



Report of: Director of Resources and Housing, Leeds City Council

Report to: Leeds Health and Wellbeing Board

Date: 5 September 2018

Subject: Priority 4 – Housing and the environment enable all people of Leeds to be healthy

Are specific geographical areas affected? If relevant, name(s) of area(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 type="checkbox"/> Yes	<input checked="" 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

The Leeds Health and Wellbeing Board (HWB) provides strategic, place-based direction for improving health and wellbeing; integrating health and care, reducing health inequalities and tackling wider determinants. As part of its 2017/18 annual review process, the HWB identified an opportunity to strengthen its focus on priority 4 of the Leeds Health and Wellbeing Strategy – housing and the environment enables all people of Leeds to be healthy. This paper has been drafted in response and prompts a discussion on the best ways to seek further integration between housing and health partners in Leeds.

Given the cross cutting nature of this priority, this paper has been a collaborative effort between Housing, Public Health, Planning and Design and Adult Social Care. Nonetheless, it does not cover all housing and health related issues, but must be seen as part of a continuing conversation. The paper reveals the challenge in integrating the differing perspectives on health, and states the case for improving collaboration and joint working by providing evidence across four areas: existing housing, vulnerable groups, new housing, and designing healthy spaces.

Recommendations

The Health and Wellbeing Board is asked to:

- Discuss, identify and agree ways to further integration between housing, environment and health partners at both strategic and operational levels
- Identify priority areas for future consideration and collaboration on housing issues which have an impact on health
- Agree to use local, regional and national best practice to provide strategic direction and influence for partners including the NHS, Local Care Partnerships, LCC Planning and Highways
- To help drive the work forward locally and regionally in line with a Health in all Policies approach and the Leeds Health and Wellbeing Strategy
- Note the aims, principles and progress of the Planning and Design for Health and Wellbeing group to date

1 Purpose of this report

- 1.1 To address priority 4 of the Leeds Health and Wellbeing Strategy – housing and the environment enables all people of Leeds to be healthy – outlining some of the key housing issues which impact on health, highlighting what we have done already to respond to these issues and what else is planned.
- 1.2 To provide an overview of how health interventions can improve positive housing outcomes.
- 1.3 To encourage discussion on how opportunities for greater future collaboration between housing and health organisations can be maximised in Leeds in the future.
- 1.4 To provide an overview of the work being carried out by the Planning and Design for Health and Wellbeing Group and encourage discussion as to how it can influence other relevant work streams and move forward.
- 1.5 To highlight current initiatives that can inform and support integrated working around housing, environment and health.

2 Background information

- 2.1 The Leeds Health and Wellbeing Strategy 2016-2021 has a clear vision that Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. Priority 4 is that housing and the environment enable all people in Leeds to be healthy. To achieve this aim there are many actions taking place across all health and care partners.
- 2.2 'Housing and the environment' is a wide and varied topic and it should be noted that the HWB has already received some updates relating to this agenda in previous meetings and will continue to do so in future meetings at the request of HWB members and as part of the Board's ongoing work plan.
- 2.3 It is well known that there are strong links between housing and health. The Marmot Review into health inequalities, published in 2010, concluded that housing is a 'social determinant of health'. The Building Research Establishment (BRE)'s briefing paper, 'The cost of poor housing to the NHS', in 2015 calculated that poor housing costs the NHS at least £600m per year.
- 2.4 In the medium to long term, the decisions made today around new housing development can positively impact on population health and reduce health inequalities in the future. As well as joining up health, health improvement services and infrastructure efficiently, health and wellbeing can be prioritised in the design of new housing development. This gives children the best start in life, supports healthier adulthood, enables active and independent ageing as well as taking account of the needs of particularly vulnerable groups to enable a healthier life for all.
- 2.5 The Leeds Housing Strategy 2016-2021 has 6 key themes – affordable housing growth, improving housing quality, promoting independent living, creating sustainable communities, improving health through housing and meeting the needs of older people. The dedicated improving health through housing theme focuses particularly on improved lifestyle, tackling fuel poverty and ensuring

suitable housing for residents with mental health problems, drugs and alcohol problems, but all themes have a health and/or health inequalities dimension.

2.6 Ensuring the availability of enough housing of the right quality, accessibility and affordability in Leeds is becoming ever more challenging, due to housing price inflation, central government policy (e.g. an inability for Councils to borrow to build) and other economic factors. Leeds has identified the need to build 1158 new affordable homes per year which is currently not being met. Leeds City Council receives on average 122 bids per available property from people on the Leeds Homes Register, seeking rehousing into Council or housing association homes. Insufficient supply of high quality, accessible and affordable housing is known to impact on health.

2.7 The nature of housing tenure is changing, both nationally and in Leeds. The private rented sector has almost doubled in the last 16 years, from 10.2% of homes in 2001 to 19.9% in 2017. The affordable sector (made up of Council housing, Housing Association and affordable home ownership schemes) has reduced over the same period from 25.6% to 22.5%. Homes in the private rented sector tend to be older, less energy efficient and have more serious (Category 1) hazards as assessed using the Housing, Health and Safety Rating System (HHSRS). The rise of this sector presents a number of challenges to health. Whilst a high proportion of privately rented have identifiable problems, the owner occupied sector contains the greatest number of Category 1 hazards.

2.8 There are a number of groups of people where housing and health issues are particularly prevalent, which requires a co-ordinated approach between housing and support organisations and health services to maximise prevention and early intervention. These are:

- Older and disabled people
- Homeless people
- People with mental health problems
- Migrants
- Gypsies and Travellers
- Children and Young People

3 Main issues

3.1. Context and opportunities

3.1.1. The link between housing and health is well documented, and further evidence related to just four areas is included later in this report. For our populations to realise the best possible health outcomes, it is important to understand the relationship between where people live and their health and wellbeing, but also having the skills and knowledge to identify and access solutions.

3.1.2. Over recent years a number of reports have been produced and initiatives developed which support the need for closer working between health and housing organisations. This is both at a strategic level when developing local policy, commissioning homes and services, and at a more operational level to ensure that the workforce across sectors understand the impacts of housing on health and are able to identify suitable solutions.

3.1.3. A feature of best practice and recommended guidance is an increased focus on prevention and early intervention, especially when planning and implementing the

integration and transformation of services. This aligns with the ambition of our Leeds Health and Care Plan, which aims to achieve the 'Leeds Left Shift' towards a stronger emphasis on prevention and self-care, working in and with local communities.

Locally

- 3.1.1. In Leeds, the Local Care Partnerships (LCPs) model is strongly rooted within the Leeds Health and Wellbeing Strategy 2016-21. LCPs are currently being established in Leeds, which will see a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the needs of the identified population. Each LCP includes statutory, third sector (community) organisations and elected members, alongside local people, to develop services that support people to self-care and thrive using their individual and community assets. Housing's connection into the LCPs is a critical one, to ensure a holistic approach where a resident's housing need is considered alongside their health and care needs.
- 3.1.2. There is a significant opportunity for Housing Leeds to work more closely with health organisations to ensure that there is a combined health and housing approach to a wide range of Leeds residents. Housing Leeds has extensive contact with large numbers of residents living across all housing sectors in Leeds and with diverse health and support needs. The service:
 - Manages 55k Council homes across the city, including 4.2k sheltered housing tenants. This includes providing tenancy management and support, and repairs and investment to homes.
 - Management of the Leeds Housing Options service, which supports with 12k residents threatened by homelessness each year.
 - Delivers approximately 2k adaptation schemes each year across all housing sectors.
 - Regulation of private rented sector homes inspecting 2.5k of 60k private rented homes each year.
 - Acts as the Strategic Housing Authority working with private rented sector landlords, housing associations and voluntary organisations to maximise the wider sectors' support for the city's housing strategy priorities and wider city priorities.

Regionally

- 3.1.3. There is much to learn from the best practice that exists regionally. The West Yorkshire and Harrogate Health and Care Partnership recognised the important connection between health and housing at the System Leadership Executive Group in June 2018. It highlighted some of the ways that health and housing partners can work more closely in West Yorkshire and Harrogate, and the importance of the housing sector's future integration with health.
- 3.1.4. The meeting also outlined the exemplar partnership working between Wakefield CCG and Wakefield Homes, led by the Wakefield Housing, Health and Social Care Partnership, creating a seconded post across the two organisations to maximise the connectivity and visibility of housing amongst health colleagues.
- 3.1.5. The Vanguard work in Wakefield is another example of where Housing and the third sector worked together in Extra Care schemes to ensure older people access

social activities which prevented a decline in health and reduced the need for services.

- 3.1.6. Opportunities being developed at regional level are built on a growing understanding of the housing potential in the health and care system and as a key enabler in delivering new models of care for the future. Participating in this dialogue and information exchange will inform better strategic decision making across health, social care and housing sectors for our citizens now and for future generations.

Nationally

- 3.1.1. On a national level, the NHS England Healthy Towns initiative aims to shape the health of communities, and to rethink how health and care services can be delivered. The programme offers an excellent opportunity to unite public health, NHS providers and commissioners, planning and housing development to plan and build healthier places. Learning from this model can help us join up health, health improvement services and infrastructure efficiently through LCPs and maximise health and wellbeing in the design of new housing development for the future.
- 3.1.2. In February 2018, a National [Memorandum of Understanding](#) (MoU) – attached as appendix I – renewed the commitment of over 25 stakeholders to joint action across government, health, social care and housing sectors to improving health through the home. There is an opportunity for the HWB to implement the recommendations made within the MoU.
- 3.1.3. There has also been a growing movement to support a reunion of Health and Planning, including a greater emphasis on health and wellbeing in the new [National Planning Policy Framework](#), the [Raynsford Review](#) of planning, and in the draft London Plan. Transport for London's [Healthy Streets](#) sets out an approach for place making which 'aims to reduce traffic, pollution and noise, create more attractive, accessible and people-friendly streets where everybody can enjoy spending time and being physically active'.

Suggested Priority Areas for Collaboration

- 3.1.4. It is clear there are a number of opportunities for greater future collaboration between housing and health organisations, which can be maximised in Leeds. The following outlines a number of suggested priority areas for future collaboration. This list is not exhaustive and the HWB is invited to explore further opportunities:
- The development of a fast track adaptations service for end of life care
 - Health impact studies to inform Leeds City Council's capital investment in its council stock
 - A joint city lobby on improvements to standards within, and regulation of, the private rented sector
 - A joint strategy on a range of future provisions for an ageing population
 - Health impact studies to inform future urban design

3.2. *Presenting the case for change*

- 3.2.1. The following section of the report outlines four areas where housing impacts on health and how health interventions can produce improved housing outcomes,

highlighting what we have done already to respond to these issues, what else is planned and opportunities for the future.

EXISTING HOMES	
Social rented sector	<ul style="list-style-type: none"> • In 2000, central government introduced the requirement for all social housing to meet the Decent Homes Standard by 2010. This programme saw huge investment into social housing and a significant improvement in the quality of these homes. By 2010, 95% of Council housing in Leeds met the Decent Homes Standard. • Although positive, the Decent Homes Standard did not set targets that were particularly challenging around increasing the energy efficiency of social housing stock. A theme of the Council's current Asset Management Strategy is therefore to reduce fuel poverty through its investment programmes, cutting carbon and improving health. • Leeds City Council has plans in place to deliver £80m investment each year 2015-24, which will drive continuous improvements in Council housing quality. Current investment programmes include insulation and heating works to improve the energy efficiency of homes, particularly the hardest properties to treat. • As part of this, work has started on the delivery of a district heating network, delivering affordable heat from the Recycling and Energy Recovery Facility at Cross Green. This will supply 30 high-rise blocks in Burmantofts and Richmond Hill, with further work planned for an additional 26 high-rise blocks across Leeds.
EXISTING HOMES	
Private rented sector	<ul style="list-style-type: none"> • The private rented sector has worse housing conditions than any other sector. 5% of private rented home in England have excess cold, 9% are affected by damp and 10% have fall hazards. Insecurity of tenure and frequent moves can worsen mental health and are bad for children's social, emotional and educational outcomes. • In Leeds, the Council's Private Rented Team carries out regulation of the private rented sector – inspecting and taking enforcement action against landlords. In 2017/18, this action included the inspection / visits to almost 2500 properties, with over 1500 hazards being removed or reduced and over 3500 people benefiting from these interventions. • To support this, Leeds has also adopted a number of proactive initiatives to improve housing conditions in the sector, including: <ul style="list-style-type: none"> • Leeds Neighbourhood Approach – targeted approach for small geographical areas through a multi-agency approach, working with landlords to improve property standards and support tenants' health and wellbeing. • Leeds Rental Standard – over 380 private landlords are now members of the Standard, which sets a minimum standard of housing. • Private Rented Sector Forum / Conference – a programme of regular communication with landlords to raise awareness of housing quality and residents' support needs. • LCC is currently consulting with private landlords and members of the public about a business case to potentially introduce selective licencing schemes in the Harehills and Beeston Hill areas of Leeds. Selective Licencing requires private landlords operating within these areas to obtain a licence to operate as a landlord. The overall aim of the approach is to drive up housing standards in these areas and ensure that minimum standards are met in the management of tenancies. If approved, the licence fee will fund additional officers to deliver the scheme. • Traditionally, the law on housing quality in the private rented sector has been somewhat limited; to date it has mainly focused on hazards to health and safety, with energy efficiency standards set very low and difficult to enforce. In recent years the Government has sought to introduce additional powers to allow better regulation of the sector, including the Housing and Planning Act and an Extension to Mandatory HMO licencing. Further consultation is also underway to consider additional regulation and support to tenants.

VULNERABLE GROUPS

Older people

- As outlined at the June 2018 Health and Wellbeing Board, one of the themes of the Leeds Housing Strategy is to ensure that we are meeting the housing needs of older residents. There are 4 priorities identified within the strategy:
 - Supporting independence and promoting social inclusion;
 - Ensuring accurate information and advice is available to help older people make informed decisions about how their housing needs are met;
 - Developing more specialist housing with support, including extra care housing and;
 - Developing new homes which are designed flexibly to meet the changing needs of older people.
- As part of the Better Lives Programme, a detailed demand analysis has been carried out to identify the quantity, type and demand for specialist accommodation for older people; this identified a need to construct 1100 units of Extra Care to meet projected demand over the next 10 years.
- LCC is working closely with providers to stimulate the development of extra care schemes across the city. A major procurement is underway to develop 240 extra care units on Council owned sites via experienced extra care providers, planned for delivery in 2021. In addition, the Council is investing £30m in the development of a further 180 extra care units. The Council's first extra care scheme in Yeadon, opened in November 2016.
- Several cohort studies have been undertaken to assess the efficacy of the Extra care model in promoting health, enhancing wellbeing and enabling people to live longer and more fulfilled lives. There is a significant opportunity to engage with public health and establish extra care as part of the preventative toolkit which includes intermediate care and re-ablement, which in turn could help reduce pressure on health and social care budgets by reducing admission to acute hospital beds and residential care.
- Housing Leeds also manages 4200 units of sheltered Council homes in Leeds across 125 sheltered schemes, with regular contact available to residents via Support Officers to help support independence. Following a review of the sheltered support service during 2017/18 an improved support offer is currently being implemented in schemes, with a greater staff presence on some schemes, an increased focus on providing a range of wellbeing activities in schemes to support social inclusion and maximize health and wellbeing and rebranding of the service as retirement living. There is a significant health connection into sheltered housing schemes, with opportunities to develop stronger connections between Housing's support staff and health workers at an operational level.

VULNERABLE GROUPS

Disabled people

- A Disabled Facilities Grant (DFG) is a mandatory means-tested grant that covers the cost of major housing adaptations that enable a disabled person to continue to live independently in their own home. Disabled people who are home-owners, private or housing association tenants can apply for a DFG. The DFG budget is principally funded through government allocation (£6.767m in 2018/19) and supplemented by a Council contribution (£1.069m) and contributions from means-tested applicants and housing associations (£350k). Council tenants have the cost of adaptations covered through the Housing Revenue Account and the budget for 2018/19 is £5.5m.
- The assessment of housing adaptations is quite a standard process with the same two-stage test made for all cases and the same targets set for all adaptation schemes. Discussions have taken place within Housing Leeds about adopting a more bespoke service offer. Consideration is also to be given on how proactive the service is for people who are receiving palliative care, are in hospital and want to return home. We need to ensure that we are putting in place accessibility measures that are swiftly promoting people's wish to return home.
- It may well not be possible to adapt a disabled person's current home and Housing Leeds has a specialist medical re-housing team that carries out housing need assessments to determine the level of council re-housing priority that should be awarded alongside a recommendation for the type of accessible home and adaptations that are required. The priority award will reflect the acuteness of the accessibility need and that it is not feasible to adapt the person's current home. Re-housing priority may also be made when a disabled person cannot be discharged from hospital because their home is not accessible and it is not feasible to adapt. Housing Leeds may also award re-housing priority when a disabled person decides to move to already adapted council housing as an alternative to adapting their current home.
- A forum has being set up (PAN Leeds) with includes Occupational Therapists (OTs) across all the care sectors, where, following a home visit from any OT, they will be able to make recommendations directly into Health and Housing for adaptations in the 3 areas, which are bathing, straight stair lifts and basis ramps. This initiative could potentially save valuable time, and reduce the doubling up of assessments. We expect that this would be particularly useful in the area of delayed discharges from hospital wards, and we are expecting to have a procedure in place which we can pilot by early 2019.

VULNERABLE GROUPS

Children and young people

- The decline in children's physical fitness over the last few decades is well documented. Between 1975 and 2000, the percentage of overweight children in England increased from less than 10% to over 20% (Government Office for Science, 2007). Obesity is currently doubling during the primary school years, with 20% of children diagnosed as obese when they leave (HSCIC, 2015).
- There are many studies showing that children's play and independent access to the outdoors in their neighbourhood is beneficial to their physical, social and mental development. In 2010, only 25% of English primary school children were allowed to travel home from school alone, compared with 86% in 1971 (Shaw, et al., 2013). 71% of adults played out in the street or neighbourhood as children, compared to only 21% of children today (Lacey, 2007).
- During the last 50 years, the number of cars in the UK has almost doubled from 19 million in 1971 (RAC, 2008) to 36 million in 2015 (DfT, 2015), and the danger of traffic is most often cited as the reason why children's independent outdoor activity has decreased so dramatically. Volume and speed of traffic both impact negatively on community street life, although deaths and serious injury have significantly reduced.

VULNERABLE GROUPS

Homeless people

- The 2017 Homelessness Reduction Act (which came into force on 3 April 2018) places a duty on each local authority to develop a personal housing plan for each eligible homeless person setting out how the authority would assist to either prevent or relieve a person's homelessness. The prevention duty applies when a person is threatened with losing their accommodation and the desired outcome is to enable a person to continue living in this housing option. The relief duty applies when a person has lost their home and the desired outcome is to assist them to secure alternative accommodation. Both the prevention and relief duties, if the required outcome is not secured, are in place for 56 days. If prevention/relief outcomes are not achieved then the long-standing legal duty to secure temporary accommodation, pending longer-term re-housing, is activated if the applicant is eligible, unintentionally homeless and in priority need. Interim accommodation, pending the relief duty being applied, will be secured if the applicant is homeless and believed to be in priority need.
- As part of the act public bodies, including health authorities, will have a duty to refer an individual who is or threatened with homelessness to the local housing authority from 1 October 2018. This will include accident and emergency services provided in hospital, urgent treatment centres and in-patient services provided in hospital. Leeds Housing Options Service is currently developing operational procedures for managing referrals through the duty to refer and will be publicising these with public bodies before October.
- The majority of rough sleepers have complex support needs with mental ill-health and addiction being reasons why people start/remain/return to rough sleeping rather than access to housing options.
- In 2017, 28 rough sleepers were identified in Leeds based on the annual headcount. This is significantly lower in comparison to other major cities such as Manchester and Birmingham respectively.
- The government has recently allocated Leeds additional funding for 2018/19 (£352k) to facilitate a significant reduction in rough sleeping. The funding is being partly used to fund a specialist mental health social worker and mental health nurse. They will work alongside the street outreach team providing initial mental health care and helping people access mainstream services thereafter. The funding is also being used to fund an additional addiction support worker, through Forward Leeds, to again bring addiction support to people on the street. The Council is forging a working relationship with Bevan Health Care, service commissioned by the CCG to deliver primary health care to homeless people, and we are looking at options for promoting the availability of street medicine. The first step is the introduction of a medical bus service that will be stationed in different locations in the city centre to bring health care closer to homeless people.
- The social worker/nurse post will be part of a wider Street Support Service, led by Safer Leeds, that will be made up of housing officers, third sector workers, anti-social behaviour and police officers that will work together to deliver a holistic/targeted service to help people come off the street. The new service will hopefully start working in early September.
- The government published its national strategy to end rough sleeping by 2027. It is framed around preventing rough sleeping, rapid intervention to get people off the street when they do sleep rough and promoting recovery to stop people returning to the street when are re-housed. The national strategy recognises the significant link between health and rough sleeping and the Government has asked the NHS to commit £30m of funding to improve health related interventions and outcomes for rough sleepers.

VULNERABLE GROUPS

Gypsies and Travellers

- As noted at the April 2018 Health and Wellbeing Board workshop (themed around priority 3 – strong, engaged and well-connected communities), the Gypsy and Traveller population has one of the highest levels of inequality in the city. They are a small but significant group of people who experience poorer health outcomes, especially higher rates of infant mortality and young men committing suicide. Average life expectancy is approximately 50 years of age, compared to the average Leeds population of around 78 years (NHS Leeds CCG, 2018).
- Frequent evictions from unauthorised sites leads to high levels of anxiety caused by displacement and sometimes separation from their extended family groups. Travellers who have moved into houses can also experience high levels of depression linked to loss of their traditional lifestyle (van Cleemput 2007, Journal of Epidemiology & Community Health).
- English Romany Gypsies and Irish Travellers are protected by the 2010 Equality Act and the Public Sector Equality Duty Housing Act 2004 requires local authorities to assess the accommodation needs of Gypsies and Travellers and Travelling Show people as part of their housing needs assessments.
- A 41 pitch permanent Gypsy Traveller site at Cottingley Springs West Leeds, accommodates both English Gypsies and Irish Travellers. B site was substantially refurbished in 2002 and the Disabled Facilities Grant has enabled adaptations and more space to enable vulnerable older or disabled people to accommodate carers if required.
- LCC is positively planning for the provision of new permanent Gypsy and Traveller sites across the district. This is in order to meet Leeds' need for 62 new pitches for Gypsy and Travellers and 15 plots for Travelling Show people between 2012-2028. These will have good access to health care, schools and locals services and will not be on land deemed unsuitable for general housing such as contaminated land, or land adjacent to refuse sites or heavy industry. Gypsy Traveller input has helped to ensure the appropriate provision of sufficient and good quality sites in Leeds and helped to reduce tensions with the settled community.
- A site of 8 new pitches which includes a clean water supply and electricity connection has been developed at Kidacre Street. The edge of city centre location allows access to a wide range of services and facilities.
- Leeds is also positively planning for Gypsy and Travellers who are temporarily stopping in Leeds through a Negotiated Stopping management approach, which makes sites available at short notice for a period of up to 28 days. The Council provides basic services on the site such as refuse collection and toilets, so are significantly better than road side conditions. This also breaks the eviction cycle as there is no immediate threat of eviction. Serviced negotiated stopping for Gypsies and Travellers has been held up as good practice (van Cleemput 2017). This approach is a very recent intervention and will require careful monitoring over the short term period.
- NHS Leeds CCG currently funds an Outreach Nurse to improve access to Health Services for Gypsy Travellers across Leeds and a Health Needs Assessment of Gypsy Traveller and Roma groups is currently underway to inform future public health improvement activity with these groups.

VULNERABLE GROUPS

Migrants

- A discussion paper on migrant health was taken to the HWB in October 2017 and the Leeds Migrant Health Board was consequently convened in February 2018. This Board, which reports to the Health and Wellbeing Board and the Leeds Strategic Migration Board, is identifying its priorities, one of which is likely to be around housing and health for migrants. It is chaired by the Director of Public Health and has representatives from Public Health, NHS Leeds CCG, Primary Care, NHS Hospital Trusts and the third sector.
- The LCC Migrant Access Point helps reduce pressures on services, including health and housing, and helps new arrivals settle in Leeds. Migrant Access Project +, delivered by Touchstone, supports migrants in partnership with Leeds City Council's Private Rental Team in Holbeck. Out of 82 referrals between Sept 2017-July 2018, 6 were referred to housing support, 10 for physical health support and 12 for mental health support, 12 for social isolation and 31 for employment support. Half of referrals (41) were migrants to the UK within the last five years.
- 100 Migrant Community Networkers (MCNs) will be trained in a wide range of issues, including health and housing, and 20 Migrant Community Health Educators will collaborate with GP Practices and local migrant populations to help appropriate access to health services appropriately.
- Winter wellbeing projects have included advocacy help for migrant communities to help mitigate unfamiliarity with the domestic energy market and poor understanding of fuel bills. Training sessions delivered by National Energy Advice to frontline LCC and voluntary sector colleagues (usually 2 per winter period) enables important energy efficiency messages to be passed to local people, including especially vulnerable groups.

NEW HOMES

- The Core Strategy identifies the need for 51,952 new homes to be built by 2033 including a need for 1,158 new affordable homes per annum over the next 5 years. Around 4,000 poor quality homes will also need to be demolished and replaced (DPH Report 2014-16). The main focus of the Housing Strategy 2016-21 is on the delivery of affordable housing growth in order to meet the Core Strategy's affordable housing target (LCC Housing Strategy 2016-21).
- LCC has continued to work closely with developers and housing associations to maximise the growth of new affordable housing in the city, both for home ownership and rent. The annual target of 1158 affordable rent units each year has not been met, though it should be recognised that delivery is cyclical and follows government funding (generally 3 year programmes). There have also been a number of barriers to this including the economic downturn in the late 2000s / early 2010s, limited availability of grant funding, borrowing caps set on the Council (in terms of its own new homes programme) and the Government's policy on rents in the social housing sector.
- However, almost 2200 new affordable homes have been provided over the last 6 years. LCC as a developer in its own right has made a significant contribution to this growth. The development of the Leeds Standard as a specification for the Council's own new build (and that of providers where possible) drives forward quality and includes good space standards, high energy efficiency and accessibility.
- As a developer, the Council intends to continue delivering new homes and is in the process of developing mechanisms to do so, bidding into the Government's new programme to increase borrowing ability of named local authorities (of which Leeds is one) and considering new and additional delivery and investment.

PLANNING AND DESIGN FOR HEALTHY SPACES

- Town planning, transport planning and house building have inadvertently contributed to the lifestyle associated diseases that place an unacceptable burden on both individuals and the NHS (NHS England 2018).
- NHS England supports the creation of new towns and neighbourhoods where people can walk and cycle around easily, where everyone lives within reach of good green spaces, as part of a strong, connected community. The commissioning, planning, design, management and maintenance of new housing developments will therefore play a key part in the aims of the Five Year Forward View (NHS England 2018).
- We know that the Leeds population is changing due to an increasing birth rate, an ageing population, new migration and changing expectations (DPH Report 2014-15). Ensuring that communities are resilient to these changes is a key consideration for planning and is embedded in the city's Core Strategy and Health and Wellbeing Strategy.
- Leeds wants to ensure long term prosperity, but it is important to do this alongside social progress and enhancing a quality environment: a strong economy, a compassionate city and truly sustainable development.
- Currently, Leeds has comprehensive design guidance available to developers but there is potential for this to contribute much more. Many of our new neighbourhoods are dominated by traffic, parking and lack attractive streetscapes. There is an opportunity for new housing to better fully embrace the potential health and environmental benefits that well-designed spaces and safe, footpath networks can bring.
- There is also an opportunity for 'Placemaking' through the creation and improvement of open spaces which are not directly linked to new development. In some cases these may arise from the application of Section 106 monies to existing poor quality or isolated spaces. For existing neighbourhoods, there are opportunities to create greener streetscapes by reducing the impact of cars, increasing pedestrian and cycleways and creating community greenspaces on neglected sites. These neighbourhood projects could be funded through Community Infrastructure Levy (CIL) and Section 106 monies thereby having a fairly immediate impact.
- The Community Infrastructure Levy (CIL) and Section 106 contributions are monies paid by a developer to fund infrastructure required to mitigate the impact of new development, either in the vicinity of a development site or elsewhere in the district.
- In addition, the CIL Neighbourhood Fund (15-25% of CIL receipts) can be spent on greenspace/green infrastructure. How it is spent is up to the relevant Parish or Town Council or Community Committee, in consultation with the local community. Its purpose is to be spent on local infrastructure to benefit the local community.
- There is clearly scope for Section 106 and CIL monies to have a significant impact on improvements to the streetscape and incidental green spaces, pocket parks and community gardens, which will have the added benefit of improving community cohesion and promote long term health and wellbeing. There is growing evidence that people have an innate need for 'greenness' and through involvement in community gardening and merely being in green spaces creates feelings of wellbeing and aids recovery from mental and physical illness.
- The creation of green corridors, particularly along our busy streets, can mitigate against air pollution. The impact of vehicle emissions is having a detrimental effect on everyone's health, but particularly on children. Babies in prams are at the greatest risk of inhaling toxic pollution because they are closer to the level of car exhaust pipes. The Clean Air Zone will reduce the number of vehicles in the city centre, but have little impact on suburban neighbourhoods.
- All new highways schemes now adhere to West Yorkshire Combined Authority's 'Green Streets' principles, but this could extend to all highways enhancement works, whereby creating a green buffer of trees and shrubbery between the road and the footway/cycleway will encourage healthier and safer green routes to public transport, schools, shops and workplaces. Leeds City Region's 'Green and Blue Infrastructure Strategy 2017-2036' is a

project focussed vision to create a network of green and blue corridors (road, rail, canal and cycleways) linking our existing and proposed natural resources.

- There is a growing body of evidence to support designing streets for children as a way to make the city more attractive, walkable and sustainable for all. This does not mean more play areas in the traditional sense; but streets with soft landscaping, community gardens, places to sit and where the pedestrian has priority. Designing neighbourhoods that encourage children's play and independent mobility (through creating opportunities for 'doorstep play' and safe movement networks) leads to more adult socialisation and active travel, as shown in the National House Building Council report 'Making Spaces for Play'.
- The Planning and Design for Health and Wellbeing group was set up in 2017 to bring together planning and health colleagues across the Council, in response to the opportunities for the housing environment to impact positively on health. It is building on the work of the [Director of Public Health Report 2014-15](#), which detailed a number of ways that Leeds could plan a healthy city around housing growth.
- The group aims to establish key principles that are underpinned in national and local planning policy and meet strategic priorities for the city, which can be signed up to by all partners. The key principles are detailed in appendix II and are: active neighbourhoods, better air quality and green space, cohesive communities. The group's ambition is to work with partners to implement the principles on key sites, including new housing developments and gather evidence about their impacts.
- The group's proposed next steps are:
 - Including the key principles in planning briefs for future developments
 - Identifying new housing developments and/or regeneration projects in East Leeds and work with partners to implement key principles
 - Forming stronger links with Highways and Planning teams to understand, test and implement the principles
 - Hosting a developers workshop/symposium to start a dialogue about the key principles – leading a 'child-friendly' or 'healthy neighbourhood' status for new development that achieves a set of criteria
 - Investigating gaps in green infrastructure. Our existing interactive map could be completed by students so that upgrade requirements and gaps could be identified. Creating safe, overlooked natural pathways is key to unlocking active travel, children's independent mobility and biodiversity
 - Developing a web based toolkit with design guidance, models of good practice and information to support developers, planners and health and wellbeing partners to implement the principles

4. Health and Wellbeing Board Governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 When the Leeds Housing Strategy was refreshed in 2016 there was a period of public consultation on the draft strategy. This consultation included a survey for interested citizens available online, and targeted communication and engagement with housing and related organisations in Leeds, and tenant and resident groups.
- 4.1.2 Housing Leeds supports a strategic tenant group called VITAL (Voice of Involved Tenants at Leeds) which is a group of mainly Council tenants who provide tenant input into policy development relating to Council Housing. There is an opportunity to hold some co-ordinated engagement with Leeds residents / patients to ensure combined service user input into any future collaboration.

4.1.3 In April 2018, the HWB held a workshop session designed to hear the voices of some of our communities who experience the poorest health outcomes – Gypsies and Travellers, asylum seekers and refugees, sex workers and the homeless community. Third sector organisations who work with these communities as well as people with lived experience shared their views on health and wellbeing, including housing.

4.2 Equality and diversity / cohesion and integration

4.2.1 A full Equality Impact Assessment was undertaken of the Housing Strategy to consider the equality impacts of the strategy. It is widely accepted that the Housing Strategy aims to support Leeds residents who are most disadvantaged with a view to increasing cohesion and integration in the city. Some changes were made to the strategy following the Equality Impact Assessment to identify priorities to support resident groups with protected characteristics.

4.3 Resources and value for money

4.3.1 There is lots of national research which indicates that there are significant budget saving and efficiency opportunities that can be achieved from greater integration of health, care and housing support both on the immediate health status of individuals and at a population level in the future.

4.4 Legal Implications, access to information and call In

4.4.1 There are no specific legal or call in implications associated with this report.

4.5 Risk management

4.5.1 At this stage there are no risks to the Health and Wellbeing Board

5. Conclusions

5.1 Housing, health and health inequalities interact in several ways. Poor condition of existing homes and their surrounding environment has an immediate negative impact on the physical and mental health of individuals and families living there, as well as straining health services. In the immediate term, it is essential to improve the condition of poor housing, especially in the most deprived neighbourhoods in the city.

5.2 It is well known that there are strong links between health and housing, recognised in both the Leeds Housing Strategy and Leeds Health and Wellbeing Strategy 2016-2021. The most common housing issues, which impact on health are excess cold, damp, falls, overcrowding, insecurity of tenure, affordability and property security.

5.3 The largest growing housing sector in Leeds is the private rented sector, which also has the poorest quality housing in the city. It is a priority for Leeds City Council to regulate the quality of housing in the private rented sector, along with maximising the growth of affordable new homes.

5.4 A home's surrounding neighbourhood also has a huge impact on the health and wellbeing of its residents. Areas that feel unsafe, lack green space or are dominated by traffic can lead to social isolation, inactivity and pollution-related illnesses. There is an alarming reduction of children's independent outdoor activity

recorded over the last few decades, alongside a dramatic rise in childhood obesity.

- 5.5 Partnerships between housing and health organisations at both a strategic and operational level are essential if a more collaborative approach to health and housing issues is to be achieved. The West Yorkshire and Harrogate Health and Care Partnership recently identified an opportunity for strengthened partnership working across West Yorkshire, including Leeds. Local Care Partnerships will see a range of different services working together in communities to deliver joined up care to individual residents. Housing's connection into the partnerships is a critical one to ensure that housing issues are considered alongside health issues.
- 5.6 Local Care Partnerships provide the foundation on which to build further collaborative working around housing and health. Learning from Wakefield Housing, Health and Social Care Partnership can help inform how health and care services can be delivered.
- 5.7 Learning from the NHS England's Healthy Towns initiative, which aims to shape the health of communities, offers an excellent opportunity to help unite Public Health, NHS providers and commissioners, planning and housing development partners to plan and build healthier places both now and for the future
- 5.8 In the longer term, planning and design can help us build active, healthy, safe, affordable and cohesive neighbourhoods, reducing lifestyle related conditions and demand for future health services, whilst increasing independent living further into old age. Building healthy spaces and places where active travel and outdoor activity is an easy choice will build community relationships and contribute enormously to reducing inequalities in health and promoting healthy lives for all.
- 5.9 Our shared ambition should be for everyone to benefit from healthy place making across all housing tenures, realising that if we make spaces accessible, safe and attractive for the most vulnerable in society, then they work for everyone.

6. Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Discuss, identify and agree ways to further integration between housing, environment and health partners at both strategic and operational levels
- Identify priority areas for future consideration and collaboration on housing issues which have an impact on health
- Agree to use the learning from the NHS England Healthy New Towns and best practice (including Wakefield Housing, Health and Social Care Partnership) to provide strategic direction and influence for partners including the NHS, Local Care Partnerships, LCC Planning and Highways
- To help drive the work forward locally and regionally in line with a Health in all Policies approach and the Leeds Health and Wellbeing Strategy
- Note the aims, principles and progress of the Planning and Design for Health and Wellbeing group to date

7. Background documents

None

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How does this help reduce health inequalities in Leeds?

Improving the poorest quality homes now will reduce the impact of housing related health conditions on the most vulnerable groups and enable better self-management. In the future, building healthy design into all new housing developments will enable all residents, including those in affordable housing to build up their physical and mental health resources through everyday living.

How does this help create a high quality health and care system?

Improving collaboration and joint working between health and housing services will enable a more holistic approach to health and wellbeing. Housing services will be able to react more quickly to a person’s needs and strengthen a person’s health status.

How does this help to have a financially sustainable health and care system?

Tackling the wider determinants of health, will encourage greater wellbeing for individuals and more efficient use of healthcare and related resource, reducing repeat episodes of housing related illness.

Supporting healthier behaviour at population level and throughout the life course will reduce the need for health services in the future.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	✓
Strong, engaged and well-connected communities	✓
Housing and the environment enable all people of Leeds to be healthy	✓
A strong economy with quality, local jobs	
Get more people, more physically active, more often	✓
Maximise the benefits of information and technology	
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	✓
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	✓
The best care, in the right place, at the right time	

Improving Health and Care through the home: A National Memorandum of Understanding

February 2018



Signatories to this MoU

Alzheimer's Society

Association of Directors of Adult Social Services (ADASS)

Association of Directors of Public Health (ADPH)

Building Research Establishment (BRE)

Care & Repair England

Chartered Institute of Environmental Health (CIEH)

Chartered Institute of Housing (CIH)

Ministry of Housing, Communities and Local Government (MHCLG)

Department of Health and Social Care

NHS Providers (formerly Foundation Trust Network)

Foundations

Homeless Link

Homes England (formerly Homes and Communities Agency)

Housing Associations' Charitable Trust (HACT)

Housing Learning and Improvement Network (Housing LIN)

Local Government Association (LGA)

National Housing Federation (NHF)

(New) NHS Alliance

NHS England

NHS Property Services (PropCo)

Public Health England (PHE)

Royal College of Occupational Therapists (RCOT)

Royal Society for Public Health (RSPH)

Royal Town Planning Institute (RTPI)

Skills for Care

St Mungo's

Health, Social Care & Housing: A practical partnership

Why a Memorandum of Understanding (MoU)?

The right home environment is essential to health and wellbeing, throughout life. Our homes are the cornerstones of our lives. Housing affects our wellbeing, risk of disease and demands on health and care services. We need warm, safe and secure homes to help us to lead healthy, independent lives and to recover from illness. We work together, across government, housing, health and social care sectors to enable this. This MoU brings together key organisations, decision-makers and implementers from across the public and voluntary sector, to maximise opportunities to embed the role of housing in joined up action on improving health and better health and social care services.

This Memorandum of Understanding sets out:

- △ Our shared commitment to joint action across government, health, social care and housing sectors in England;
- △ Principles for joint-working to deliver better health and wellbeing outcomes, more effective healthcare and social care and to reduce health inequalities;
- △ The context and framework for cross-sector partnerships, nationally and locally, to design and deliver: healthy homes, communities and neighbourhoods; integrated and effective services that meet the needs of individuals, their carer's/carers and their families;
- △ Shared success criteria to deliver and measure impact.

Working together, we aim to:

- △ Support national and local dialogue and information exchange to inform better strategic decision-making across government, health, social care and housing sectors.
- △ Coordinate health, social care, and housing policy to offer a more integrated approach to national policy development and advise on local implementation.
- △ Enable local partnerships to collaborate more effectively across health, care and housing when planning, commissioning and delivering homes and services.
- △ Ensure the public and service users are heard and involved in collaborative work across health, care and housing.
- △ Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improving people's experience and outcomes; preventing ill health and safeguarding.
- △ Promote the adaptation of existing homes and the building of new accessible housing with support which is environmentally sustainable and resilient to future climate change and changing needs and aspirations.
- △ Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing, and are able to identify suitable solutions to improve outcomes.

Poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health. Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a driver of health inequalities, and those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack accommodation altogether.

The Health and Social Care Act 2012 introduced a number of provisions intended to improve the quality of care received by patients and patient outcomes, efficiency, and to reduce inequalities of access and outcomes. The act gave Local Government responsibility for improving public health and public health teams were transferred from the NHS to upper tier councils to support this work.

Provisions require co-operation between the NHS and local government at all levels. Health and Wellbeing Boards (partnerships of all those working to advance the health and wellbeing of the people in that area), also have a duty to encourage commissioners to work together.

The Care Act 2014 aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm. Local authorities are required to consider the physical, mental and emotional wellbeing of the individual needing care, and assess the needs of carers. They must ensure the provision of preventative services and carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services.

The Care Act calls for:

- a. A shared vision and culture of cooperation and coordination across health, public health, social care and local authority roles, e.g. as housing commissioners, working closely with public, voluntary and private sector providers to improve services;
- b. A whole systems- and outcomes-based approach to meeting the needs of individuals, their carer/s and family, based on a robust understanding of the needs of individuals, their carers and families now and in the future;
- c. Consideration to the health and wellbeing of carers;
- d. Solutions to meet local needs based on evidence of 'what works';
- e. Services that will address the wider determinants of health, e.g. housing, employment.

Integrated health, care and support, and housing solutions could make best use of the budgets across the NHS, local authorities and their partners to achieve improved outcomes for less; for example, drawing on the Better Care Fund to support service transformation.

Further recognition and opportunities which acknowledge the fact that current pressures across health and social care cannot be solved in isolation, come with the Sustainability and Transformation Plans (STPs) which were announced in December 2015. Place-based plans provide an opportunity for the formation of sustainability and transformation partnerships comprising NHS services, commissioners, local authorities and other key stakeholders which come together to develop plans that achieve better outcomes and prevent future health, care and housing inequalities.

The right home environment can:

- △ Protect and improve health and wellbeing and prevent physical and mental ill-health;
- △ Enable people to manage their health and care needs, including long-term conditions, and ensure positive care experiences by integrating services in the home;
- △ Allow people to remain in their own home for as long as they choose. In doing so it can:
 - » Delay and reduce the need for primary care and social care interventions, including admission to long-term care settings;
 - » Prevent hospital admissions;
 - » Enable timely discharge from hospital and prevent re-admissions to hospital;
 - » Enable rapid recovery from periods of ill-health or planned admissions.

Key features of the right home environment (both permanent and temporary) are:

- △ It is warm and affordable to heat and has adequate ventilation to support good air quality and thermal comfort in extreme conditions.
- △ It is free from hazards, safe from harm and promotes a sense of security;
- △ It enables movement around the home and is accessible, including to visitors;
- △ There is support from others if needed.
- △ Tenure that is stable and secure

At a local level the right home environment is enabled by a range of stakeholders (not exhaustive):

- △ Local Health and Wellbeing Boards have a duty to understand the health and wellbeing of their communities, the wider factors that impact on this and local assets that can help to improve outcomes and reduce inequalities. The inclusion of housing and housing circumstances, e.g. homelessness in Joint Strategic Needs Assessments, should inform the Health and Wellbeing Strategy and local commissioning;
- △ Local housing and planning authorities commission the right range of housing to meet local needs, and intervene to protect and improve health in the private sector, to prevent homelessness and enable people to remain living in their own home should their needs change;
- △ Housing providers' knowledge of their tenants and communities, and expertise in engagement, informs their plans to develop new homes and manage their existing homes to best meet needs. This can include working with NHS providers to re-design care pathways and develop new preventative support services in the community;
- △ Housing, care and support providers provide specialist housing and a wide range of services to enable people to re-establish their lives after a crisis, e.g. homelessness, or time in hospital, and to remain in their own home as their health and care needs change. Home improvement agencies and handyperson services deliver adaptations and a wide range of other home improvements to enable people to remain safe and warm in their own home;
- △ The voluntary and community sector offers a wide range of services, from day centres for homeless people to information and advice to housing support services. All stakeholders understand the needs of their customers and communities; their knowledge and insight can enable health and wellbeing partners to identify and target those who are most in need.

Oversight and delivery of this agreement

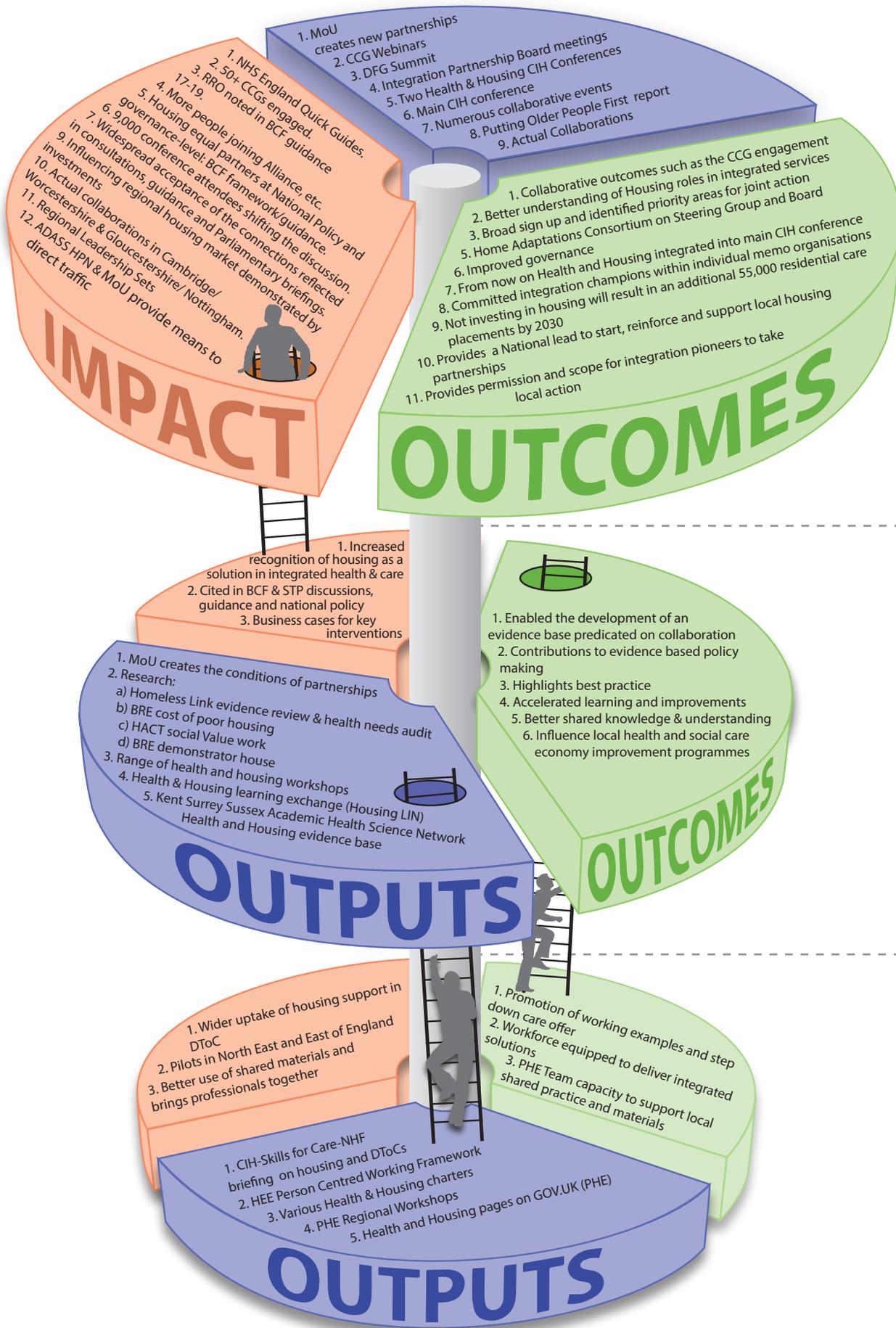
The partners to the MoU will nominate a senior representative to meet quarterly. This will be arranged through the Association of Directors of Adult Social Services Housing Policy Network. The network will review progress annually and agree if changes are required to the MoU or the accompanying success indicators.

Impact to date

Since the original National Memorandum of Understanding was agreed in December 2014 significant progress has been made to ensure that health, care and housing needs are considered together in addressing people's health and wellbeing. The emerging consensus in the language used by national policy makers which considers the places and homes where people live as a determinant of health to be as important as the quality and access to health and social care services, cannot all be a result of a policy agreement at national level. Nevertheless concerted collaboration between national policy makers has resulted in significant activities in terms of collaborative events, research and projects. National leadership of this kind has contributed to changing the parameters of arguments which traditionally expressed themselves in terms of the interplay between health and care needs and services. This joint commitment to improve health and care services through the home sets the tone and provides the background which has already generated significant outcomes and impact.

The following image illustrates examples of the connections between outputs generated by the partnership and the wider outcomes and impact of the MoU in the past 30 months.

Impact to date



Memorandum of Understanding: Indicators of Success

The Memorandum of Understanding sets out a commitment to joint action across the housing, health and social care sectors and begins to demonstrate how this cross-sector collaboration might work in practice. No single initiative can drive better partnerships between these sectors but the Memorandum of Understanding has a significant role to play. This is demonstrated by its inclusion in a number of key national policy documents and its adoption in some local areas.

We aim to act together to ensure this positive momentum continues in the coming years. When commitments to joint action in the Memorandum of Understanding are adopted more widely, we expect:

1. *Better strategic planning*: The inclusion of housing and homelessness in key strategy and planning processes for health, social care and local government at both a national and local level. These planning processes should be responsive to the needs and input of local communities and experts by experience. They should deliver good quality, housing options for all that both meet current health needs across the lifespan and are responsive to future changes, such as demographic shifts and climate change.
2. *Better understanding of the preventative role of housing*: Greater recognition of the role a stable and secure housing situation plays in keeping people healthy and independent and preventing ill health or injury. As a result, there is a strong economic case for investment in improving poor housing and providing new and specialised housing.
3. *Greater collaborative care*: Greater joint action on housing's contribution to different care pathways, including prevention and transfer of care or discharge planning.
4. *Better use of resources*: Use resources more effectively to improve health through the home, prevent illness, manage demand and deliver service improvements across local housing, health and social care sectors
5. *Improved signposting*: Frontline housing, homelessness, health and social care professionals know which services and interventions are available across the other sectors locally and how to refer people into these. There is also greater awareness among the general public about the services they can access to improve their home environment where this is affecting their health and wellbeing outcomes
6. *More shared learning*: Housing, homelessness health and social care professionals to have the appropriate, multi-disciplinary training to better prevent ill health and promote good health and wellbeing through the home, and deliver integrated care and support across the sectors.
7. *Wider sector engagement*: An increase in the number of Signatories to the MoU, including organisations representing frontline professionals and experts by experience.

The Signatories will continue to monitor our contribution to these indicators of success and will work towards developing a process for reporting on this. We will also track progress across the wider housing, health and care systems. We will work to support the aims of the Memorandum of Understanding by:

- △ Regularly attending the meetings of the Memorandum of Understanding Signatories
- △ Disseminating best practice and keeping other Signatories updated on planned work, latest policy developments and emerging learning relevant to housing, health and social care
- △ Championing co-production with experts by experience and wider communities in developing local and national strategies and services around housing, homelessness, health and social care.

Appendix II – Planning and Design for Health and Wellbeing – Key Principles

Active neighbourhoods – promoting cycling and walking, reducing car usage and improving children’s opportunities for independent mobility.

The increasing volume and speed of traffic over the last few decades have been shown to impact negatively on healthy outdoor activity. Attractive, safe streets and networks lead to more children’s informal play and active travel for all ages and abilities, and can add to the financial value of development.

Better air quality and green space – using green and blue infrastructure to provide opportunities for outdoor recreation and promote mental wellbeing.

New development should provide and link to existing green and blue infrastructure wherever possible and should provide new natural features including green roofs, hedges, street trees and gardens. Environmental sustainability is integrally linked.

Cohesive communities – encouraging co-located services and high quality neighbourhood spaces to encourage social interaction and combat isolation.

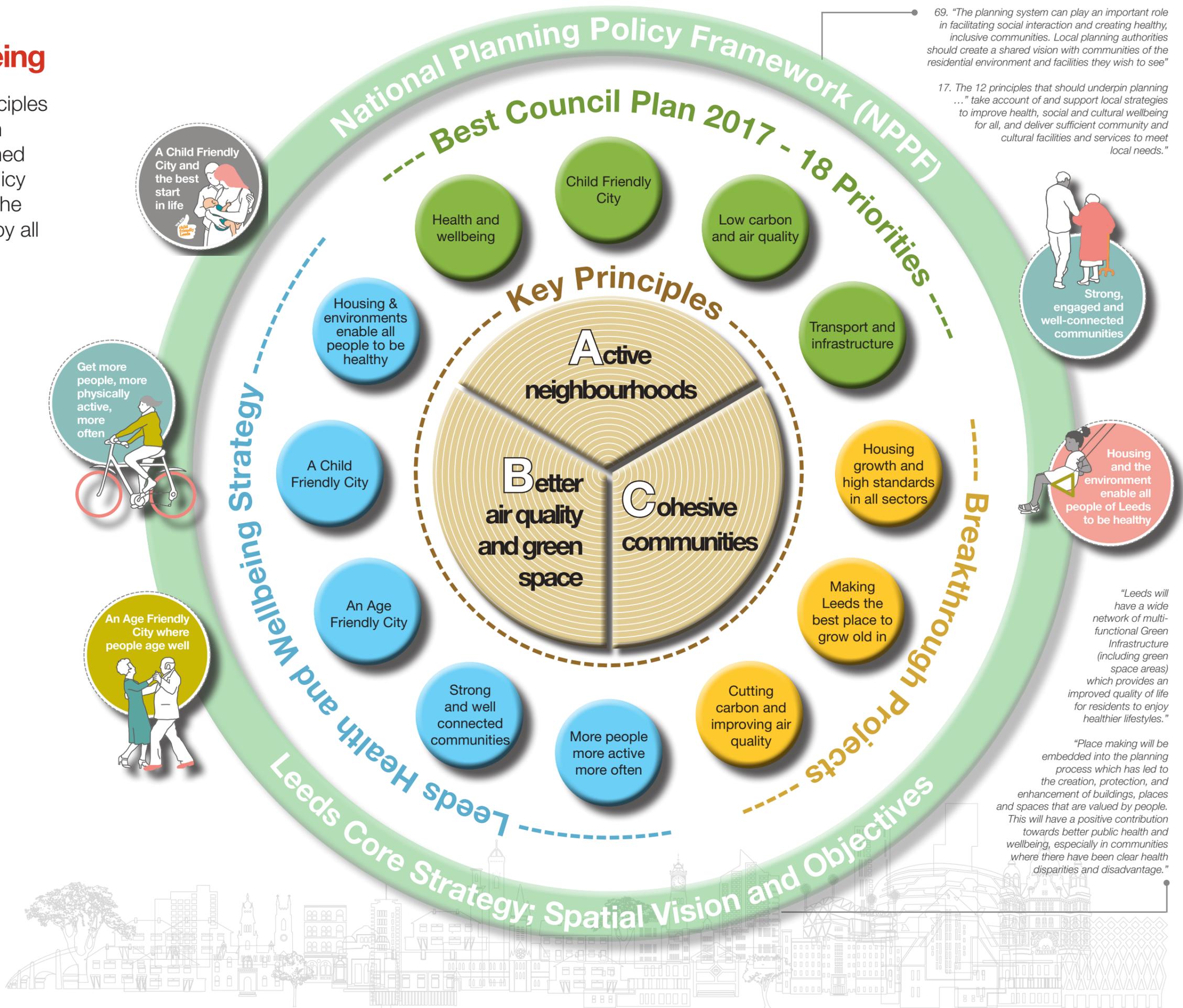
A well-overlooked street or space that provides places for chance encounters or to sit and chat is more likely to lead to more neighbour friendships, helping those from different backgrounds get to know each other and feel safe. Facilities and workplaces should be easy to reach, and communities helped to play an active part in managing their area.

Planning and Design for Health and Wellbeing

Leeds aims to establish key principles of planning and design for health and wellbeing that are underpinned in national and local planning policy and meet strategic priorities for the city, which can be signed up to by all partners.

Key Principles

- Active neighbourhoods** – promoting cycling and walking, reducing car usage and improving children’s opportunities for independent mobility.
The increasing volume and speed of traffic over the last few decades have been shown to impact negatively on healthy outdoor activity. Attractive, safe streets and networks lead to more children’s informal Wplay and active travel for all ages and abilities, and can add to the financial value of development.
- Better air quality and green space** – using green and blue infrastructure to provide opportunities for outdoor recreation and promote mental wellbeing.
New development should provide and link to existing green and blue infrastructure wherever possible and should provide new natural features including green roofs, hedges, street trees and gardens. Environmental sustainability is integrally linked.
- Cohesive communities** – encouraging co-located services and high quality neighbourhood spaces to encourage social interaction and combat isolation.
A well-overlooked street or space that provides places for chance encounters or to sit and chat is more likely to lead to more neighbour friendships, helping those from different backgrounds get to know each other and feel safe. Facilities and workplaces should be easy to reach, and communities helped to play an active part in managing their area.



69. "The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Local planning authorities should create a shared vision with communities of the residential environment and facilities they wish to see"

17. The 12 principles that should underpin planning ... "take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs."

"Leeds will have a wide network of multi-functional Green Infrastructure (including green space areas) which provides an improved quality of life for residents to enjoy healthier lifestyles."

"Place making will be embedded into the planning process which has led to the creation, protection, and enhancement of buildings, places and spaces that are valued by people. This will have a positive contribution towards better public health and wellbeing, especially in communities where there have been clear health disparities and disadvantage."