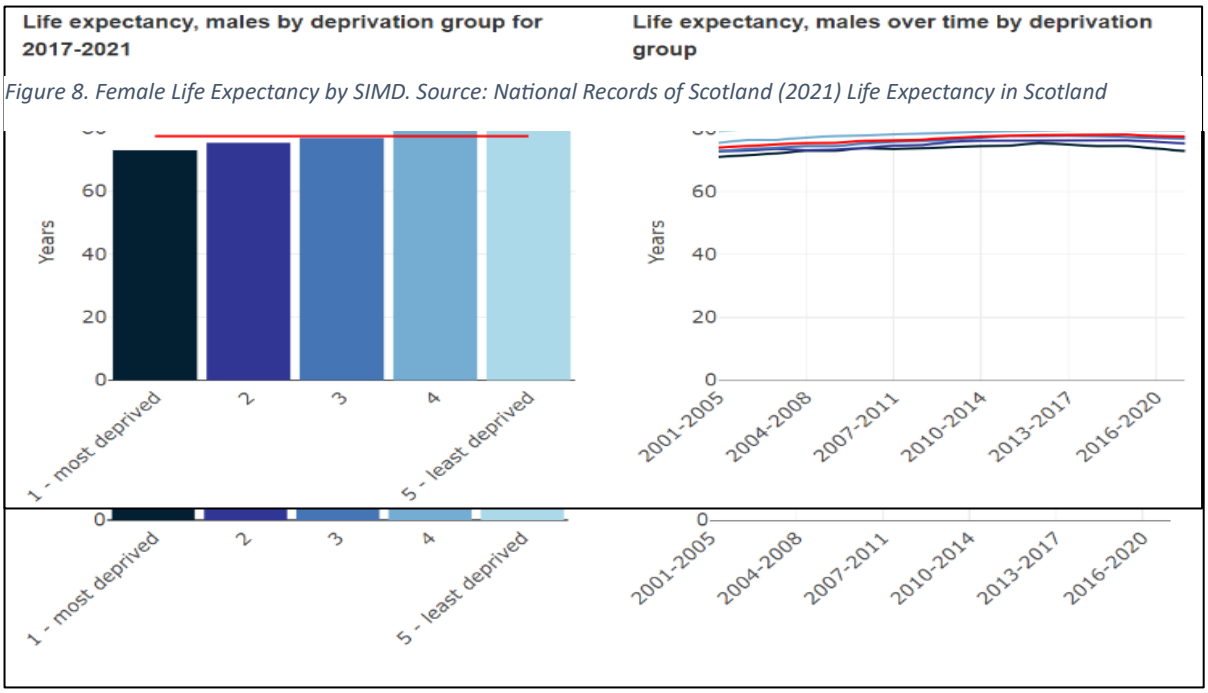
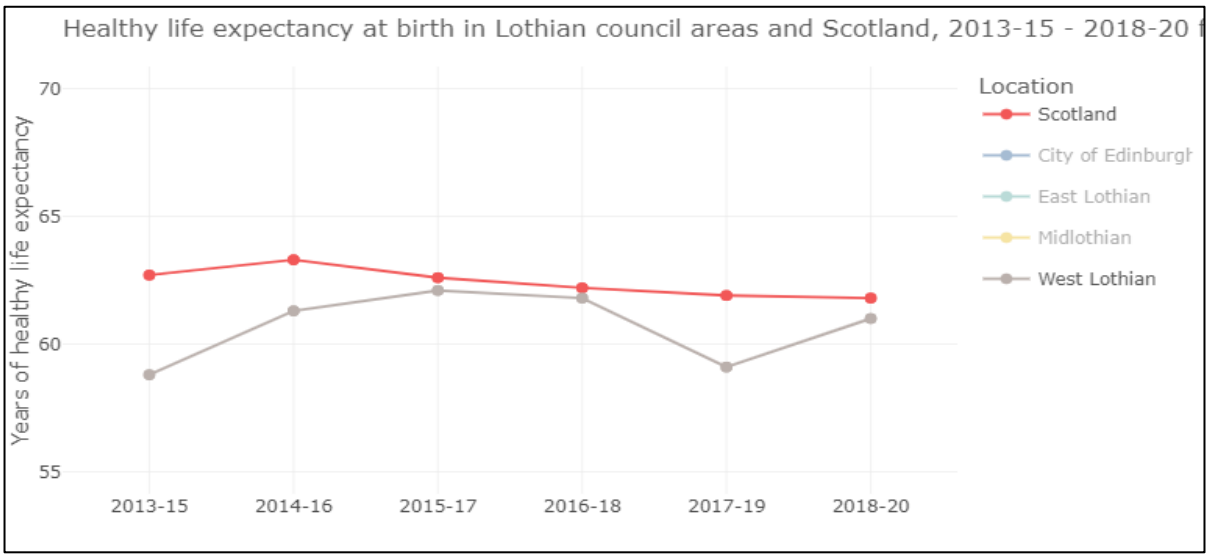


Figure 8. Female Life Expectancy by SIMD. Source: National Records of Scotland (2021) Life Expectancy in Scotland

2.3 Healthy Life Expectancy

Healthy life expectancy at birth is an estimate of the number of years that someone born in the reference year and locality can expect to spend in 'good' or 'very good' health. The measure combines data for each locality and time period on (i) age-specific mortality rates, and (ii) responses to the Annual Population Survey question 'How is your health in general; would you say it was: Very good; Good; Fair; Bad; Very bad?'

Figure 9. Healthy life expectancy at birth in Lothian Council areas. Source: ScotPHO 2023.



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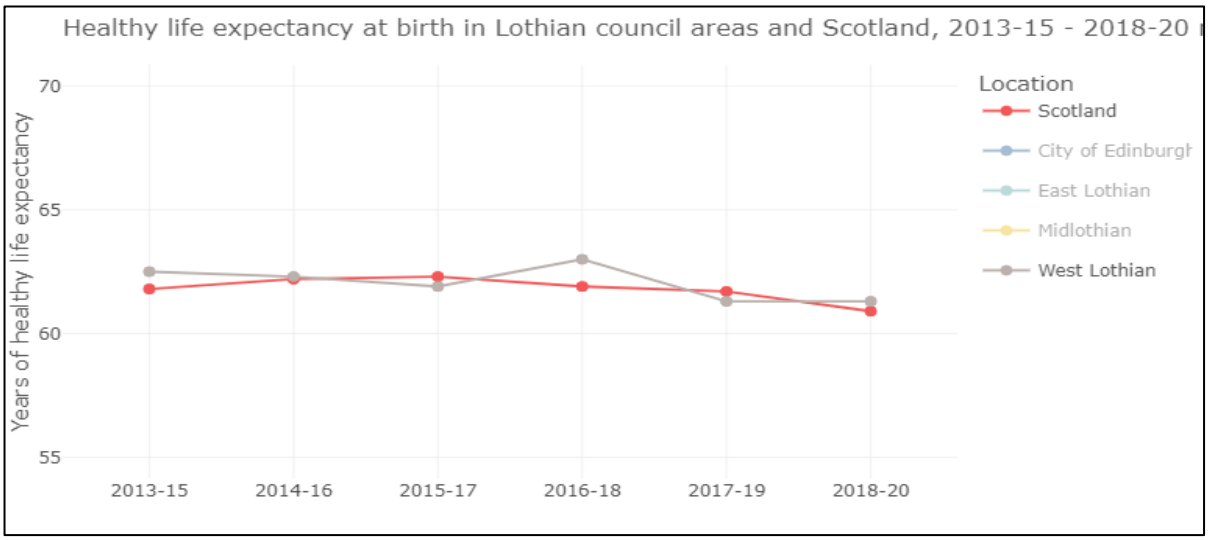
2.4 Healthy Life expectancy in relation to gender

Female healthy life expectancy is 61 years for West Lothian and 61.8 for Scotland. This is an increase from 2017-19 for West Lothian where it dipped to 51.9 years and an increase generally from 2023-15 where it was at 58.8 years.

Figure 10. Healthy life expectancy at birth in Lothian council areas and Scotland, 2013-15 – 2018-20



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Male life expectancy has remained fairly consistent since 2023-15 and sits slightly above the Scottish average at 61.3 for West Lothian, 60.9 for Scotland.

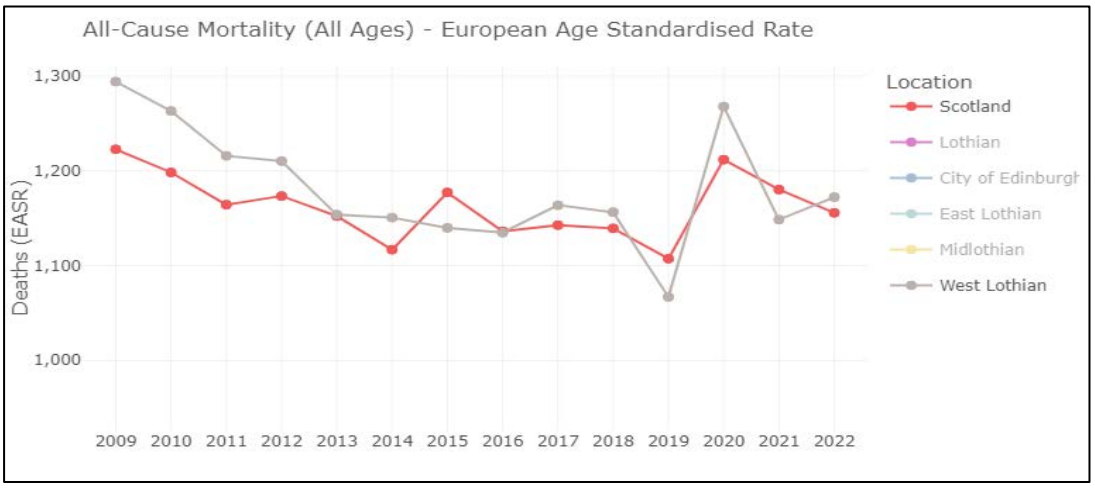
2.5 Mortality Rates in West Lothian

Mirroring the national picture, the all-cause mortality rate in Lothian had seen reductions in the 13 years after 2006. This downward trend was interrupted by a spike in mortality in 2020 across Lothian's constituent areas. This reflects the direct and indirect impacts of the COVID-19 pandemic and was

particularly the case in West Lothian which saw its all-cause mortality rate increase by nearly 20% between 2019 and 2020, potentially reflecting a larger proportion of socioeconomic deprivation in this local authority area.

The following data shows numbers, EASR (European Age Standardised Rate) and the crude rate per 100,000 in West Lothian and Scotland. The data is taken from deaths registered in NHS Lothian (by year of registration) and uses mid-year population estimates from National Records of Scotland.

Figure 11: All-Cause Mortality (All Ages) – in Lothian council areas and Scotland



Self-reported data from the Lothian health Survey (2023) showed that people in West Lothian reported their general health out of Very bad, bad, fair, good, very good as follows:

Table 1: West Lothian Self-reported date on Health Status

Health Status	West Lothian	Female	Male	SIMD 1	SIMD 2	SIMD 3	SIMD 4	SIMD 5
Very bad	2.2	2.1	2.4	3.9	3.1	1.9	1.6	1
Bad	8.8	7.9	9.8	12.7	11.7	8.7	7.9	3.4
Fair	35	34.6	35.3	39.1	38.7	34.4	33.6	29.2
Good	38.4	39.1	37.7	33	33.1	39.4	40.6	46
Very Good	15.6	16.2	14.8	11.3	13.4	15.6	16.3	20.5

Source: Lothian health Survey (2023)

Females are self-reporting a more positive health status then males and there is a clear inequality gradient from SIMD 1 to 5 in each of the categories with more people in SIMD 1 and 2 reporting very bad, bad, and fair health status less people in SIMD 1 and 2 reporting good or very good health status.

2.6 Causes of Early Death

The leading causes of death in Scotland include[17] [18]

- Cancer
- Heart disease
- Stroke
- Dementia and Alzheimer's disease

The below graphs also indicate the increasing importance of respiratory conditions in changes in life expectancy amongst males and females between 2017 – 2019 and 2019 – 2021.

Figure 12: Life expectancy change from 2017-2019 to 2019-2021 by cause. Males.

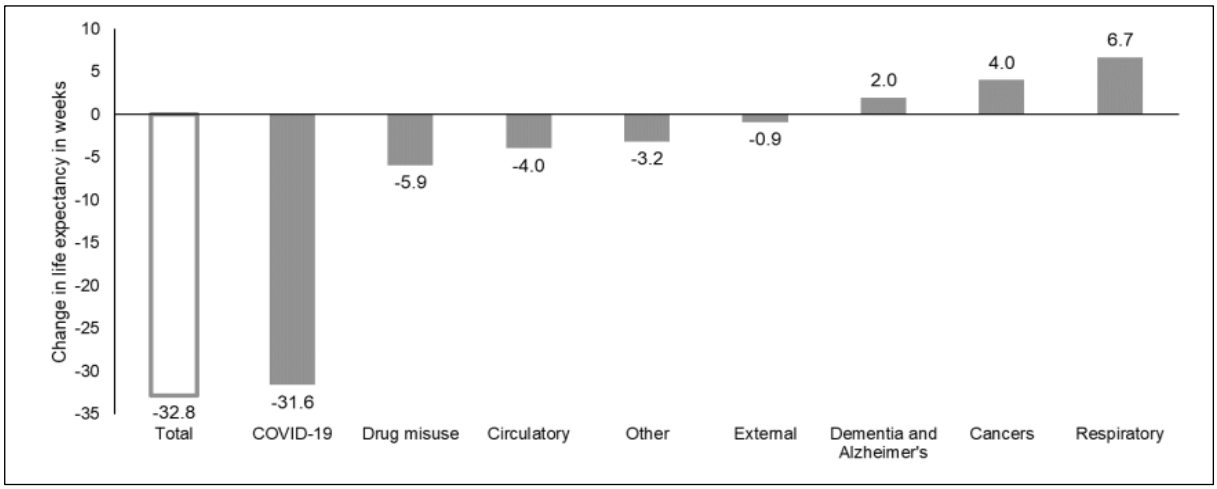


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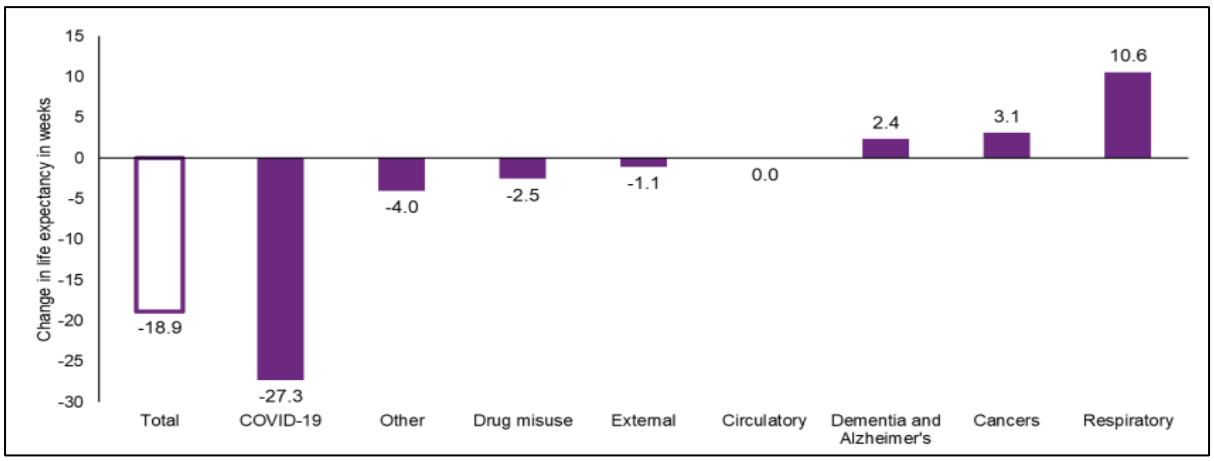
Figure 13: Life expectancy change from 2017-2019 to 2019-2021 by cause. Females.



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[17] Most frequent causes - ScotPHO

[18] Monthly Mortality Analysis, Scotland December 2023, Report (nrscotland.gov.uk)

Many of the risk factors development & worsening of these conditions relate to modifiable factors, such as lack of physical activity, smoking, alcohol use and a diet high in fats, sugar, and salt19 and air pollution. Similarly, high blood pressure, high cholesterol and diabetes can also increase the risk of many of these conditions yet are amenable to early intervention and prevention[20][21][22][23].

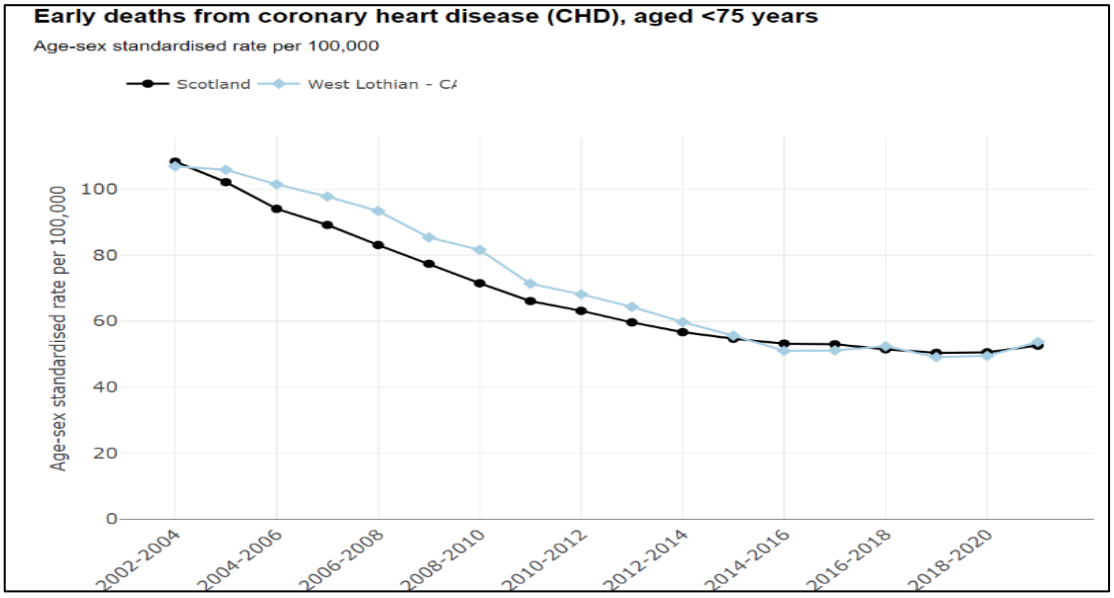
Therefore, the following section considers the impact of these diseases on the health of West Lothian populations.

2.7 Early Deaths from Cardiovascular Disease (<75 years)

Despite West Lothian being similar to the Scottish average, the higher the deprivation levels the higher the number of deaths from CHD. This is evident when you look at the data in relation to the East and West locality, East is below the Scottish average and the West is above the Scottish average.

More deprived areas have a 78% higher death rate that West Lothian as a whole and death rates in West Lothian would be 48% lower if the levels of the least deprived population were experienced across the whole population.

Figure 14: Early deaths from Coronary Heart Disease, (aged < 75 years), West Lothian and Scotland



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[19] High blood pressure (Hypertension) - BHF
[20] Research on high blood pressure - BHF
[21] High cholesterol research - BHF
[22] Diabetes research - BHF
[23] Our research on air pollution - BHF

Figure 15: Early deaths from coronary heart disease (CHD), aged <75 years: Council areas compared against Scotland 2019-2021

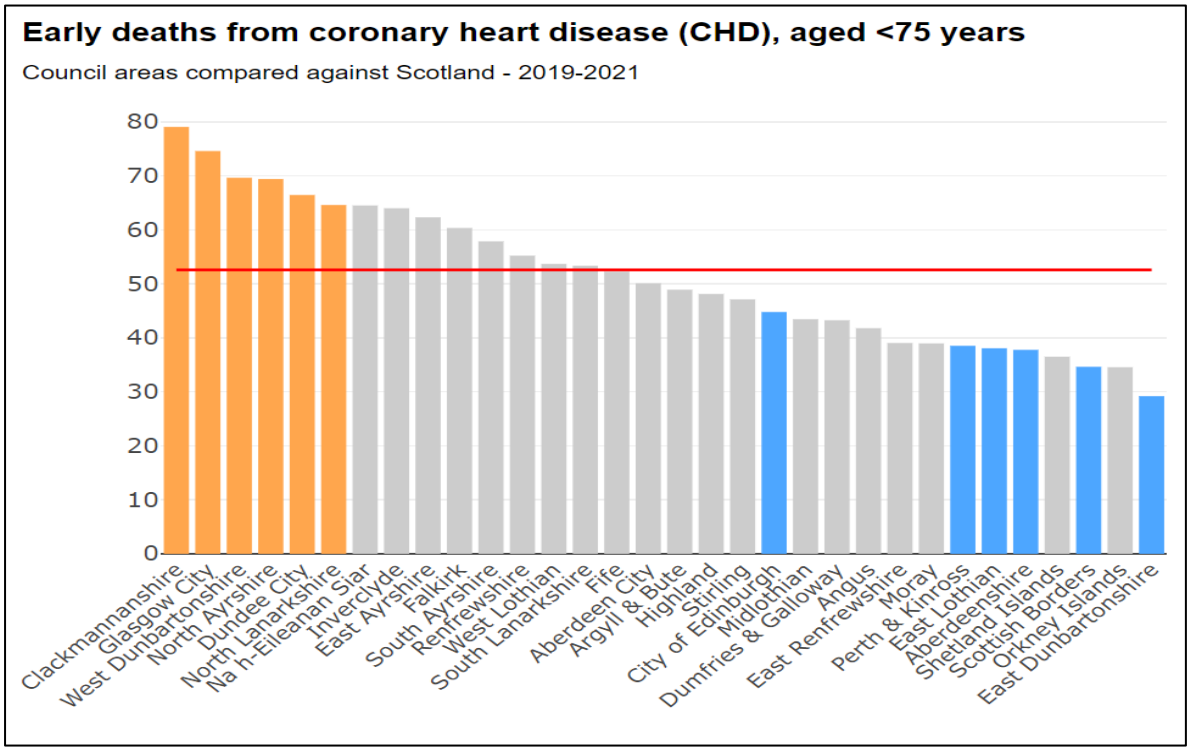

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Figure 16: Early deaths from coronary heart disease, aged <75 years: West Lothian intermediate zones compared against Scotland 2019-2021.

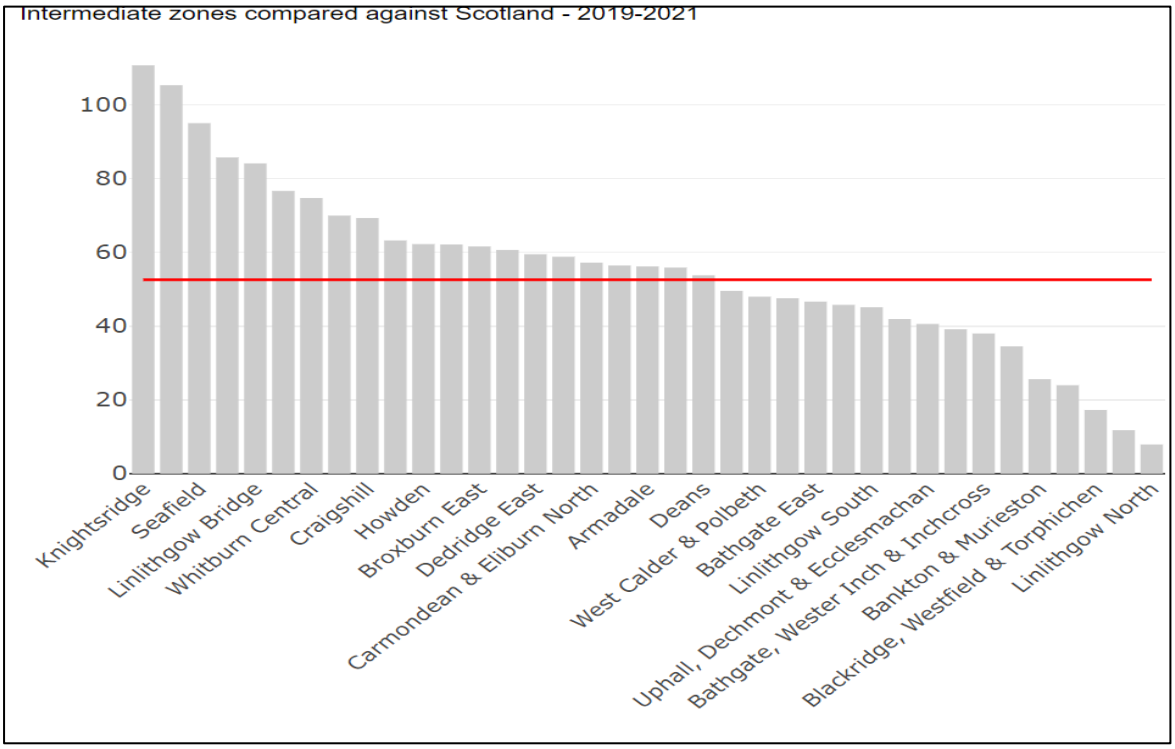

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Figure 17: Early deaths from coronary heart disease, aged <75 years: West Lothian HSC localities compared against Scotland.

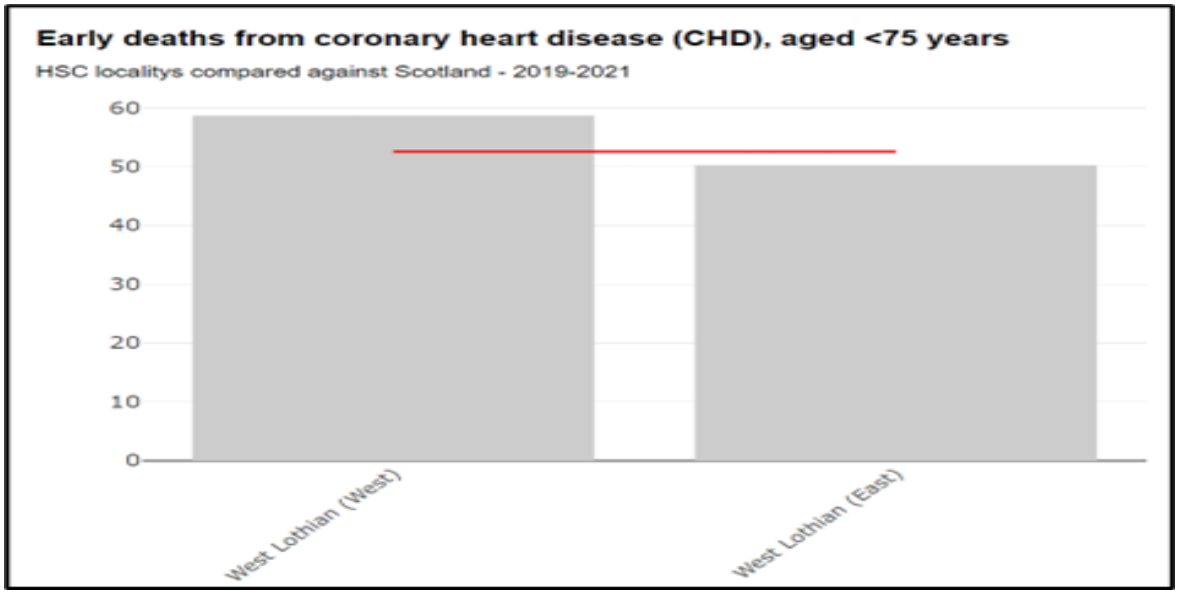

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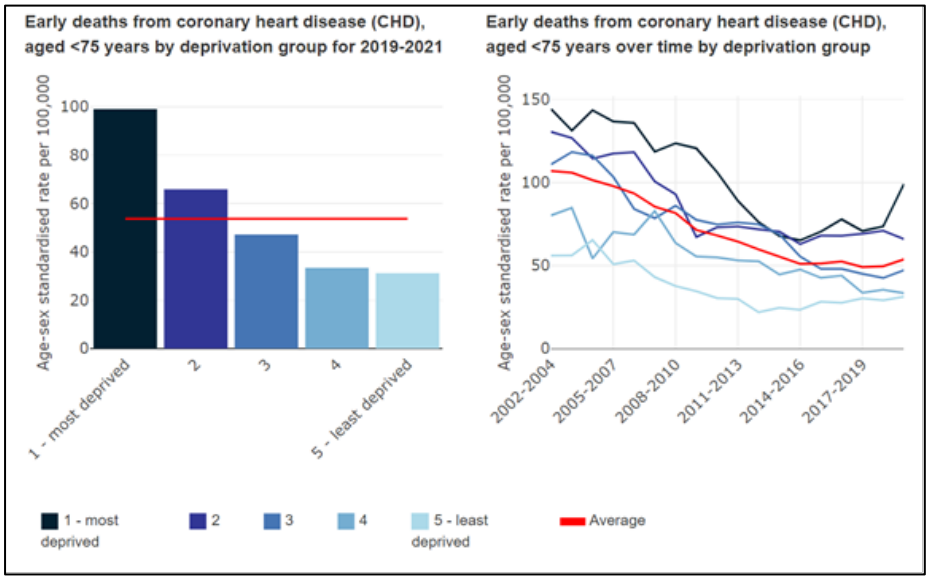
Figure 28: Early deaths from coronary heart disease aged >75 years by deprivation group and deprivation group over time 2019-2021



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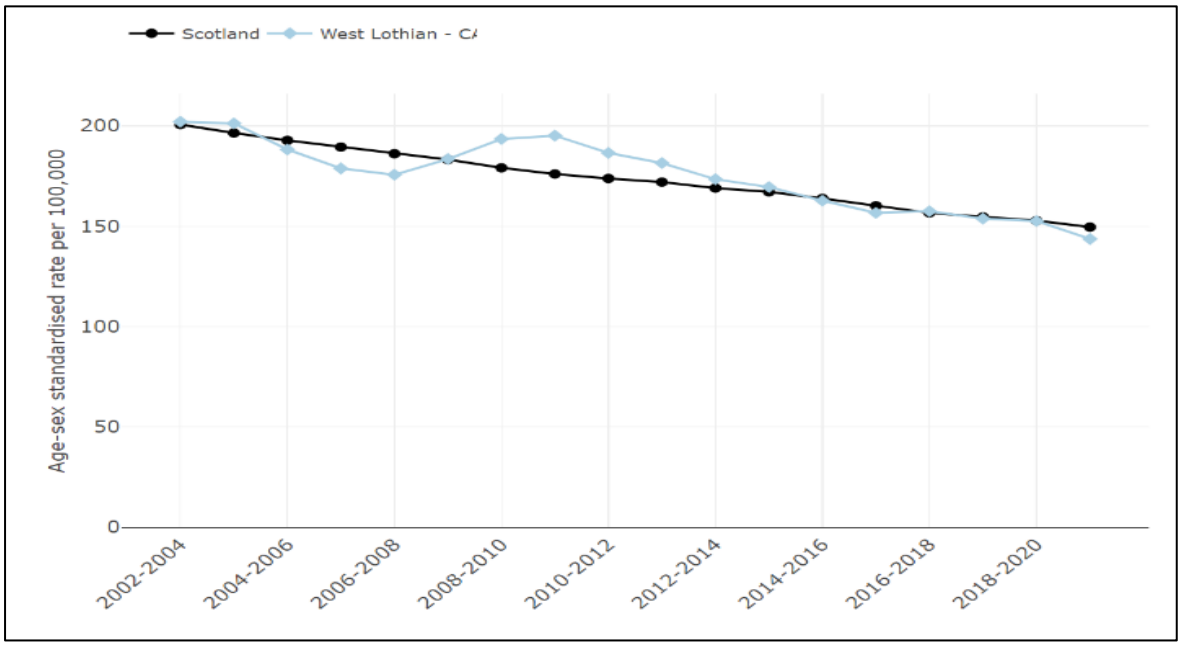
2.8 Early Deaths from Cancer (<75 years)

Not all cancers can be prevented, but research shows 4 out of 10 cancers can be prevented by lifestyle changes[24]. Different cancers have different risk factor but generally risk factors for most cancers are being overweight, eating an unhealthy diet with lack of fruit and vegetables, drinking alcohol, being inactive and not taking care of your skin in the sun[24].

[24] Can cancer be prevented? | How to reduce your risk of cancer (cancerresearchuk.org)

Cancers can also be detected early , West Lothian has a particularly low uptake of screening for breast and bowel cancers[25]
Whilst West Lothian has overall similar rates of cancer deaths to the Scottish average, there are significant inequalities, with some intermediate data zones being significantly higher than the Scottish average and again West locality being significantly higher than national figures.
Once again this is likely to be related to the pattern of increased rates of early death from cancer amongst areas of high deprivation compared to low deprivation.

Figure 39: Early deaths from cancer (>75 years): Scotland and West Lothian 2002-2020



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[25] ScotPHO profiles (shinyapps.io)

*Figure **20** Early deaths from cancer (>75 years): Scotland and Council areas 2019-2021*

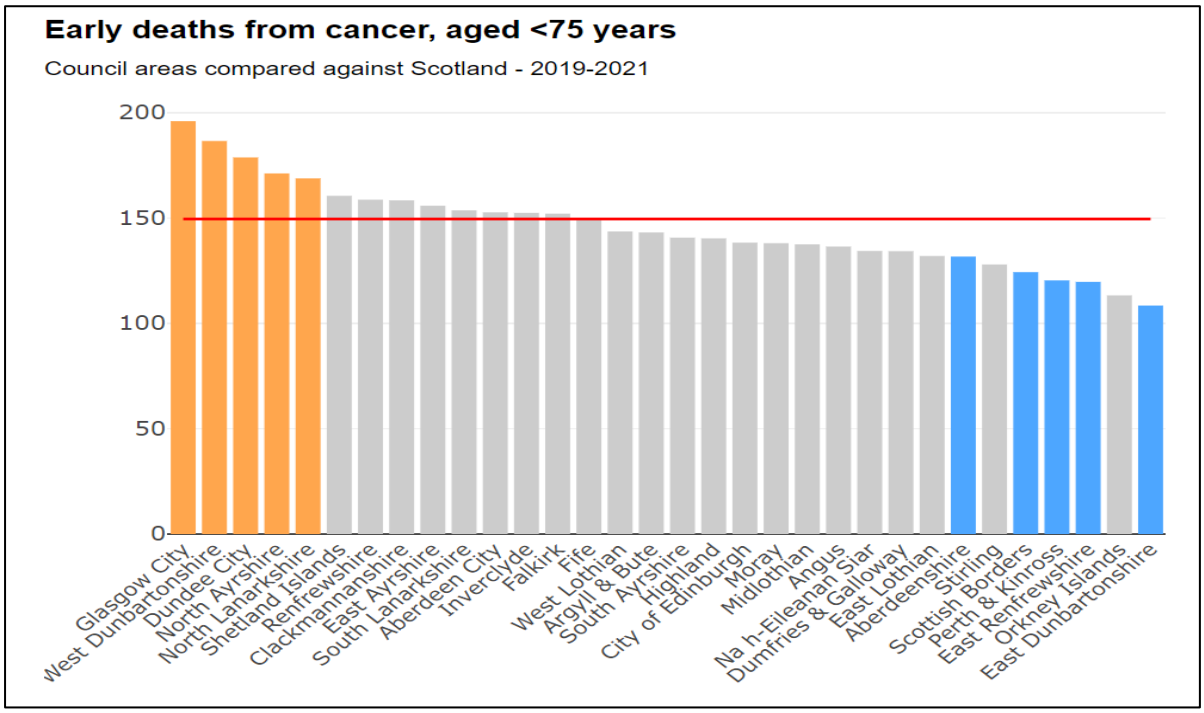

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Figure 4: Early deaths from cancer (>75 years): Intermediate Zones compared against Scotland 2019-2021

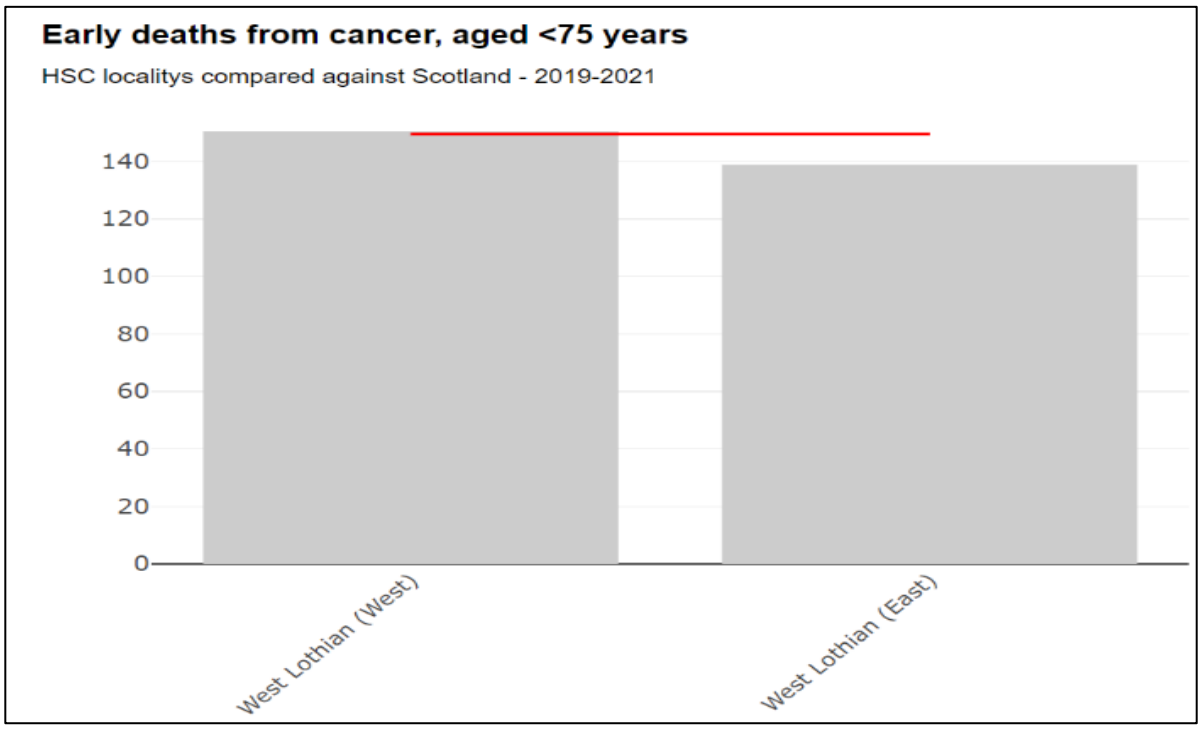

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Figure 22: Early Deaths from cancer < 75 by West Lothian intermediate zones compared to Scotland 2019-2021.

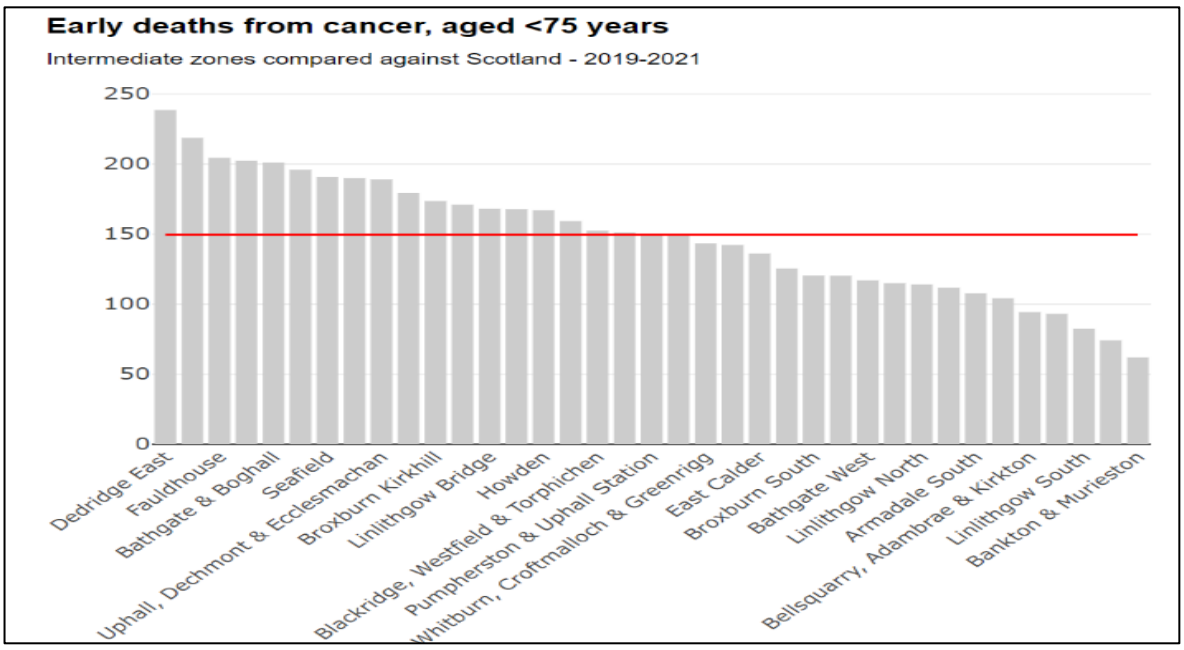

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Figure 23: Early deaths from cancer (>75 years) by deprivation group for 2019-21 & over time by deprivation group

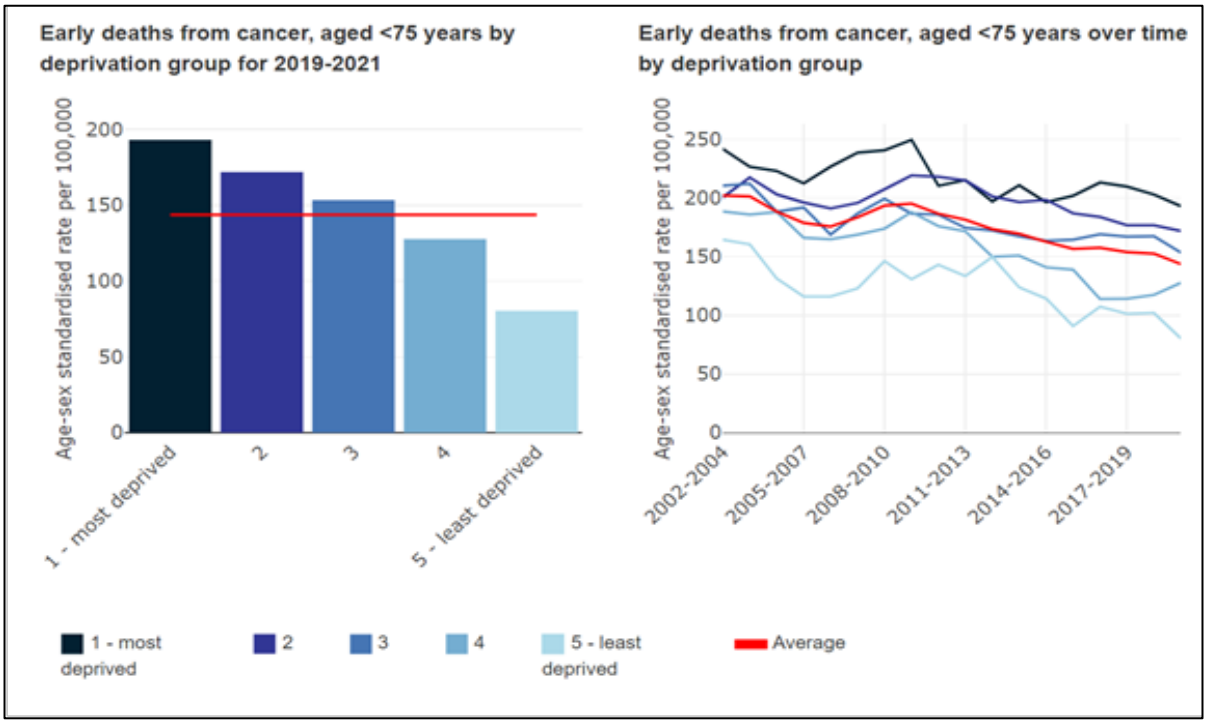

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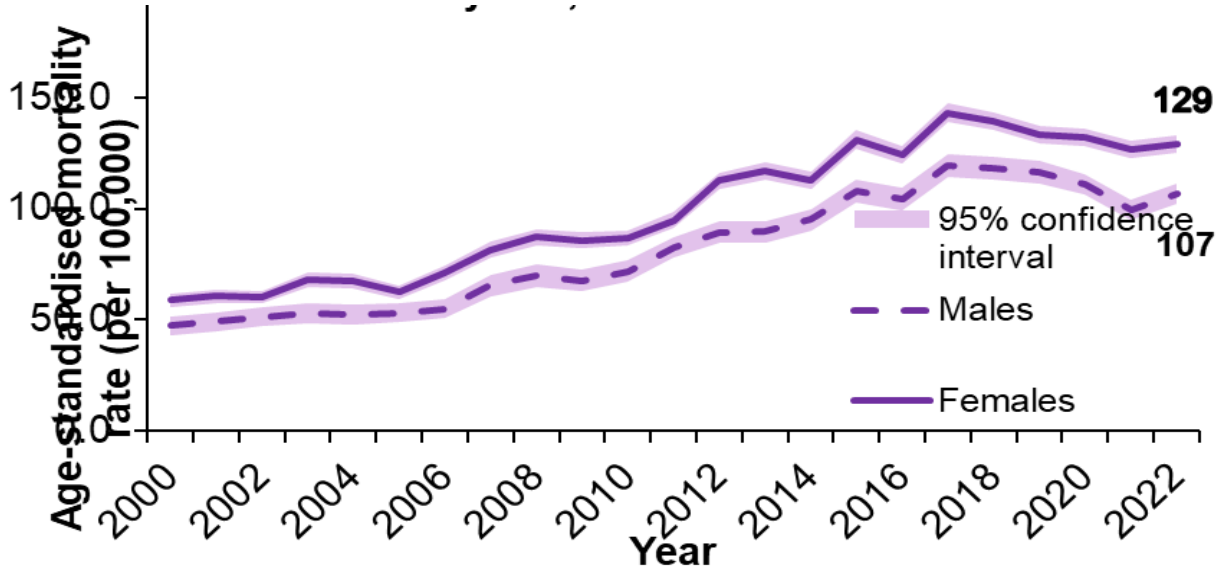
Figure 24 Deaths from Alzheimer's disease and other dementia deaths by sex, 2000 to 2022



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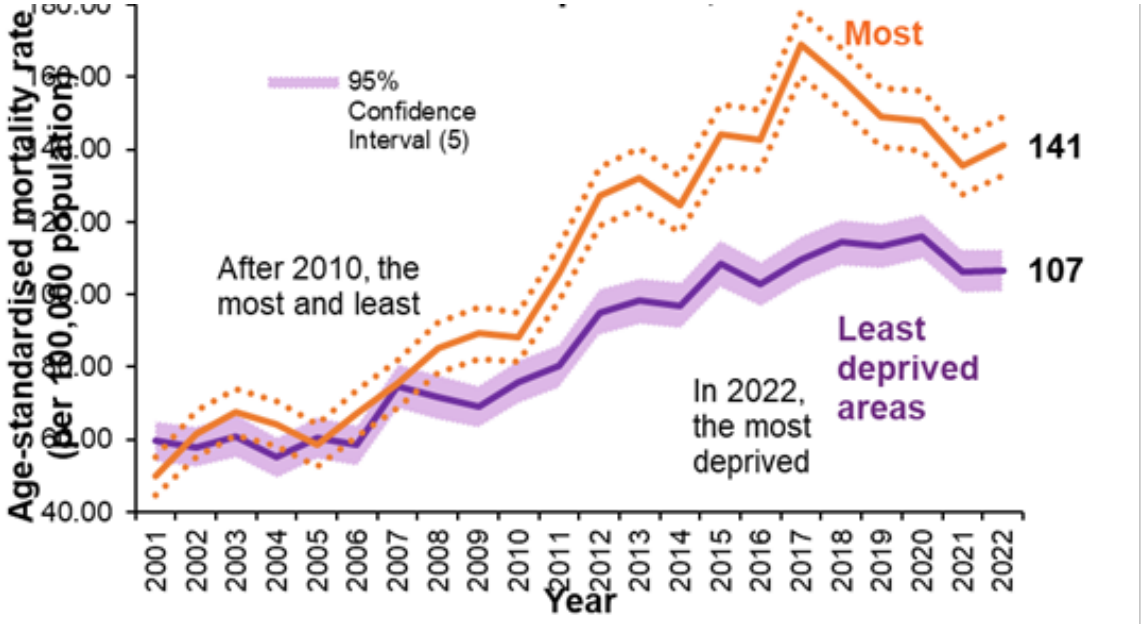
Deaths from Alzheimer's disease and other dementia deaths, in 2000- 2004 in Scotland, was 60.2, and West Lothian was slightly higher at 75.4 (age standardised mortality rates). This has increased over the years, with the 2018-22 data showing Scotland has risen to 124.6 and West Lothian still sitting above this at 127.4. Rates are higher in females than males, this could be due to females having a longer life expectancy and there is a clear deprivation gradient with more deaths in the most deprived areas.

Figure 25 Mortality rates from Alzheimer's and other dementias by SIMD quintiles 2001-2022.



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2.9 Deaths from respiratory disease

Figure 26 Chronic Obstructive Pulmonary Disease (COPD) Deaths

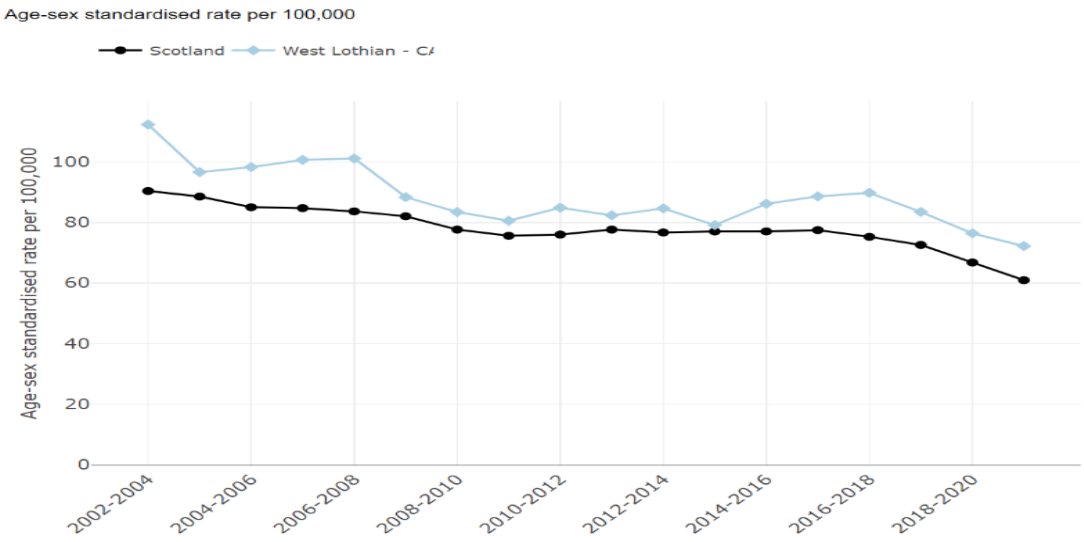

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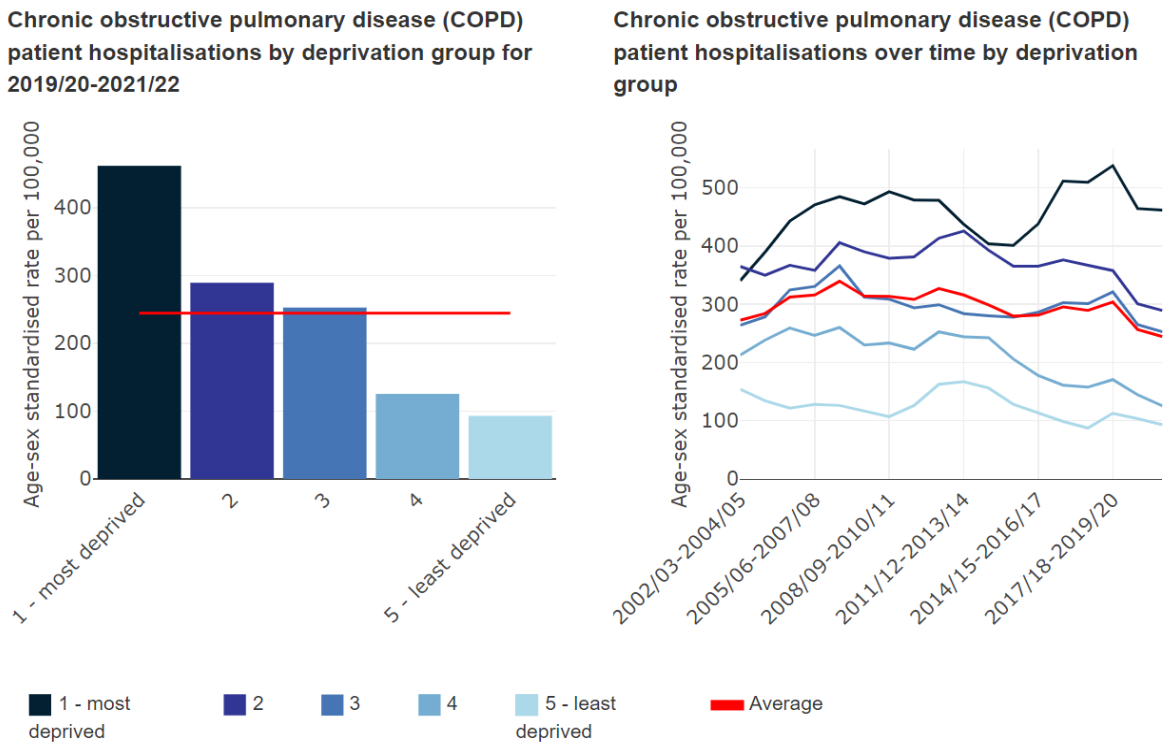
Figure27 Chronic obstructive pulmonary disease patients' hospitalisations by deprivation group



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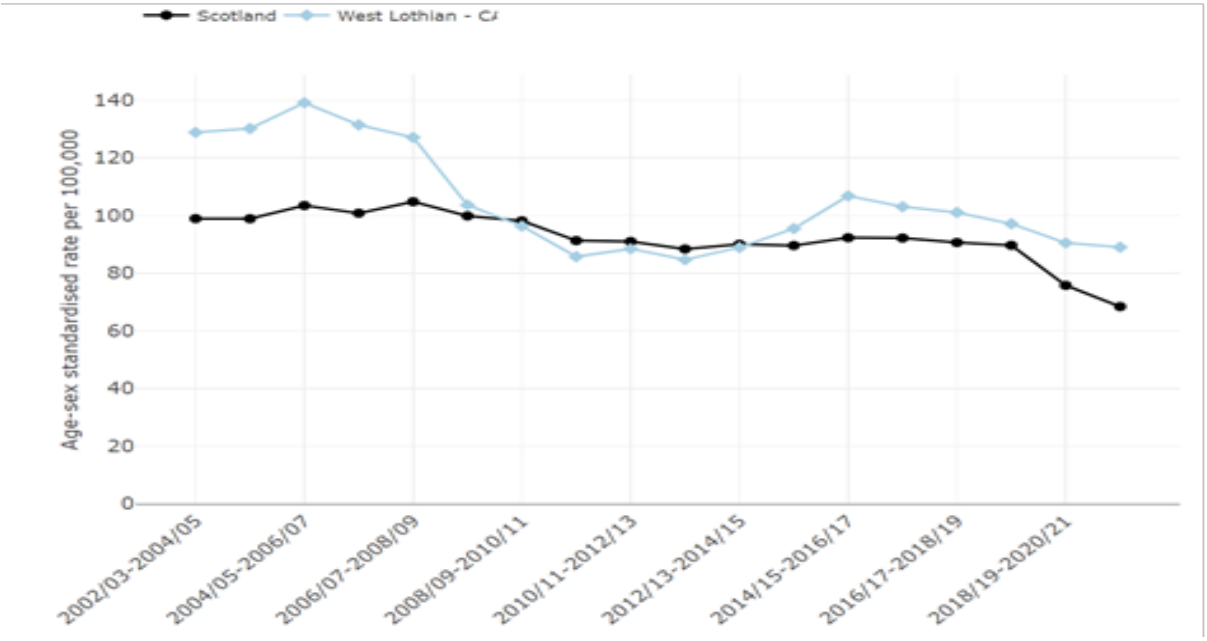
West Lothian is doing significantly worse than Scotland in relation to patient hospitalisation by COPD, the most deprived have a 91% higher number than the rest of West Lothian.

Similar patterns are seen for asthma. This is important as both asthma and COPD exacerbations and hospitalisations can be associated with peaks in the air pollution & damp within housing.

Figure 28 Asthma related hospitalisations admissions



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2.10 Harm caused by Substances

There is no safe way to smoke, no safe level of drinking alcohol or drug use. The number of people using substances, and the harm caused to both individuals, families and communities is preventable. The greatest preventable cause of harm experienced across Scotland is due to smoking and the large number of people drinking alcohol above the recommended guidelines per week on a regular basis[26] rather than addiction, dependency, or illegal drug use.

Despite significant progress over the last few decades in reducing prevalence, smoking remains the leading cause of preventable ill health and health inequalities. Smoking is highly patterned with deprivation and there is a steep gradient when you compare the prevalence r/ates from SIMD 1-5 quintiles, approximately 25% to 7%. There are approximately 22,500 adults who smoke in West Lothian. Extrapolating the national prevalence rates (Scottish Health Survey 2022) against the local population SIMD quintiles gives West Lothian an overall adult smoking prevalence of around 15%. This compares to Lothian overall also at 14% but significantly higher than the Edinburgh rate around 8%. This is expected given the socio-economic profile for West Lothian compared to Lothian and the other HSCPs in particular.

Despite historical low levels of smoking rates by young people, prevention activity remains a key action for many agencies working with young people across Scotland. The Scottish Government's Tobacco and Vaping Framework: A Roadmap to 2034 describes the activities around prevention and protection including a focus on smokefree spaces and places work which is key to continuing the de-normalisation of smoking in front of young people.

Alcohol

Alcohol use is the 5th leading cause of healthy years lost to life for men and the 22nd for women. Excessive alcohol consumption can have extensive consequences for individuals, family, communities, and the economy. The impact of this excessive consumption of alcohol was previously estimated to cost Scotland £3.6 billion each year, equivalent to an average of £900 for every adult in Scotland. In West Lothian, the total cost was £60.15 Million or £345 per person.

To reduce both deaths and harms caused by alcohol the World Health Organisation recommends implementing policy and strategies that address that address **acceptability, accessibility, and affordability.** This includes minimum unit pricing (MUP) which was introduced in 2018. The aim of MUP is "to reduce health harms caused by alcohol consumption. It aims to reduce both the consumption of alcohol at population level and amongst those who are already drinking at hazardous levels."[27] Following a review of the positive health impacts gained since 2018, including a reduction in alcohol consumption by 3% in the 3 years since implementation and an estimated reduction in hospital admissions by 4.1% (an equivalent to 411 fewer hospitalisations per year)[28] MUP will increase again in September 2025.

There has been good evidence for over a decade that increased alcohol outlet density is associated with harms to health[29]. Overprovision of alcohol creates harm by directly increasing opportunities for

[26] Public Health Priorities for Scotland (www.gov.scot)

[27] Executive Summary - Alcohol - minimum unit pricing - continuation and future pricing: interim business and regulatory impact assessment - gov.scot (www.gov.scot)

[28] 23 Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report (publichealthscotland.scot)

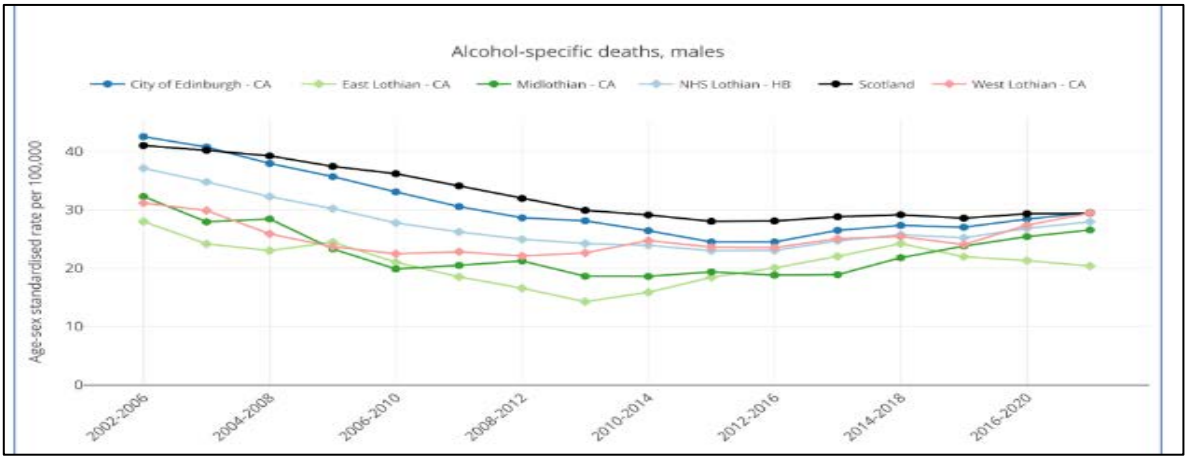
[29] Campbell C, Hahn R, Elder R et al. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. American Journal of Preventive Medicine 2009; 37(6):556–569.

purchases, and influences the perceived normality of alcohol consumption, including the exposure to children and young people. Overprovision also makes it more difficult for people to recover from alcohol dependence.[30] Specifically, within Scotland, researchers at the University of Edinburgh have found that alcohol related mortality and morbidity are significantly higher in neighbourhoods with a greater density of alcohol outlets[31].

In West Lothian, 21% of people drink above the chief medical officer's low risk guidelines (14% women and 28% of men). 21% at a harmful or hazardous level and 60% at a moderate level compared to Scottish averages of 24 and 61%, respectively.

36% of 13-year-olds and 65% of 15-year-olds in West Lothian have drunk alcohol. Alcohol consumption mean units per Scottish Index of Multiple Deprivation quintiles is higher in the most deprived areas, and the least deprived areas compared to the remaining quintiles in Scotland.

Figure 29 Alcohol specific deaths in males, 5 year rolling average per HSCP, health board and Scotland 2022-2020.



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Alcohol deaths

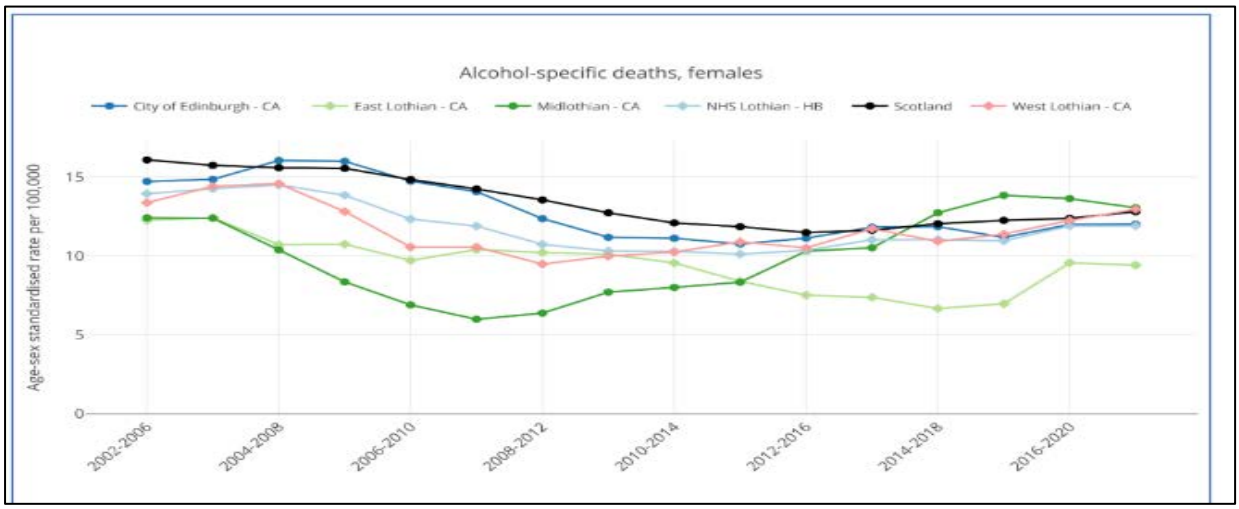
Alcohol Deaths continue to rise across the UK with Scotland recording the highest number (1276, 2022.)[32] There were 28 alcohol specific deaths in West Lothian in 2022 which was a reduction from 45 (2021) and 40 (2020). While it is positive to see a reduction in alcohol related deaths each of these deaths were preventable. Each premature death is a tragedy, for the individual as well as for their family, friends, and wider community. While deaths are the most extreme form of alcohol harm, these are likely to be accompanied by increases in other harms for example accidents, violence, unemployment, family and relationship breakdown, domestic abuse, child neglect and foetal alcohol spectrum disorder.

[30] 14 https://pubmed.ncbi.nlm.nih.gov/28886441/

[31] 5https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4415114/#:~:text=An%20IQR%20increase%20in%20off,%2C%2015%25%20higher%20mortality).

[32] Small increase in alcohol-specific death statistics | National Records of Scotland (nrscotland.gov.uk)

Figure 5 Alcohol specific deaths, females 5 year rolling average per HSCP area



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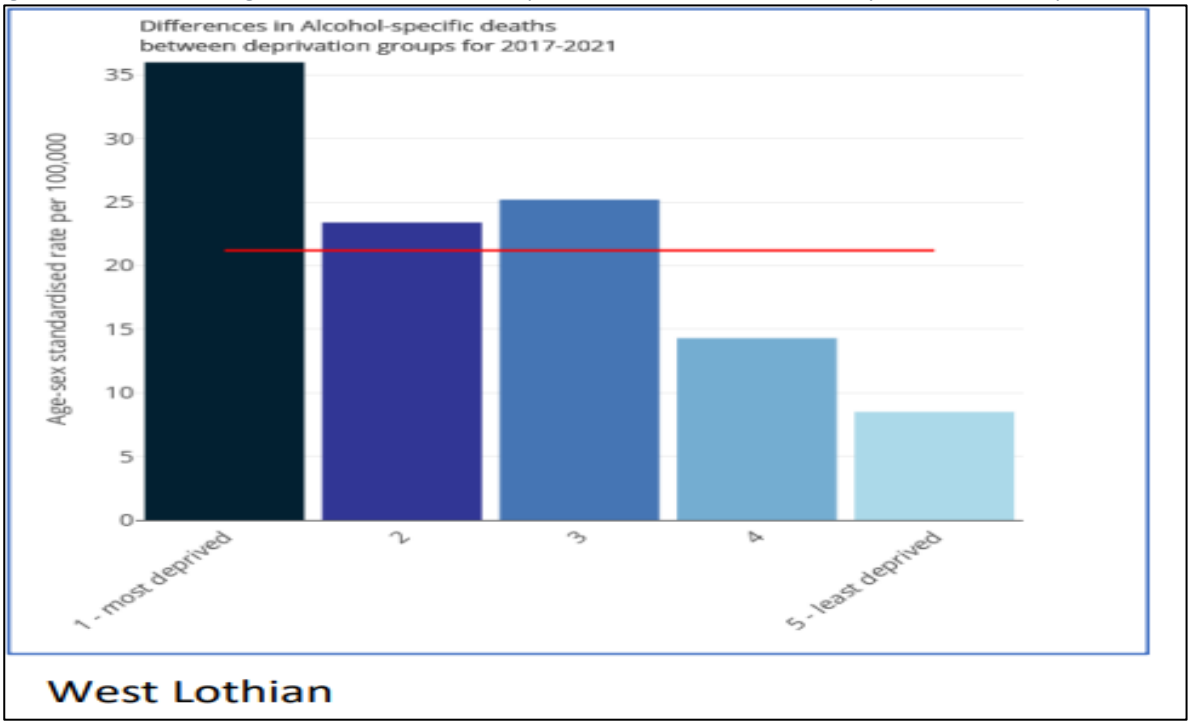
There is a significant relationship between deaths caused by alcohol and the experience of multiple disadvantage. People who reside in areas of deprivation are 4.3x more likely to die from an alcohol related death than those in areas of affluence. The most deprived areas in Lothian have the highest deaths, similar to the national pattern of inequality, as illustrated below. Over time, the inequality gap has reduced. In West Lothian, the most deprived areas have a 75% higher death rate than West Lothian as a whole. Deaths across the LA would be 60% lower if the levels of the least deprived areas were experienced across the whole population.[33]

[33] https://scotland.shinyapps.io/ScotPHO_profiles_tool/_w_0a26df73/#tab-5254-5

Figure 31: Differences in age-sex standardised alcohol specific death rates for 2017-2021 by HSCP area and deprivation



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Alcohol hospitalisations

In 2022/23, people in the most deprived areas were 7x more likely to be admitted to general acute hospitals for an alcohol related condition than those in the least deprived areas (1322.8 compared to 180.1 per 100,000 population).

In 2022/23, men were 2.3 times more likely than women to be admitted to general acute hospitals for alcohol related conditions (750 compared to 315 per 100,000 population).
In 2022/23, there were 31,206 alcohol related hospital admissions (stays) in Scotland. The majority of alcohol related hospital admissions (92%) were treated in general acute hospitals (28,800) with the remaining 8% of admissions (2,406) occurring in psychiatric hospitals[34].

Table 2 Local Authority Level, the European age-sex standardised rate of alcohol related hospital stays for 2022/2023, 2021/22 and 2020/21

	West Lothian	**Scotland**
Hospital Stays 2022-23 per 100,000 population	472.3	576.9
Hospital Stays 2021-22 per 100,000	542.6	650.3
Hospital stays 2020-21 per population	640.3	653.2

View Source Table

Deaths and hospitalisations from drugs

In Scotland 2023, there were 1,172 deaths due to drug use in Scotland, this is the second lowest number of drug misuse deaths since 2017 but is 121 more deaths than in 2022 (1293).

[34] https://scotland.shinyapps.io/phs-health-achd/

After controlling for age, there were 22.4 drug misuse deaths for every 100,000 people in Scotland in 2023, up from 20.0 in 2022.

In West Lothian there were 31 deaths in 2023 (8 F and 23 M), one less than in 2022 and 2021 at 32. All of these deaths were preventable, and each represents an early loss of life and loss to families and communities. Stigma exists around drug use in society often attributing blame on individual's behaviours however it is well evidenced that drug use (alongside tobacco and alcohol use) is impacted upon by a range of socio-economic factors. This includes the impact of poverty and inequality.
For example, in 2020 - 21 (66%) and 2021- 22 (69%) of all the drug deaths in West Lothian were in the West Locality in addition there are also more drug related hospitalisations in the West Locality compared to the East. There is much that can be done to reduce or mitigate harms from substance use including access to quality housing, good employment, education, support structures and environmental influences (high density of others using substances) and access to services "at place."

Figure 32 Drug misuse deaths for selected council areas age standardised death rate 2019-2023

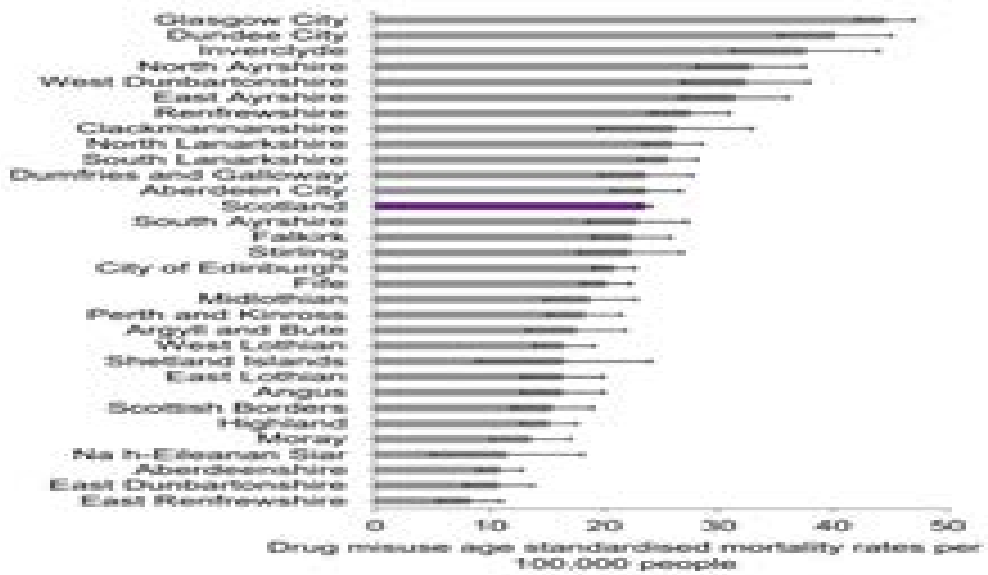

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Figure 33 Drug misuse deaths 1996-2023

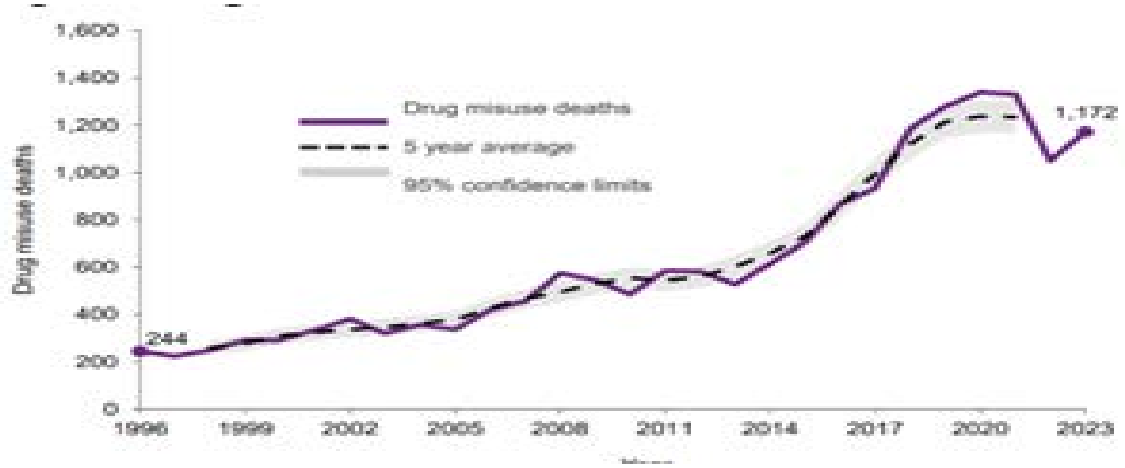

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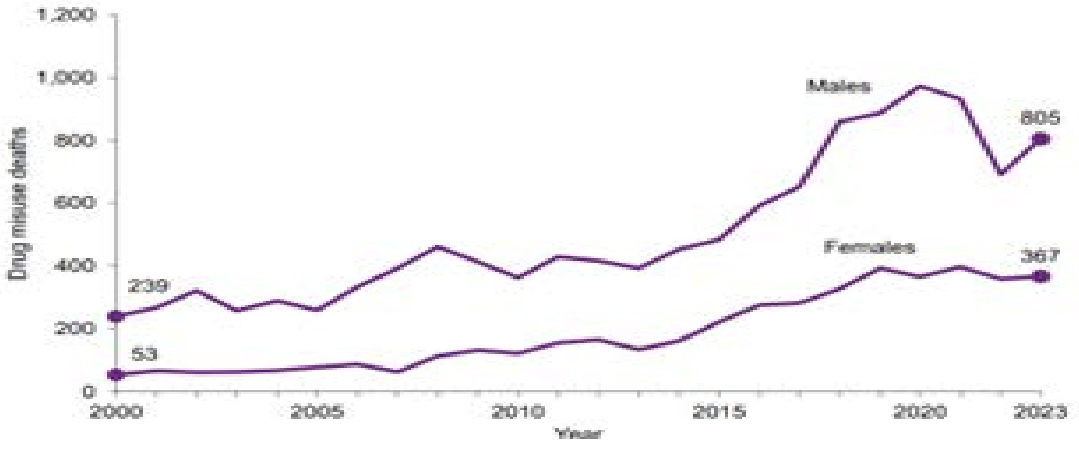
Figure 34 Deaths in drug use by sex, 2000-2023



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The latest increase in drug misuse deaths was driven by male deaths (Figures 33, 34). In 2023, there were 805 male drug misuse deaths, an increase of 16% (113 deaths) from 2022. There were 367 female drug misuse deaths, an increase of 2% (8 deaths). After adjusting for age, there were 31.7 deaths per 100,000 males and 13.6 deaths per 100,000 females in 2023. This means that males were twice as

likely to have a drug misuse death as females. This gap between sexes has narrowed over time. In the early 2000s, males were four or five times as likely to have a drug misuse death as females.

In 2023 people residing in the most deprived areas were 15 times more likely to die by drug use as those in the least deprived areas.

In Scotland people aged 35-54 were most likely to die from drug misuse. The age that people die from drug misuse deaths has increased over the past two decades. In 2000, the highest rate of drug misuse deaths was in those under 35. In 2023 the highest rate was in those aged 35 to 54. * Age standardised death rates per 100,000 people[1]. 2023 data broken down to LA unavailable at the time of writing. Previous data below:

Drug Deaths by Gender
Since 2019, there have been more than double the drug related deaths for males when compared to female drug related deaths. Male drug deaths have increased from 16 in 2019 to 21 in 2021. Female drug deaths have increased from 7 in 2019 to 9 in 2021.

The number of females who died as a result of a drug related death in West Lothian between 2017/21 was 7.4 per year based on 5-year aggregate data. The rate of females who died as a result of drug related deaths in West Lothian was 7.97 per 100,000 population between 2017/21. This is compared to the Scottish average rate which was 13.12 per 100,000 population.

The number of males dying as a result of a drug related death in West Lothian between 2017/21 was 19.4 per year based on 5-year aggregate data. The rate of males dying as a result of a drug related deaths in West Lothian was 21.71 per 100,000 population between 2017/21. This compares to the Scottish average is 33.15 per 100,000 population.

Drug related deaths by Age.
The number of individuals who have died as a result of a drug related death has increased from 23 in 2019 to 32 in 2021. 15% of the individuals who died have been 25 years or younger. Just under 30% of individuals who died were between 26 and 35 years old. Just over half of individuals who died were between 36 and 55 years old.

Drug Related Hospital Admissions
The rate of drug related hospital admissions has decreased from 267.27 per 100,000 population in 2019/20 to 252.32 in 2021/22. This compares to the Scottish average of 283.22 per 100,000 population in 2019/20 and 234.96 per 100,000 population in 2021/22.

Drug Related Hospital Admissions (General Acute)
The rate of drug related hospital admissions in general acute settings has decreased from 222.76 per 100,000 in 2019/20 to 211.82 in 2021/22. This compares to the Scottish average of 244.80 per 100,000 population in 2019/20 and 203.81 per 100,000 population in 2021/22.

Drug Related Hospital Admissions (Psychiatric)
The rate of drug related hospital admissions in psychiatric settings has decreased from 44.51 per 100,000 population in 2019/20 to 40.49 in 2021/22. This compares to the Scottish average of 38.42 per 100,000 population in 2019/20 and 31.15 per 100,000 population in 2021/22.

[1] https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/23/drug-related-deaths-23-report.pdf

2.11 Mental wellbeing and wellbeing

Mental wellbeing is fundamental to good health and quality of life and is distinct from clinically diagnosable or sub-clinical mental health problems (which can significantly interfere with social, emotional, and cognitive functioning)[35]. Mental wellbeing encompasses aspects of life such as positive relationships, sense of control, resilience, sense of belonging and life satisfaction. Good mental wellbeing is associated with physical health status and enables individuals to fulfil their potential emotionally and intellectually, in society and in personal relationships.

The Scottish Government's health and wellbeing strategy aims to tackle inequalities in mental wellbeing through a health-promoting, preventative approach to create the best social circumstances possible for positive mental health and wellbeing. This approach recognises the importance of taking action at place to both reduce individuals' exposure to harmful factors and capitalise positive building blocks of mental health such as creating environments and communities that facilitate social support, good employment, and community Wealth. For example, stressful experiences, material deprivation, unemployment, poor housing (i.e. dampness, disrepair, lack of adequate heating) or homelessness (i.e. temporary accommodation, unsecure tenancies, unaffordable housing)[36] can adversely affect mental well-being, ill-health, and the ability to manage mental health conditions. Linked to housing, is access to safe active travel options and reliable and affordable public transport, which are well documented to have an impact on mental health by way of reducing loneliness and isolation, enable independence, and provide links to essential services[37].

The link between natural and green space and mental wellbeing has been long established. People experience less mental distress, anxiety and depression, and greater wellbeing when living in areas where they have access to a local park or green space a walking distance from their house[38] [39]. Good spatial planning can create healthy places and is just one area to supporting mental health as part of wider agenda (Marmot, 2022).

In the period 2012/15 to 2018/22, the average mental wellbeing score (as measured on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for women in West Lothian has remained relatively static at 49, although there was a slight dip to 48 in the period 2014/17. Mental wellbeing scores for men did not differ greatly from female scores, but there has been a gradual overall decrease in male mental wellbeing from 51 to 49 in the period 2012/15 to 2018/22. These figures reflect national levels[40].

In 2023 across a survey of West Lothian residents (details in appendix) 57.6% of women and 49% of men self-reported some degree of anxiety or depression. Self-report of some extent of anxiety or depression was more common in younger age groups (69.6% in 16 to 24-year-olds versus 43.6% in those aged over 75) and those from areas of greater social disadvantage (59.5% in those in the most deprived areas compared to 48.4% of those in the least deprived).

[35] Mental Health Key Facts. 2022. World Health Organisation.
[36] Housing and Mental Health. 2021. Mental Health Foundation.
[37] Housing and Mental Health. 2021. Mental Health Foundation.
[38] Promoting Health and Wellbeing Through Spatial Planning. 2020. McKinnon, Warwickshire County Council.
[39] Mind the Gaps Framework: The Impact of Urban Design and Mental Health and Wellbeing. 2024. UDMH.
[40] Scottish Public Health Observatory (ScotPHO) Profiles. Health and Wellbeing, and Mental Health. 2024.

Enduring Loneliness and isolation can have a significant impact on peoples mental and physical health outcomes and is evidenced to contribute to premature death and has health risks comparable to those of smoking, obesity and being physically inactive. Loneliness amongst heart failure patients was associated with almost 4x increased risk of death, increased risk of hospitalization and a risk of attending A&E. In addition to contributing towards significant physical health problems loneliness is also associated with higher rates of depression anxiety and suicide[41].

Across West Lothian 11% of women and 11.6% of men report feeling lonely most or all the time (details in appendix). This is more pronounced in younger groups, reported by 21.9% of those aged 16 to 24 compared to 5.6% of those aged over 75. The percentage of those living in the most deprived areas who reported feeling lonely most or all of the time is quadruple that of those in the least deprived (18.8% in SIMD 1 compared to 4% in SIMD5).

Population prescribed drugs for anxiety, depression, psychosis.

The proportion of adults in West Lothian who have been prescribed drugs for anxiety, depression or psychosis has seen a gradual increase from 15% to 20% between 2010/11 and 2020/21. This highlights that currently, one in every five adults in West Lothian have been prescribed medication to manage their mental health. These figures reflect the trajectory of national rates but are still slightly higher than the national average in recent years[42].

Figure 35 Population prescribed prescription drugs for anxiety/depression/psychosis

[41] https://www.cdc.gov/aging/publications/features/lonely-older-adults.html#:~:text=Health%20Risks%20of%20Loneliness&text=Social%20isolation%20significantly%20increased%20a,%2C%20obesity%2C%20and%20physical%20inactivity.&text=1-,Social%20isolation%20was%20associated%20with,50%25%20increased%20risk%20of%20dementia

[42] Scottish Public Health Observatory (ScotPHO) Profiles. Health and Wellbeing, and Mental Health. 2024.

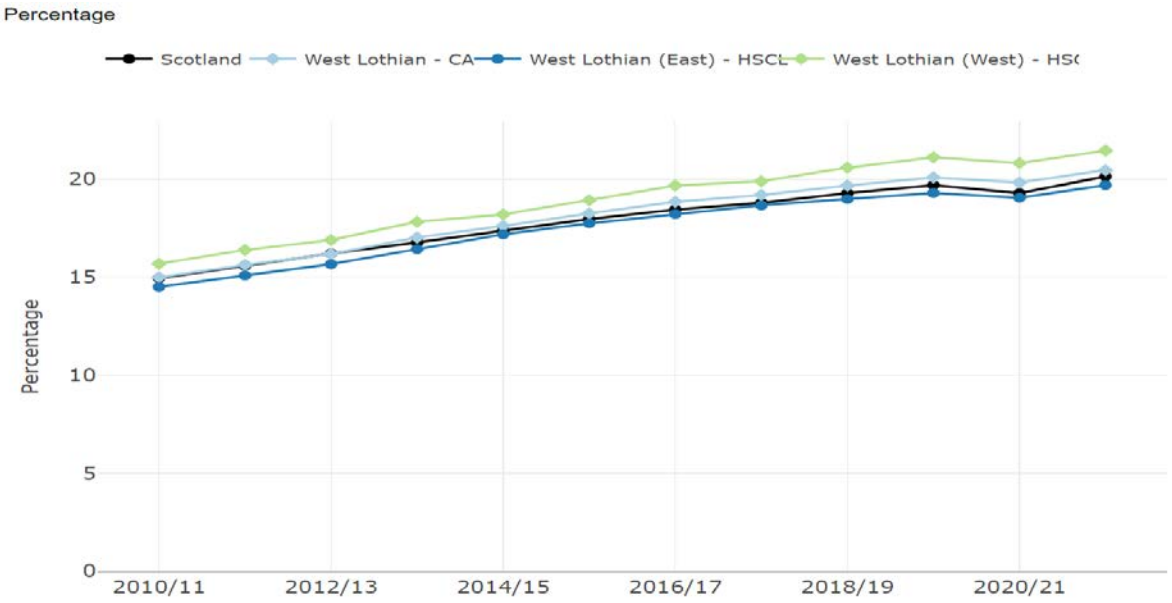

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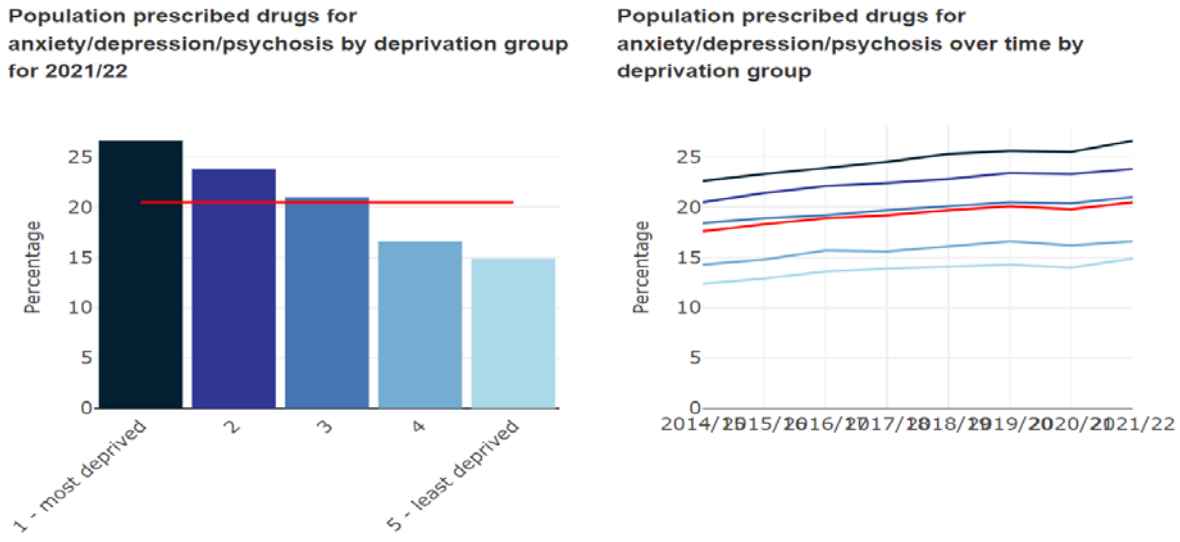
Figure 36 Population prescribed drugs for anxiety/depression/psychosis by deprivation group for 2021/22 & over time.



Suicide

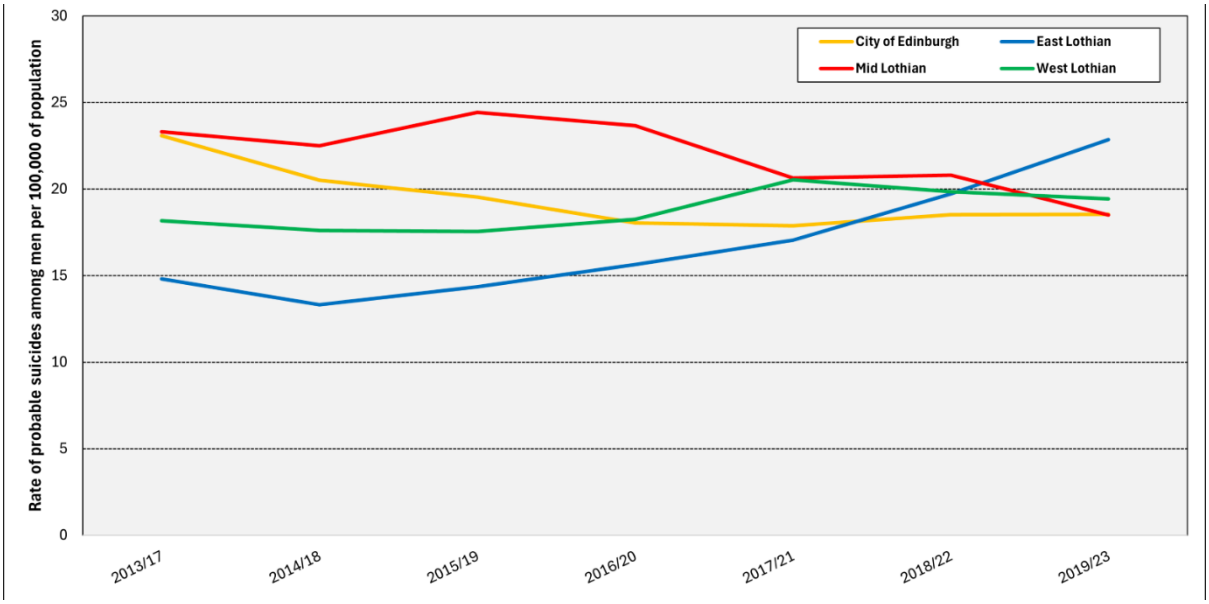
Suicide is a significant public health issue in Scotland which has a major impact on our communities. The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic, and physical environment[43]. National Planning Framework 4

[43] https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/09/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/documents/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/govscot%3Adocument/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032.pdf

(NPF4) outlines the links between planning and building standards policies and what role these have within suicide prevention. NPF4 advises consideration should be given to targeted interventions on the development of building or management of buildings would assist in reducing suicide risks[44].

In West Lothian, the most recent figures show there were 24 probable suicide deaths in 2023, compared to 18 in 2022 and 30 in 2022-21. The five-year average number of suicide deaths in West Lothian for 2019-2023 was 13.2, compared to 13.8 in 2018-2022.

Figure 37 Rates of probable suicides among men, per 100,000 of population, by Local Authority in NHS Lothian. Five year average between 2013/17-2019/23



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In West Lothian, in the period 2013 to 2023, suicide rates among men increased from 18 to 19 per 100,000 (and peaked at a rate of 21 in 2017/21) and increased among women from 5 to 7 per 100,000. Only one other local authority (East Lothian) in Lothian has seen an increase in suicides among men and women, while Midlothian and City of Edinburgh have both seen a reduction.

[44] https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/02/national-planning-framework-4/documents/national-planning-framework-4-revised-draft/national-planning-framework-4-revised-draft/govscot%3Adocument/national-planning-framework-4.pdf

Figure 38 Rates of probable suicides among women, per 100,000 of population by Local Authority in NHS Lothian and five year average 2013/17-2019/23

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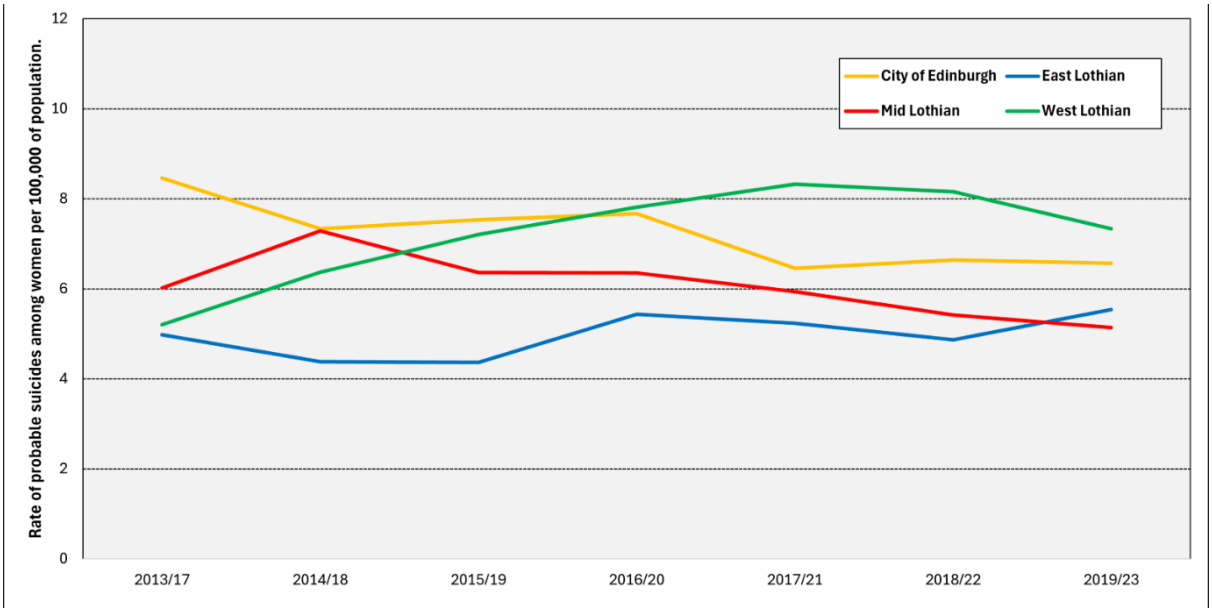

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Age

This data is only available at a national level, but learning can be extrapolated to a health board or local authority level.

Over the last ten years, male suicide rates have remained consistently higher in the 25-44 age group and lower in the 65-74 and 75+ age groups, respectively, with a threefold difference between both groups at times. Meanwhile, female suicide rates were highest in the 44–64-year age group (11 per 100,000) and (like men) lowest in the 65-74 age group.

Figure 39 Rate of probable suicides among men by age per 100,000 population 2012-2023, Scotland

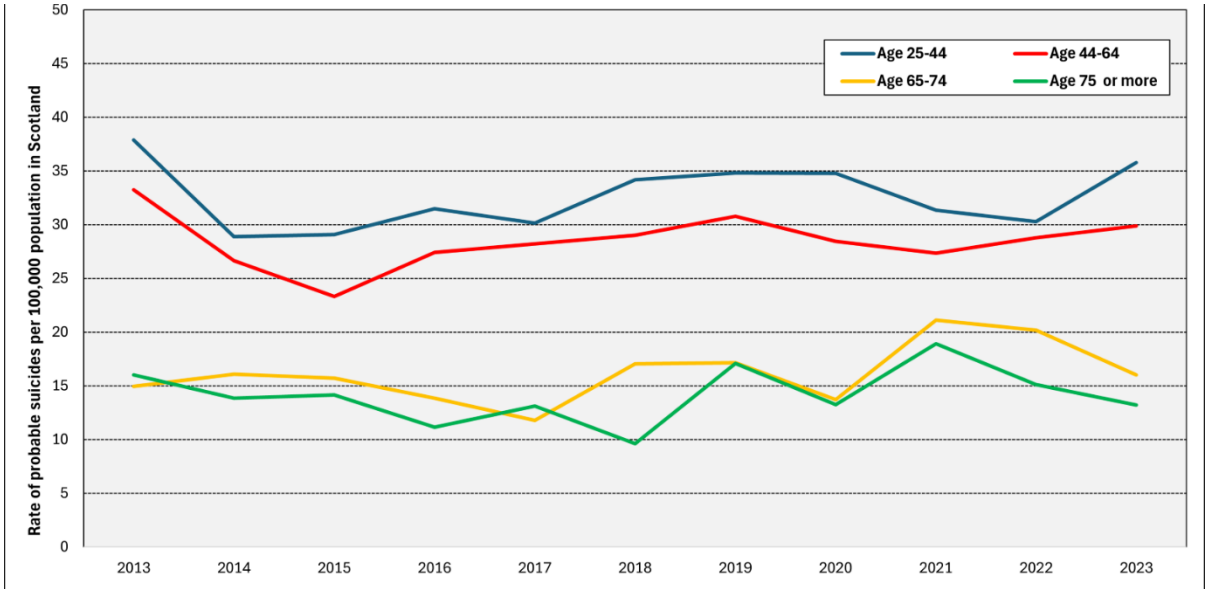

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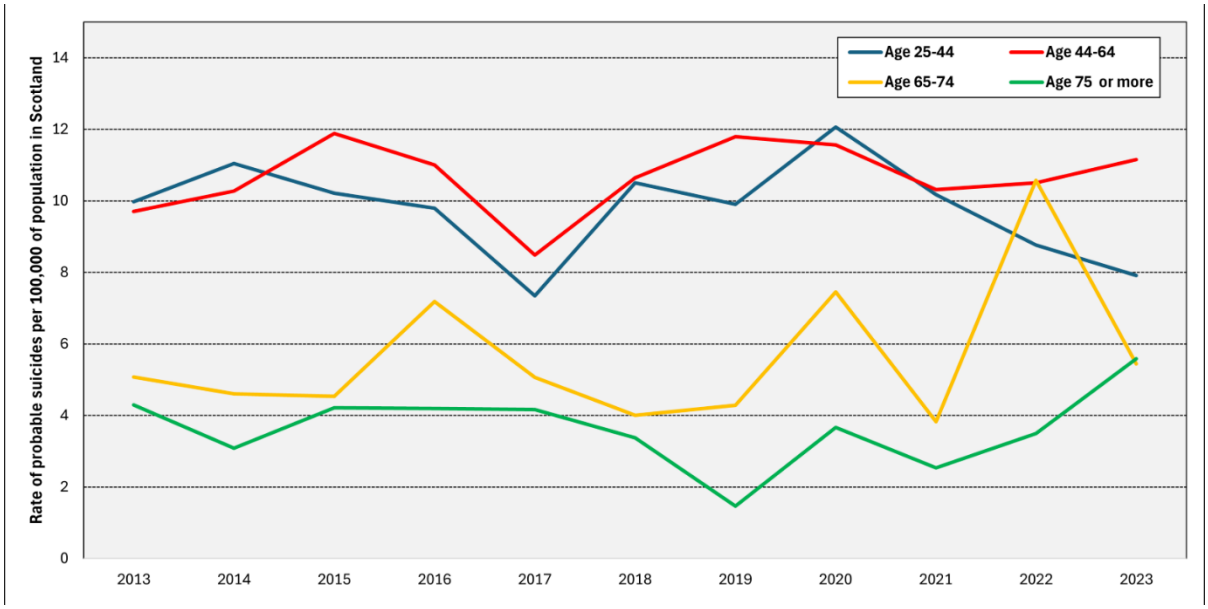
Figure 40 Rates of probable suicides among women by age per 100,000 of population 2013-2023 Scotland.



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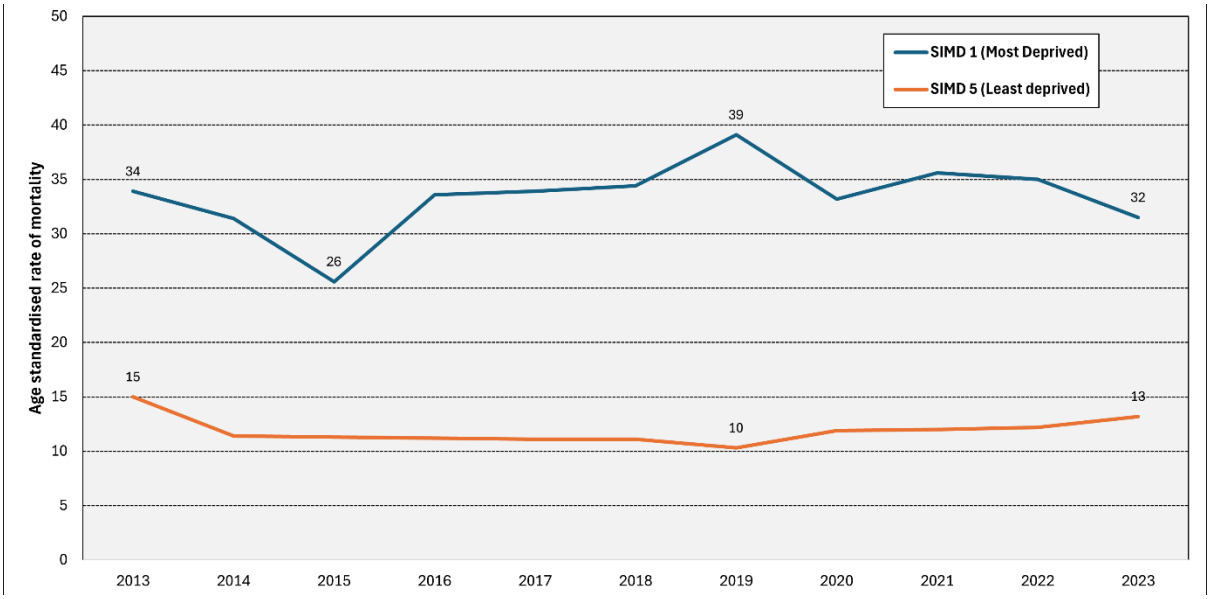
SIMD

There are clear links between deprivation and suicide among men and women in Scotland.
The age standardised suicide rate for men is higher in SIMD 1 compared to SIMD 5 (the least deprived) and the inequality gap is not reducing.

Figure 41 Age standardised rate of mortality of probable suicides among men in Scotland by Scottish Index of Multiple Deprivation 2013-2023.



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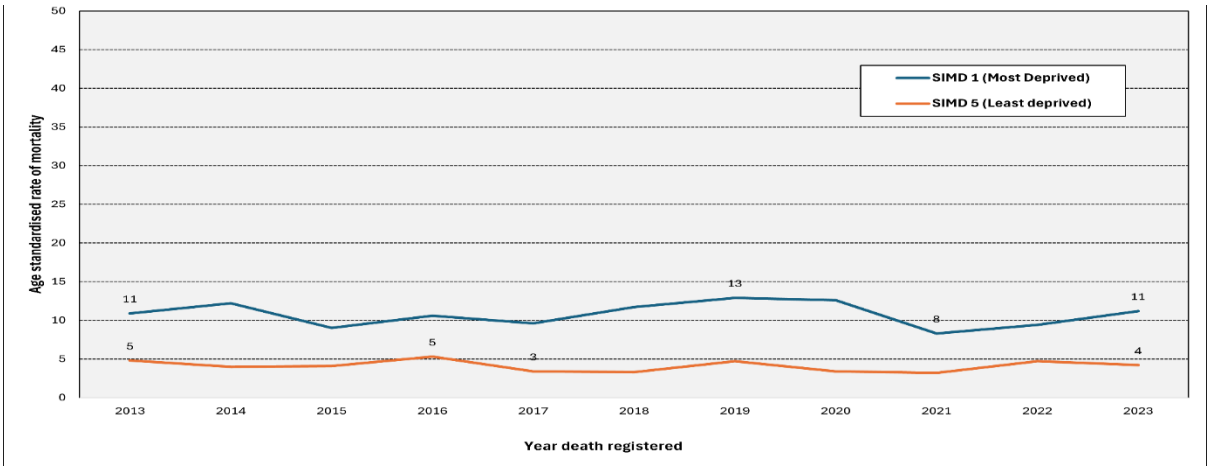
For women, while the suicide rate in SIMD 1 has fluctuated between 2013 and 2023, it has shown no overall change while suicide rates in SIMD 5 have seen an overall reduction in this period. The age standardised suicide rate for women is in Scotland is more twice as high in SIMD 1 compared to SIMD 5, and the inequality gap has increased.

Figure 42 Age standardised rate of mortality of probable suicides amongst women by Scottish Index of Multiple Deprivation, 2013-2023.



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Section 3: Place and Wellbeing Outcomes and SDOH

Figure 43 Place and well-being outcomes

Place principles describe an approach where communities are encouraged to reach their potential at "place" where they work and/or live. It is how a community develops a sense of identity and purpose and the people who reside there are at the core of addressing the needs of those communities. This requires a collaborative and participatory approach from all services, land and building and all sectors within a space to enable people and communities to improve spaces which will improve life outcomes. "National Planning Framework 4" (2023) recommends this can be achieved by developing "6 qualities of liveable places" that are healthy, pleasant, connected, distinctive, sustainable, and adaptable.

The links between place particularly resources, movement and stewardship with health and well-being are the focus of the final section (figure 19).

Resources

Resources for health include income, appropriate and affordable housing, good employment, and education. People need to have enough money to have a decent standard of living after housing

costs to ensure they can afford to eat well and heat their home. These resources are the building blocks of health and are what create differences in the health of the population.

Housing

Note: further detail has been provided on the links between housing and health in our dedicated paper submitted to Margaret Stone.
The World Health Organisation has highlighted poor housing conditions as one of the mechanisms through which social and environmental inequality translates into health inequality. Housing conditions can have a significant impact upon health and wellbeing with a long established and recognised relationship between poor housing and poor health. [45] It is also acknowledged that poor housing (including damp and mould) and overcrowding can lead to health concerns such as asthma, respiratory illnesses, heart disease and poor mental health and wellbeing.

Poverty

In 2022-2023 it is estimated that 24.6% (n=9440) of children in West Lothian were living in relative poverty (after housing costs). This is an increase of 0.7% (n=9364) from 2021-2022 and a 3.5% (n=8723) increase since 2020-2021. (West Lothian Local Child Poverty Report, 2023/24)

- 20% of West Lothian population experience some form of financial hardship.[46]
- 23.9% of children experience relative poverty[47]
- 78.4% of working age adults are in work[48]
- 18% of employees earn below the Living Wage[49]
- 18% of residents experience fuel poverty (fuel bill > 10% of income after housing)[50]
- 9% of residents experience extreme fuel poverty (fuel bill>20% of income after housing)[46]

Child poverty has a significant impact on children's lives[51] [52] [53]. It makes it less likely for children to achieve their potential at school and negatively impacts their health, education, family, relationships, and aspirations. Children and families living in poverty suffer greater health and social inequalities than their better-off peers. The negative impacts of poverty on children start before birth and accumulate across the life course.

---

[45] The full cost of poor housing (FB 81) DOWNLOAD : BREbookshop.com

[46] Better Off West Lothian Anti-Poverty Strategy 2023-2028

[47] End Child Poverty Campaign 2020-2021 as reference in Better Off West Lothian Anti-Poverty Strategy 2023-2028

[48] Nomis Official Labour Market Statistics https://www.nomisweb.co.uk/reports/lmp/la/1946157436/report.aspx (accessed April 15th 2024)

[49] Scottish Government https://statistics.gov.scot/slice?dataset=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fliving-wage&http%3A%2F%2Fpurl.org%2Flinked-data%2Fcube%23measureType=http%3A%2F%2Fstatistics.gov.scot%2Fdef%2Fmeasure-properties%2Fpercent&http%3A%2F%2Fpurl.org%2Flinked-data%2Fsdmx%2F2009%2Fdimension%23refPeriod=http%3A%2F%2Freference.data.gov.uk%2Fid%2Fyear%2F2021&http%3A%2F%2Fstatistics.gov.scot%2Fdef%2Fdimension%2Fgender=http%3A%2F%2Fstatistics.gov.scot%2Fdef%2Fconcept%2Fgender%2Fall (accessed 04/04/2023)

[50] Scottish Government, Scottish House Condition Survey – Supporting Documents – Local Authority Analysis 2017-2019 www.gov.scot (accessed April 18th 2024)

[51] Scotland | Save the Children UK

[52] Child poverty - The Children and Young People's Commissioner Scotland (cypcs.org.uk)

[53] Child Poverty in Scotland: health impact and health inequalities (healthscotland.scot)

Places, environments, and communities that support families into good quality well-paid employment are important avenues out of poverty for families as well as being crucial for health in their own right. Indeed, good work can protect working-age adults against physical and mental health problems and reduce the risk of premature mortality (ScotPho, 2023). Unfortunately, West Lothian has less people economically active than the Scotland (74.9% compared to 77.1%)[48] and performance significantly worse in comparison to Scotland on the following educational outcomes[54]:

- Secondary school attendance (across the board but particularly care experienced children)
- School leavers with 1 or mor qualification at SCQF level 6
- School leavers in a positive destination
- Working age adults with no or low educational qualification

Movement and place

Obesogenic environments

Having access to a healthy diet and being active can bring a wide range of benefits for both physical and mental health.

Having a poor diet and being overweight can have a profound impact on individuals, preventing people from achieving good health and the ability to lead fulfilling lives[55]. Poor diet and obesity can increase the risk of developing many ill health diseases including type 2 diabetes, cardiovascular disease, hypertension, stroke, and some cancers.

Growing evidence supports the association between 'Obesogenic' environments which promote increased calorie intake, for example through poor access to healthy shopping destinations, increased access to unhealthy food and drink options and fast-food outlets, alongside reduced opportunities to move around and burn calories, for example through a lack of well-designed safe, accessible and connected green spaces[56] with higher prevalence of obesity, particularly in areas of high deprivation. Fraser and Edwards' UK based research found a correlation between the density of fast-food businesses in areas of deprivation and childhood obesity rates[57.] Similarly, Cummin and colleagues (2005) found a positive association between neighbourhood deprivation, the mean number of McDonald's outlets and obesity in both Scotland and England. Indeed, in West Lothian consumption of fruit and vegetables per day increases as deprivation decreases with just 9.9% of those in the most deprived areas achieving the recommended 5 portions or more compared to 24.8% in the least deprived areas. Crucially there is good evidence that reducing advertising, accessibility and affordability of high fat/salt/sugar foods which disproportionately contribute to the development of ill health can have a positive impact on supporting individuals to make choices that support maintaining a healthy weight and physical activity.

Table 3: No of portions of fruit and veg per day by gender

[54] ScotPHO profiles (shinyapps.io)
[55] The Challenge - A healthier future: Scotland's diet and healthy weight delivery plan - gov.scot (www.gov.scot)
[56] Ogilvie and Hamlet, 2005 http://eprints.gla.ac.uk/2928/1/obesity2pdf.pdf
[57] Fraser and Edwards 2010https://pubmed.ncbi.nlm.nih.gov/20691630/

	None	1 portion	2 portions	3 portions	4 portions	5 or more
Female	1.9%	13.2%	19.8%	24.3%	18.2%	22.6%
Male	4.6%	17.2%	24.1%	24%	13.6%	16.4%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 4: No of portions of fruit and veg per day by SIMD

	None	1 portion	2 portions	3 portions	4 portions	5 or more
SIMD1	7.3%	29.2%	24.3%	20.7%	8.5%	9.9%
SIMD 2	6.4	26.8	24.9	20.6	10.7	10.8
SIMD 3	4.6	16.0	25.9	27.6	13.7	12.3
SIMD 4	2.9	16.4	25.7	24.6	15.6	14.7
SIMD 5	n/a	15.3	18.6	24.5	16.1	24.8

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Healthy Weight

In West Lothian, only 24% of men and 30% of women are considered healthy weight. Notably, obesity and "pre-obesity" also described as "overweight" increases in prevalence as deprivation increases. In the least deprived areas of West Lothian 28.6% of individuals are obese compared to 41.6% in the most deprived area.

Amongst children in West Lothian, 10% of girls and 11% of boys are considered at risk of obesity at entry to primary 1. Again, risk of obesity is almost double amongst children from the most deprived communities compared to the least deprived (14.8% versus 8.8% respectively).

The association between deprivation and obesity is consistent across Scotland and is becoming more pronounced including for maternal obesity. [58] In West Lothian in 2023, there are higher percentage rates of maternal overweight and obesity rates and lower rates of healthy maternal weight compared to Scotland. Being overweight during pregnancy can increase complications for both the birth mother and the child e.g. gestational diabetes, still births, problems during birth[59].

Figure 5: Figures for maternal weight at anti natal book in[60]

Year	Not known	Healthy	Obese	Overweight	underweight
WL 2023	1.6	36	28.7	30.9	2.7
WL 2022	1.7	36.5	29.6	27.8	4.3

[58]

[59] Maternal nutrition | UNICEF/ Births in Scotland - Year ending 31 March 2022 - Births in Scotland - Publications - Public Health Scotland / [3] Infant feeding statistics - Financial year 2021 to 2022 - Infant feeding statistics - Publications - Public Health Scotland

[60] **These are from PHS – these are not publicly available** So we would need to reflect this.

NHS L 2023	0.5	42.9	23.9	30.7	3.2
NHS L 2022	0.5	47.6	23.8	25.2	2.9
Scotland 23	0.9	40.5	27.1	28.8	2.7
Scotland 22	0.5	41.0	27.4	27.1	2.9

Core Public Health Dataset - Children and Young People Indicators

2: Healthy Weight by Gender (Adults)

	Underweight	Healthy Weight	Pre-obese	Obese (class I,II,III)
Male	2.2%	23.6%	38.6%	35.5%
Female	1 %	30.1%	32.6%	36.2%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 7: Healthy Weight by Age (adults)

Age	Underweight	Healthy Weight	Pre-obese	Obese
16-24	9.7%	53%	20.1%	17.1%
25-34		37.9%	32.7%	27.5%
35-44		28.3%	36.1%	34%
45-54		20.4%	36.9%	36.3%
55-64		19.4%	37.2%	43%
65-74		19.7%	40.1%	40%
75 +		21.3%	42.1%	36.2%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 8: Adult Healthy Weight by SIMD (percentage)

	Underweight	Healthy Weight (%)	Pre-obese (%)	Obese (class I.II.III) (%)
SIMD 1	N/A	20.4	34.8	41.6
SIMD 2	1.5	24.7	33.1	40.7
SIMD 3	N/A	25.4	39.2	33.8
SIMD 4	N/A	27.9	35.9	35.3
SIMD 5	1.6	34.5	35.3	28.6

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 9: Primary 1 healthy weight data by gender and SIMD

2022/2023 data	At risk of underweight	in healthy weight range	risk of overweight	risk of obesity

By Local Authority (WL)	1.6% (1.3%)	76.2% (76.8%)	11.6% (11.4%)	10.6% (10.5)
By Gender				
Female	0.7% (0.8%)	77.1% (77.2%)	12.1% (11.7%)	10.1% (10.4%)
Male	2.5% (1.8%)	75.3% (76.4%)	11.1% (11.2%)	11.09% (10.6%)
By SIMD				
1	1.4% (1.1%)	68.4% (72.1%)	15.5% (12.9%)	14.8% (13.9%)
2	1.6% (1.4%)	69.7% (74.3%)	14.3% (11.9%)	14.5% (12.5%)
3	1.3% (1.3%)	80.8% (76.6%)	8.8% (11.3%)	9.1% (10.8%)
4	1.8% (1.4%)	82.1% (80.0%)	9.4% (10.8%)	6.6% (7.8%)
5	2.0% (1.3%)	78.7% (81.9%)	10.5% (10.0%)	8.8% (6.8%)

Figures in brackets are Scottish wide for comparison.
Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Type 2 Diabetes

Type 2 diabetes can be managed and occasionally reversed through maintaining a healthy weight and an active lifestyle.

In 2023, there were 10,725 individuals with Type 2 Diabetes in West Lothian. This equates to approx. 6% of the total population. Prevalence rates between 2012-2023 evidenced a year-on-year increase in the prevalence of Type 2 Diabetes.

Males have a higher Type 2 Diabetes prevalence rates of population at 7% compared to 5.2% for females. Those aged 80-89 have the highest Type 2 Diabetes prevalence rate at 22.2% although this is influenced by the population estimate for that particular age group. The highest number of cases occur in the 60-69 age category (3143).

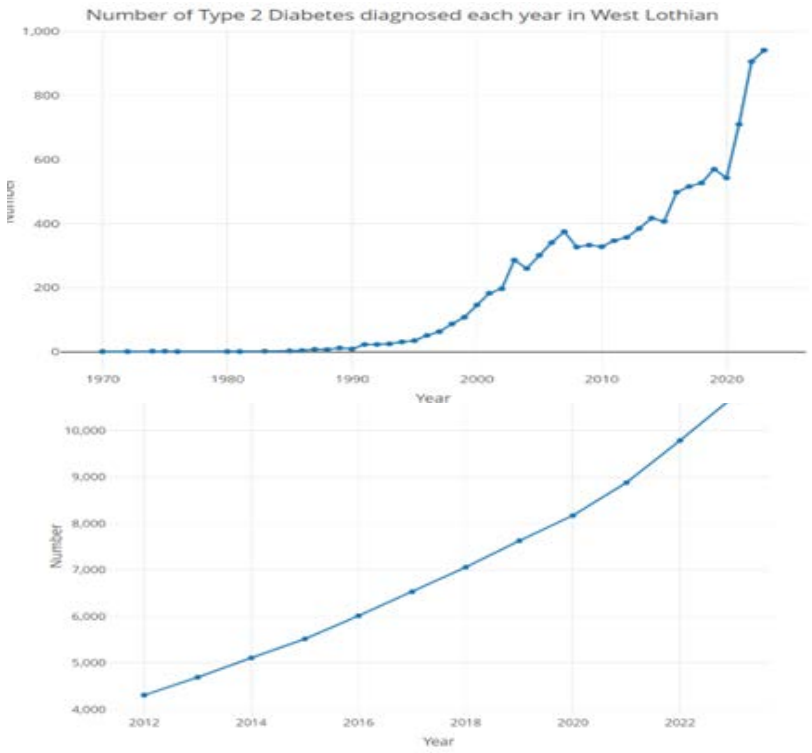
Areas which are most impacted upon by socio economic disadvantage also experience higher prevalence of type 2 diabetes than those in the most affluent areas. In West Lothian SIMD quintile 2 has the overall highest prevalence rate.

Of note, breastfeeding which has multiple positive benefits for the infant and mother, including prevention of maternal diabetes is less common in areas of high deprivation. West Lothian has the lowest rates of breastfeeding at the 6-to-8-week review of infants out of the Lothian area (42% compared to the City of Edinburgh (69.6%), East (50.8%) and Midlothian (49.5%[61]).

In addition to people already diagnosed with type 2 diabetes, there are an additional 10,900 people who are pre diabetic (at risk). When compared to in comparison to Lothian as a whole, West Lothian has the highest number of people at risk of developing type 2 diabetes.

[61] https://publichealthscotland.scot/publications/infant-feeding-statistics/infant-feeding-statistics-financial-year-2022-to-2023/dashboard/

Figure 64: Number of Type 2 Diabetes diagnosed each year in West Lothian



Source: NHS Lothian Public Health Data Intelligence Team

Figure 75: Number of Type 2 Diabetes cases in West Lothian

Source: NHS Lothian PH Data Intelligence Team

Physical Activity

The World Health Organization (WHO) states that physical activity is one of the key 4 (tobacco, alcohol, unhealthy diet) modifiable protective factors to prevent ill health62. Being physically active has many physical and mental benefits across the life span including increasing individuals' ability to engage with the natural environment and active travel, supports the development of fine motor skills in children, it reduces isolation and can prevent more significant falls in older adults[63]. A lack of physical activity can lead to raised blood pressure and obesity (including maternal obesity), as well as increased concentrations of glucose and fats in the blood. These, in turn, may contribute to cardiovascular disease, the primary non-communicable cause of premature deaths.

In West Lothian, 37.4% of men and 47.1% of women are active for less than 2 ½ hours a week. Therefore, they may not be meeting the national guidelines[64] around accumulating at least 150 minutes of moderate intensity activity; or 75 minutes of vigorous intensity activity. Notably, the

bing.com/ck/a?!&&p=4fc42a2a88409bd3JmltdHM9MTcyNDk3NjAwMCZpZ3VpZD0zMmU4ZDE1ZS1iOTc5LTY0MDUtMTc5OS1jMTI3Yjg0OTY1MzAmaW5zaWQ9NTQ4Mw&ptn=3&ver=2&hsh=3&fclid=32e8d15e-b979-6405-1799-c127b8496530&psq=World+Health+Orgnaisation+4+main+preventable+risk+factors+to+health&u=a1aHR0cHM6Ly93d3cud2hvLmludC9kYXRhL2doby9kYXRhL3RoZW1lcy90b3BpY3Mvbm9uY29tbXVuaWNhYmxlLWRpc2Vhc2VzLXJpc2stZmFjdG9ycy0PU1vc3QlMjBub25jb21tdW5pY2FibGUlMjBkaXNlYXNlcyUyMGFyZSUyMHRoZSUyMHJlc3VsdCUyMG9mJTIwZm91cixwcmVzc3VyZSUyQyUyMG92ZXJ3ZWlnaHQlMkZvYmVzaXR5JTJDJTIwcmFpc2VkJTIwYmxvb2QlMjBnbHVjb3NlJTIwYW5kJTIwcmFpc2VkJTIwY2hvbGVzdGVyb2wlMjku&ntb=1

[63] A More Active Scotland: Scotland's Physical Activity Delivery Plan (www.gov.scot)

[64] Chapter 6 Physical Activity - The Scottish Health Survey 2021 - volume 1: main report - gov.scot (www.gov.scot)

number of minutes of physical activity per week increase as deprivation decreases with half of those in the least deprived communities reporting more than 2 ½ hours of exercise a week compared to 38.4% in the least deprived areas of West Lothian.

Table 11: Activity Levels in relation to Gender

	Not at all in past 7 days	Less than 30 minutes	30 mins to 1 hr	1 to 1.30 hrs	Over 1.30 to 2 hrs	2-2.30 hrs	2.30 hrs +
Male	9.1 %	7.3%	11.2%	9.5%	9.3 %	7.9%	45.7 %
Female	7.8 %	5.2%	13.5%	9.9%	10.7%	10.8%	42.1%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 3: Activity Levels in relation to Age

	Not at all in past 7 days	Less than 30 minutes	30 mins to 1 hr	1 to 1.30 hrs	Over 1.30 to 2 hrs	2-2.30 hrs	2.30 hrs +
16-24	4%	7%	12.6%	11.1%	9.1%	6.9%	49.2%
25-34	6.1%	6.2%	12.5%	11.9%	10.8%	11.7%	40.6%
35-44	9.1%	6.4%	12.7%	11.7%	11.9%	6.8%	41.3%
45-54	6.5%	7%	11.6%	9.2%	9.1%	11.6%	45.1%
55-64	10.7%	4.7%	13.2%	6.6%	8.5%	9.9%	46.4%
65-74	7.2%	3.4%	10.2%	6.2%	7.7%	6.9%	41.1%
75+	13.6%	7.5%	11%	10.5%	11.4%	9.1%	37%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 13: Activity levels in relation SIMD

	Not at all in past 7 days	**Less than 30 minutes**	**30 mins to 1 hr**	**1 to 1.30 hrs**	**Over 1.30 to 2 hrs**	**2-2.30 hrs**	**2.30 hrs +**
SIMD 1	12.7%	9.1%	11.3%	8.7%	10.8%	9%	38.4%
SIMD 2	9.3%	9%	16.5%	10.1%	10.4%	8%	36.7%
SIMD 3	7.8%	4.7%	12.8%	10.3%	6.7%	8.7%	49.1%
SIMD 4	7.4%	5%	10.9%	10.2%	12.1%	9.2%	45.2%
SIMD 5	5.8%	3.5%	9.3%	8.9%	10.2%	12.3%	50%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Crucially, being physically active does not have to include strenuous movement, everyday walking, household cleaning, gardening, dancing, play can all improve health outcomes[65]. Active travel can be an important component of daily physical activity. when people have access to good equitable access to quality transport it can support health by enabling people to maintain relationship with friends and families, secure and maintain employment and meet every day essential needs such as

[65] A More Active Scotland: Scotland's Physical Activity Delivery Plan (www.gov.scot)

shopping, leisure and attending appointments. Societally, it can reduce road accidents, noise pollution and carbon emissions. Play is another particularly important form of physical activity for children, who need more movement within their day than adults to maintain their health [66] Outdoor play is an important opportunity for children to be physically active and is highly influenced by elements of place. parents feel more confident allowing their children to play outside when traffic management systems are in place[67] and the UNCRC article is clear that children have a right to access good quality green spaces and parks. There is evidence that more needs to be done to make outdoor spaces inviting and safe for girls, e.g. good lighting, access to toilets and recreation design with girls in mind, as girls often encounter barriers to participation, particularly as they get older[68.]

Indeed, at all ages if communities perceive their place as feeling unsafe can lead to negative impacts on health, for example mental wellbeing, and can reduce outdoor activities and opportunities for physical activity. This is particularly common in communities with vacant and derelict land. Studies show links between density of vacant land and higher rates of prescription drugs for mental health problems such as depression, anxiety, and psychosis as well as crime, antisocial behaviour and accumulation of waste and vermin. Data shown in appendix X highlights that woman, those in the most deprived areas and the very young and the very old are the least likely to report feeling "very safe" in their community. Similarly deprived areas are more likely to be exposed to environmental incivilities, vacant and derelict land, and poor maintenance[6970].

Civic and stewardship

Influence and a sense of control i.e. "believing you can influence and shape your own life and environment" has been shown in multiple studies to benefit mental health and quality of life [4,5, 6, 8.] conversely, lack of control is associated with chronic stress and poor health outcomes including heart disease, depression and anxiety as well as tendency of using maladaptive coping behaviours e.g. excess alcohol use [7, 8, 9].

Therefore, many reports suggest that if people are able to influence decisions that affect them this may offer a sense of control and strengthen their community [10,11, 12, 13]. Such empowerment of communities whereby through opportunities to influence decisions they are "enabled to increase control over their lives" [14] may increase social support, social networks, sense of community, social capital, self-esteem [15, 16, 17]. It may also support improving the figures from a recent (2023) self-report survey in West Lothian which found that 14% of women and 13.8% of men reported low satisfaction in life. This was particularly pronounced amongst younger individuals with 21.5% reporting low satisfaction compared to 12.2% of those aged over 75. Notably, life satisfaction was particularly low in those from the most deprived areas (22.5% rated overall satisfaction is low

[66] Children - ScotPHO

[67] Cortines O' Ryan https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5495338/

[68] Make Space Safe for girls https://www.makespaceforgirls.co.uk/resources/researchreport-2022

[69] Maantay J, Maroko A. 'At-risk' places: inequities in the distribution of environmental stressors and prescription rates of mental health medications in Glasgow, Scotland. Environmental Research Letters 2015;10:115003

[70] Stantec on behalf of the Scottish Land Commission. Vacant and derelict land in Scotland assessing the impact of vacant and derelict land on communities. Stantec; 2019. www.landcommission.gov.scot/all-publications

compared to 9.5% in the most affluent areas). Further details in appendix. Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Importantly, evidence suggests that those in more socio-economically deprived areas and those with a long-term illness or disability feel less empowered to be involved in decision-making about their neighbourhoods as well as effects on social capital and self-esteem this could adversely influence allocation of resources that could support individuals to live healthier lives [18], [9, 10].

Therefore, an active public engagement process particularly supporting contribution from the most marginalised across West Lothian is crucial to creating a sense of ownership amongst communities about places that can support their health[71][72].

[71] Bell R. Psychosocial pathways and health outcomes: informing action on health inequalities. London: Public Health England/UCL Institute of Health Equity; 2017. www.instituteofhealthequity.org/resources-reports/psychosocial-pathwaysand-health-outcomes-informing-action-on-health-inequalities
[71] Quality of Life Foundation. Quality of life literature review; 2019. www.qolf.org/wpcontent/uploads/2021/02/Literature-Review-of-Quality-of-Life-in-the-BuiltEnvironment-Publica-4-1.pdf
[71] Higgins M, Cain T, Lowther M, et al. 50,000 affordable homes: A health impact assessment. Edinburgh: Scottish Health and Inequalities Impact Assessment Network and Scottish Public Health Network (ScotPHN); 2017. www.scotphn.net/wp-content/uploads/2015/11/2017_06_27-FINAL-SHIIAN-50- 000-New-Homes-HIA-Report-ES.pdf

[72] Whitehead M, Pennington A, Orton L, et al. How could differences in 'control over destiny' lead to socio-economic inequalities in health? A synthesis of theories and pathways in the living environment. Health & Place 2016;39:51–61
[72] Whitehead M, Orton L, Pennington A, et al. Is control in the living environment important for health and wellbeing, and what are the implications for public health interventions? Final Report Public Health Research Consortium; 2014 www.phrc.online/projects/is-control-in-the-living-environment-important-forhealth-and-wellbeing,-and-what-does-this-mean-for-public-healthinterventions.html
[72] Orton LC, Pennington A, Nayak S, et al. What is the evidence that differences in 'control over destiny' lead to socioeconomic inequalities in health? A theory-led systematic review of high-quality longitudinal studies on pathways in the living environment. Journal of Epidemiological and Community Health 2019;0:1–6
[72] Zubairi KS. The Zubairi report – the lived experience of loneliness and social isolation in Scotland. Voluntary Health Scotland; 2018. https://vhscotland.org.uk/the-zubairi-report/
[72] Jones R. The built environment and health: an evidence review; 2013. www.gcph.co.uk/publications/472_concepts_series_11-the_built_environment_and_health_an_evidence_review?date_from%5Bmonth%5D=1&date_from%5Byear%5D=2013&date_to%5Bmonth%5D=12&date_to%5 Byear%5D=2013
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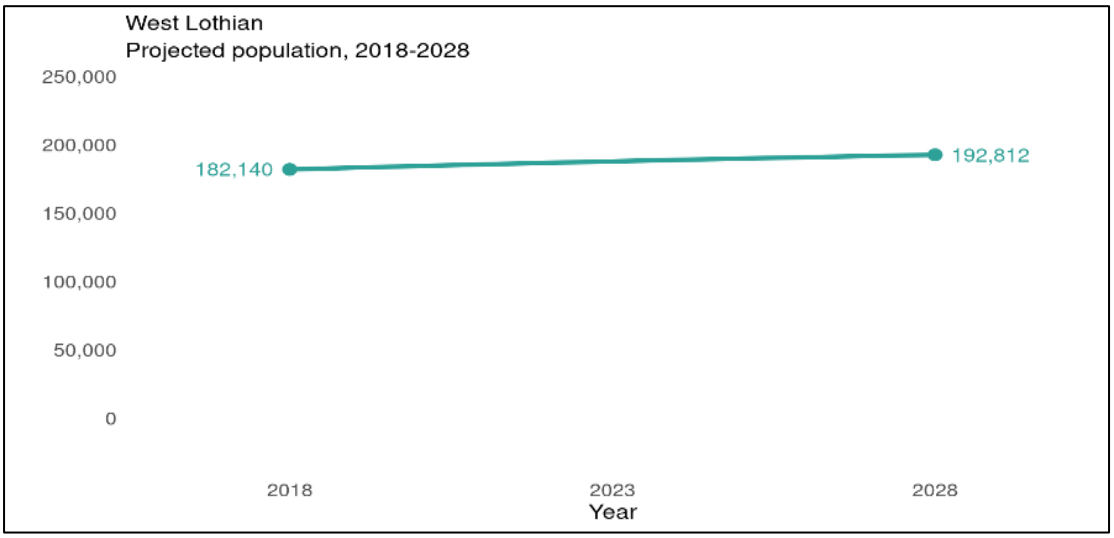
[72] O'Mara-Eves A, Brunton G, McDaid D, et al. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Public Health Res 2013;1(4)
[72] World Health Organization. Health promotion community empowerment. www.who.int/teams/health-promotion/enhanced-wellbeing/seventh-globalconference/community-empowerment
[72] Pennington A, Watkins M, Bagnall A-M, et al. A systematic review of evidence on the impacts of joint decision-making on community wellbeing. London: What Works Centre for Wellbeing; 2018. https://whatworkswellbeing.org/resources/jointdecision-making
[72] Pennington A, Pilkington G, Bache I, et al. Scoping review of review-level evidence on co-production in local decision-making and its relationship to community wellbeing. London: What Works Centre for Wellbeing, 2017. https://whatworkswellbeing.org/wp-content/uploads/2020/02/Co-productionscoping-review-July-2017.pdf
[72] Dodds S. Social contexts and health. Glasgow Centre for Population Health; 2016 www.gcph.co.uk/publications/620_social_contexts_and_health

Section 1: Demographics

1.1 Population Projection

Between 2018 and 2028, the population of West Lothian is projected to increase from 182,140 to 192,812. This is an increase of 5.9%, which compares to a projected increase of 1.8% for Scotland as a whole.

Figure 8 West Lothian Projected Population 2018-2028

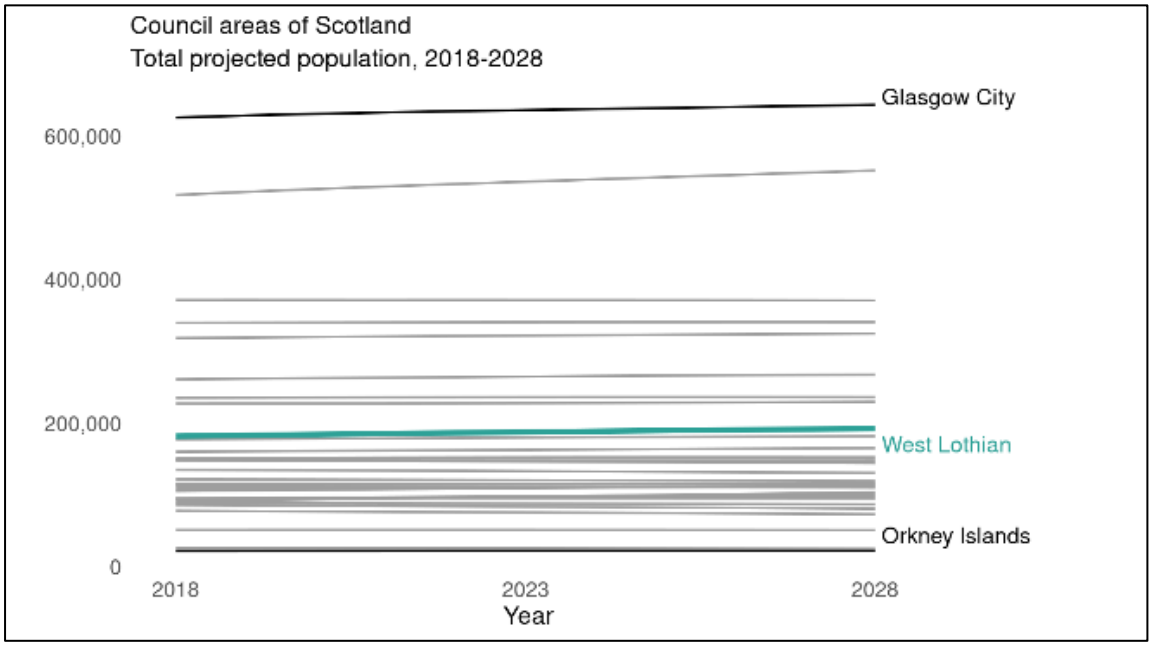


View Source Table

West Lothian is projected to have the 9th highest population out of the 32 council areas in Scotland in 2028. Between 2018 and 2028, 14 councils are projected to see a population decrease and 18 councils are projected to see a population increase.

Figure 9 Council Areas of Scotland Projected Population 2018-2028

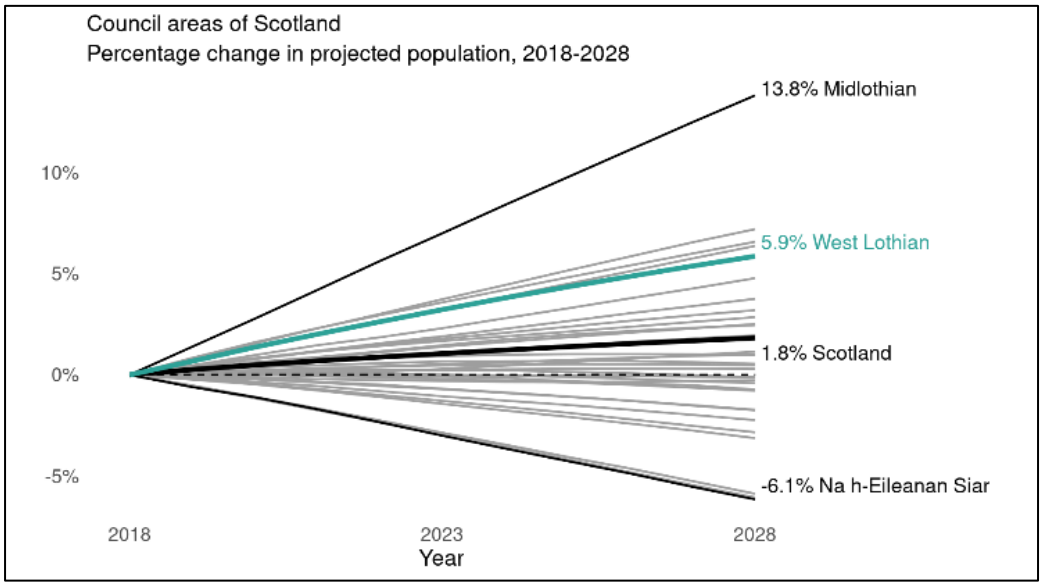
[72] Scottish Government. Scottish Household Survey 2018. Edinburgh: Scottish Government; 2019. www.gov.scot/publications/scotlands-people-annual-reportresults-2018-scottish-household-survey/documents/



https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-lothian-council-profile.html#table_pop_proj

West Lothian is projected to have the 5th highest percentage change in population size out of the 32 council areas in Scotland.

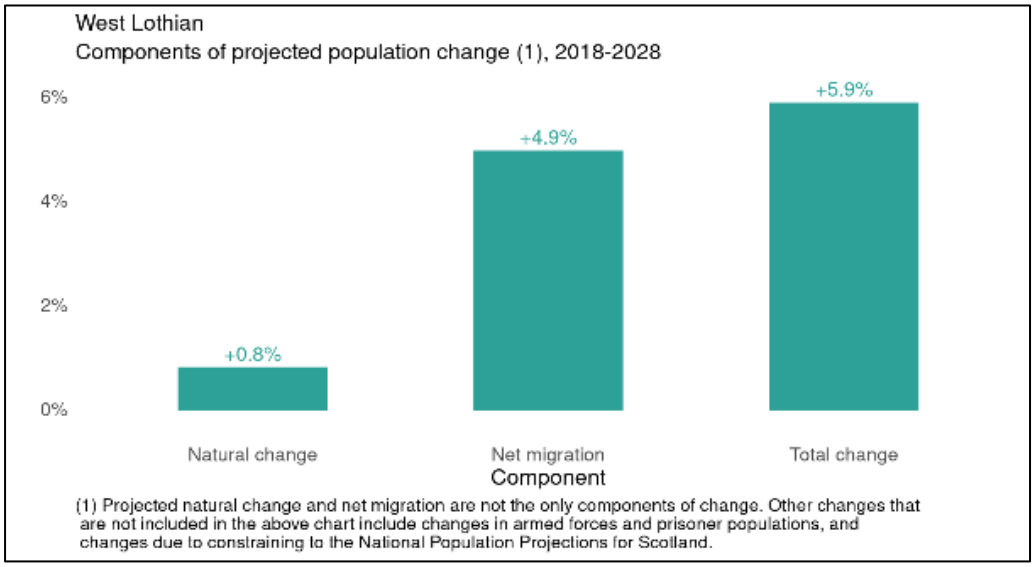
Figure 3 Council areas of Scotland: Percentage change in projected population, 2018-2028



https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-lothian-council-profile.html#table_pop_proj

Over the next 10 years, the population of West Lothian is projected to increase by 0.8% due to natural change (more births than deaths). Total net migration (net migration within Scotland, from overseas and from the rest of the UK) is projected to result in a population increase of 4.9% over the same period.

Figure 10 West Lothian: Components of projected population change, 2028-2028

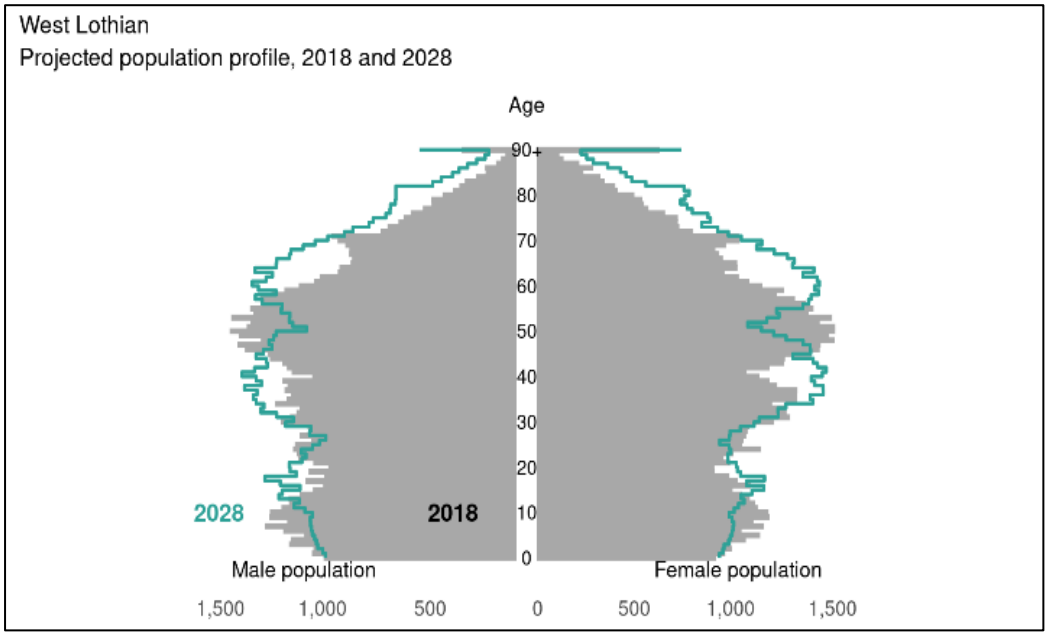


https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-lothian-council-profile.html#table_pop_proj_nature

1.2 Age of the population

The average age of the population of West Lothian is projected to increase as the baby boomer generation ages and more people are expected to live longer.

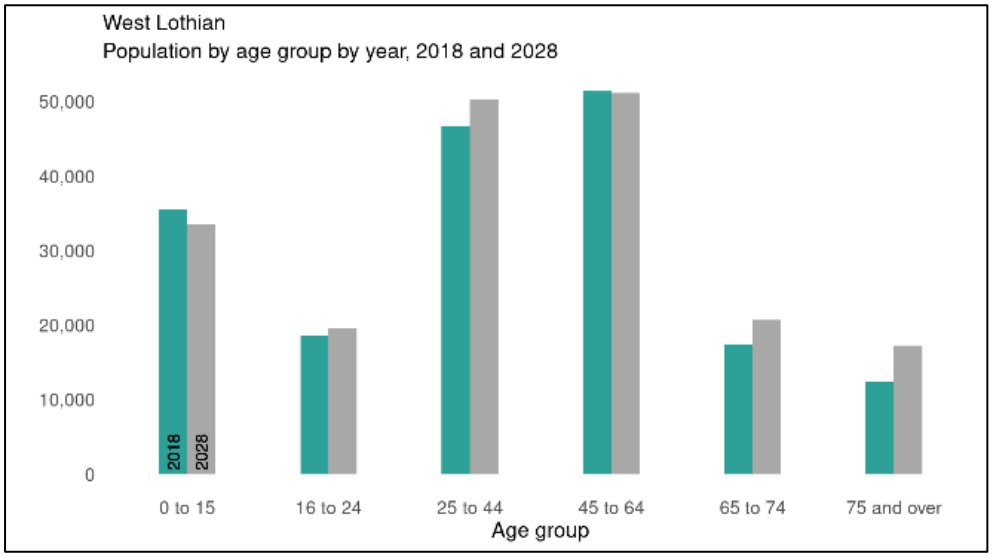
Figure 11 West Lothian: Projected population profile, 2028-2028



https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-lothian-council-profile.html#table_pop_proj_sex.

Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-5.4%) and the 75 and over age group is projected to see the largest percentage increase (+39.4%). In terms of size, however, 45 to 64 is projected to remain the largest age group.

Figure 12: West Lothian: Population by age group by year, 2028 and 2028

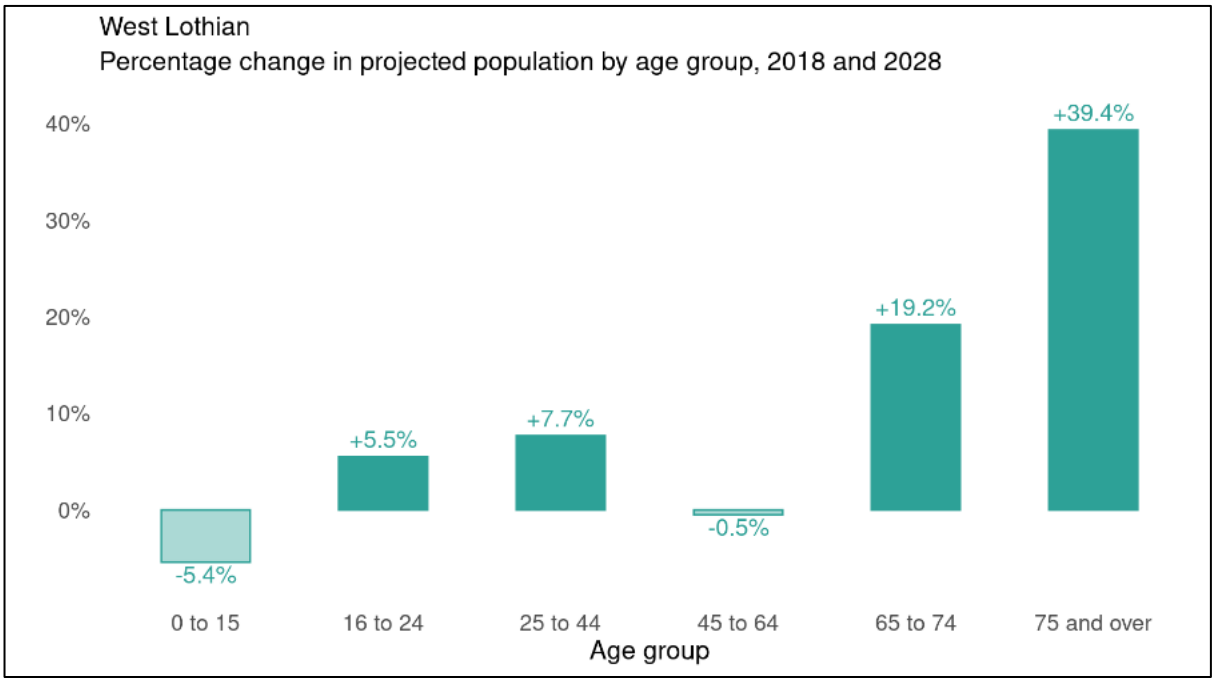


View Source Table

The female proportion of the population increases with age. This has implications for pensioner poverty as, historically, women have smaller retirement pensions. We do not have reliable local figures for sexual orientation, transgender or other gender identities (Scottish Government, 2022). Scotland's Census 2022 will include a set of voluntary questions that may provide more information when the figures are released in due course.

Figure 13: West Lothian: Percentage Change in projected population age group, 2018 and 2028

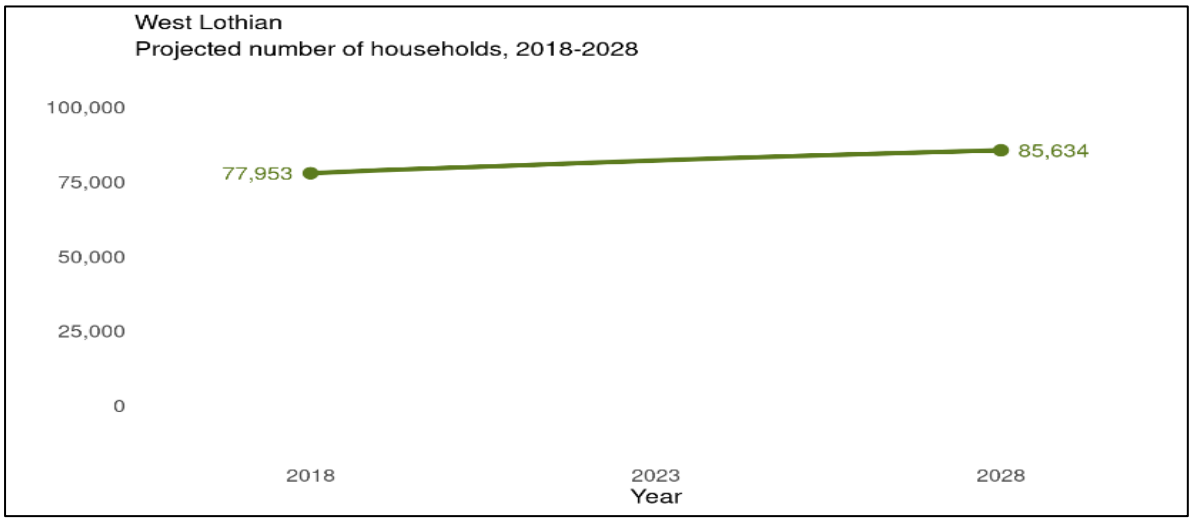
Source Table



1.3 Household projections

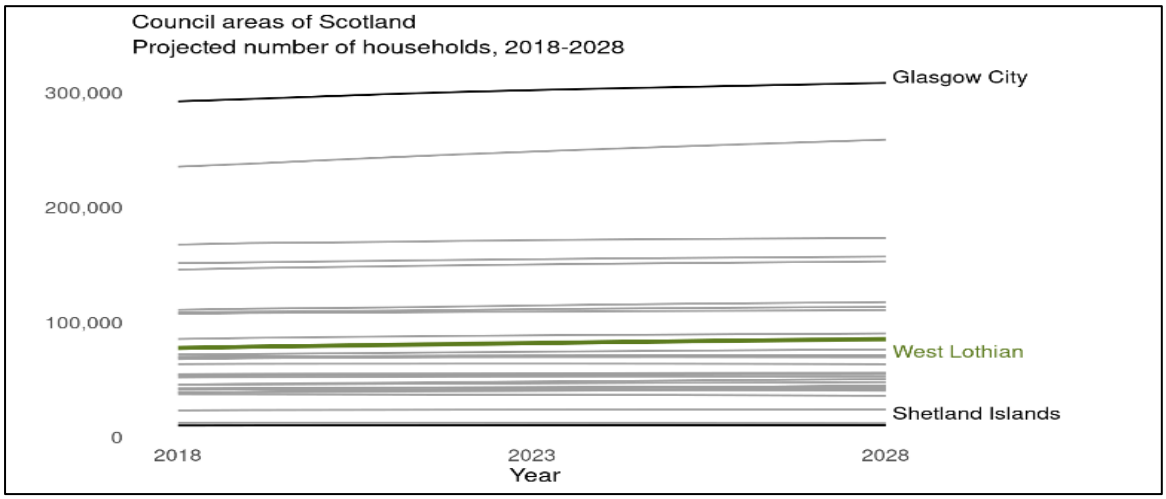
Between 2018 and 2028, the number of households in West Lothian is projected to increase from 77,953 to 85,634. This is a 9.9% increase, which compares to a projected increase of 4.9% for Scotland as a whole.

Figure 14 West Lothian: Projected number of households, 2018-2028



View Source Table

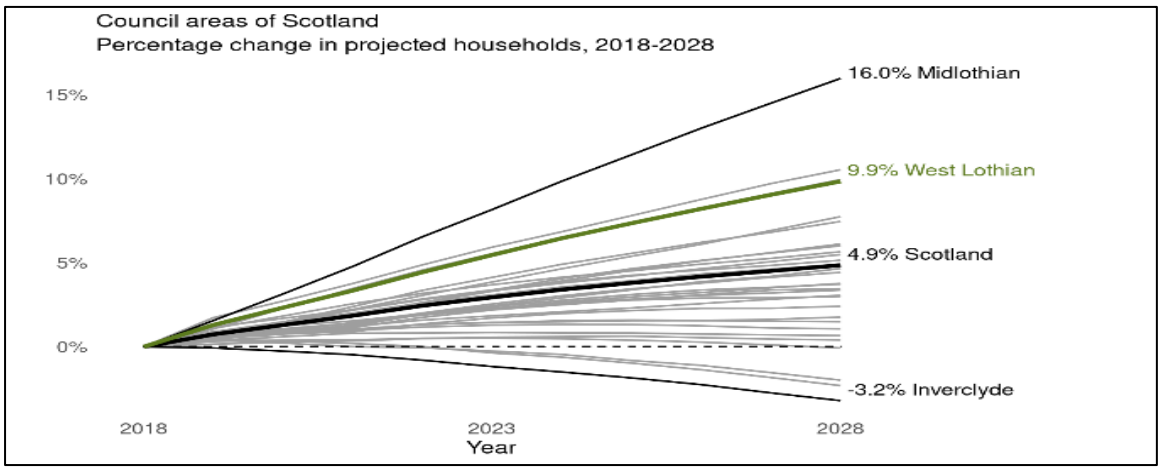
Figure 15: Council areas of Scotland: Projected number of Households, 2028-2029



View Source Table

West Lothian is projected to have the 10th highest number of households in 2028, out of all 32 council areas in Scotland. Between 2018 and 2028, 8 councils are projected to see a decrease in the number of households and 24 councils are projected to see an increase.

Figure 16 Council areas of Scotland: Percentage change in projected households, 2028-2028

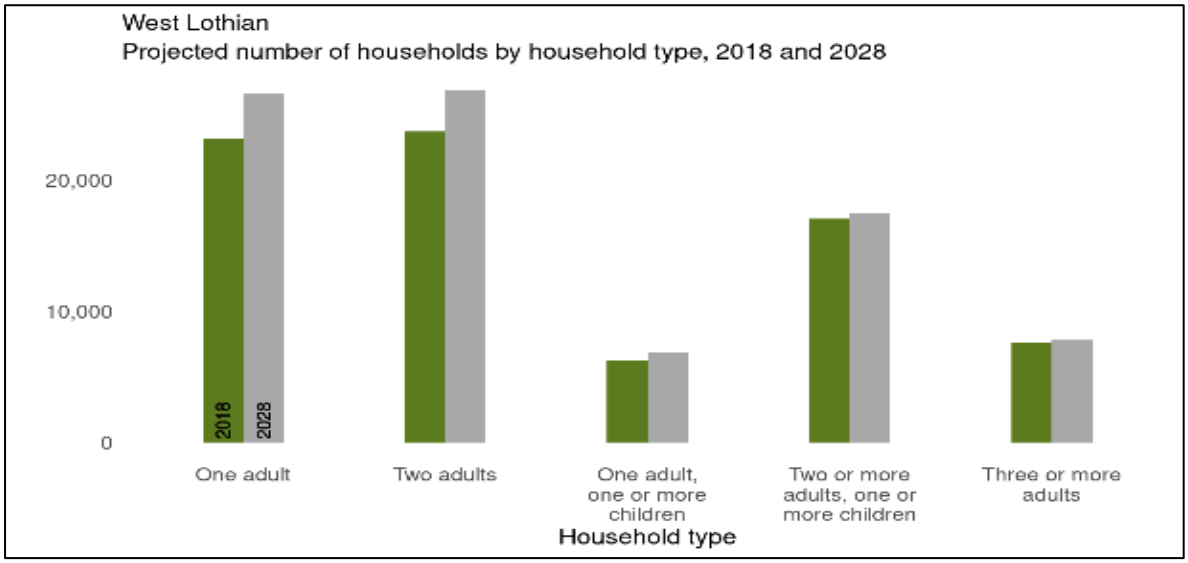


View Source Table

West Lothian is projected to have the 4th highest percentage change in household numbers out of the 32 council areas in Scotland

In 2028, the household type “Two adults” is projected to remain the most common (31.4%) and the household type “One adult, one or more children” is projected to remain the least common (8.0%) in West Lothian.

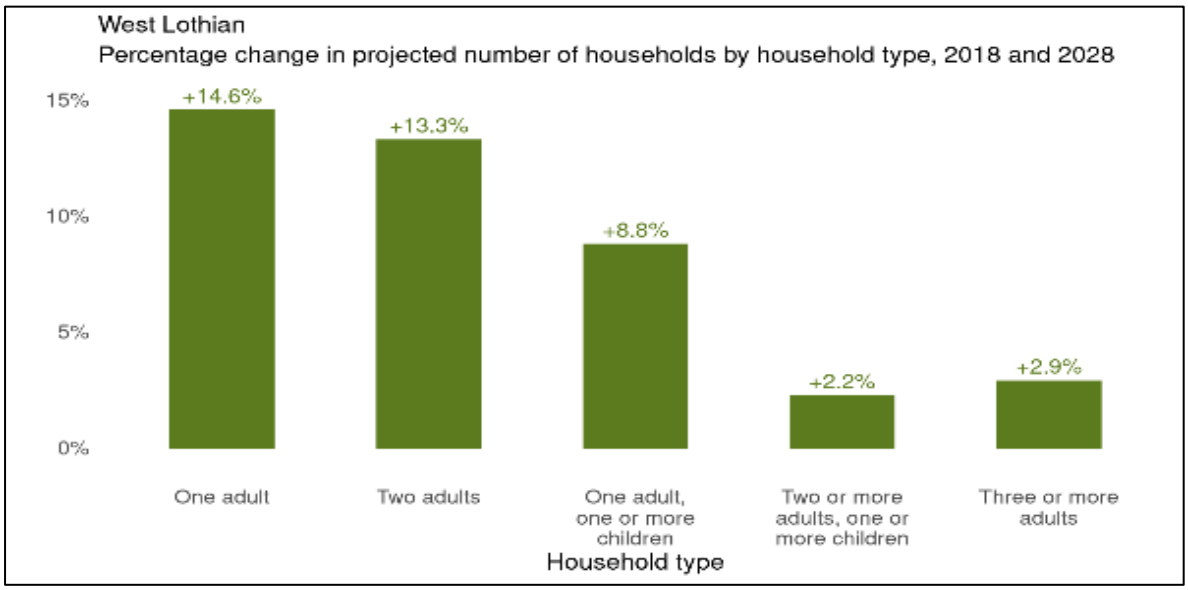
Figure 17: West Lothian: Projected number of households by household type, 2028 and 2028



View Source Table

Between 2018 and 2028, each household type increased in number. The household type “One adult” is projected to see the largest percentage increase (+14.6%).

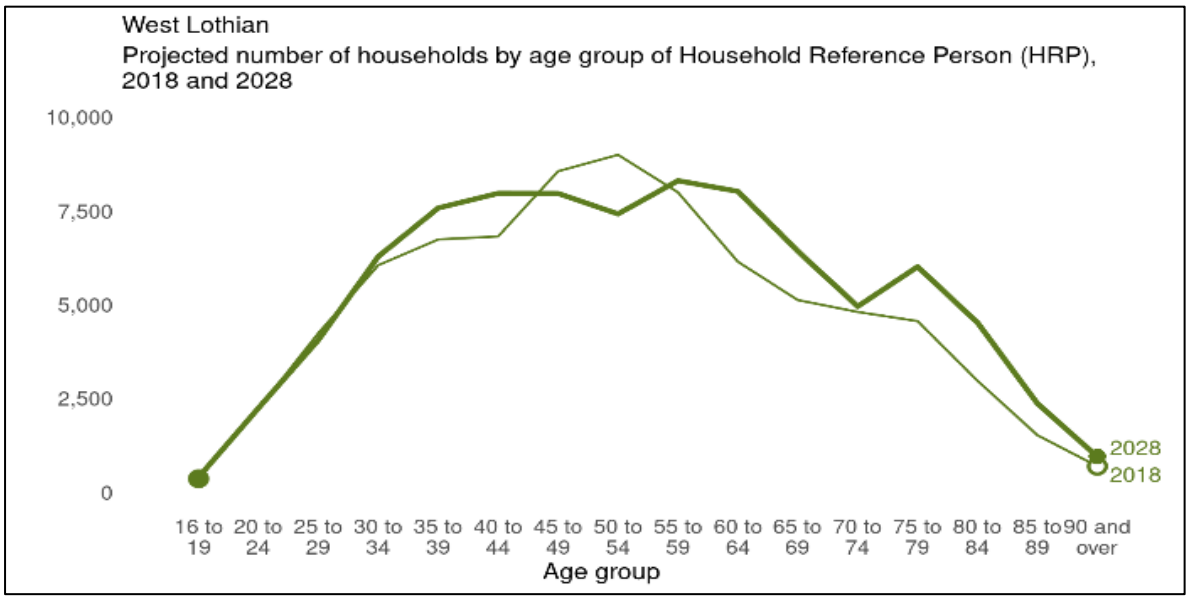
Figure 18: West Lothian: Percentage change in projected number of households by household type, 2028-2028



View Source Table

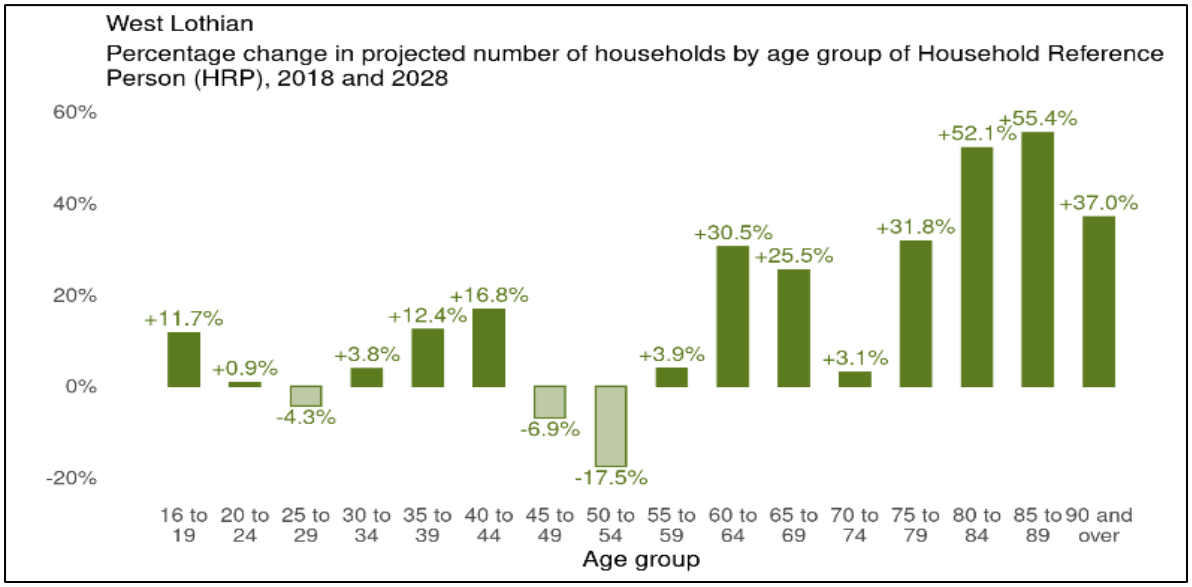
Between 2018 and 2028, the 50 to 54 age group is projected to see the largest percentage decrease (-17.5%) and the 85 to 89 age group is projected to see the largest percentage increase (+55.4%). In terms of size, however, 55 to 59 is projected to become the largest age group of a Household Reference Person (HRP), compared to 50 to 54 in 2018.

Figure 19: West Lothian: Projected number of households by age group of Household Reference Person (HRP), 2018 and 2028



View Source Table

Figure 20: West Lothian: Percentage change in projected number of households by age group.

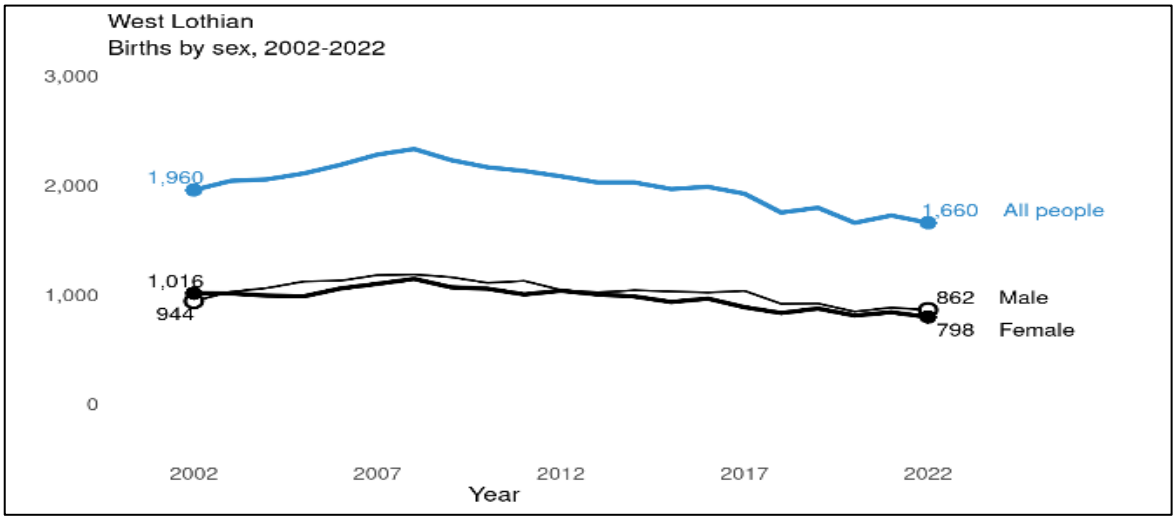


View Source Table

1.4 Birth Rate

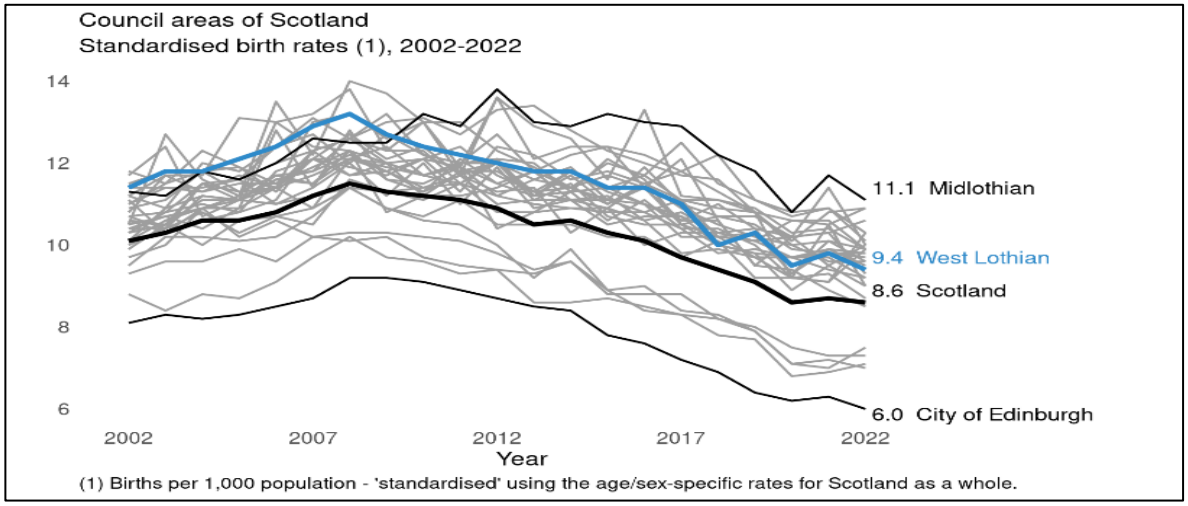
In 2022, there were 1,660 births in West Lothian. This is a decrease of 3.9% from 1,727 births in 2021. Of these 1,660 births, 798 (48.1%) were female and 862 (51.9%) were male.

Figure 21: West Lothian: Births by sex, 2002-2022



View Source Table

Figure 22: Council areas of Scotland: standardised birth rates, 2002-2022



View Source Table

In West Lothian, the standardised birth rate decreased from 9.8 per 1,000 population in 2021 to 9.4 in 2022. In comparison, the rate in Scotland overall decreased from 8.7 to 8.6.

In 2022, West Lothian was the council area with the 20th highest standardised birth rate. Between 2021 and 2022, 21 councils saw a decrease in standardised birth rate and 8 councils saw an increase. There were 3 councils that saw no change.

Table 4: Percent of people 'Feeling safe in my community' in relation to gender.

Gender	A bit unsafe	Very Unsafe	Fairly safe	Very safe
Male	9.7%	2.8%	44.2%	43.2%
Female	21.4%	5.6%	49.4%	23.5%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 5: Percent of people 'Feeling safe in my community' in relation to SIMD

Scottish Index Multiple Deprivation	A bit unsafe	Very unsafe	Fairly Safe	Very Safe
SIMD 1	28%	8.9%	49.2%	13.9%
SIMD 2	20.7%	5.8%	47.6%	25.9%
SIMD 3	13.1%	3.8%	49%	34.1%
SIMD 4	11.5%	2.6%	45.8%	40.2%
SIMD 5	7.2%	1%	43.3%	48.4%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 6: Percent of people 'Feeling safe in my community' in relation to age

Age	A bit unsafe	Very unsafe	Fairly Safe	Very Safe
16-24	19.4%	9.7%	41.6%	29.3%
25-34	17%	4.4%	55.8%	22.9%
35-44	15.7%	2.7%	40.7%	40.9%
45-54	14%	3.1%	49.5%	33.4%
55-64	14.1%	3.2%	46.7%	35.9%
65-74	13.8%	2.8%	48.3%	35.1
75 +	5.5%	18.2%	45%	31.4%

Table 7 West Lothian: Anxiety and Depression in relation to gender

Gender	I am not anxious or depressed	I am slightly anxious or depressed	I am moderately anxious or depressed	I am severely anxious or depressed	I am extremely anxious or depressed
Female	42.4%	32.8%	16.9%	5.1%	2.8%
Male	51%	24.6%	17%	4.8%	2.5%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 8: West Lothian: Anxiety and Depression in relation to age

Age	I am not anxious or depressed	I am slightly anxious or depressed	I am moderately anxious or depressed	I am severely anxious or depressed	I am extremely anxious or depressed
16-24	30.4%	32.2%	24.9%	8.3%	4.2%
25-34	35.8%	27.6%	21%	9.3%	6.3%
35-44	48%	27.%	15.9%	6.2%	2.4%
45-54	45.5%	31.3%	16.1%	5%	2.1%
55-64	50%	30.1%	14.1	3.7%	2.2%
65-74	59.3%	26%	12.6%	5 or fewer	Data 5 or fewer
75+	56.4%	26%	15.9%	5 or fewer	5 or fewer

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 9: Anxiety and Depression in relation to SIMD

SIMD	I am not anxious or depressed	I am slightly anxious or depressed	I am moderately anxious or depressed	I am severely anxious or depressed	I am extremely anxious or depressed
SIMD 1	**40.5%**	**30.6%**	**19.8%**	**5.7%**	**3.5%**
SIMD 2	**43.3%**	**26.2%**	**20.1%**	**6.4%**	**4%**
SIMD 3	**48.6%**	**27.1%**	**17.5%**	**5.5%**	**1.3%**
SIMD 4	**48.2%**	**30.3%**	**14.6%**	**3.5%**	**3.4%**
SIMD 5	**51.6%**	**31.5%**	**12.7%**	**3.4%**	**5 or few obs**

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 10: West Lothian: Loneliness in relation to gender

	Most/All of the time	Some of the time	None/Almost none of the time

Female	11%	33.4%	55.6%
Male	11.6%	30.4%	58%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 11: West Lothian Loneliness in relation to age

AGE	Most/All of the time	Some of the time	None/Almost none of the time
16-24	21.9%	44.9%	33.2%
25-34	17.3	40.4%	42.2%
35-44	10.4%	26.9%	62.8%
45-54	10.9%	30.5%	58.6%
55-64	8.4%	26.7%	64.9%
65-74	5.5%	25.6%	69%
75+	5.6%	33.6%	60.8%

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Table 12: west Lothian Loneliness in relation to SIMD

Scottish Index of Multiple Deprivation	Most/All of the time	Some of the time	None/Almost none of the time
SIMD 1	18.8%	40%	41.2%
SIMD 2	14.3%	33.4%	52.3%
SIMD 3	11.4%	31.8%	56.8%
SIMD 4	9.1%	27.1%	63.8%
SIMD 5	4%	29.7%	66.3%

Table 13 West Lothian: Life satisfaction in relation to gender

Gender	Low	Medium	High	Very High
Female	14.1%	22.25	45.4%	18.3%
Male	13.8%	20.8%	46.7%	18.6%

Source:

Table 14 West Lothian: Life satisfaction in relation to Age

Age	Low	Medium	High	Very High
16-24	21.5%	25.2%	38.9%	14.5%
25-34	17.7%	21.2%	48.2%	12.9%
35-44	17.2%	20.3%	47.7%	14.8%
45-54	17.1%	22.3%	45.8%	14.8%
55-64	16.5%	19.3%	43.1%	21.1%
65-74	10.4%	18.3%	43%	28.3%
75+	12.2%	16.8%	38.7%	32.3%

Source:

Table 15 West Lothian: Life satisfaction in relation to SIMD

Scottish Index of Multiple Deprivation	Low	Medium	High	Very High
SIMD 1	22.5%	24.8%	38.4%	14.3%
SIMD 2	20.8%	19.4%	39.7%	20.1%
SIMD 3	13%	24.7%	43.3%	18.9%
SIMD 4	15.8%	17.9%	46.7%	19.5%
SIMD 5	9.5%	17.7%	51%	21.8%

** Note unable to include ethnicity data

Source: Lothian Public Health survey dashboard (scot.nhs.uk)

Helpful documents

Public Health Priorities for Scotland (www.gov.scot)

Climate change - gov.scot (www.gov.scot)

Climate change (who.int)

How transport offers a route to better health - The Health Foundation

PHS: Poor transport is widening health gaps (healthandcare.scot)

How to talk about the building blocks of health - The Health Foundation

WLC_Local_Outcomes_Improvement_Plan_2023_-2033.pdf (westlothian.gov.uk)

Scotland's Play Strategy - Play Scotland

Overview - The right to health - Equity and justice - Our areas of work - Public Health Scotland

Green Matters: The Interplay between Mental Health and Green Health - Our blog - Public Health Scotland

Want ideas on getting started as a health anchor? — Health Anchors Learning Network (haln.org.uk)

The NHS as an anchor institution (health.org.uk)

Diet and healthy weight - Health improvement - gov.scot (www.gov.scot)

Prevention of self-harm and suicide - Health and wellbeing - Our areas of work - Public Health Scotland

Public health approach to prevention and the role of NHSScotland (publichealthscotland.scot)

scottish-government-planning-guidance-local-living-20-minute-neighbourhoods.pdf (www.gov.scot)

Associations between Nature Exposure and Health: A Review of the Evidence - PMC (nih.gov)

** Avril/Gills Housing report in spatial planning folder – further reading links included

ScotPHO profiles (shinyapps.io)

Associations between Nature Exposure and Health: A Review of the Evidence - PMC (nih.gov)

NHS Lothian Public Health Survey Results

https://www2.gov.scot/Resource/Doc/348058/0124383.pdf

63f60a5a2a28c570b35ce1b5_Make Space for Girls - Research Draft.pdf (website-files.com)