A PLACE FOR HEALTH

Building health and wellbeing in the places we spend time

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Introduction

Everyone deserves a place to thrive.

This should not be contentious. But the sad reality is that, for many people, much of the time, places don't support their health and wellbeing.

In fact, it is worse than this. For many people, places actively make them unhealthier – pushing them away from the healthy choices that we all want to make. The end result of this is that health has very little to do with conscious decisions, but is instead a reflection of the environments in which you spend your time.

The Royal Society for Public Health has its origins in the Public Health Medical Society and the Sanitary Institute, both established in the 19th century in response to the sanitary crises which had been identified as driving disease in Britain. Starting with the pioneering work of John Snow, the public health community has always been concerned with how we can reshape our environments to reduce the burden of disease. Over the last three decades we have built our understanding of what makes us healthy, happy, prosperous and thriving. From the social determinants of health to the commercial and political determinants of health, our health is shaped by the world we live in.

To remedy this, RSPH is today calling for a step change in how we consider health – embedding it across every area of our society, rather than leaving it as an issue solely to be considered by medical professionals in the NHS. It is only by doing this that we can turn the tide on the ill-health which is holding back too many people in the UK today.

Over the coming year, RSPH will be publishing a series of reports setting out how places – from schools and workplaces to high streets and parks – can be reformed to deliver better health outcomes for the people who spend time in them. By creating a place for health in each of these settings, we can help drive a revolution in how we think of and deliver health support, enabling people to build healthier lives, rather than just preventing ill health.

Our Nation's Health

The UK faces major challenges to our health. While we are living longer than ever before, we are also spending more of our lives in ill health than ever before [1]. The problems of industrial accidents and short but terminal illness early in life have often been replaced by the lesser, but still significant, challenges of multiple comorbidities and chronic health conditions.

Over recent years, it has been clear that this poses particular challenges for the NHS. A health service which was designed in the 1940s, and has fundamentally operated on the same basis ever since, is understandably struggling to deal with patients who are in no risk of dying immediately, but are living with multiple conditions each of which hold them back every day.

We have to be clear – this is a good problem to have. Conditions which would have proved rapidly fatal a few decades ago are now not just treatable, but commonly survivable. Since 1970, the 10-year survival rate of cancer patients has doubled [2]. For some conditions, such as leukaemia, the increase is far starker – four times as many leukaemia patients survive a decade after diagnosis now than did in the 1970s. In 1960, 60% of heart attack victims died. Today, more than 70% survive [3].

While recognising and celebrating this progress, we have to update our thinking to reflect the health challenges that are now facing us. Through a combination of medical science ensuring that many common diseases are now survivable, and changes to our lifestyles, it is increasingly common for ill health to become a normal part of people's lives for years – if not decades.

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At the same time, even treatable health conditions seriously impact on people's quality of life. Nobody is arguing that, just because a year long course of chemotherapy can cure cancer, we should no longer worry if people have to go through this. Similarly, the effectiveness of some antidepressants is no reason to abandon our efforts to enable people to remain mentally healthy for life, with medication used where needed – rather than as a default.

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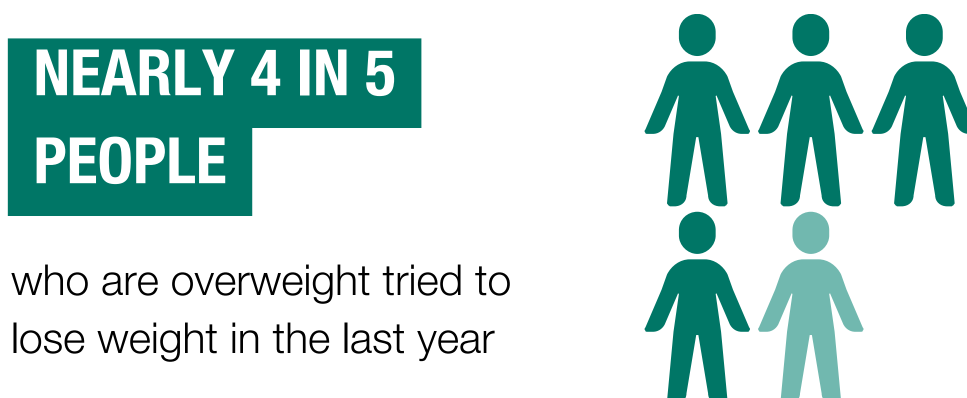
[1] REAL Centre (2023) Health in 2040
[2] Manuela Quaresma, L. et. Al. (2015) 40-year trends in an index of survival for all cancers combined and survival adjusted for age and sex for each cancer in England and Wales, 1971–2011: a population-based study
[3] British Heart Foundation (2024) UK Factsheet

This is why the public health world is so concerned with the burden of avoidable disease. In the UK today, 15% of children and 29% of adults are obese [4]. In 2014, the UK's largest survey of adult mental health found that 5.5 million people would benefit for therapeutic mental health interventions [5]. By 2040, there will be 3.5 million working age adults in the UK with a major health condition [6].

Without significant changes, we are in danger of becoming a country where people are routinely spending most of their lives in ill health – preventing them from living the lives they want to.

The Problem with Easy Choices

We all want the best health for ourselves and others – to make the choices that we know will enable longer, more fulfilled lives. More than half of smokers say that they want to kick the habit [7]. Nearly four in five people who are overweight report having tried to lose weight in the last year [8]. 9 in 10 business leaders say that it is their responsibility to improve the health of their workforce [9].



But, as health outcomes show us, these ambitions are all too often left unfulfilled. One way of looking at this would be to say that people do not really want to change. We cannot be sure that this conclusion is entirely wrong, and there will always be examples of people who will make unhealthy choices, no matter what options are available to them.

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[4] NHS England (2024) One in eight toddlers and primary school age children obese
[5] NHS England (2016) Adult Psychiatric Morbidity Study Table 2.1 and ONS (2014) Estimates for the Population of the UK Table MY_E1 2014
[6] HF and Commission for Healthier Working Lives (Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool. See: REAL Centre (2023) Health in 2040: projected patterns of illness in England)
[7] ONS (2023) Adult Smoking Habits in Great Britain Table 5
[8] Evans, M. and Pearson-Stuttard, J. (2022) https://easo.org/european-survey-finds-over-three-quarters-of-adults-with-obesity-have-attempted-to-lose-weight-in-the-past-year-but-most-have-been-unsuccessful/
[9] DWP (2021) Sickness absence and health in the workplace Table 11.4

But the reality is that, for most people, most of the time, they do not have as much choice over their behaviours as they might like to. Whether it is the circumstances of their life, or simply their past behaviour, they end up trapped by path dependency – limiting their options and often making it far harder to make the healthy choices that they want. This path cannot be disentangled from the places and environments people spend their time in – meaning we cannot support people to take a healthier path without changing the way places shape them and their behaviours.

One of the starkest examples of this is around healthy eating. We all know that freshly cooked food, containing plenty of fruits, vegetables, and high quality protein, is the healthiest way to eat [10]. Ready meals, convenient snacks, and fast food are – by contrast – recognised as driving poor health. More than just this, there is plenty of evidence that – looking purely at ingredients – cooking from scratch is cheaper than relying on convenience food. [11]

But this misses the context in which people are making these choices. 58% of people in Britain today worry about the cost of energy [12], with 28% saying they use their oven less as a result [13]. Millions of people work long hours, or even multiple jobs, in order to ensure that they can keep the lights on [14]. Under such circumstances, a pre-prepared meal that requires at most a few minutes in the microwave (or, increasingly, an air fryer) represents the economically rational choice. It is not that people don't know what they should do to be healthy – they don't have a free choice in the matter.

The same is true across a whole range of areas. In 2014, roughly 5.5 million people had a mental health condition that could have benefited from therapeutic interventions [15]. In the same year, 1.2 million people accessed NHS talking therapies [16]. Even a decade later, only 1.8 people are in contact with talking therapy services [17]. Some of this will be accounted for by people thinking they don't 'need' support, but we also must be aware that accessing mental health support is hard.

Between long waiting lists, difficulty even getting referred by a GP, and more, the easy option is almost always to try and cope on your own – embedding the unhealthy choice until you hit a crisis point and formal services have no choice but to step in. As well as being bad for the individuals affected, it also runs counter to the principles of prevention that we should be embedding across our society.

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[10] Food Standard Authority (2021) Healthy and Sustainable Diets Consumer Poll
[11] AHDB (2024) Ready meal growth driven by need for convenience
[12] DESNZ (2024) Public Attitudes Spring 2024
[13] YouGov (2023) How are the public reducing their household energy use in winter 2023?
[14] BBC News (2022) Workers rush to take on second jobs
[15] NHS England (2016) Adult Psychiatric Morbidity Study Table 2.1 and ONS (2014) Estimates for the Population of the UK Table MY_E1 2014
[16] NHS England (2015) Psychological Therapies, Annual Report
[17] NHS England (2023) Psychological Therapies, Annual Report

If we want to improve our nation's health, then we need to make sure that people are genuinely empowered to make the healthy choices when they want, rather than funnelled in a particular direction by external forces. This won't mean everyone will make the healthy choice all the time – and we shouldn't expect or want them to. But this should be their choice – not something forced upon them.

The Role of Place

The idea that places shape the people who live in them is nothing new. When the Cadbury family established Bourneville in the 19th century, they set out to build a new town which – in their own words – alleviated the evils of modern living conditions. By combining residential facilities for factory workers with leisure facilities such as swimming pools, playgrounds and allotments, the Cadbury family sought to put their own religious ethos into practice through an area which met the complete needs of their workforce [18]. The result of this was a lower death rate – and a lower infant mortality rate – than surrounding areas. [19]

Around the same time, Ebenezer Howard and the garden city movement set a blueprint for what they considered a healthy place to look like. Reacting to slum conditions in inner cities, they prioritised the physical environment of homes, with great priority placed on the provision of gardens, allotments, and open fields – providing residents with access to light, clean air, and recreation.

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[18] Cadbury (2024) Fact sheet Bournville Village
[19] Ibid.

While these Victorian conceptions of a healthy place largely revolved around curbing what they saw as the worst excesses of industrial urbanism, often in new towns set aside from cities, they do not represent the only approach to creating a healthy place. Indeed, as we moved away from a view of wellbeing rooted in religion, it has become clear that the lifecycle of where we live – shaped by and in turn shaping the people who occupy a space – is innately linked with our wellbeing.

While there are myriad examples of this in practice, the work of Jane Jacobs in the USA remains crucial for setting out how the interaction between people within a place – and how the place facilitated this interaction – shaped the outcomes they saw [20]. This was not limited to personal outcomes, but reflected that a place which encouraged isolation would in time fall into decline and neglect, creating a negative spiral. As a model, she put forwards proposals which would reinforce the centrality of neighbourhood level interactions – where planning policy encouraged diverse use of space, mixing residential, commercial and open spaces to encourage human level interaction at every opportunity.

The sad reality is that, while we all still recognise the importance of creating attractive, thriving places, the explicit health impacts of the places we spend our time are often relegated to a secondary consideration – behind the behaviours that people exhibit.

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It is absolutely right that we spend time and resource in helping people to quit smoking, or to become more physically active. But we can all recognise that these behaviours do not exist in a vacuum. Someone who has no access to affordable leisure facilities is always going to struggle to achieve their physical activity goals. Somebody who walks past dozens of fast-food outlets on their way home each day is – even with all the willpower in the world – going to struggle to maintain a healthy diet in the way they might want.

It is, in other words, no coincidence that Sandwell and Barking and Dagenham, the two least physically active areas in England [21], have fewer parks per person than 296 out of 314 local authorities [22].

If our environments shape the choices that we make every day, and we need to make it easier for people to make healthy choices, then we have to consider how to reshape places to enable this.

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[20] Jacobs, J. (1961) The Life and Death of Great American Cities.
[21] DHSC (2024) Fingertips Profile: Physical Activity
[22] ONS (2024) Number of parks and play areas in local areas, England and Wales

A Better Way

There is a wealth of literature on how places and our experiences in them shape health outcomes. These basic building blocks of our health – from high quality housing to financial security – are widely recognised in the health sector.

This is reflected in how people think of their environments. Of six areas asked about, one in three people say that at least one of these has a negative impact on their health [23]. This translates to tens of millions of people who think that they are spending time in places which are bad for them.

There is some positive news – for many people, each individual place is seen as neutral at worst. 4 in 5 of us say that our homes are good for our wellbeing, and similar numbers say the same for parks and leisure facilities. This shows that it is possible to build healthy places – we just need to ensure that this best practice is used everywhere and for everyone.

Because even a small proportion of people reporting harm can have stark impacts. This data shows more than three million people are living in homes which could be described as bad for their health [24]. Whether it is from overcrowding, black mould, or damp, this represents a significant burden to the health of the nation – while it may only be a small proportion of the population, the impact cannot be underestimated.

Only 1 in 8 people say their workplace is very good for their health – roughly the same as for their local high street, schools or nurseries. These are places where we spend huge amounts of our time, but most people just don't see them having a major impact on their health or wellbeing.

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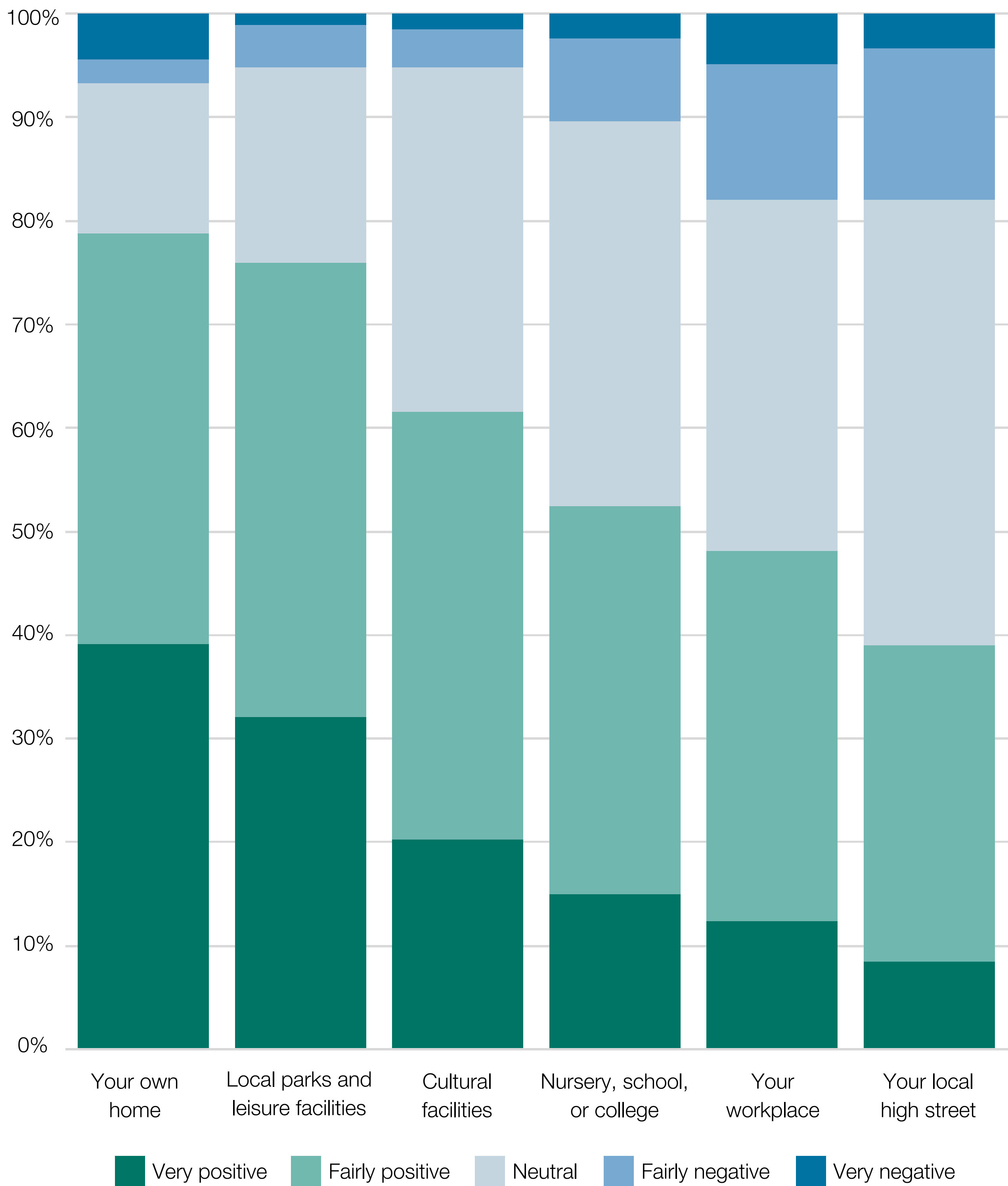
[23] Deltapoll interviewed 1,749 adults in Great Britain online between 14th and 18th November 2024. The data have been weighted to be representative of the British adult population as a whole.
[24] The UK population is 67.5 million. 5% of poll respondents said their home had a fairly or very negative impact on their health, giving a national figure of approximately 3.38 million people.

Impact of places on people's wellbeing



Public opinion also shows us what health professionals know – that the wealthier you are, the more likely you are to have access to places that make you healthy. Those in the top income bracket are twice as likely to say their home has a very positive impact on their health as those in the lowest income bracket, with a similarly sharp gradient when it comes to the impact of workplace.

If we want to create a genuinely preventative system, we need to change this – going beyond places not actively harming people's health, towards a system where places are seen as some of the primary drivers of good health, with practice to match.

In order to achieve this and maximise the opportunities that these building blocks provide, we have to move healthcare out of formal health settings, to meet people where they are. RSPH have previously written about the importance of the 'wider public health workforce' – those people from food hygiene inspectors to pharmacists deliver interventions in communities which have an enormous impact on all of our health, but often see this contribution go unrecognised because they do not fit the simplistic box of 'healthcare staff' [25].

In many ways, these staff represent the tip of the iceberg when it comes to building healthy places. They are vital, and need more support, but we must recruit an even broader cohort of people to the cause of improving public health. In doing so – making health everybody's business, rather than the domain of a small number of professionals – we can embed a health approach across our society.

In short, we need to move health out of the NHS, and embed the principles of building health across every part of our society.

For national Government, this means embedding a genuine 'health in all policies' approach, which not only encourages but requires all of our public services to judge their efforts against the difference they make to people's wellbeing. For local areas, it means tailoring solutions based on the needs of their communities, but with a relentless focus on how to improve outcomes for those who most need change. For the private sector, it means recognising that a happy, healthy population is not a nice-to-have, but an essential part of their success – and that they should invest accordingly.

The answers for how to make any given place healthier will vary, based on a huge range of local factors, from the makeup of the job market to the age profile of residents. A top down approach will, as a result, struggle to achieve the results that we need. Instead, local decision makers – whether that is Mayors, councillors, community leaders, or businesses – need to be given the powers to intervene in an appropriate way, and a framework to show how they can make the greatest difference to local health outcomes.

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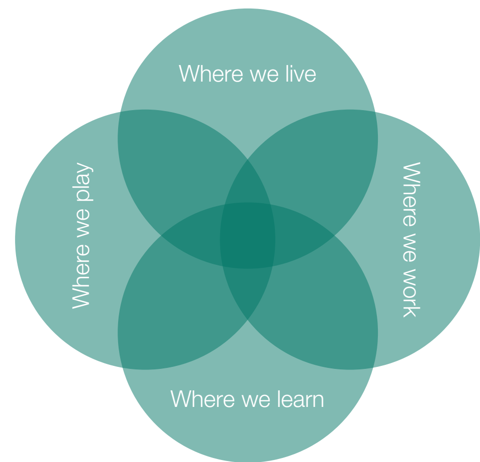
[25] RSPH (2024) The Unusual Suspects

A Place for Health



This work represents the next chapter in the work of the RSPH to improve the way that people's environments impact on their health. Rather than seeking to create a masterplan which all areas should follow to become 'healthy' we will set out how a wide range of institutions and places can make a place for health in their work – making changes every day to ensure that they are improving outcomes for the people who spend time there.

Moving beyond the physical fabric of our environments, we will look at the people who occupy them and the services which are delivered to people in these places – moving health out of the hospital and into communities.

Where we live

From houses to high streets, we spend most of our lives in the same places. When you ask people about the places that they spend time, this is what they are likely to think of first, and there is a wealth of evidence that these environments – whether it is the physical fabric, the services on offer, or the opportunities they provide – can shape the life outcomes of the people who occupy them.

Where we learn

Building health has to start at the beginning of life – the habits we build in childhood remain with us for the rest of our lives. Whether it is physical activity or mental resilience, supporting people to be healthy in education settings will help them to remain healthy when they leave. This is not just about children either – universities and adult education play a huge role in many people's lives, and their potential to help deliver health outcomes should not be ignored.

Where we work

We spend more of our lives at work than anywhere else. Someone who starts work at 18, and works full time until they retire at 65, can expect to spend more than 75,000 hours in the workplace. That represents more than one in ten hours across our lifetime. Given the centrality of work to most of our lives, it is clear that we cannot build a healthy society unless our workplaces are drivers of good health.

Where we play

Health is not just about the things we have to do – being healthy means having time and space to do the things which make us happy. Drawing on the suffragette maxim of 'bread and roses' we will look at the places where we spend our time off – from parks and playgrounds to gyms and galleries – to set out how these places can contribute to our physical and mental wellbeing.

Changing these places is not something that can be done solely from the top down, or by central government diktat. If we want to build healthier places, then we need buy in from everyone who populates or interacts with them – whether that is teachers and school support staff, housebuilders, or the volunteers running sports clubs in their spare time.

Most importantly, we need to change places in ways that the public not only benefit from, but appreciate and will work to maintain. A gym that promotes mental health will only be able to do so as long as the people using the gym – as well as the staff – value mental health support and perpetuate a positive feedback cycle. When setting out how to create a place for health, the first question has to be what good looks like for the public.

RSPH will bring together all of these groups to set a clear roadmap for change – setting out what good looks like, and how everyone involved can make this a reality. Our approach is rooted in empowering everyone to improve public health – including, but never limited to, those who formally work in the health system.

Over the next year we will set a clear roadmap towards a new way of doing health improvement – harnessing the power of our places to deliver the better outcomes that we need to see as a matter of urgency.

This roadmap will be clear on what is needed from those in Westminster, the devolved administrations, and local government to drive change – whether that is regulation, funding, or administrative support for new approaches. But, as this cannot be done by government alone, we will also show what providers, the public, and businesses can do to improve practice and, through that, ensure that everyone spends their lives in places that improve – rather than harm – their health.