

Leeds Health & Wellbeing Board

Report author: Ian Cameron
Tel: 0113 247 4414

Report of: Director of Public Health

Report to: The Leeds Health and Wellbeing Board

Date: 20th January 2016

Subject: Director of Public Health Annual Report 2014/15

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 Health & Wellbeing Board is requested to:
 - i. Note the contents of the report.
 - ii. Support the recommendations.

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

- 2.2 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.
- 2.3 This year's report was launched at the Leeds City Council Executive Board meeting on 23rd September and 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".
- 2.4 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.
- 2.5 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 its 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".
- 2.6 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.
- 2.7 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.
- 2.8 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/

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 principals 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 Health and Wellbeing Board Governance

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.

- 4.1.3 The report has been presented to Leeds West, Leeds North & Leeds South & East Clinical Commissioning Groups.

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 (Appendix 1).

4.3 Resources and value for money

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

4.4 Legal Implications, Access to Information and Call In

- 4.4.1 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.

4.5 Risk Management

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

5 Conclusions

- 5.1 The health & well being benefits of good urban design need to be fully incorporated within Council's leadership role in the planning and development of the housing growth intentions within the Core Strategy. This includes ensuring that engagement of the Clinical Commissioning Groups and that the voices of individuals, families and communities are included within the planning process.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- i. Note the contents of the report.
 - ii. Support the recommendations.