

Report of the Director of Public Health

Report to Executive Board

Date: 23rd September 2015

Subject: Director of Public Health Annual Report 2014/15

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. Under the Health & Social Care Act 2012, the Director of Public Health has a duty to produce an Annual Report on the health of the population
2. The decisions made by the Council on spatial planning can have a profound long term effect on health & well being.
3. In the context of the significant housing growth planned for the city, this year's report describes the health & well being benefits of good urban design, along with the importance of engagement of individuals, families and communities.

Recommendations

4. The Executive Board is requested to:
 - i. Note the contents of the report.
 - ii. Support the recommendations.
 - iii. Recommend that the report is received by the Scrutiny Board (Adult Social Services, Public Health, NHS)

1 Purpose of this report

- 1.1 To summarise the background, context and key issues from the Director of Public Health's Annual Report 2014/15.

2 Background information

- 2.1 Under the Health & Social Care Act 2012 (section 31), the Director of Public Health has a duty to write an Annual Report on the health of the population. Within the same section of the Act, the Local Authority has a duty to publish the report.
- 2.2 This year's report is looking to the future. The World Health Organisation (Europe) stated in 2012 that "local councils can have their most important long term effect on health through the decisions they take about spatial planning".
- 2.3 However, the World Health Organisation (Europe) went on to state that "Health was rarely a key focus for action in spatial planning and the built environment". This is despite modern town planning originating in the nineteenth century in response to basic health problems – such as covered in the last Annual Report.
- 2.4 There is though now a growing recognition (again) that the environment in which we live is a major determinant of health and wellbeing. Even the NHS is recognising it's role. In July 2015, Simon Stevens the Chief Executive of NHS England declared that the "NHS had not been a terribly good partner" and pledged to put "innovative health & social care practice at the very heart of urban planning".
- 2.5 On 12th November 2014, Leeds City Council adopted its Core Strategy which includes an additional housing requirement of 70,000 new homes to be built between 2012 and 2028. This represents a 20% increase in properties and a potential 150,000 increase in population – a huge change for Leeds.
- 2.6 The Director of Public Health wishes firstly to highlight the public health benefits of good urban design and planning – for health and wellbeing for all ages and as an important contribution to reducing health inequalities. The second purpose is to make sure that individuals, families and local communities have their voice heard, and influence felt in the planning process in order to help realise those public health benefits.
- 2.7 In 2014, Leeds City Council adopted the Leeds Homes Refurbishment Standard as a replacement for the Decent Homes Standard. This acknowledged the importance of housing conditions in relation to health and wellbeing.
- 2.8 The usual data on the health of the population is also available – including life expectancy, mortality, disease prevalence and lifestyles e.g. smoking, obesity.
- 2.9 The data is available citywide, by community committee, Clinical Commissioning Groups and by 107 Medium Super Output Areas (MSOA's of about 6-8000 population each).

- 2.10 The data is available at <http://observatory.leeds.gov.uk> The report is available at http://observatory.leeds.gov.uk/Leeds_DPH_Report/ and a limited print run is also available. Printed copies have been provided for Cabinet and Executive Board as part of the meeting papers.

3 Main issues

3.1 Health planning and urban design

- 3.1.1 The report acknowledges that spatial planning involves a range of different people with different motives and the importance of a planning process that attempts to reconcile these competing viewpoints.
- 3.1.2 As part of this process, Leeds City Council has published Neighbourhoods for Living – a guide for residential design in Leeds. The Director of Public Health’s report sets out the potential health benefits from this guide.
- 3.1.3 The report then goes on to focus on nine principles from this guide that have the most direct impact on health. These are: access to health services and other community facilities; access to healthy food; social cohesion and community resilience; physical activity and active travel; spaces and natural habitats; community safety; climate change and pollution; air quality; healthy design and lifetime homes.
- 3.1.4 Case studies have been used to illustrate how different developments across Leeds have taken different approaches to realising the health & well being benefits of good urban design.

3.2 Engaging local communities

- 3.2.1 The report sets out details about the Leeds City Council framework for community participation in the planning process – the Statement of Community Involvement. Links to a range of useful documents are provided.
- 3.2.2 Case studies are used to illustrate the different opportunities available – for example with Neighbourhood Plans and regeneration projects. There are also examples about how children and young people have been involved in a variety of initiatives, as well as landowner and business involvement.

3.3 Report Recommendations

- 3.3.1 The report concludes with recommendations for Leeds City Council, developers and the Clinical Commissioning Groups.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 Various initiatives described in the report have been developed with the public e.g. Cross Green, Holbeck Neighbourhood Plan.

4.1.2 Members of the public have helped write the report through personal stories and experiences.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 An equality impact assessment has been completed and this is appended to this report.

4.3 Council policies and Best Council Plan

4.3.1 The Annual Report of the Director of Public Health supports the Council's role in improving health and reducing health inequalities as set out in the Leeds Joint Health & Well Being Strategy and the Best Council Plan.

4.4 Resources and value for money

4.4.1 The costs of producing the Annual Report of the Director of Public Health are contained within the ring fenced Public Health grant.

4.5 Legal Implications, Access to Information and Call In

4.5.1 Publication of the Annual Report of the Director of Public Health will enable the Council to meet its statutory requirements under the Health & Social Care Act 2012.

4.6 Risk Management

4.6.1 There are no risks identified with the publication of the Annual Report of the Director of Public Health.

5 Conclusions

5.1 The health and wellbeing benefits of good urban design are significant. These need to be taken into account by developers within the planning and development of the housing growth that has been set out in the core strategy. In addition, the three Leeds Clinical Commissioning Groups need to be more engaged in the planning process in their areas, especially as they take on the responsibility for the commissioning of primary care. Leeds City Council needs to continue to ensure that the voices of individuals, families and communities are included within the planning process.

6 Recommendations

6.1 The Executive Board is requested to:

- i. Note the contents of the report.
- ii. Support the recommendations.
- iii. Recommend that the report is received by the Scrutiny Board (Adult Social Services, Public Health, NHS)

7 Background documents¹

7.1 None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Appendix 1
**Equality, Diversity, Cohesion and
 Integration Screening**



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions. Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate:Public Health	Service area:Office of the Director of Public Health
Lead person: Dr Ian Cameron	Contact number: 07712214791

1. Title: Director of Public Health Annual Report 2014-15 Planning a Healthy City: Housing Growth in Leeds

Is this a:

Strategy / Policy
 Service / Function
 Other

If other, please specify
Annual Report of the Director of Public Health

2. Please provide a brief description of what you are screening

The Director of Public Health is required to produce an Annual report on the health of the local population. This year focuses on housing growth in Leeds. The report explores why linking health and planning is so important, describes the health benefits of good urban design and draws on case studies and personal experiences of how individuals, families and communities can get involved in the planning and development of their local neighbourhoods.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	X	
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 		X

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

On 12th November 2014, Leeds City Council adopted its Core Strategy which includes an additional housing requirement of 70,000 new homes to be built between 2012 and 2028. This represents a 20% increase in properties and a potential 150,000 increase in population – a huge change for Leeds.

The Director of Public Health wishes firstly to highlight the public health benefits of good urban design and planning – for health and wellbeing for all ages and as an important contribution to reducing health inequalities. The second purpose is to make sure that individuals, families and local communities have their voice heard, and influence felt in the planning process in order to help realise those public health benefits.

- 7.1.2 The report acknowledges that spatial planning involves a range of different people with different motives and the importance of a planning process that attempts to reconcile these competing viewpoints.
- 7.1.3 As part of this process, Leeds City Council has published Neighbourhoods for Living – a guide for residential design in Leeds. The Director of Public Health’s report sets out the potential health benefits from this guide.
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- 7.1.5 Case studies have been used to illustrate how different developments across Leeds have taken different approaches to realising the health & well being benefits of good urban design.
- 7.1.6 The report sets out details about the Leeds City Council framework for community participation in the planning process – the Statement of Community Involvement. Links to a range of useful documents are provided.
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- **Key findings**

(**think about** any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

There we no specific findings relating to individuals or groups rather it looks at how social cohesion and community resilience and community engagement in planning can help to bring about healthy developments and reduce health inequalities for all.

- **Actions**

(**think about** how you will promote positive impact and remove/ reduce negative impact)
Recommendations in the report centre around making developments healthy in general rather than highlighting specific groups.

5. If you are not already considering the impact on equality, diversity, cohesion and integration you will need to carry out an impact assessment.	
Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

6. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Dr Ian Cameron	Director of Public Health	24/08/2015
Date screening completed 24/08/2015		

7. Publishing	
Though all key decisions are required to give due regard to equality the council only publishes those related to Executive Board, Full Council, Key Delegated Decisions or a Significant Operational Decision .	
A copy of this equality screening should be attached as an appendix to the decision making report:	
<ul style="list-style-type: none"> • Governance Services will publish those relating to Executive Board and Full Council. • The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions. • A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record. 	
Complete the appropriate section below with the date the report and attached screening was sent:	
For Executive Board or Full Council – sent to Governance Services	Date sent: 24/08/2015
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: 24/08/2015