INSTITUTE *of* HEALTH EQUITY

BUILDING HEALTH EQUITY: THE ROLE OF THE PROPERTY SECTOR IN IMPROVING HEALTH

CONTENTS

FOREWORD

Home represents security, safety and belonging. Having a home is about more than just having a roof over one's head, it is also about meeting the need for what the sociologist Anthony Giddens called 'ontological security': being able to trust in the certainty and protection that home provides. When we fail to provide houses and neighbourhoods that are safe, that support good health, we betray that trust. Unfortunately, we have seen that happen again and again in recent years: in the 150,000 children in England living in temporary accommodation due to a lack of homes; in the death of two-year-old Awaab Ishak from a respiratory condition brought on by mould in his home; and in the deaths of seventy-two people in the fire at Grenfell Tower.

Everyone needs a good quality, safe, secure, affordable home, in neighbourhoods and communities that support good physical and mental health. Without these, we will see a worsening of physical and mental health, higher mortality rates and greater strain on our National Health Service.

Improving housing is about fairness and equity. The greater the deprivation of an area, the less likely are people to have good homes and healthy infrastructure. This lack is particularly striking among people in poverty, people with disabilities, and ethnic minorities.

When my colleagues and I published the report of the WHO Commission on Social Determinants of Health, we asked the question, "why treat people and then send them back to the conditions that made them sick in the first place?" If your home does not provide you with healthy conditions, security, safety and belonging, but is instead insecure, unsafe or entirely absent, then good health is not possible. The prevention of health inequalities must begin at home.

In this report, we call for new healthy homes and places, in partnership with the property sector, to solve our housing crisis and to improve health. There is an urgent need to address the housing shortage, but this does not mean giving free rein to the property sector without guidance and oversight. If we build poor quality homes now, we are storing up problems for health in the future. We also need to fix the homes we have and ensure that all homes and neighbourhoods are healthy places to grow, live and age.

I hope this report will be the beginning of a productive collaboration with the property sector, who have so much influence over our health through the homes and neighbourhoods in which we live, and that together we will be able to build equity into the foundations of the next generation of homes.

Michael Marmot
Director, UCL Institute of Health Equity

ACKNOWLEDGEMENTS

CHAPTER 1
INTRODUCTION

The United Kingdom is in the midst of multiple crises. Our health is in crisis. Life expectancy is stalling and declining in poorer communities (1). We are spending longer in ill health, and there have been increases in many long-term conditions and in mental health needs, particularly among children and young people (2) (3). These declines in health impact individuals, families, communities, and the economy, and have put a great strain on our National Health Service (NHS), which is struggling to cope. Inequalities in health – between rich and poor, as well as between different communities – have widened. The COVID-19 pandemic both drew attention to, and exacerbated, these inequalities, falling hardest on deprived and excluded communities.

The UK also faces a housing crisis. For many years, not enough homes, particularly social and affordable homes, have been built where they are needed most. The cost of home ownership and of rents are at record highs. Again, the effects of this crisis fall hardest on already disadvantaged groups, and again, all of this has been exposed in the starkest possible way by the tragedy of Grenfell Tower. Official Inquiries have revealed the extent to which, in the case of both COVID and Grenfell, the system failed those it should have protected. Austerity and enormous cuts to public services, welfare and local governments have taken a significant toll. The social and economic inequalities which lie behind both the health and housing crises have deepened, and it is imperative, and urgent, that we act now to prevent them deepening further.

This report then reflects our understanding that these two crises – in health and in housing – are inseparable. A safe and secure home is essential for good health. The homes, neighbourhoods and communities in which we live shape our health in many ways, for good and, increasingly, for ill. As much housing policy and legislation is specific to the devolved nations, this report focusses on the housing situation in England, we refer to the United Kingdom on occasion, depending on available data. We believe the principles and recommendations within are applicable across the UK.

The new Government has already indicated that two of its priorities will be revitalising our approach to health, with a focus on disease prevention and health promotion and tackling the housing crisis through reform of the planning system. Both of these are intended to contribute to their central mission of ending economic stagnation and restoring growth. This is a moment of opportunity, to put forward a vision for how to tackle these crises together by developing healthy homes and places.

At the same time, we have not lost sight of the ever-present climate crisis. Healthy homes and places must also be sustainable homes and places, and we believe that there need be no conflict between these imperatives. When we build quality homes to high environmental standards, or refurbish our existing housing stock, benefits accrue to health, the economy and the environment. Improved insulation and ventilation reduce damp and mould, while decreasing fuel poverty and carbon emissions. Walkable neighbourhoods can reduce emissions from traffic, while tackling obesity and air pollution, and encouraging spending in the local economy.

We know that health is largely shaped by factors outside of the healthcare system. It is shaped by the conditions in which people are born, grow, work, live, and age, and by the distribution of power, money and resources which shape these. These building blocks of health, that we call the social determinants of health, include education, income, employment and, most relevantly for this report, housing and the neighbourhoods in which we live. Inequalities in these social determinants of health, as well as access to healthcare, translate into inequalities in health. Health equity is the reduction, and eventually the elimination, of these unfair and avoidable inequalities.

The current system is not leading to the creation of sufficiently affordable, good quality, accessible and sustainable housing and places, harming health and health equity. Health equity does not appear to be a core priority in current national planning policy, despite abundant evidence of the impact of planning policy on health (4).

The property sector - investors, developers and operators - have an indispensable role to play in improving health and health equity, yet they have rarely been involved in plans to improve health and reduce inequalities. This report focusses on what the property sector can do to support health and health equity. It has been informed by leaders in the property sector, through discussions and interviews. There is a demonstrable appetite within the sector for this agenda, which we hope will be enabled, even required, by national policy.

The property sector needs to work alongside communities, and with local government in more productive collaborations, to ensure that the right type of development is happening in the right places, to support health and health equity. National government also plays a crucial role in planning and development. However, the current approach fails to hold property developers to account for their impacts on health and equity. This is further compounded by lack of capacity

within local authorities, largely due to financial cuts, which has led to an imbalance in 'power and clout' between local areas and developers. To support the delivery of healthy homes and places, this imbalance must be reversed.

We call for a new era of cooperation between these stakeholders, in the interests of health and to support a smoother development and planning process. This is not one-sided: for example, greater clarity from local government on local housing plans is needed. There also needs to be greater public engagement, and an increase in trust, transparency and accountability across the system, which we believe will support the delivery of healthier more equitable homes and places.

We believe that the property sector stands to gain from embracing this agenda. Good quality homes in thriving neighbourhoods are good for health, but are also more desirable. When developers work with communities, making developments appropriate to local need and palatable to existing residents, they face fewer barriers and delays. Industries and businesses that support health are better protected from future regulation, legislation, reputational damage and public opposition; as well as being better positioned to recruit and retain the best employees, who increasingly value purpose and social benefit, and meet environmental, social and governance (ESG) reporting requirements (5) (6).

Our economy is dependent on our health, and all businesses stand to benefit from the increased productivity, reduced sickness absences and presenteeism, and the overall economic benefit that could come from improved health and health equity. In the absence of change, it has been estimated that economic inactivity due to sickness could reach 4.3 million people by the end of the next parliament (3).

This report sets out key elements of healthy homes and places central to delivering on greater health and health equity. It sets out an agenda for all investors, developers and operators to enhance their positive health impacts and contribute to reducing health inequalities across the UK.

In our concluding remarks, we propose a collaborative way forward, engaging the property sector and national and local governments to drive systemic change on how we build homes, design neighbourhoods, and foster communities with health and equity at the core. We recognise the necessity for a properly resourced, reformed planning system that enables developers to build the homes that are needed in places that support health, equity and sustainability. Our next steps will be focussed on working with stakeholders to bring this vision to life.

If every crisis is an opportunity, then the twin crises of housing and health offer one very significant opportunity. Just over one hundred years ago, at the end of the First World War, David Lloyd George promised to build homes fit for heroes. During the pandemic, we hailed those who risked their lives on the front lines of the NHS as our heroes. If the NHS is going to survive, we need those homes now more than ever.

*"It starts from **an assumption of responsibility**. It's no good anymore to be a property developer, particularly when you're delivering homes, and just assume that all your job to do is to put four nice walls and a roof together, because it's somebody else's job to programme the life in that place and allow people to live good, healthy lives… So we consider air quality, water quality, we consider waste management, consider green space and its contribution to air quality, biodiversity, the neighbourhood around the buildings. Those things are stuck in everyday conversations, they're not extra special bits that get added if we can afford it, they are central to our thinking. People's interest in having happy healthy lives is huge… so it's not all about being bleeding heart liberal, it's about saying that that also delivers something that's commercially attractive."*

Urban Regeneration Developer

HEALTH INEQUALITIES IN ENGLAND

As referred to in the introduction, health is largely determined by factors outside of the healthcare system: by the conditions in which people are born, grow, work, live, and age, and the distribution of power, money and resources which shape these.

Inequalities in these social determinants of health, as well as access to healthcare, translate into inequalities in health. For this reason, even in comparatively rich countries, affluent people, or those who are in other ways socially advantaged, live longer and healthier lives than those who are poorer or otherwise disadvantaged. Not all inequalities in health are avoidable – other factors, like genetics and simple chance will always have an effect. Health equity is the reduction, and eventually the elimination, of unfair and avoidable inequalities.

Since the 2007 financial crash and the policies of austerity that followed, England has seen worsening health and deepening inequalities. Cuts to essential public services fell hardest on poorer communities, as funding for local government was reduced more significantly in already deprived areas (7) (8). The COVID-19 pandemic, and the side-effects of actions to control it, also harmed the health of more disadvantaged groups disproportionately (1).

Life expectancy gain has begun to stall. In 2020-22, life expectancy in England was the same as it was in 2010-12 for females and 0.2 years less than its 2010-12 value for males (82.8 and 78.8 for females and males, respectively in 2020-22), shown in Figure 1. By comparison, in the previous ten years, from 2000-2 to 2010-12, life expectancy increased by 2.3 and 3.1 years for females and males, respectively (8).

Figure 1. Life expectancy at birth, England, 1999-2001 to 2020-22

Life expectancy at birth (years)
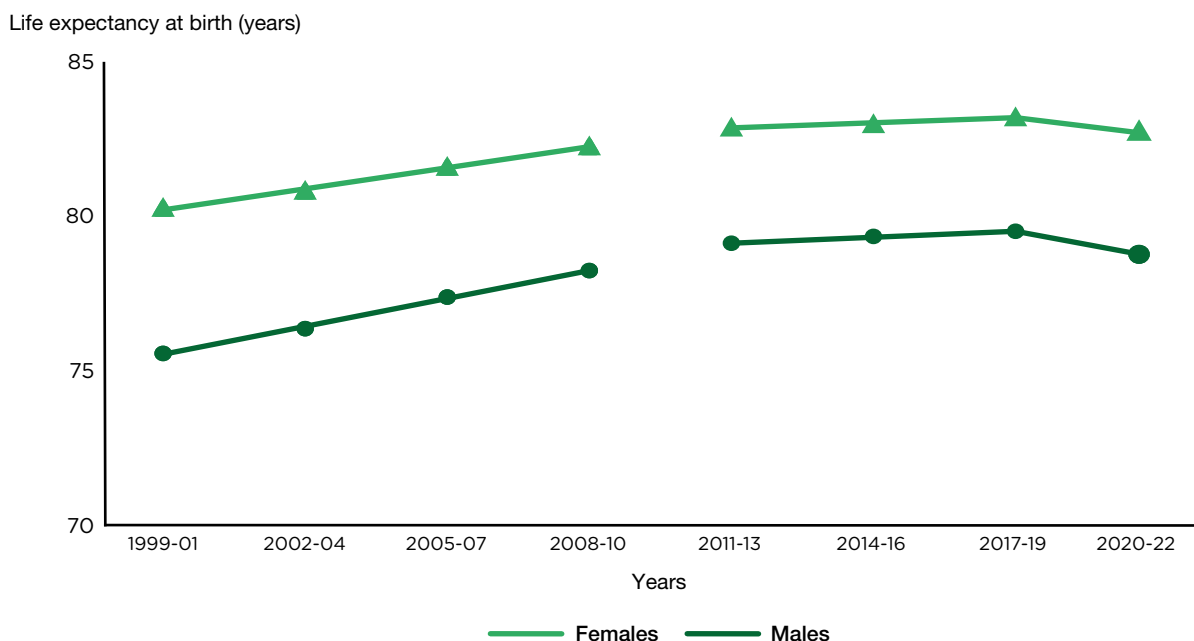
Source: ONS (9)

There are also striking regional inequalities in health. Life expectancy in 2017-19 was lowest for both females and males in the North East (81.8 and 78 years, respectively), followed by the North West and Yorkshire and the Humber. In each of the four regions in the South and East, life expectancy was higher for both females and males (approximately 84 and 80 years, respectively), shown in Figure 2.

Figure 2. Life expectancy by sex and region, 2017-19

A) FEMALES
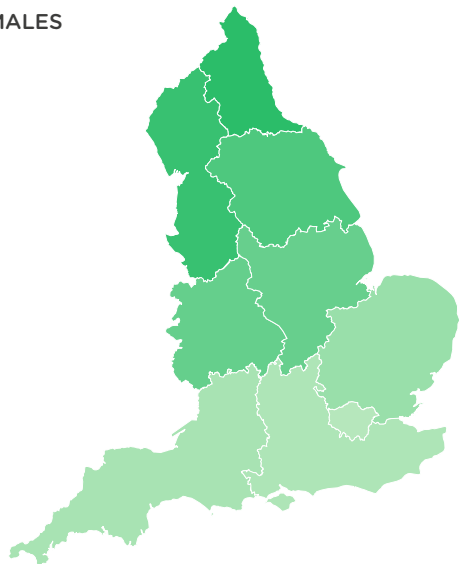
B) MALES
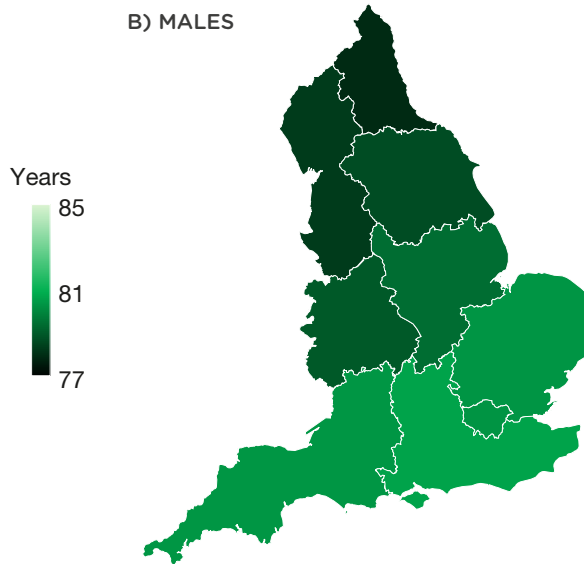
Source: ONS (10)

Healthy life expectancy, how long we can expect to live in good health, in 2017-19 was also lowest in the North East for both sexes (59.0 and 59.4 for females and males, respectively) and highest in the South East for both sexes (65.9 and 65.3 for females and males, respectively).

Figure 3. Healthy life expectancy by sex and region, 2017-19

C) FEMALES
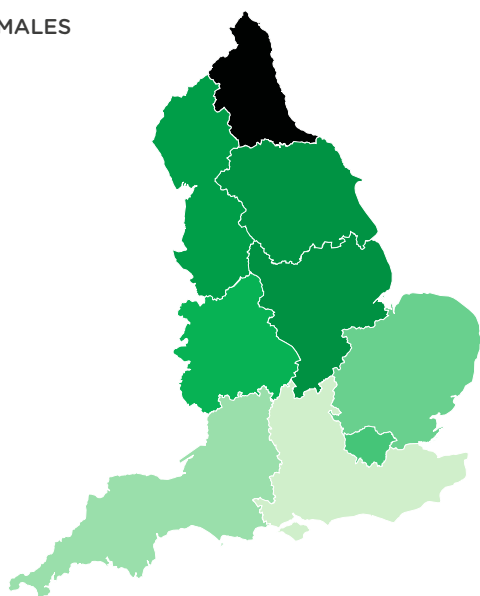
D) MALES
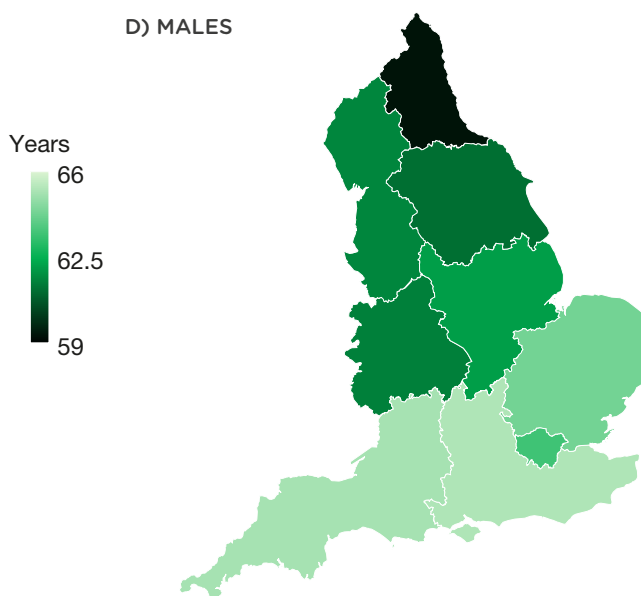
Source: ONS (11)

Tackling health inequalities relies on the eight Marmot principles (Box 1). These were originally set out in Professor Sir Michael Marmot's review, 'Fair Society Healthy Lives' (12).

Although the fifth Marmot principle, to 'create and develop healthy and sustainable places and communities', is at first glance the most relevant to the property sector, this report will illustrate some of the ways in which all of these principles intersect with the built environment, homes and communities.

Box 1. Marmot principles

1 → Give every child the best start in life

2 → Enable all children, young people and adults to maximise their capabilities and have control over their lives

3 → Create fair employment and good work for all

4 → Ensure a healthy standard of living for all

5 → Create and develop healthy and sustainable places and communities

6 → Strengthen the role and impact of ill-health prevention

7 → Tackle racism, discrimination and their outcomes

8 → Pursue environmental sustainability and health equity together

FRAMEWORK AND STRUCTURE OF THE REVIEW

This report looks at the health and health equity impacts of housing and places.

Housing affects health in three key ways, through quality, supply and affordability. Health is best supported when people have access to a sufficient supply of good quality, affordable housing.

In addition to the effects of housing on health, health is also shaped by the places and neighbourhoods in which

we live. Developers, investors and operators have key roles in place-shaping: through provision of, and making space for, local amenities and services, including green and blue spaces, transport links, community spaces and shops; through encouraging and facilitating mixed communities, accessible to all; and by protecting the environment both locally and globally.

Box 2. Pathways through which the built environment influences health
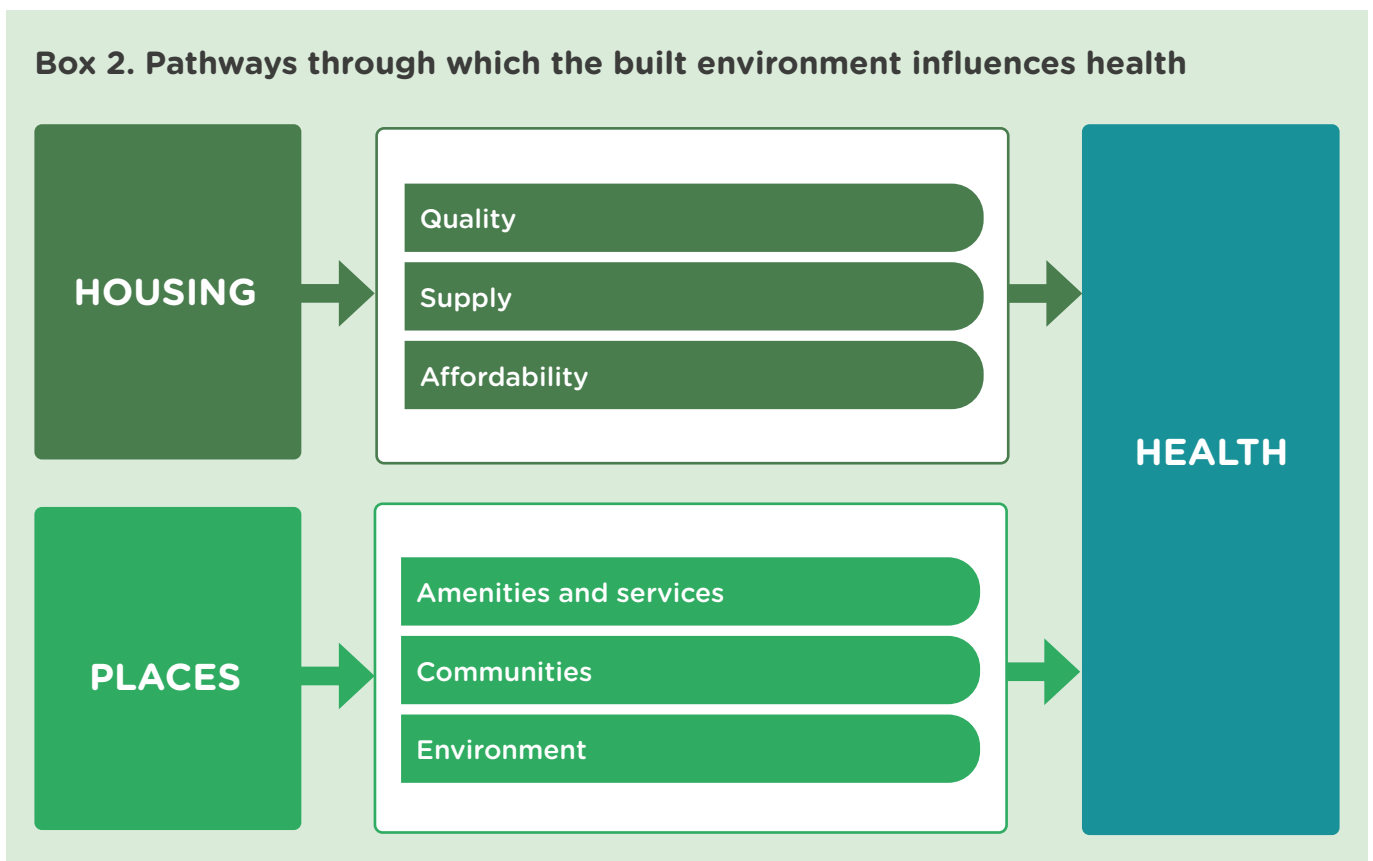
This report has been informed by a review of the evidence base on the impact of homes and places on health equity, as well as interviews with key stakeholders to understand barriers and opportunities to promoting health equity in the development process, and a roundtable discussion of opportunities to strengthen health equity in the sector.

The roundtable event and interviews included housebuilders, social housing providers, public health organisations, developers, investors, planning advisors and design practitioners. These have informed our understanding of the barriers to good practice both within the property sector and outside it.

While beyond the scope of this report, property sector businesses can also affect health equity through their wider business practices. A recent report by the IHE has provided a systematic way for businesses to assess how they positively and negatively impact health equity, as outlined in the framework below (5). This report will not revisit that ground, however property sector businesses should consider the full range of impacts that they can have, including as employers providing good quality jobs, and generally as responsible corporate citizens.

Box 3. How businesses shape health: the IHE framework

BUSINESSES	PROVIDING GOOD QUALITY WORK	Employees
	Pay	
	Benefits	
	Conditions	
	Hours	
	SUPPORTING HEALTH	Clients and Customers
	Products	
	Services	
	Investments	
	INFLUENCING	Communities
	Partnerships and procurement	
	Advocacy and Lobbying	
	Corporate Charity	
	Tax	
	Environmental Impact	
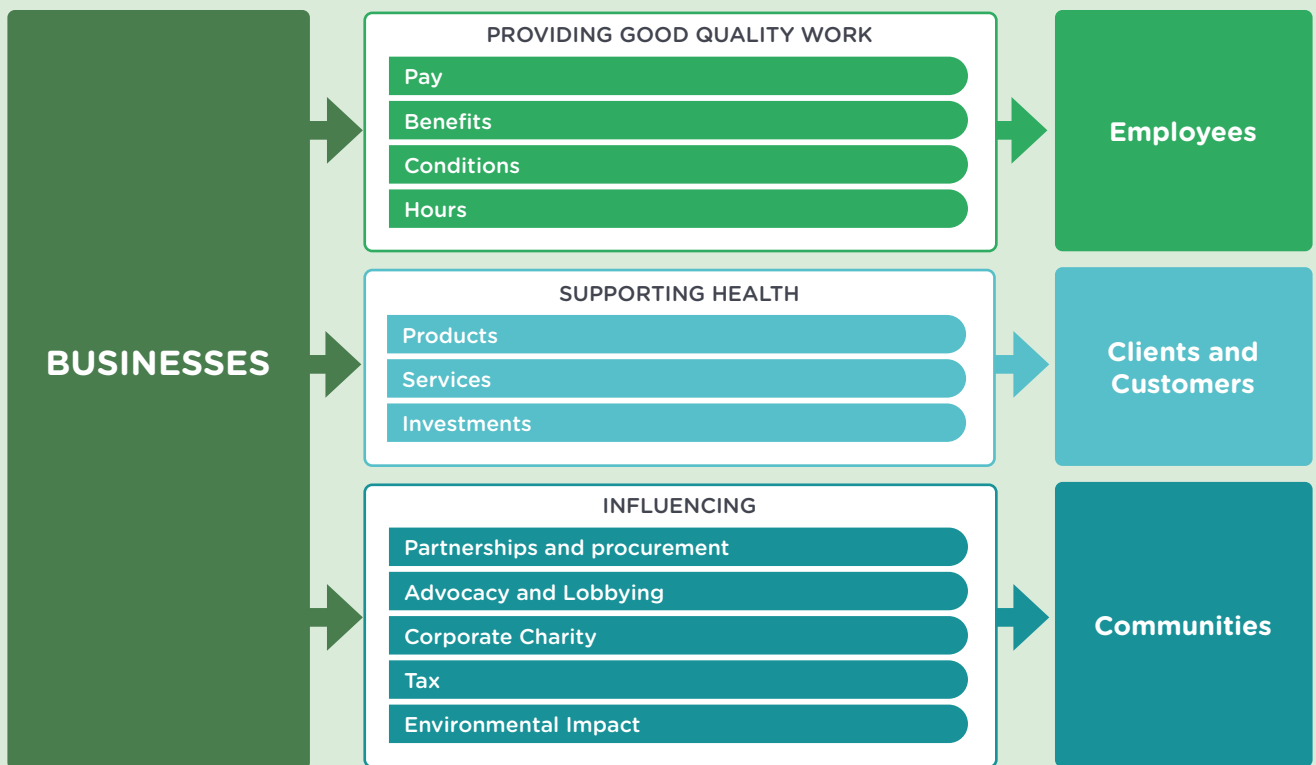
Source: UCL IHE (5)

CHAPTER 2
HOUSING

A good quality, affordable home with a secure tenancy is a foundation that everybody needs to lead a healthy life. There is a chronic and worsening lack of secure, affordable and appropriate housing, driving poorer health and deepening health inequalities.

As well as the effects of housing on individual health, there are downstream effects on the health service and the national economy. Lack of access to good quality, affordable housing harms the health of the nation and places increasing demand on healthcare services. A 2021 Building Research Establishment (BRE) report reveals significant costs incurred by the NHS due to the impacts of poor-quality housing on people. They estimate that it cost the NHS around £1.4 billion per year to treat people affected, while the full cost to society of leaving people living in poor housing is around £18.5 billion per annum, including societal costs such as those relating to care, poorer educational achievement, loss of productivity, and career prospects (13). A 2023 cost-benefit analysis by BRE finds that remedial work to England's poorest housing would cost £9 billion but could provide £135.5 billion in societal benefits over the next three decades. This includes £13 billions of savings to the NHS (13).

Poor quality housing has direct effects on health. Cold, damp or overcrowded homes can affect respiratory health, for instance, as well as having effects on mental health and wellbeing. There are also indirect effects – for example, money spent on repairing substandard quality housing, or on fuel bills for poorly insulated homes, cannot be spent elsewhere on health-supporting activity. At the most extreme end, some families are forced to choose whether to 'heat or eat', when both a warm home and a good diet are necessary for health.

Supply of housing is also important to health. At the sharpest end, an undersupply of housing has contributed to record numbers of families in temporary accommodation, and to a rise in rough sleeping. Both of these situations are damaging to health. It is crucial that the right kind of homes are available where they are needed.

The affordability of housing also directly impacts individuals' and families' ability to meet other basic needs essential for health and wellbeing. When housing costs are manageable, individuals are more likely to have sufficient resources for other necessities, such as nutritious food, healthcare, and education. Conversely, when housing is unaffordable, people may be forced to live in substandard conditions, experience housing instability or homelessness, or forgo other essential expenditures, leading to increased stress and adverse health outcomes.

These three elements are, of course, all inter-related. An undersupply of housing contributes to the high cost of renting or buying a home, and in a market where there are not enough homes to go around, landlords are often not motivated to maintain the quality of the housing they own. This may be one reason why homes in the private rental sector are the most likely to be of substandard quality, alongside cuts to local government capacity to enforce standards, and a lack of national regulation.

When the supply of homes is insufficient to meet demand, prices rise, leading to decreased affordability and fewer choices for consumers. In such scenarios, there is often less motivation to construct high-quality homes or maintain existing ones, as even substandard properties can sell quickly. As a result, the overall quality of housing may also deteriorate.

There are also further knock-on effects: for example, without robust legal protections, high demand for housing can give landlords more power and decrease renters' security of tenure, leaving them feeling disempowered. In a market-based system, the consumer should always have the power to go elsewhere if what is offered is not good enough. When housing, which is a basic necessity, is so scarce, especially when proximity to job opportunities and family is taken into account, many will just have to take whatever they can get and may not choose to risk eviction by complaining.

The failure – due to historic policy choices – of housing supply to keep up with demand has resulted in a distorted housing market which fails to support good health. However, this does not mean that fixing the problem requires an increase in supply at all costs. It is important that the new homes that are built are of good quality, affordable and in the right places if they are to support good health. Buildings have long lifespans. Building poor-quality homes in the interests of remedying supply problems quickly may harm health in the short-term and store up problems for the future. Nor can we ignore the necessity of maintaining and improving the quality of our existing housing stock, which will continue to house most of the population.

Similarly, while improving total supply is needed in the long-term to drive down excessive housing costs, there is an acute need for affordable housing now, shown most clearly by the number of families in temporary accommodation. We cannot therefore abandon planning obligations for affordable housing construction in the hope that simply building more unaffordable homes will fix the market in the future. The housing market is made up of myriad local markets, and we need to ensure that there are affordable homes in all of these areas, facilitating mixed communities, improving access to economic opportunities and preventing ghettoisation. Approaching housing as solely a total supply problem will not solve problems of local unaffordability.

In this section we attempt to disentangle quality, supply and affordability to look at specific health effects, but it must be remembered that they all inter-relate.

> *"If we build the wrong types of homes, of poor quality in the wrong locations, then that's going to have a very significant impact on health equity. So we can't just build for building's sake."*
>
> **Urban Planner**

QUALITY

Good housing quality is beneficial for health because it reduces exposure to harmful environmental factors, such as damp, mould, overcrowding, and poor ventilation, which can contribute to chronic respiratory conditions and increase susceptibility to infections.

Moreover, well-maintained housing provides a safe and stable environment that supports mental wellbeing, reduces stress, and enables healthy behaviours, contributing to overall physical and psychological health.

A warm, well-ventilated home, with sufficient space, that is safe and in a decent state of repair, is essential for good health.

EXISTING STOCK

In the UK, the quality of existing housing stock is typically measured using the Decent Homes Standard (DHS), which assesses whether homes meet criteria for being in a reasonable state of repair, having modern facilities and services, and providing a reasonable degree of thermal comfort. The DHS as a legal standard currently applies only to properties in the social rented sector, but is planned to be extended to the private rented sector through the Renters Reform Bill 2024 (14).

Unfortunately, much of our housing stock is poor quality, including cold, damp, overcrowded and dilapidated housing. One contributory factor is the age of much of the UK's housing stock, which is the oldest in Europe. 52 percent of homes in England were built before 1965 and almost 20 percent before 1919 (15).

Homes in the private rented sector contribute disproportionately to both the total number of poor-quality homes and the costs that poor housing causes to the NHS (16). Private rented dwellings have the highest proportion of non-decent homes in England, as seen in Figure 4. In 2022-23, 21 percent of private rented dwellings were classified as non-decent, while the social rented sector had the lowest proportion (10 percent). Among owner occupied homes, 14 percent failed to meet the DHS (17).

Figure 4. Non-decent homes, by tenure, England, 2010 to 2022
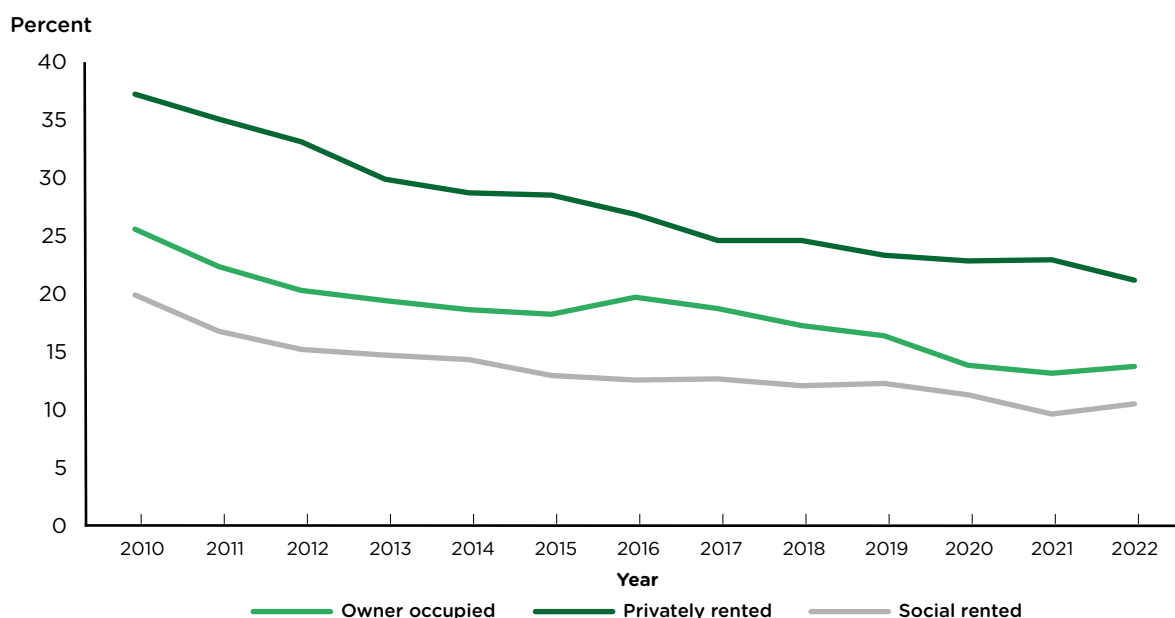
Source: DLUHC (17)

Specific population groups are also more likely to live in substandard quality housing. Data for 2022-23 also show that private rented households with members with a long-term illness or disability or those who receive housing support were more likely to live in poor quality homes (26 percent), compared to private rented households where no-one had a long-term illness or disability (19 percent). A larger proportion of private renters in receipt of housing support were living in a non-decent home (27 percent) compared with private renters who were not in receipt of housing support (19 percent) (18). In 2023, landlords across England were collecting £9 billion in rent annually for non-decent privately rented homes, with approximately £1.6 billion coming from housing benefit (19).

Data show that although there have been improvements in the number of non-decent homes in England, 14 percent or 3.5 million households across all forms of tenure lived in a home that failed to meet the DHS in 2022-23 (18). This is a 4.2 million decrease since 2006, when 7.7 million homes were classified as non-decent (20). Figure 4 above shows the trends in non-decent homes by tenure between 2010 and 2022 in England – the reductions have largely stalled in the private rental and social housing sector since 2017 (20). Non-decent homes must either be brought up to an adequate standard, or if they are demolished, be replaced by decent and affordable new homes to avoid worsening supply problems.

Refurbishment work, particularly that which improves thermal comfort in the home, can lead to improvements in health for residents (21). Refurbishment and interventions aimed at improving energy efficiency and insulation can also result in improved social relationships, a reduced sense of isolation and maintenance of social capital, as well as attracting new investment and fostering local economic development (22) (23).

Refurbishment includes retrofitting, the installation of new systems or features not present at construction, from insulation and double-glazing to heat pumps and solar panels. Measures to improve the energy efficiency of homes include adding thermal insulation, replacing windows, upgrading heating systems, installing energy-efficient boilers, and sealing up air leaks (24). Such measures have proven successful in reducing fuel poverty and therefore health inequalities, and in improving the sustainability standards of buildings. In addition, retrofit interventions and the refurbishment of existing stock provide opportunities for job creation (25) (26).

Investment in refurbishment over demolition and new construction is currently disincentivised by taxation. New build projects are zero-rated for VAT, while most refurbishments and retrofits are still subject to the standard VAT rate of 20 percent. Refurbishment should, at the very least, compete on a level playing field with demolition and new construction, especially

given the relative environmental costs. We support the recommendation made by UCL colleagues that VAT on building refurbishment should be reduced or eliminated for projects incorporating sufficient affordable housing (27).

Local government should consider using money raised by developer contributions via the planning system to fund refurbishment programmes for existing stock alongside new building projects. In cases where development companies also have a refurbishment arm, or the skills and resources to carry out refurbishment and retrofitting, they may be able to provide developer contributions in-kind by combining a refurbishment programme with new development.

THE QUALITY OF NEW BUILDS

New builds are subject to a range of regulation, codes and guidance around quality, but this does not ensure that all new builds are built to the highest standards.

Most of the data on poor quality housing is for existing stock. However, issues have been reported with the quality of new builds. 51 percent of homeowners who had recently purchased new-builds in England stated they had "experienced major problems including issues with construction, unfinished fittings and faults with utilities" (28).

The quality of new builds may be reflected in research published in 2021 by the Financial Times, which found that new-build homes tend to sell at high prices, but fall rapidly over subsequent sales, with value falling approximately 10 percent below local trends by seven years after construction (29).

The New Homes Quality Board (NHQB) is an independent organisation intended to ensure that new build homes meet high quality standards and homebuyers are protected. The New Homes Quality Code (NHQC) covers marketing, sales and after-sales service for homes, ensuring that buyers have a route to redress in the case of problems with housing quality. Where there are disputes, these are referred to the New Homes Ombudsman Service (NHOS), with the costs covered by developers. However, registration with the NHQB is optional for developers, so it does not cover all homes. After-sales coverage, including the right to make complaints to the ombudsman, only lasts two years from completion, and the ombudsman can levy a maximum fine of £75,000.

The NHQB and NHOS should be put on a statutory basis, and there should be a review of what powers and resources are required for these bodies to enforce compliance with the NHQC. In the meantime, we propose all developers register with the NHQB.

COLD, DAMP AND OVERHEATING

Cold and damp homes increase risk of death, especially for vulnerable populations. The End Fuel Poverty Coalition estimated that over the winter of 2022/23, cold homes were responsible for 4,950 excess deaths in the UK (30).

These homes have both direct and indirect effects on physical and mental health (31). Living in cold and damp homes contribute both to the onset and worsening of physical health conditions, including respiratory and cardiovascular conditions (32) (33). People living in cold or damp homes are more likely to suffer from increased depression and anxiety, and moving to a cold home is associated with increased mental distress, especially for those already struggling (34) (35). This is felt particularly by young people, with teenagers experiencing four times the mental health impact that adults do (34).

More indirectly, children and young people may face worse educational outcomes, affecting long-term life chances and health across the lifespan (35). Older people living in these conditions can also suffer from increased social isolation (36).

Reported figures on the prevalence of damp and mould in homes across England vary significantly, largely due to differing methodologies in measurement and reporting practices. Estimates indicate that between 4 percent and 27 percent of homes—representing approximately 962,000 to 6.5 million households— are affected by damp and mould (37). Evidence suggests that individuals residing in private or social rented housing are disproportionately more likely to experience these conditions compared to those in owner-occupied homes (18).

Some groups of people are more likely to live in these conditions, including households with an older person living in them, households with a lone parent, households with children, low-income households and households with people from ethnic minority backgrounds (38).

The dangers of damp housing gained national attention in 2020 following the tragic death of two-year-old Awaab Ishak, who died of a severe respiratory condition linked to prolonged exposure to black mould in his home. His parents, both immigrants from Sudan, had complained to their social landlord and had been told simply to paint over the mould. This tragedy garnered national headlines and led to change in the law around the responsibilities of social landlords to remedy hazards in their properties. It also demonstrates that housing is an equality and social justice issue. An Ombudsman report prompted by this death found that Rochdale Boroughwide Housing had

a culture of 'othering' residents and had discriminatory and prejudiced attitudes towards residents, particularly refugee residents, tending to dismiss residents' concerns and blame lifestyle choices (39). As Figure 5 shows, Black households are the most likely of all the reported ethnic groups to live in damp homes.

Figure 5. Proportion of households living with damp problems, by ethnic group of household reference person (HRP), England, 2021.
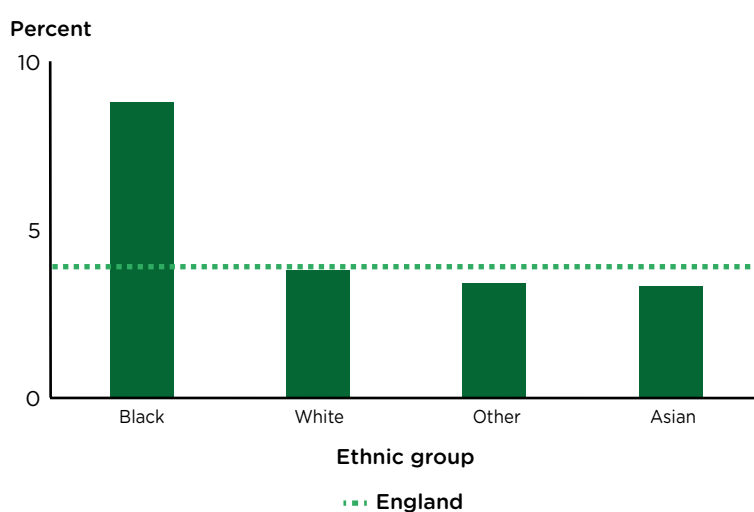
Source: *DLUHC and MHCLG (40)*

Disabled people are also at greater risk of living in a cold home. The Resolution Foundation found that at the end of November 2022, 41 percent of disabled people they surveyed said they could not afford to keep their homes warm, almost double the 23 percent of the non-disabled population (41).

The IHE's 2024 report on cold homes recommends taking action to prioritise and address the cold and damp homes of those with existing health conditions, disabilities and ethnic minorities. Further, the report finds that bringing all properties in the UK with low incomes up to EPC band C would avoid £2.9 billion a year in avoided climate impacts (42).

The UK's old and relatively energy inefficient housing stock contributes to fuel costs that are 30 percent higher than the European average (15). Over 50 percent of homes in the UK do not meet the recommendation for Energy Performance Certificate (EPC) band C or higher (42).

A reduction in fuel poverty and of health inequalities can be achieved through retrofitting interventions. Some measures to retrofit and improve the energy efficiency of homes include adding thermal insulation (loft, cavity wall or internal wall), replacing windows, upgrading heating systems, installing energy-efficient boilers, and sealing up air leakage pathways (24).

Adding insulation to a home helps to regulate the indoor temperature, thus reducing energy bills and fuel poverty. These measures also contribute to creating warmer homes and tackle environmental and sustainability issues by reducing carbon emissions (43).

A 2022 IHE evidence review on housing found that people living in privately rented homes and older adults were in particular need of retrofitting interventions (24). However, these groups often experience more barriers to accessing retrofit support than other people (43).

Poorly insulated and ventilated homes further raise risk of health impacts from heat. Risks are highest when air temperatures exceed 25 degrees, and there is a clear association between heat-related deaths and temperatures, particularly for the elderly. In 2022, there were 4,507 deaths due to increased temperatures in England (44). A 2023 Resolution Foundation report shows that as temperatures rise with climate change, more homes will be at risk of overheating (45).

There are inequalities in experiences of overheating. In particular, half of the poorest households live in homes that are the most likely to overheat, three times more than the richest households (54 percent compared with 18 percent). Housing type and occupancy levels are key factors influencing heat exposure, with flats and smaller homes at higher risk due to limited capacity for heat dissipation. Properties with a greater number of residents, particularly those that are overcrowded, also experience heightened heat exposure. Additionally, homes situated in urban areas are more susceptible to the Urban Heat Island effect, further intensifying indoor temperatures. The Resolution Foundation report finds that while homes in London are particularly hit by overheating compared with the rest of England, 38 percent of homes in Yorkshire and the Humber and 39 percent of homes in the South East will see a high risk of overheating in the future (45).

SAFETY

Inadequate safety in housing critically undermines both physical and mental health, disproportionately affecting vulnerable populations. Homes lacking proper safety features, such as effective fire protection systems and quality building materials, are more susceptible to health hazards like mould, significantly increasing the risk of severe or fatal incidents. Environmental threats, including exposure to pollution and local hazards, further exacerbate health issues. Overcrowding not only increases the likelihood of accidents and injuries but also contributes to a general sense of insecurity.

Beyond physical harm, living in fear of unsafe housing can also have lasting psychological effects, such as anxiety, depression, and trauma, particularly among survivors and affected communities (46). These mental health outcomes are exacerbated by the fact that many of those living in unsafe housing are from lower-income backgrounds and ethnic minority groups, highlighting how safety failures deepen health inequalities.

The recent publication of the report into the Grenfell tragedy highlights the importance of safety concerns, which have been endangered by an excessive focus on loosening regulation (47). Developers must ensure that materials used in construction, such as cladding, insulation, and fire barriers, meet stringent safety criteria. Additionally, fire safety systems like alarms, sprinklers, and escape routes must be rigorously designed and maintained. While we expect developers to prioritise safety, the absence of a strong regulatory framework and effective enforcement can result in a 'race to the bottom,' disadvantaging businesses that adhere to best practices. Therefore, it is crucial for national government to establish clear standards and enforce them rigorously, with inspection and enforcement adequately resourced.

The Grenfell Inquiry also revealed systemic failures in the construction industry's focus on profit over safety, exacerbated by a regulatory environment that prioritised deregulation and cost-cutting. The loosening of building regulations allowed unsafe materials to be installed, as safety assessments were either ignored or inadequately performed (47). A culture of deregulation and lack of accountability, as exposed in the Grenfell case, highlights

the urgent need for stronger enforcement of safety regulations in all future developments. Inadequate safety measures in housing not only harm health and risk lives, but also diminish trust in developers and regulatory bodies.

Building homes to the highest safety standards is not just about preventing immediate dangers, such as fires, but also about safeguarding long-term health and reducing inequalities. Developers have a responsibility to ensure housing contributes to health equity by meeting strict health, safety and environmental standards, protecting residents from both immediate physical risks, including those caused by climate change, natural hazards and disasters, and the chronic health impacts of unsafe environments.

Safety must be a cornerstone of every home and building. This responsibility must not be evaded, and falls on the property sector, as well as legislators, regulators and inspectors.

SUPPLY

For people to live in homes that support their health, there needs to be an adequate supply of housing appropriate to their needs. A lack of supply can be detrimental to health in several ways.

When there is insufficient housing, people are forced into overcrowded living situations. Overcrowding negatively impacts physical health, as it is often unsanitary and facilitates the spread of disease. Reducing overcrowding has been key to improving public health in this country since the Victorian era. Overcrowding is also stressful, harming mental health and wellbeing. It can also have repercussions on other building blocks of health, for example reducing the space children have to study, play and sleep, affecting their educational outcomes and future prospects.

A lack of supply also contributes to homelessness and rough sleeping, as people simply do not have appropriate homes to live in. Neither living in temporary accommodation nor living on the streets is a situation that supports good health.

There are not enough homes being built where they are needed most. This can result in people being separated from their wider families, their communities and employment opportunities. When key workers cannot find appropriate housing, it has damaging effects on essential services and the local economy. New development does not necessarily resolve the lack of available, appropriate, affordable housing in communities, unless it is done with an understanding of local needs and how it fits into the local plan.

It is essential that the supply of good quality, affordable housing is increased for health and wellbeing as well as for the economy, community resilience, and social cohesion.

OVERCROWDING

Overcrowding is linked to poor physical and mental health outcomes as overcrowded homes can facilitate the spread of infectious diseases, increase stress, and contribute to mental health issues (48) (49). Children living in overcrowded conditions also have an increased risk of developing behavioural issues such as aggression or hyperactivity, increased school absences, and delayed cognitive development (50) (51).

In 2022/23, 708,000 households were living in overcrowded conditions in England (52). Overcrowding is most common in the social rented sector, where 8 percent of homes (328,000 households) are overcrowded, compared with 5 percent of private renters (232,000 households) and only 1 percent of owner occupiers (148,000 households). The problem is particularly acute in some areas – in London, 16 percent of households in the social rented sector are living in overcrowded conditions (53).

The National Housing Federation estimates that one in every six children is being forced to live in overcrowded conditions because their family cannot access a suitable and affordable home, which amounts to 2 million children. Approximately 313,244 children in England are forced to share beds with other family members (54).

There is also evidence that overcrowding disproportionately affects ethnic minority households (53). In 2022, overcrowding ranged from 22.5 percent in Bangladeshi households, and 17.1 percent in Arab households, to only 1.7 percent in White British households. While this is partly related to higher concentrations of many ethnic minority groups in urban areas, the evidence is clear that some groups are experiencing more of the harms resulting from an insufficient supply of housing.

In 2015 the government introduced the Nationally Described Space Standard (NDSS) that sets out adequate internal space within new dwellings (55). However, this has not been adopted as mandatory everywhere and represents a significant limitation on the provision of adequate living conditions where local councils do not adopt the standard. In particular, much affordable housing continues to be built below national space standards, with 57 percent of new affordable housing failing to meet the recommended gross internal floor areas of the NDSS in 2021 (56).

In order to support higher quality housing and ease overcrowding, we urge developers to adhere to the London Plan space standards, Box 4, when constructing new homes anywhere.

Box 4. The London Plan (57)

The London Plan goes further than the national standard by raising the minimum ceiling height from 2.3 meters to 2.5 meters for at least 75 percent of the gross internal area of the dwelling. These standards are based on the minimum gross internal floor area (GIA) required for new homes relative to the number of occupants and taking into account commonly required furniture and the spaces needed for different activities and moving around. This means developers should state the number of bedspaces/occupiers a home is designed to accommodate rather than, say, simply the number of bedrooms.

While the London Plan adheres to the NDSS in terms of floorspace standards, it encourages developers to exceed these minimum requirements, particularly in affordable housing and high-density developments.

HOMELESSNESS

Homelessness, rough sleeping and people living in temporary accommodation are consequences of unaffordable rent costs and housing shortages. Levels of homelessness in England are increasing. Data show that 324,990 households were assessed as owed a homelessness duty in 2023-24, due to being threatened with homelessness or already being homeless, up 12.3 percent from the previous year. The number of households with children who were either threatened with homelessness or already homeless increased by 3.9 percent in 2023-24 compared with 2022-23, and

households with children in temporary accommodation increased by 14.7 percent to 74,530. The highest rates of homelessness are in London, where supply problems are most acute, accounting for 19.2 percent of homeless households in England in 2022-23 (58) (59).

The health effects of homelessness are grave. Homelessness has a significant impact on both physical and mental health, while also posing substantial barriers to accessing healthcare services (60). People experiencing homelessness are at an elevated risk for a wide range of acute and chronic health conditions, including infectious diseases, cardiovascular diseases, substance use disorders, and severe mental health disorders (61).

Most people who are considered 'homeless' are accommodated in emergency or temporary accommodation and are not sleeping rough on the street. The number of people estimated to be sleeping rough on a single night in autumn 2023 in England is 3,898, a 27 percent increase from 2022 (62). People experiencing homelessness have a mortality rate six times higher that of comparison groups and are 15 times more likely to die from accidents or intentional self-harm (61). There is evidence of a range of benefits when people experiencing homelessness or insecure housing are provided with stable and secure housing, including improvements in mental and physical health, as well as broader benefits to the individual, including education and employment, as well as to society through reduced costs (63).

Intended for emergencies, temporary accommodation is offered by councils to homeless households while they await their application for help to be processed and be offered a settled home. However, the majority of households live in temporary accommodation for over a year, and this is often poor quality and overcrowded, resulting in harm to health (64).

HOUSING DELIVERY

There are a number of estimates of how many homes, in particular affordable homes, are needed. The Centre for Cities estimated in 2023 that there was a backlog of 4.3 million homes missing from the housing market across the UK as a result of historic failures to keep up with demand (65). In 2018, Crisis identified a need for 340,000 homes each year in England to 2031, to include 145,000 affordable homes (66). The new government has set an overall target of 370,000 homes annually in England to meet the commitment of delivering 1.5 million new homes over the course of the parliamentary term (67). There is a significant opportunity for developers to build the right type of homes needed in the right places over the next five years.

Council and local authority housebuilding in England began to sharply decline in the late 1970s and early 1980s, with a major shift occurring under Margaret Thatcher's government. By the 1990s, the role of building affordable housing had largely transitioned to housing associations and private developers. Now, the majority of England's new housing is built by a small number of volume developers. Volume developers are businesses that construct large numbers of homes within a single development plan using limited design options, and often acquire land before selling individual units to homebuyers. The four largest developers were found to deliver approximately 60,000 homes annually in 2017, approximately one third of the total (68).

Figure 6. New build starts by origin, England, 2012/13 to 2022/2023

Number of starts
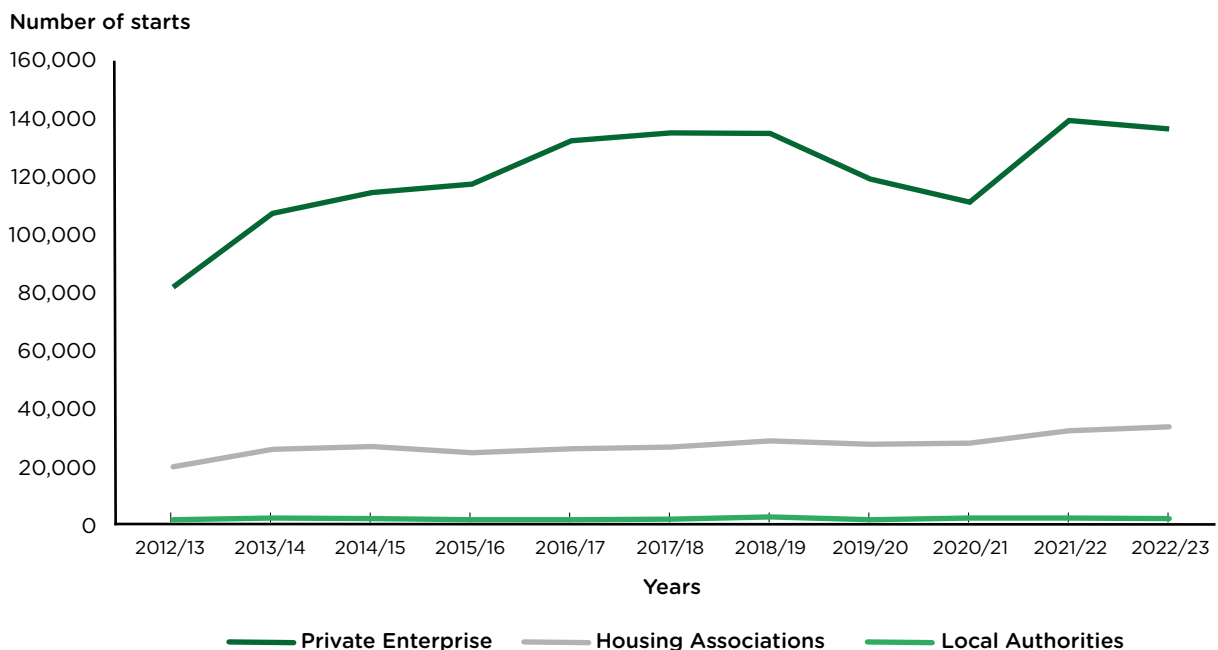
Source: DLUHC and MHCLG (69)

The UK Collaborative Centre for Housing Evidence has looked at the evidence around the business models of the largest volume housebuilders, and in particular the 'big three' developers. They suggest that these developers have a vertically-integrated business model (i.e. from land purchase through construction and sale) where profitability is not driven by the delivery of homes at volume. This has allowed them to maintain supranormal profits without providing the level of housing that is required (70).

One key consideration is that developers of large housing projects may be disincentivised from releasing large numbers of new homes onto the market rapidly, and thus driving down prices in a local market. This leads to the slow 'drip-feeding' of new homes, worsening affordability and supply problems while maintaining their high profits. Small and medium enterprise (SME) developers may be less likely to pursue such a course, both by controlling less of the supply in a local area, and by being more reliant on cashflow from single developments.

Local authorities will benefit from encouraging multiple local projects from SME developers, enabling quality and price competition in local markets, rather than relying on single large developments to meet housing requirements. SMEs in particular could benefit from clearer local plans and a more predictable planning approval process, as they are less able to spread risks associated with planning refusal across multiple projects.

SMEs provided only 10 percent of new homes in 2020, down from 39 percent in 1988, and the number of SME housebuilders has approximately halved since 2007 (68). Written evidence from the Federation of Master Builders in 2020 suggests that, given the right conditions, SMEs could deliver 65,000 homes by 2025, compared with 12,000 in 2021 (71).

Local government should ensure that local plans are produced in consultation with the community, enabling smaller developments to meet local needs without extensive further consultation. For larger developments, especially those involving the creation of new neighbourhoods, developers and land promoters should consult early and throughout development with local communities and public health teams who have a good understanding of the needs of existing communities, around health and the social determinants. Such consultation and provision will benefit developers by simplifying the planning process and reducing objections to new developments.

Within some local authorities, efforts are being made to bring public health and planning closer together, including with planners embedded in public health teams. In Bristol, the University of Bristol, alongside other institutions, is leading TRUUD (Tackling Root Causes Upstream of Unhealthy Urban Development), a five-year research programme to embed health considerations into local planning processes. This initiative collaborates with public health officers and planners in the city to develop guidelines that better incorporate health outcomes into urban planning decisions, aiming to improve public health through spatial strategies (72). Such approaches offer opportunities for developers to work more closely with local authorities and address health and housing in partnership.

This report focusses on the role of the property sector and therefore on private housebuilding. However, meeting the need for housing delivery will also require an increase in public sector housebuilding. This will have the additional benefit of reducing structural dependence on a few large developers.

REFURBISHMENT OF EMPTY HOMES

While it is critical to health equity that there is a supply of new build homes that are of good quality and affordable, refurbishment can also bring empty or dilapidated homes back onto the market. Empty homes in need of repair constitute a blight on communities and attract anti-social behaviour (73). Shelter have suggested that targeted investment in 10 UK cities could rapidly turn 10,500 empty homes into affordable housing, and many local authorities employ empty homes teams to bring vacant and derelict homes back into use (74) (75).

In October 2023, there were 699,126 recorded empty homes in England (76). While a significant number, this is among the lowest in the OECD as a proportion of total housing stock (77). In particular, only 0.9 percent of homes in large towns or cities, where demand for housing is high, are long-term vacant (78). The relative lack of vacant homes reflects the lack of supply, and we would expect a functioning housing market which offers some choice to renters and buyers to show a proportion of vacant homes.

In short, local authorities should make provision for the refurbishment of vacant homes, especially considering the harm of derelict homes, but we should not expect this to significantly impact supply problems at scale.

ADAPTIVE REUSE

Adaptive reuse refers to the practice of adapting previously non-residential buildings, such as commercial premises, into residential housing.

Since 2013 it has been possible to add extensions and change the use of a building through Permitted Development Rights (PDRs), which bypass the regular planning system with minimal checks. Between 2015/16 and 2022/23, 102,830 new homes were delivered through change-of-use PDRs, mostly through the conversion of offices and other commercial units (79).

PDRs, and adaptive reuse more widely, has the potential to improve housing supply, if care is taken that quality is not sacrificed. Existing buildings represent a quantity of embodied carbon, so the same sustainability arguments that support refurbishment over demolition can also support adaptive reuse. In the post-COVID era, there has been some decline in demand for city-centre office space with the rise of remote working. These commercial properties are often in high housing demand areas, with good access to public transport and other amenities, as well as employment opportunities. Properly employed, adaptive reuse can contribute to the densification of cities, increasing housing supply while protecting the natural environment.

However, there are concerns about the homes actually produced through PDRs: their quality; the lack of infrastructure in place to support them; their lack of affordability, not being subject to Section 106 (S106), requirements; and their lack of responsiveness to local need, often focussing on single and shared accommodation to the exclusion of new family homes (80) (81) (82) (83) (84). Homes built through PDRs of unused commercial property in inappropriate locations like industrial estates and out-of-town business parks offer none of the location advantages of urban commercial to residential conversions.

The quality of homes delivered through adaptive reuse, such as via PDRs, must be of the same standard as would be expected of any new build, and also held to the same standards of affordability and appropriateness to local need. This requires a review of PDRs, to ensure that it is not simply a legal loophole allowing for substandard homes, and the explicit acknowledgement and incorporation of adaptive reuse in local plans.

As a more general point, if the planning system is perceived by decision makers to be blocking forms of development such as adaptive reuse, the solution is to reform the planning system, with health equity an explicit consideration. The solution is not to introduce methods of bypassing the system for particular types of development or specific areas, as with PDRs or other previously considered mechanisms like Enterprise Zones. This undermines local planning and runs the risk of developments that do not meet local needs, and fail to support health, as has been seen with PDRs developments. There may be a role for PDRs in the provision of key small-scale environmental infrastructure, such as electric vehicle charging points, solar panels, or heat pumps.

ACCESSIBLE HOUSING AND INCLUSIVE DESIGN

A 2018 Equality and Human Rights Commission (EHRC) report found that only 7 percent of the housing stock in the UK met accessibility standards, allowing for independent living for people with disabilities. Many people with disabilities and accessibility needs live in homes inadequate to their needs (85). A wheelchair user joining a local authority waiting list could be required to wait up to 47 years to be offered a suitable new-build property (86). This affects other areas of people's lives: disabled people who have unmet needs for accessible homes are four times more likely not to be in work than those who do (87). The shortage of accessible homes results in a loss of independence, restricted family life and risk of injury (88).

Developers should support the delivery of homes that cater to a wider range of households with needs by adding elements of inclusive design in new builds. Building Regulations Part M and PAS 6463:2022 Design for the Mind both serve as essential guidelines in the UK for designing inclusive and accessible spaces, focussing on physical and cognitive accessibility (89) (90). All individuals eventually experience changes in their abilities due to age, injury or other causes, and this is especially relevant in the context of an aging population. Inclusive design ensures that no group is excluded from participating in everyday activities.

The current shortage of affordable and good-quality housing is a serious issue for the wider population, but for older age adults and people with disabilities in particular, this burden is even greater. These two groups in particular are likely to have lower incomes, are more at risk of poverty, and face higher costs of living (91). The Resolution Foundation finds that the underlying disposable income gap between the disabled and non-disabled population was 44 percent in 2020/21 (41).

An investment and commitment from the private sector in building inclusively designed homes provides benefits to the wider communities. Positive outcomes are not only felt for older adults and people with disabilities. Building properties with inclusive design such as wide doorways, level or ramp access and a toilet at entrance level can benefit families with small children or in the case of injury (87). Inclusive design can effectively break down barriers and exclusion and is less costly than carrying out home adaptations (92).

Relying solely on new builds to address the shortage of accessible and inclusively designed homes is insufficient. The existing housing stock must also be adapted to meet accessibility standards and ensure that people of all abilities can live comfortably and independently. Allocating a portion of developer contributions towards adapting older homes could be an effective mechanism to support this.

AFFORDABILITY

Lack of affordable housing is a key issue for health. High housing costs can force individuals to make difficult choices between housing and other essential needs like food and healthcare, resulting in poorer overall health outcomes. At their worst, excessive housing costs can drive homelessness, and push individuals and families into poverty and destitution, with attendant effects on health. In the UK, 11 million people are in poverty before housing costs in 2021-22, rising to 14.4 million after housing costs, including 2.9 million children before housing costs and 4.2 million after (93).

Poverty has profound effects on health and significantly exacerbates health inequalities. These effects manifest in both direct and indirect ways, affecting physical and mental health, access to healthcare, and overall life expectancy. People in poverty are more likely to suffer from chronic conditions, including cardiovascular disease and mental health disorders, and have lower life expectancy (94) (95) (96).

There is a minimum income for healthy living that is the amount needed to ensure a dignified life, enabling full participation in society and making good health possible (12) (97). When housing takes away an increasing proportion of income, it makes it increasingly harder to live a healthy life.

There are a range of types of housing within the umbrella of affordable housing, including 'affordable rent' at up to 80 percent of market rents, 'social rent' at around 50 percent of market rents, and 'intermediate rents' between the two, as well as low-cost homes provided through a range of models including First Homes, shared ownership and Rent to Buy. Not all of these are equally affordable, and in 2020, the Affordable Housing Commission confirmed that the majority are in fact unaffordable to those on middle to low incomes (98).

There is a lack of affordable housing in England across all types of housing (66). Between 1997 and 2023, housing affordability has worsened in every Local Authority in England, as shown in Figure 7 (66).

Figure 7. Housing affordability ratio, England and Wales, 1997 to 2023.
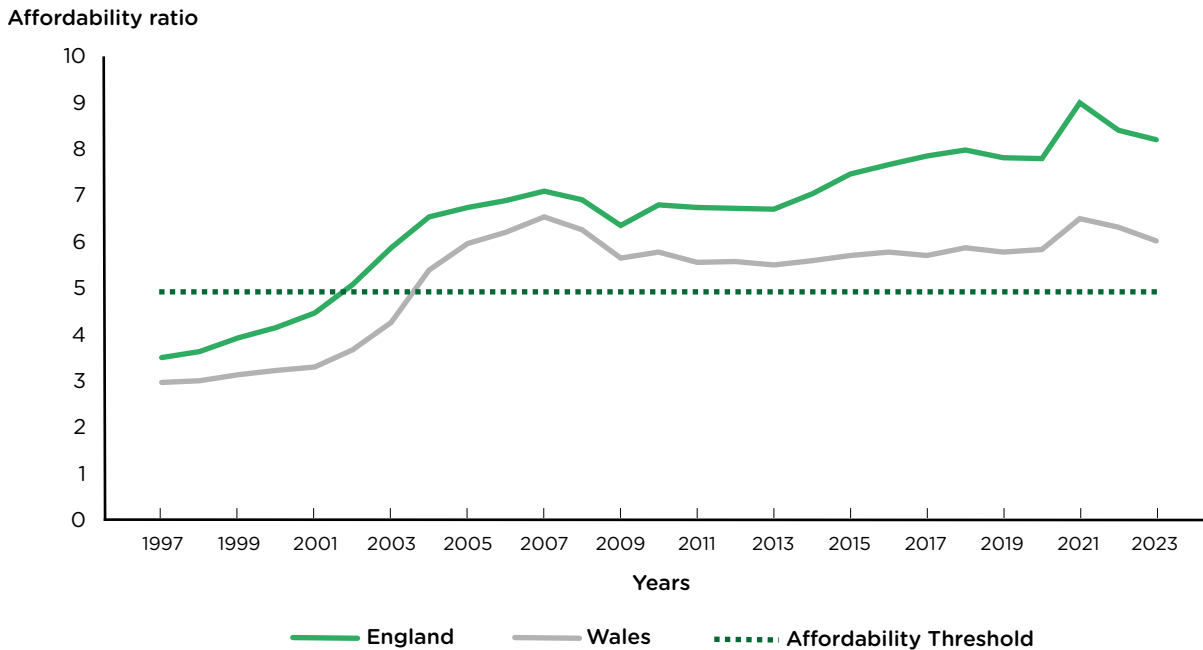
At the moment, some affordable homes are being approved or built but not being purchased by Housing Associations, leaving developments paused as developers are unable to meet their affordable housing commitments (101) (102) (103). This must end. There are several contributory factors to this.

Housing Associations are facing financial pressures, in part due to their need to remediate problems relating to cladding (after Grenfell) and damp and mould (after Awaab's Law). This remediation is critical for health, but Housing Associations need greater financial support to carry it out, and the financial security of a long-term rent settlement from the government, as put forward in the budget of October 2024. Proposals include a new social housing contract to transition government subsidy away from housing benefit to the building of new social rented homes (104).

Housing Associations are also not always seeing affordable homes on the market that they actually want to buy. In some cases, these are the wrong types of homes for local need (for example, homes for single people instead of families), which could be helped by better and clearer local plans. In other cases, this is due to concerns about quality, particularly environmental sustainability concerns, as Housing Associations work toward Net Zero. This should incentivise developers to build high-quality and sustainable affordable homes that meet local need, to allow development to progress.

Institutional investors – organisations, such as pension funds, insurance companies, and investment trusts, that manage large pools of capital to invest in a variety of assets – should focus on funding well-designed, purpose-built housing for social rent, affordable rent, and shared ownership in areas across the UK where there is acute need and demand. By forming partnerships with local councils and other housing providers, they can enhance delivery and impact in this crucial sector. Given the severe and escalating shortage of affordable housing in the UK, investing in this area represents a low-risk, scalable opportunity for achieving stable, inflation-linked returns while simultaneously addressing significant societal and health challenges. Furthermore, such impact investments align with Environmental, Social, and Governance (ESG) goals, enabling investors to create a meaningful difference in people's lives and strengthen communities, thereby providing measurable social benefits alongside financial returns.

HOUSING WHERE IT IS NEEDED

In many communities, there is a mismatch between the housing needed and what and where it is being supplied. In particular, there is a shortage of affordable family homes. A 2023 report from UCL based on interviews with stakeholders shows that one or two bed units are being built in order to meet development targets rather than developments meeting the need for larger properties (27). This lack of larger properties contributes to overcrowding and the fracturing of local communities as families are forced to move away.

By constructing housing that meets diverse needs, such as family homes, accessible units for people with disabilities, and smaller units for single individuals, developers can help alleviate overcrowding, reduce housing costs, and improve health and health equity. Additionally, building in the right locations, such as areas with good access to public transportation, employment opportunities, schools, and healthcare services, ensures that residents can maintain a good quality of life and reduces the socioeconomic disadvantages that contribute to health and social inequalities.

RURAL AND COASTAL COMMUNITIES

Some areas are particularly affected by a lack of affordable housing, including many rural and coastal areas. In these areas this is driven in part by second-home ownership and short-term lets, which can displace local residents and limit housing options for low-income families. Many left-behind neighbourhoods are in coastal communities (105). These are areas that experience an unequal distribution of economic, social, and technological opportunities (106). Tourism has significantly impacted the housing crisis in these areas with social housing waiting lists growing rapidly and more significantly than in urban areas. In fact, between 2019 and 2022 social housing waiting lists in rural areas grew by 31 percent, compared with a 3 percent increase in urban areas in England (107). As a consequence, rural areas in England have seen a dramatic rise in homelessness and rough sleeping (108).

The inability to find affordable housing in these areas results in a fracturing of communities and support networks, as well as labour shortages and large numbers of vacant jobs. This is even more problematic for key workers who have an important role in supporting the community.

Local and national government should further incentivise the property sector to redevelop deprived and 'left-behind' areas. Transforming these areas not only addresses regional social, economic and health inequalities, but can also create significant long-term commercial opportunities. This approach aligns with government priorities to invest in infrastructure, implement the new industrial strategy and drive levelling up efforts across the country.

Investors and developers should consult with the final purchasers and operators of affordable homes, including local government, Housing Associations and community-led housing groups, to ensure that the homes they build meet their needs, and the needs of the community.

SOCIAL HOUSING

Social housing, the most affordable form of housing, is defined by the Housing and Regeneration Act 2008 as low-cost rental and low-cost homeownership accommodation, let to people whose needs are not served adequately by the commercial housing market (4). Building new social housing is of fundamental importance to health equity (24).

Research has shown that England's 4.2 million social rented homes contribute at least £77.7 billion a year to the national economy in savings for the NHS, councils, police and government, and in the economic opportunities created for residents (109). The National Housing Federation and Shelter are calling for the annual construction of 90,000 social homes, which could save the NHS £5.2 billion and could add £51.2 billion to the economy, paying for itself within three years (110).

There has been a significant decline in the construction of new social housing as seen in Figure 9, which has pushed many people into homelessness or insecure, unaffordable, often poor-quality private rental properties, with resulting damage to health (100).

Figure 9. Total supply of new affordable homes that are for social rent, England, 1991/92 to 2022/23
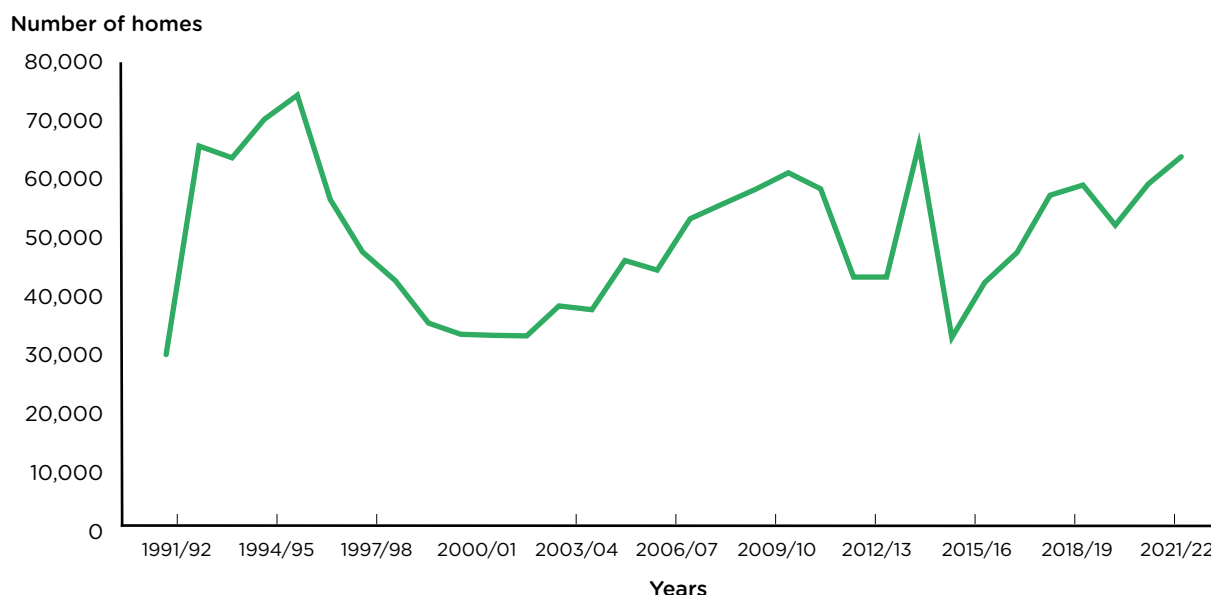
Source: DLUHC (100)

Note: *From 2020/21, it is not possible to break down units between Social Rent and London Affordable Rent funded through some GLA schemes. When this happens, they will be counted against Social Rent.*

Further, social housing is being depleted by demolition in England. In 2022/23, 3,224 social housing dwellings were demolished, an increase of 11 percent compared to 2021/22 (111). There were 1.21 million households on local authority waiting lists for social housing on 31 March 2022, an increase of 2 percent from 1.19 million in 2020/21 (112).

HOME OWNERSHIP

Home ownership has become increasingly unaffordable for first-time buyers. In 2021/22, 47 percent of households led by someone aged 25-34 were homeowners, compared with 59 percent in 2003/4 (52).

According to the ONS, a home is considered broadly affordable if it costs five years of income or less. In the year to March 2022, the average house cost 8.4 years of median income in England. For those on the lowest incomes, the average house cost between 10 and 19 years of income across the constituent nations of the UK (113). In England, only households in the top 10 percent of income can afford an average home with fewer than five years of income; in comparison with the top 30 percent in Wales, and the top 40 percent in Scotland and Northern Ireland (114).

Private developers can contribute to increasing equitable access to home ownership via schemes such as First Homes and Shared Ownership (115). While the supply

of Shared Ownership properties has been increasing, supply still falls short of demand (116).

The First Homes scheme is intended to help young people become homeowners. First Homes is currently required to account for at least 25 percent of all affordable housing units delivered by developers through planning obligations (117). However, homes provided via the First Homes scheme are often out of reach for many low or middle income households (118).

RENTING

Private rents in the UK are rising at their fastest rate since records began in 2006, resulting in a significantly reduced supply of affordable housing for tenants. In 2023, the cost of UK private rental accommodation was the highest it has ever been. In the twelve months to January 2024, the UK saw the largest annual percentage rise since monitoring began in 2016. In London, where the data series goes back further to 2006, the annual rise was also the largest yet seen (113).

Figure 10. Index of Private Housing Rental Prices, percent change in previous 12 months, UK, January 2016 to January 2024
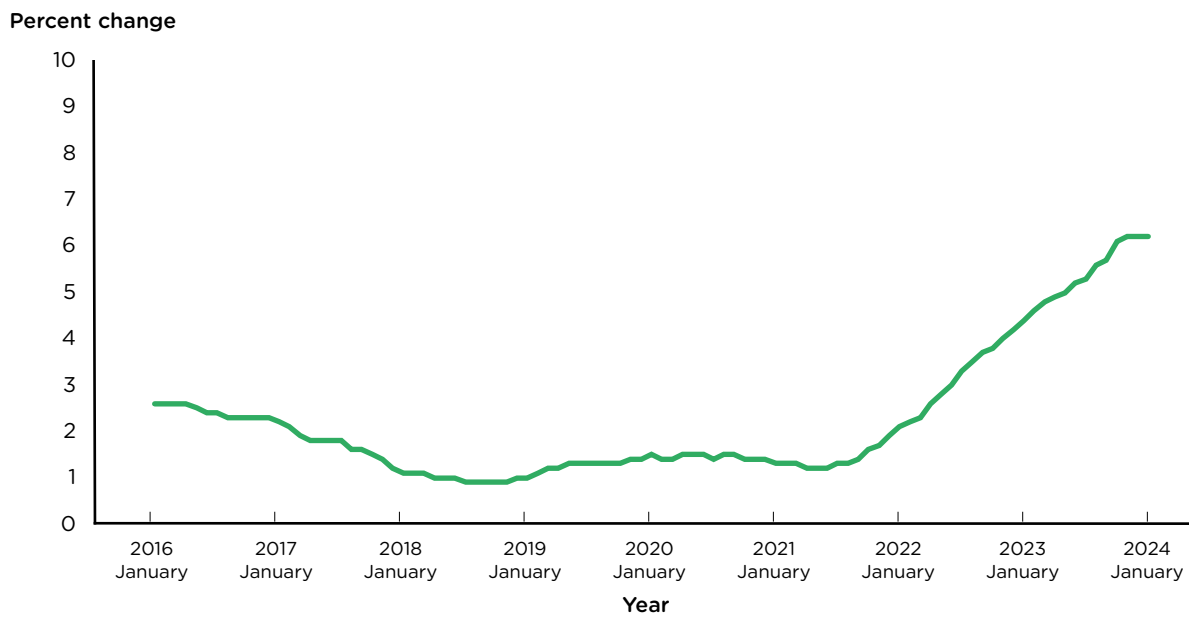
Source: ONS (113).

As younger people are less likely to own their home than in the past, the ONS predicts that future generations of older people will be more likely to live in rented accommodation than today (119). This constitutes a potential additional threat to health, as privately rented homes are more likely fail to meet the DHS than other types of housing. After paying for housing costs, older people in rented accommodation have lower incomes than homeowners and privately renting households are more likely to be in fuel poverty than homeowners.

Survey data suggests that up to one fifth of renting households are experiencing harm to their mental health as a result of their housing situation, and nearly 40 percent of private renters reported that housing concerns were causing stress and anxiety (120).

Build to Rent (BTR) is a relatively new form of development in the UK, in which properties are purpose-built to be rented out by one institutional owner, who is landlord and manager of the property – see Box 5. This model has potential benefits for health and health equity, but also has drawbacks and limitations as it currently exists.

Box 5. Build to Rent

BTR is the fastest growing sub-sector of the property, expected to reach 380,000 completed homes by 2032, worth £170 billion (121). Via this model, developers have a significant opportunity to support health and health equity by expanding it to provide genuinely affordable homes, of the right size and type, in appropriate locations.

The single institutional owner offers benefits in terms of incentives and accountability. As this owner has an ongoing relationship with tenants, they may be more incentivised to ensure that homes remain in good condition, pleasant to live in, set in attractive neighbourhoods with services and amenities. This contrasts with the situation in an overheated, high-demand housing market, which can facilitate and incentivise the production of homes that represent a minimum viable product. In addition, large institutional investors may be more risk-averse, more vulnerable to poor publicity and reputational damage, looking for longer-term stable returns on investment, and less likely to disappear. All these things may add up to greater transparency and accountability for tenants in private rentals. Where there is appropriate long-term stewardship, covering property management, communal facilities, social activities and service delivery in line with population needs, there could be major benefits to the health of residents.

However, there are concerns around the affordability of BTR. Initially at least, BTR developments were targeted specifically at young urban professionals, with premium amenities such as gyms, dining spaces, spas and concierge services (122). The highest BTR rents are found in London at an average of £2,904 pcm for a 2-bed BTR flat (122). Despite this, one report has found that the average affordability ratio (the percentage of household income spent on rent) of BTR in London, and the incomes of BTR tenants, are similar to those in the private rented sector overall (123). As with other forms of development, concerns have been raised around displacement and gentrification (124).

BTR has so far focussed on small apartment units largely in urban centres, particularly London, Manchester and Salford (122). However, the sector is expanding to other cities and to suburban spaces. For BTR developments to be sustainable in a wider range of locations, amenities may need to be scaled back, reducing operational costs, and matching local demand and affordability (122). As with other developments, BTR developments must not evade their responsibility to provide a proportion of affordable housing.

BTR are increasingly incorporating co-living, senior housing, multi-family and single-family housing. This is important and further investment should be directed towards households to meet specific population groups including those with disability, aging households and single-family units.

Greater coordination between national and local planners, local authorities, the third sector and the property sector can support the BTR sector to grow, if it can provide homes at a range of price points, and accessible to diverse residents.

PLANNING OBLIGATIONS AND DEVELOPER CONTRIBUTIONS

Developers are legally required to supply a proportion of affordable homes as well as make contributions to local community infrastructure, environment and social development, and mitigate the negative impacts of developments. These financial and non-financial contributions are agreed between local authorities and developers before the granting of planning permission. These are often referred to as planning obligations, or as Section 106 (S106) obligations, as the legal framework is provided by Section 106 of the town and country Planning Act 1990. While these are legally binding conditions of planning permission, there is concern that these can be evaded through review and renegotiation, particularly through the financial viability assessment process.

These planning obligations can be seen as types of land value capture mechanism, through which part of the increase in land value generated by the action of the public sector is used to benefit the public. In this case the value is generated through the granting of planning permission, although land value capture can also apply where the public sector raises value through the provision of infrastructure.

There is also a Community Infrastructure Levy (CIL), which local authorities can choose to levy on all developments within their locality to fund local infrastructure, although at present a minority of local authorities have chosen to implement this, and its future is uncertain. Developer contributions is a term sometimes used to include S106 and CIL.

Around half of all affordable homes delivered are through S106 (125). In 2018, the Housing, Communities and Local Government Committee of the House of Commons found that S106 had been comparatively successful in capturing some of the land value uplift associated with the granting of planning permission, but also drew attention to some of its flaws, including its propensity to be undermined by viability assessments, and its contribution to increasing regional inequality (126).

Viability assessments allow developers to challenge pre-agreed contributions for affordable housing. Their obligations are dependent on the provision of affordable housing not making the project financially unviable, determined by projected profits. If a financial viability assessment (FVA) concludes that expected profits are too low, the developer can reduce or eliminate the amount of affordable housing it is required to deliver (126) (127) (128). In 2017, Shelter explored the impact of viability assessments across 11 local authorities, covering nine of the biggest cities in England. Where viability assessments were used, new housing sites achieved only 7 percent of affordable housing, in contrast to the average of 28 percent required by council policies (129).

While negotiations over viability should be public, there has historically been a lack of transparency. On the grounds of commercial sensitivity, viability assessments were often kept from local communities and decision makers (129). Government guidance is now that viability assessments should be made publicly available except in exceptional circumstances (126) (130). We recognise that financial viability is key to development, but there is a lack of trust in the viability process from the public and other partners. There should therefore be as much transparency in the process as possible.

S106 contributions are negotiated locally. While this allows for adaptation to the local situation, it also means that local authorities are in a stronger negotiating position where land values are already high. Where housing is worth less, the ability for local authorities to secure larger contributions is limited, meaning that affordable housing is not built where it may be needed most, and regional inequality is increased (126) (128). Less than 10 percent of social homes built through the S106 were in the north, compared to 52 percent in London and the south (127).

The estimated total value of developer contributions in 2018/19 was £7 billion, including £4.7 billion in the form of affordable housing. There is also significant regional disparity within this figure: London accounted for 28 percent of the total, the North East only 3 percent (131).

If local needs for affordable housing are going to be met by negotiable planning obligations, then local planning authorities (LPAs) need to be empowered to negotiate robustly with developers at all stages, including challenging viability assessments when needed (126). This is likely to require additional resources for local planning departments, who have faced significant cuts from government policies of austerity. There is an argument for reform to Compulsory Purchase Orders (CPOs) to allow LPAs in extreme cases to compulsorily purchase land from developers who have failed to meet their planning obligations and build affordable homes themselves (126).

Negotiable planning obligations are, of course, not the only way that affordable housing can be provided. The public sector must also fund and build social housing itself, transitioning from a model of individual subsidy via housing benefit, toward a new generation of social house building. This is further explored the final section of the report.

The property sector has a critical role in the provision of affordable housing, but is failing to keep up with demand. Developers providing affordable homes within new developments is essential not just because it increases the total stock of affordable housing in an area, but also because it encourages mixed communities inhabited by a more diverse community. The benefits of mixed communities are further explored in Chapter 3 of this report.

CHAPTER 3
PLACES

The physical, economic and social characteristics of places and communities have an important influence on people's physical and mental health beyond the provision of good quality and affordable housing. Places can support good mental and physical health by providing safe, inclusive and accessible environments with access to employment, amenities and services, a sense of community, and a health-supporting environment (7).

Developers can contribute to healthy place-shaping, but this also relies on councils having strong, clear policies that emphasise health and wellbeing in the built environment. Currently, this is not happening at a sufficient level and developers are not being adequately guided to prioritise health through their developments (132).

These measures would help ensure that health equity is a core consideration in place-shaping and streamline the planning process for developers.

AMENITIES AND SERVICES

Equitable access to services and community and social assets is fundamental to the design and development of healthy and sustainable places. This includes access to green and blue spaces; education; healthcare services; employment opportunities; retail; good public transport and active travel opportunities; and community spaces, including public spaces and cultural, leisure and recreational facilities (133). In the absence of appropriate new or extended infrastructure, new developments can put excessive strain on existing services, and face opposition from existing residents. It is essential for developers to engage early with local authorities and carry out adequate assessments of current and future community needs, to deliver on all of the elements discussed in this section.

To improve healthy place-shaping, local planners and public health should work together to ensure that local plans reflect local health needs and include specific provisions for social, public, environmental, and health infrastructure. Local plans as a whole, and larger discrete developments, should be subject to Health Impact Assessments (HIAs).

Effective impact assessments can help developers assess the potential effects of their projects on different population groups, including ethnic minorities and people of lower socioeconomic status, identifying ways to reduce health inequalities. By embedding comprehensive and equity-based impact assessments into development – taking account of all stages of design, construction, and operation – developers can ensure that developments are responsive to local needs. Ideally, these assessments would capture the full range of health impacts, including the social determinants of health and effects on health equity. In the 'next steps' section of this report, we recommend the development of such comprehensive Health Equity Impact Assessments (HEIAs).

Impact assessments also allow for the measurement of the positive impacts that businesses are having on the local community, quantified in terms of social value. This approach not only aligns with environmental, social, and governance (ESG) principles but also enhances the overall effectiveness of property developments in contributing to healthier and more equitable communities. Establishing measurable ESG targets and regularly reporting outcomes help developers stay accountable, reinforcing their commitment to lasting positive impacts. The IHE have previously supported adding health, and health equity, to ESG monitoring explicitly, making ESHG monitoring.

It is insufficient to design and build healthy, accessible and sustainable places if these are not well managed or maintainable, particularly in light of the scarcity of resources in local government. Stewardship is the long-term management and maintenance of community

and public spaces and facilities, ensuring they remain functional and beneficial for residents over time. A 2024 Competition and Markets Authority (CMA) report identified a growing trend by developers to build housing estates with privately managed public amenities (134). This involves roads, sewers and drainage, lighting and public open spaces, among others, being privately managed as they have not been 'adopted' by the relevant authority.

Stewardship plans for amenities, infrastructure and other communal assets must be made early, to ensure sufficient and sustainable funding for maintenance and operation. These should be established as part of negotiable planning obligations between the local authority and developers. There are a number of options for long-term stewardship, and the Town and Country Planning Association (TCPA) provides a guide for local authorities, with case studies (135). Stewardship plans must include long-term governance structures, establishing how public and communal spaces and assets will be managed and by whom. Equally important is securing funding mechanisms to sustain these over time, ensuring that they continue to benefit the local community well beyond the construction phase. There are often issues with degradation of these areas, with a lack of responsibility and accountability.

In a similar way, where developers are not involved in the ongoing operations of a development, they must ensure they are handing over to responsible and reputable operators, not walk away leaving developments in the hands of irresponsible management companies. 80 percent of new homes sold by the eleven biggest builders in 2021 to 2022 were subject to estate management charges (134). These charges are often high and not clear to homeowners, causing considerable stress. Other issues reported included homeowners not being able to switch estate management providers; receiving inadequate information upfront; experiencing substandard or unsatisfactory maintenance work; and being subject to opaque administration or management

changes, which can often make up 50 percent or more of their total (134). Operators have a responsibility for maintenance without hidden or exorbitant costs for residents.

By embedding the elements discussed in this section, the property sector can make a tangible difference in the communities they serve while enhancing their ESG performance and building long-term trust with stakeholders and communities. Incorporating the place-shaping elements that promote better health and health equity discussed in this section also enhances the attractiveness and value of developments, while increasing the likelihood of quicker planning approval with fewer objections (136).

"I think the long-term stewardship of a place is what's needed. People aren't going anywhere; the built environment isn't going anywhere. If you're not designing it and delivering it to achieve sustainable development, covering the social, environmental and economic - what are you doing?"

Built Environment Consultancy

TRAVEL

Good quality, sustainable, affordable and reliable public transport networks play an important role in improving promoting social cohesion, facilitating access to education, services and employment, reducing social isolation and reducing particulate emission – all of which have positive benefits for health and reducing health inequalities (137).

Increasing accessibility in developing places extends to incorporating inclusive and accessible design in transportation, which widens access to healthcare, employment, education, and social activities. The Motability Foundation finds that in the UK, people with disabilities take 38 percent fewer trips than those without disabilities, and this figure has not changed in the 10 years to 2019 (138). Inadequate provision of accessible transportation for those with disabilities contributes to wide ranging socio-economic disadvantage, including higher levels of unemployment.

Building for health equity requires the facilitation of active travel options, including walking, wheeling and cycling, which promote healthy behaviours both directly and indirectly. Improved physical activity lowers the risk of obesity and certain diseases, but the benefits extend beyond improved physical wellbeing (80). Encouraging hybrid travel - journeys with an active component - is an important health equity intervention that can improve fitness, reduce financial burdens, air and noise pollution (139) (140).

Active travel is encouraged by ensuring connectivity between key travel routes, such as between schools, local amenities and workplaces. Diverse high-streets, with a mix of housing, retail and community facilities increase walkability. Developers can also support the establishment of infrastructure and facilities that support active travel, such as cycle and foot paths or cycle storage facilities, through the design of neighbourhoods.

Developers should ensure that principles of accessibility and connectivity are considered in the design of new developments. Local planners should ensure that transport infrastructure is included in plans, to ensure that all residents have access to public transport links.

EDUCATION FACILITIES

Education plays a fundamental role in shaping health outcomes, as it influences a range of factors and behaviours that contribute to overall health. Inequalities in the experiences of young people during their school years have lifelong impacts, affecting employment opportunities, income, financial security, and health. Lower levels of educational attainment are linked to poor self-reported health, reduced life expectancy, and decreased survival rates during illness (141).

Increasing access to childcare can improve life chances for children, as well as freeing parents to work or access education, improving their financial and social situation.

Lifelong learning and the development of skills in adulthood makes an important contribution to improving health and reducing health inequalities (12) (142). Skills development and adult education provide both direct health benefits and indirect benefits including employment, higher income and greater social interaction, which are all major drivers of good health (143) (144).

It is important for developers to engage with local authorities to ensure adequate provision of education, childcare, and youth facilities. The government provides guidance for school place planning and the provision of education infrastructure as part of new development (145).

HEALTHCARE SERVICES

Increased development and new housing in an area can result in additional pressure on existing healthcare infrastructure and services. Developers can support healthcare through their contributions. By supporting and financing appropriate new healthcare capacity, developers can strengthen out-of-hospital services, primary care and enable and support the creation of systems that support self-management in places.

Development of new places can include buildings that help to break down the traditional boundaries between different services. This involves co-locating services into health and wellbeing centres or community hubs, bringing together GP practices, other healthcare services, and a range of leisure, education, wellbeing and community activities in one place (133). Providing a range of health services on one site can expedite support seeking behaviour, including diagnosis and treatment, and enable health staff to work cooperatively (146). This supports the government's priority of bringing health out of the hospital and into the community.

For developers to deliver facilities capable of allocating adequate and appropriate services, specific local health needs must be assessed. Grove View's Integrated Health and Care Hub and Grove View Apartments in Dunstable, developed with Willmott Dixon, is an example of providing sufficient appropriate healthcare. The housing was developed for older tenants and included the development of 98 new later living one and two-bed homes for shared ownership (10) and affordable rent (88) for those over the age of 55.

Box 6. Grove View Integrated Health and Care Hub, Dunstable (147)

Grove View's Integrated Health and Care Hub is a one-stop hub where people can access a range of services, including community mental health and children's services. It is the first of several new hubs enabling partners to provide better care locally in Central Bedfordshire, through NHS partners joining up health and care services for the residents of Dunstable and surrounding villages.

The hub supports residents to stay healthy and well and reducing pressure on hospitals. As part of the development, 98 later living homes are also included.

In May 2021, Central Bedfordshire Council began leading the project in partnership with the NHS East London Foundation Trust, Bedfordshire Hospitals NHS Foundation Trust, Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB), Cambridgeshire Community Services and Willmott Dixon (147).

The construction of both the new integrated health and care hub and apartments was completed in March 2023. The construction partner, Willmott Dixon, is a certified Considerate Construction Partner and has contributed 4 million pounds of social value to the Grove View project. Willmott Dixon was engaged from the first stage of the scheme to develop the brief/clinical service model and shape the scheme.

Extensive early engagement was conducted with stakeholders, which allowed the developer to gather the insights and expertise needed to deliver a facility to meet the needs of the community.

GREEN AND BLUE SPACES

Green and blue spaces are vital assets in developing communities that prioritise the health and wellbeing of their residents. Ensuring equitable access to these spaces for all is fundamental to build for health equity.

Access to good quality and safe green spaces is important for physical and mental health and ensuring this helps to reduce health inequalities (148). Green spaces are linked to an increase in life expectancy and healthy life expectancy (148). Further, green spaces can stimulate social contacts and increase societal cohesion. Urban green spaces can improve air quality, reduce noise pollution, and mitigate Urban Heat Island effects (149). If everyone in the UK had good access to quality green space, £2.1 billion could be saved in health costs every year.

Green space provision near new developments in England and Wales has declined since 2000 (150). The total amount of green space found within 1km of a development declines steadily the younger the housing stock. Even in rural areas, access to green spaces is often limited, as lighting, safety, and upkeep are often of a poor standard (151). The quality of green space is just as important as the quantity of it. Low quality green spaces can attract anti-social behaviour and decrease community safety (152). To provide benefits and ensure use, green spaces need to be perceived as safe.

There is evidence that people on low incomes, ethnic minorities, older residents and people with disabilities face barriers in accessing and using green spaces (153). These groups are less likely to live near or access green spaces (152). For people with disabilities, design of green spaces is just as important as being in its proximity. Structural barriers and facilitators, such as obstacles, parking, toilets, paths, and tactile maps, must be considered in the planning and design of green spaces and immediate surroundings to avoid the exclusion of this group.

In light of the unequal distribution of green spaces, it is important that developers meet green space requirements for all developments, including affordable homes. As the majority of local authorities today are unable to fund the development or maintenance of new green spaces, it is paramount for planning agreements to include the maintenance and management of green spaces.

Blue spaces – outdoor environments prominently featuring water, like lakes, rivers and the sea – are also important to health. There is evidence that blue spaces promote physical activity, which can lead to improved cardiovascular health. These spaces have also been linked to reduced stress levels and enhanced mental health (154) (155) (156). Proximity to blue spaces is also associated with increased social interaction and community cohesion, further contributing to overall good health (157).

The Environment Agency's Blue Space Forum's evidence of the lived experiences of users of blue spaces reveals that the benefits of blue spaces are not available to everyone equally. Similarly to green spaces, ethnic minorities are less likely to access blue spaces, whereas older adults are more drawn to them than younger individuals. There are, however, limited opportunities for those with physical or sensory disabilities to safely access outdoor blue areas (158). As a result, safe and affordable access to blue spaces often remains out of reach for those who would benefit most. Developers should preserve blue spaces free from pollution and accessible to the public, and where blue spaces are in poor condition, remediation should form part of planning discussions.

COMMUNITY SPACES AND ASSETS

Community spaces and assets are important to local communities. The COVID-19 pandemic highlighted the importance of social connections in reducing isolation and loneliness, and the ability to form positive relationships is an integral part of wellbeing (159). Effectively designed places provide residents with the chance to be social outside the home and connect with the surrounding community. Mental health and responses to stressors are improved when there are positive and strong relationships and engagement in community life (160) (161).

Providing investment to and building developments that include spaces for meeting and public spaces for interacting, increase collective wellbeing and promote good health outcomes. Poor quality development which does not facilitate integration and inclusion leads to social isolation and worse health (162).

The Loneliness Lab was a collaborative initiative co-founded in 2018 by Lendlease, a global property and infrastructure group, and Collectively, a social innovation agency, to tackle loneliness through urban design, place-shaping and the built environment – see Box 8.

Box 7. The Loneliness Lab, Lendlease and Collectively (163)

In October 2018, Lendlease and Collectively brought together more than 100 people to design the Lab agenda together. Thirty participants then worked in cross-sector teams to test ideas to tackle loneliness in London's buildings and streets. The event served as a launchpad for numerous projects including London is Lonely, Elephant Says Hi and Craft Moves. Many participants also went on to embed loneliness into their industry practice, for example by adding loneliness to the curriculum at the London School of Architecture and setting up loneliness CPD training for landscape architects.

Building on the sprint ideas, in 2019, Lendlease and Collectively established key place and issue-based collaborations that are still underway (164). The Loneliness Lab now remains active as a resource hub where professionals, designers, and community groups can access tools, such as connectedness workshops and design frameworks, to apply these insights locally.

The Loneliness Lab's focus on inclusive design helps create environments where all individuals, regardless of age, ethnicity, culture, religion, gender, disability or socioeconomic status, feel connected and supported. Loneliness disproportionately affects vulnerable population groups, particularly older adults, people with disabilities, and those on low incomes. Initiatives like the Loneliness Lab help mitigate these inequities by creating connected communities.

Developers, investors, and operators should invest in initiatives like the Loneliness Lab, scaling up impact. Larger and more widespread projects can reach a greater number of people, making a significant difference in public health and community wellbeing in urban design. Collaborative efforts lead to the creation of sustainable and resilient urban environments. By integrating social considerations into development projects, these initiatives ensure that communities are not only economically viable but also socially vibrant and inclusive.

Community spaces range from multi-purpose hubs co-located with public services, to youth centres, parks, libraries, and pools. Often managed by local authorities, non-profits, or volunteers, they offer diverse activities – educational, cultural, leisure, and fitness – serving as inclusive spaces where residents can connect and engage (165). Evidence shows that participation in volunteering may be beneficial to health (166) (167). Community-owned assets are especially vital, giving residents a stronger voice in addressing local needs and often offering culturally specific services.

Community spaces and assets in new developments are usually funded by a combination of developer contributions and public sector funds from central or local government (168). To ensure these assets remain viable, councils need to plan stewardship costs early in the development process, incorporating them into viability assessments to secure long-term sustainability.

Community organisations frequently face challenges due to short-term funding and the added burden of rental costs when they do not own their spaces. These limitations make it difficult to sustain long-term services (165). Effective collaboration between developers, planners, and local organisations is essential for creating community spaces that meet residents' needs and ensure resources are managed sustainably for the future.

The Earls Court Development Company (ECDC) established the Earls Court Community Fund to support local community projects and organisations in and around the Earls Court site, in the Royal Borough of Kensington & Chelsea and the London Borough of Hammersmith & Fulham – see Box 9.

> ## Box 8. Earls Court Community Fund (169)
>
> The Fund empowers and supports local people, offering grants to charities and community organisations, to deliver projects and to ensure local groups can continue to provide longer term support for the community.
>
> The total value of the Earls Court Community Fund is £180,000 per year. Organisations can apply for a grant of up to £15,000 for projects taking place for up to 12-months to deliver community activities supporting local residents to engage with their neighbours and build community connections, improve their health and wellbeing or to support young people's personal development, education and training.
>
> The Earls Court Community Fund exemplifies how targeted financial support can enhance health equity by addressing the specific needs of urban communities, particularly by addressing resource gaps of community initiatives and spaces. By improving local resources, enhancing community spaces, and fostering social cohesion, these types of interventions play a crucial role in promoting overall community cohesion and health.
>
> Developers should invest in these initiatives not only to fulfil their corporate social responsibility, but also to ensure the long-term success and sustainability of their development projects. Through such investments, they can help build healthier, more resilient, and inclusive urban communities.

PLAYGROUNDS AND PLAY SPACES

Children's infrastructure, which is part of an inclusive, equitable, healthy and resilient public realm, can help to enhance the economic value and long-term viability of the urban environment (170). There are many positive health outcomes of playground activity in children, and the decline is a serious public health issue. Research finds that growing up with less access to outdoor space is associated with future overweight and obesity (171).

Playgrounds are an important asset to children and local communities across the UK, especially for low-income families and ethnic minority families. These spaces foster connectedness and create a sense of belonging. In 2020 the ONS reported that in Great Britain, 12 percent of households have no access to a private or shared garden (172). There are differences by ethnicity, with Black people nearly four times as likely

as White people to have no access to outdoor space at home (37 percent compared with 10 percent) (172). For children in these groups, reliance on public playgrounds is essential to secure some outside play time. Outdated or neglected playgrounds do not meet the standards needed, particularly for children with disabilities (173).

Austerity in the UK has resulted in a sharp decline in playgrounds. For many local authorities, maintaining playgrounds has become an unaffordable expense. Lack of maintenance attracts anti-social and criminal behaviour, making parks unsafe (174). In this context of lack of funding and deteriorating public spaces, developer contributions can make a meaningful difference. However, as previously shown, maintenance is a significant issue. Communities in which playgrounds are being built would benefit from stewardship requirements to ensure that quality and safety standards of playground are held up rigorously.

The multi-pound playground refurbishment programme in Brighton and Hove (Box 10) is a successful example of developer contributions mitigating both the decline in playground provision and lack of accessibility for disabled children.

Box 9. Playground refurbishment programme, Brighton and Hove (175)

In 2021 Brighton & Hove City Council began a £3 million refurbishment programme for playgrounds across the city. The aim is for 45 sites to receive a full or partial refurbishment between 2021 and 2024. The improvements are being funded largely via S106 contributions, as well as council funding and the Housing Revenue Account. As playground design is a significant factor in enabling inclusion (173), a key success of the programme is its focus on providing inclusive and accessible play areas that can be enjoyed by all.

The refurbishment incorporates features such as wheelchair-accessible multi-play units, multi-use games areas, and outdoor fitness zones. The use of sustainable materials, such as equipment made from recycled ocean plastics, is also a key element of the refurbishment strategy. Community consultations played a crucial role in shaping the final designs to meet diverse physical and sensory needs.

The first phase of the playground project saw a total of 23 parks completed in 2022. These include refurbishments that have dramatically improved play opportunities for children and young people with special educational needs and disabilities in Carden Hill, Easthill Park and Preston Park. In November 2023, 32 areas were refurbished (175).

COMMUNITIES

Equitable, healthy urban regeneration and development encourages the establishment of mixed (or balanced) communities. Diversity within a community includes socioeconomic position, age, ethnicity and culture, disability, and household size. Designing places that allow for mixed communities can help foster better health, equity and prevent stigmatisation and ghettoisation (27).

Diversity in housing size, type and tenure caters to different household needs and facilitates the growth of mixed communities. This approach allows different sized families, people in different financial situations, people with different levels of disability, ethnic minority groups and people of all ages to live in proximity. The Letwin Review into housing build-out rates also highlighted that greater variety in housing types, designs and tenures, alongside more attractive and distinctive neighbourhoods, could allow a local housing market to appeal to a wider range of people, with different needs and financial capacities. This could then increase the absorption rate of local markets, allowing for more building without dropping the financial viability of development (176).

CO-PRODUCTION

Community engagement gives local residents the opportunity to be involved in decision making and raise important concerns with development plans that might be inappropriate or contribute to inequitable experiences (177). Neighbourhood-level consultation has a significant impact on the effectiveness of the planning application system and can be a positive tool to shape healthy development.

While public participation can encourage a collective understanding of the community and area to be developed, participation also has benefits for health. A lack of control over the actions and decisions that shape our lives contributes to poor health (7). Actively inviting local communities and new residents to be involved in decision making and shaping new developments can lead to a greater sense of connection with the place and improved quality of life (146).

Properly resourced LPAs should engage with public health colleagues to incorporate community engagement in the development of local plans. Public health departments have knowledge of local health needs, and the social determinants of health, but also

have expertise in effective and meaningful community co-production, and contacts with communities and voluntary sector organisations that are invaluable.

Not all individual developments will necessarily require extensive independent community engagement. Smaller proposed developments are unlikely to have the resources or expertise to engage in meaningful consultation, which can instead become tokenistic and unrepresentative. There is evidence that case-by-case invitations to comment disproportionately mobilise wealthier, homeowning households who are also more likely to oppose new homes than the community as a whole, while engaging earlier at the level of the local plan can allow a wider section of the community to have their say (178). This also has the benefit of reducing hurdles to planning permission, and reducing uncertainty, particularly for smaller developers.

Smaller developments that fit into those local plans can benefit from the expert community engagement that informed the plan as a whole. For larger developments, especially those creating new neighbourhoods, developers should engage with the community, including voluntary sector organisations, alongside local government partners. All stakeholders should remain open to community engagement, and sensitive to community concerns throughout development: through design and construction, employment and contracting, to maintenance, repair and refurbishment.

Meaningful consultation and collaboration can benefit both communities and developers, ensuring development meets local needs, but also having the potential to speed up planning permission and reduce objections and delays. Effective consultation and co-production require resources and skills if it is not to be tokenistic. For example, community engagement events can often exclude groups including people with disabilities, people with limited English language skills, or other groups who may be less likely to attend or be heard. Developers should work with local authorities, especially public health teams, and local voluntary sector organisations, who are more likely to have the skills and the local connections to ensure effective community engagement.

"In order to truly transform our cities and to improve health equity, designing for community participation and coevolution is key. This would empower communities, highlight and mitigate any existing inequalities, and plan for better places for future generations."

Survey participant

Box 10. Countryside Partnerships x LSE Cities x Make Space for Girls research (179)

In late 2022, Make Space for Girls, LSE Cities and Countryside Partnerships mixed-tenure developer collaborated on a peer research project with ten girls and young women aged 16-24 from the London borough of Brent. Over the course of six weeks, the participants explored what a good public realm meant for them and assessed how well their local area met those standards.

The primary aim of this collaborative research project was to explore an innovative participatory research approach – the researcher-in-residence model for strategic design action at LSE Cities. This method advances the idea that critical inquiry should be shaped by and responsive to the experiences and needs of the people it engages. Through this research, the project aims to deliver meaningful change through the direct engagement with local authorities and stakeholders.

Young girls are overwhelmingly excluded from public spaces. This research revealed the safety and inclusivity concerns experienced by young women in the public realm.

This model of collaboration builds knowledge about health equity through direct engagement with small grassroots organisations representing specific groups; understanding how health inequalities can be created through design; and building trust with a broader range of stakeholders such as young people.

This is an example of an innovative model of community engagement funded by a developer to help inform public space provision. This partnership demonstrates a promising step forward for the design of youth spaces in the development sector. The model needs scaling up to increase its impact across larger development projects.

The implementation of neighbourhood-level post-occupancy evaluations (POEs) is an important mechanism through which to ensure that development effectively meet the needs of residents and surrounding communities. These involve assessing the performance of homes and neighbourhoods after occupancy to ensure they meet occupant needs and identify areas for improvement, using a range of methods including surveys, focus groups and data analysis (180).

Conducting POEs provides developers with valuable insights into the impact of their developments, particularly in regeneration schemes, where community dynamics and existing infrastructure are transformed. Further to understanding resident needs, assessing design effectiveness, and addressing safety and health concerns, POEs also foster trust and transparency through community engagement activities. Responding to POE feedback allows developers to make iterative improvements in ongoing projects and incorporate lessons learned into future developments, leading to enhanced project design and functionality. Collaboration with local authorities and other relevant stakeholders further enriches the evaluation process, ensuring that developments align with broader community goals and needs. Ultimately, POEs enable developers to create safer, more liveable environments that contribute positively to wellbeing and health equity.

We recommend that POEs form part of all developments, and that this requirement form part of the planning approval process. Ideally, these POEs would be standardised and carried out by a neutral third party, funded by the developer as part of planning obligations. POEs should then be shared with the developer and the local authority, and ideally made public so that all stakeholders can learn from the process.

INTERGENERATIONAL LIVING

Britain is one of the most age segregated countries in the world: outside of their own families, people of different ages are very unlikely to mix with each other socially (181). Opportunities for social connection between generations in the UK have diminished over the last few decades because of changes in the way that we live and work (182). This has led to reduced connectedness within communities and contributed to increasing social isolation and loneliness among those over age 65.

Intergenerational living schemes are housing models designed to integrate individuals from different age groups, fostering interaction, mutual support, and shared living experiences. These schemes encompass a variety of arrangements, including shared housing, co-housing communities, and purpose-built developments that encourage social interaction and cooperation among residents of different ages, addressing social isolation and housing shortages together.

The property sector has an important opportunity to supply intergenerational housing and shape places that foster meaningful generational mixing through public spaces and designing inclusive and connected high streets. Doing so can build stronger communities and improve social cohesion whilst reducing poor health and health inequalities (181). Beyond housing, it is essential to ensure that public spaces are designed to age friendly standards to allow for active movement and promote interaction.

Box 11 outlines a new sustainable intergenerational housing scheme in Lewisham designed by Levitt Bernstein Architects for Phoenix Community Housing, a not-for-profit resident-led Housing Association. Private developers and investors should accelerate their involvement in such intergenerational living schemes, as they are predominantly left in the hands of Housing Associations or non-profit organisations, and an increase in private sector investment could allow this model to be scaled up to meet the needs of an aging population.

Box 11. Melfield Gardens, Lewisham (183)

Melfield Gardens is a sustainable, intergenerational housing scheme on a constrained infill site in the London Borough of Lewisham. It will provide 30 flexible and affordable homes for residents aged 55 and above, and two, four-bedroom homes for eight postgraduate students from Goldsmiths, University of London. The students will be charged a lower rent in return for spending a few hours each week assisting older residents, offering company or participating in recreational activities in the communal spaces (184).

The intergenerational development, designed by Levitt Bernstein Architects and constructed by Jerram Falkus, is due to be completed in Autumn 2024. This is the first Passivhaus development of social housing in Lewisham allowing for lower energy bills for the new tenants and offering an attractive opportunity for residents to downsize and free up their old homes for people on the housing waiting list. Melfield Gardens won the GLA award for the best sustainable development at the 2021 Housing Design Awards (185).

Extensive community engagement was carried out to support the transformation of Melfield Gardens. Due to the proximity of two other buildings, Phoenix's Millcroft House and the Melfield Gardens houses, co-design was an important pillar of the development. An initial consultation event was held for adjacent residents in March 2019, followed by a wider event in July 2019, with a final public event in January 2020. Feedback helped shape proposals, such as revealing the need for the accessible pedestrian route through the site. The extensive consultation resulted in neighbours feeling heard and involved, and reduced the number of objections to the scheme (184).

ACCESSIBILITY

There is evidence that the physical design of the built environment significantly impacts the experiences people with disabilities have in accessing private sector activities, goods, and services (186). Major barriers include inadequate access to buildings and poorly designed facilities, which restrict social mixing and contribute to feelings of isolation and loneliness. In the year ending March 2021, people with disabilities were more likely to report feelings of loneliness "often or always" (15.1 percent) than people without disabilities (3.6 percent) (187). In addition, inaccessible designs can lead to unwanted social interactions and feelings of embarrassment for those with disabilities.

Evidence also shows that individuals with disabilities face additional financial costs when trying to engage with activities and access goods and services (186). These costs include the need for specialist equipment and the hidden expenses associated with using more

expensive options. This financial impact can further limit their ability to participate fully in community life and exacerbate socioeconomic and health inequalities.

Creating accessible communities involves a comprehensive approach that addresses the diverse needs of all residents, including those with disabilities. Elements of inclusive design ensure that no group is excluded from participating in everyday activities. Designing neighbourhoods, homes and spaces characterised by universal accessibility is essential for health equity. Developers should commit to delivering adaptable and flexible places, designing inclusive public spaces, and providing accessible and safe transportation options and infrastructure.

The Joseph Rowntree Foundation, in partnership with Habinteg Housing Association, identified 16 key features to ensure accessible, easily adaptable, age-friendly homes within what they call 'lifetime neighbourhoods' (188).

Box 12. Derwenthorpe, Joseph Rowntree Housing Trust

Derwenthorpe is a Joseph Rowntree Housing Trust (JRHT) development of affordable, sustainable family homes in a digitally inclusive, mixed-tenure community on the outskirts of York which began in 2011. It was originally a partnership development initiative between City of York Council and JRHT, with David Wilson Homes developing the site on behalf of the JRHT. There was an explicit aim to develop an urban extension that could be replicated by volume housebuilders to scale, rather than being a niche part of the housing market. Currently in phase 5, Derwenthorpe will eventually offer 525 high-quality environmentally friendly and energy efficient homes (189).

Derwenthorpe is an exemplar model of development that caters to the needs to an accessible community by building properties to the JRF Lifetime Homes standards (190). This means that homes are adaptable to changing household needs and disability, enabling residents to stay in their homes should they become less mobile or physically impaired.

Derwenthorpe has had a significant impact on the lives of residents with children or another household member with disabilities (191). A major achievement of Derwenthorpe was JRHT allocating and adapting properties for people with disabilities or health conditions. Further, by integrating accessible housing, green spaces, sustainable practices, and community facilities, the JRHT has developed a neighbourhood that supports the physical, mental, and social wellbeing of all its residents, whilst future-proofing homes for generations to come.

DIVERSE COMMUNITIES

To improve equity, development should attempt to create diverse neighbourhoods with residents from a range of ethnic, religious and social backgrounds, allowing for integration and interaction. As ethnic diversity in the UK increases, it is important that developments guard against residential segregation (192). Residential and geographic segregation is the separation of groups of people in an area by income status, ethnicity, race, religion, or disability and is a growing problem in the UK (193).

The property sector can enable mixed communities in several ways. Firstly, developers should provide a range of homes including affordable housing, as this allows lower-income groups to mix with more affluent communities. This can provide better opportunities to reduce poverty and health inequalities, including better services and employment prospects. Providing a range of diverse housing options is essential to integrating different socioeconomic groups.

There is concern that inequitable development and regeneration can lead to gentrification – the influx of wealthier residents into lower-income neighbourhoods, leading to rising property values and rents, displacement of long-term residents, and significant cultural and social changes in the community (194) (195). Many ethnic minority communities, particularly those with low incomes, are affected by gentrification and associated changes in demographics, affordability and other aspects of a neighbourhood (196).

The dangers of gentrification and displacement must be balanced against the dangers of disinvestment, especially when wealthier residents leave and areas suffer from reduced services and amenities, as well as a smaller tax base (197). The negative effects of gentrification are felt most where housing supply is low, so that new arrivals cannot be accommodated. Community consultation and resident involvement is conducive to culturally sensitive and inclusive redevelopment. In order for regeneration to support greater equity and health, it must strengthen resources and assets and develop for existing residents as well as prospective residents.

The property sector can also contribute to equity by encouraging ethnic and other diversity in their workforce, and recruiting and contracting with local communities. As well as offering opportunities for career advancement and improved life chances, this can enable members of the local community to participate in the shaping of their neighbourhoods and enable the design and delivery of developments with better insight into the needs of the communities they impact.

Box 13. Emerging Talent Programme, Future of London (198)

The Emerging Talent Programme is a professional development programme for ethnic minority groups operated by Future of London, an independent network for housing, regeneration and economic development practitioners, which aims to increase ethnic diversity in the built environment sector. While ethnic minority groups represent 18 percent of the population of England and Wales (199) they are under-represented in built environment sectors, including architecture (12 percent), planning (7 percent) and construction (6 percent) (200) (201) (202).

The first cohort began in January 2022, followed by the second cohort in April 2023, and the third cohort in April 2024. During the programme, recruits work in long-term paid placements across housing, urban development, transport and regeneration, with public and private sector employers between six to nine months. Each recruit benefits from a senior mentor and regular training days.

Some of the activities recruits are involved in include regeneration and place-shaping schemes, developing corporate policies and strategies on sustainability and homelessness, coordinating funding initiatives to improve energy efficiency of homes, leading on planning applications, and, to a lesser extent, contributing to ministerial advice (203).

From the first two cohorts of the programme, over three-quarters (79 percent) of starters have now secured jobs in the sector. The majority (64 percent) were offered jobs by a host employer.

The property sector could benefit by supporting these types of interventions, which should be scaled up as they offer an inclusive entry point within the housing and regeneration sectors, whilst producing greater diversity of talent and diverse perspectives, including possible lived experiences.

ENVIRONMENT

Environmental sustainability is a health issue, and a health equity issue.

Unsustainable practices in development can have detrimental effects on biodiversity, degrade natural ecosystems, increase air and noise pollution, and worsen the global climate crisis. All of these cause adverse health effects and disproportionately impact the most vulnerable groups in society.

On the other hand, development that improves energy efficiency, encourages active travel, provides green infrastructure and protects biodiverse habitats can enhance health and health equity for residents, and protect the planet for future generations.

CLIMATE

The UK's built environment is responsible for approximately 25 percent of the UK's total greenhouse gas emissions via operational carbon and embodied carbon (204). Evidence shows the cumulative effects of climate change on health will widen existing health inequalities in the UK due to differential exposure, sensitivity and adaptive capacity of individuals and groups (205).

Direct impacts on physical and mental health include changing exposure to heat and cold, increased exposure to UV radiation, air pollution, pollen, emerging infections, flooding and associated water-borne diseases, and the impacts of extreme weather events such as storms and floods.

Indirect impacts arise from effects on the livelihoods of individuals and the land on which people live and survive, including prices of food, water, and domestic energy and motorised transport; overheating in homes; reduced mobility (especially among low-income groups); reduced consumption of some goods; and increased anxiety, poverty and unemployment. As the IHE has argued elsewhere, this makes the reduction of greenhouse gas emissions an issue for health equity globally (205).

Decarbonisation is a priority for health equity globally, as the effects of climate change stand to worsen health and deepen inequalities nationally and internationally. Decarbonisation efforts can also provide benefits for health equity locally: reducing air and noise pollution from polluting vehicles; supporting the economy through provision of 'green' jobs; reducing fuel poverty through improved energy efficiency; and tackling obesity through active travel.

From 2025, under the Future Homes Standard, all new homes will be required to emit 75-80 percent lower CO_2 emissions compared to the current levels and have the ability to become fully zero carbon without the need for further costly retrofitting work. The Future Homes Standard is still in development, and reporting has suggested that the government plans to encourage solar panels rather than mandating their installation (212) (206). This could be a missed opportunity to establish clear requirements for integrating renewable energy solutions in new builds, and we urge the government to reconsider.

Place-shaping represents an essential and significant opportunity to deliver sustainable places by supporting sustainable transport options, low-carbon energy systems, high-quality, low-carbon buildings and the retrofitting of existing homes. Building sustainably keeps ahead of tightening regulation and provides desirable neighbourhoods that attract consumers.

FLOODING

Climate change is already increasing the risk of flooding, and unsustainable construction processes or inadequate urban planning and design can worsen this even further. Development can increase the risk of flooding by replacing natural surfaces which absorb water, with impervious surfaces such as roads and buildings. Poor drainage systems and failure to consider flood-prone areas in planning also exacerbate storm water runoff, overwhelming local waterways and increasing the likelihood of floods in communities.

Flooding has wide ranging and significant impacts on health, often leading to both immediate and long-term effects on physical and mental wellbeing. Flood-affected individuals can experience longer-term psychosocial effects such as distress, anxiety, pain, depression, and social dysfunctions (207). These mental health issues can persist for up to three years after flooding, with repeat flooding events exacerbating the prevalence of symptoms (208).

People in more deprived areas in England face disproportionately higher flood risks than those in less deprived areas, especially in coastal and rural communities (209).

To mitigate against the damaging health impacts of flooding and subsidence, new developments can be constructed and existing ones adapted to reduce risks. Landscapes should be designed to manage and absorb excess water through features like swales, rain gardens, and permeable surfaces to reduce flooding risk.

BIODIVERSITY

The preservation of biodiversity is a concern for health and equity and the development of healthy, sustainable communities. Since 2024, it has been a requirement for developments to demonstrate a biodiversity net gain (BNG) of 10 percent (210). Protection of the natural environment is best served by construction focussing on land with low biodiversity wherever possible, preserving high-quality and biodiverse sites. This is not always as simple as brownfield versus greenfield, as some brownfield sites offer habitats to a wide range of unique flora and fauna (211) (212).

The property sector should focus on the densification of cities, making better use of urban land while protecting the natural environment. Densification can mean the construction of good-quality medium-density housing with room for suitable amenities, including retail and community spaces. This is in keeping with government priorities, and the proposed introduction of a 'brownfield passport' to speed up planning permission on brownfield sites (213). Densification also has benefits for sustainability as the density of cities supports lower carbon use through efficiencies in infrastructure like heating and transport (214).

POLLUTION

The World Health Organisation (WHO) attributes an estimated 7 million premature deaths a year worldwide to ambient air pollution and household air pollution (215). In the UK, the Royal College of Physicians has attributed 40,000 deaths a year to outdoor air pollution, as well as over 20,200 hospital admissions and more than 6 million sick days in 2018 (216). The health costs of air pollution are estimated to be between £8.5 billion and £20.2 billion (217). Children, older people, and those with pre-existing conditions are at particular risk from air pollutants (218).

97 percent of UK homes are affected by air pollution levels that breaches at least one of the three Global Air Quality Guidelines produced by the WHO for different pollutants, and 70 percent of UK addresses breach all three (219) (220). The worst-polluted towns and cities in the UK are London, Slough, Portsmouth, Leeds, Manchester and Reading, while the North of Scotland and South West England offer the cleanest air (220) (221).

There are inequalities in the way people experience air pollution. In the UK, poorer air quality and proximity to polluting sites are associated with greater deprivation

(222) (223). There are also inequalities in exposure specifically to traffic related pollution: areas with more households in poverty are exposed to poorer air quality, despite generating fewer emissions, and areas with households least able to access a vehicle suffer more from vehicle emissions (224). Research shows that neighbourhoods in England with a greater than 20 percent non-White population had higher average levels of key pollutants than those with 20 percent or less, even controlling for factors like urbanisation and deprivation (225) (140).

The largest single source of nitrogen dioxide emissions in the UK is road traffic, followed by the energy sector (226) (140). The property sector has a crucial opportunity – and responsibility – to implement healthy transport-related infrastructure, including public transport, cycle and other active travel infrastructure. Developers can also reduce air pollution generated by construction processes and materials, and ensure homes have sufficient ventilation to improve indoor air quality. By prioritising these, the sector can significantly reduce air pollution, improve public health and enhance quality of life whilst creating greener, healthier communities.

The Phoenix in Lewes represents an innovative and forward-thinking approach to urban development that prioritises health equity by creating an inclusive and sustainable community environment. Its design is intended to contribute to long-term health and wellbeing through thoughtful urban planning and community engagement – see Box 14.

Box 14. The Phoenix, Lewes (227)

The Phoenix is a sustainable, zero-waste, intergenerational neighbourhood on a neglected former industrial site in Lewes, East Sussex and will be the largest affordable housing building programme in Lewes District and the National Park. The project consists in the redevelopment of a 7.9-hectare brownfield site within the South Downs National Park, brought forward by development company Human Nature (228).

The redevelopment places people, the community and the planet as a priority focus. It aims to turn the imperatives of the climate and natural emergencies into opportunities for better design, better place-shaping and healthy living. The development will also result in a Community Infrastructure Levy (CIL), contribution of £7m. Influenced by a Community Wealth Building model, it will create 381 permanent jobs, 525 construction jobs, and apprenticeships in green construction through partnerships with local institutions.

The Phoenix masterplan consists of 18 housing blocks, creating diversity and housing choice, accompanied by an array of shared amenities, including shared courtyards, parks, rooftop gardens, a health centre, and a community canteen, promoting social interaction. Approved in 2024, the development will be completed by 2030, with the first homes available in 2027. It will feature around 700 homes, primarily one- and two-bedroom apartments, aimed at young people, families, and older residents downsizing. Of these, 30 percent (210 homes) will be affordable, including First Homes and affordable rent options.

The vision for the development centres on sustainability and promoting healthier lifestyles, aiming to target six key principles: mobility, built form, sharing, energy, waste, and food.

To minimise GHG emissions, the Phoenix will be a 5-minute low-traffic, walkable neighbourhood. A co-mobility hub will support this ambition by managing incoming car and van traffic and offering a range of other services. The design focusses on low-carbon construction, energy efficiency, flood defence upgrades, and the use of renewable energy, underscoring a commitment to minimising environmental impact. Green infrastructure is integrated throughout the site to boost biodiversity and foster a healthier living environment. The development is also exploring the use of local and sustainable building materials, including chalk, and prioritises the retrofitting of existing buildings where possible (229).

The development also includes plans for long-term stewardship, involving communities. An estate management company, owned by Human Nature, will manage communal aspects of the neighbourhood and retain ownership of all green infrastructure, public realm, sustainable drainage and flood defences. Tenants and residents of the site will be invited to participate in the running of the company, with public spaces protected in perpetuity and any surplus made by the estate management company reinvested into community infrastructure (230).

CHAPTER 4

THE WIDER SYSTEM AND REFORM

The focus of this report is the property sector and what it can do today to promote health equity and ensure good health for all. However, we recognise that these businesses operate within a broader context, including legislative and regulatory frameworks. In this section, we outline some of the ways in which this system could be resourced and reformed to incentivise and support the property sector to provide a new generation of healthy homes and neighbourhoods.

LOCAL PLANS

There is a broad consensus that the planning system in the UK, going back to the Town and Country Planning Act of 1947, has failed to encourage sufficient development (65). Developers consistently identify issues with the planning system as among the greatest barriers to increasing housing supply, including delays in obtaining planning permission and a lack of resources in LPAs (231). In our roundtable and interviews, many developers expressed frustration that the planning process is unwieldly and drawn out and does not support the increased supply of much-needed housing. It can take many years from identification of sites to production of units and the process is often contested.

Developers, especially SMEs, require clarity and consistency, so it is important the planning system moves past the largely discretionary and arbitrary status quo, while retaining the power of local democracy to ensure that construction matches local need and enhances the community.

At the centre of this is the local plan, formulated by the LPA. At present, local plans are not being used to their full potential. Many are out of date, with most local plans more than five years old (232).

Properly resourced planning departments must be able to produce binding local plans to make clear what types of new homes are needed locally. These local plans must realistically lay out how the local authority will meet its mandatory building requirements from central government.

The NPPF requires local plans to consider local health needs and strategies, and support health and wellbeing. Despite this, many local plans do not include health as a spatial planning objective. Only 36.4 percent of local plans identify local health and wellbeing needs, 29.2 percent have links to support the delivery of local strategies to improve health, and 37.5 percent have a strategic policy on health and wellbeing (132). Only 38 percent of local plans require HIAs for developments as part of a planning application (132).

HIAs are intended to capture the full range of health impacts of a development. However, stakeholders in interviews and the roundtable felt that current forms of HIAs are insufficient to fully understand the determinants of health and impacts on health equity. Some local authorities have begun to require Equality Impact Assessments (EqIAs) alongside HIAs, in an attempt to foreground equity concerns. Ideally, comprehensive HIAs would cover the full range of

social determinants with equity as a core consideration. These full assessments could be called Health Equity Impact Assessments (HEIAs). This may represent an opportunity for innovation, alongside other concepts such as Health Net Gain (HNG). In the meantime, all local plans and large developments should be subject to HIAs and EqIAs.

The NPPF identifies three overarching objectives for the planning system: an economic objective, an environmental objective, and a social objective. The promotion of healthy and safe communities is included within the last of these objectives. A range of other concerns within the NPPF, from sustainable transport to housing supply, from flood defence to place design, are relevant to health and health equity. However, inequalities and equity are not explicitly mentioned (233). The NPPF should explicitly reference health equity, acknowledging the creation of healthy places and the reduction of health inequalities as part of the social objective of planning, also supporting the economic and environmental purposes.

Resourcing of planning departments is critical. Local government is still under enormous financial pressure, and in many cases facing the prospect of budget shortfalls and even section 114 'bankruptcies'. Planning departments have come under particular pressure, having lost over a third of their budgets in real terms since 2010 (67). The government has already announced plans to hire 300 new planning officers in England, which is a good start, but does not make up for the shortfall since 2010. The government has signalled its willingness to invest in the infrastructure that the country needs to improve health and economy together. Building the appropriate infrastructure, including homes, in the right places where they are needed most, will require properly funded planning departments, and this funding should be seen as part of infrastructure investment.

PUBLIC HEALTH IN PLANNING

To facilitate the creation of local plans that support health, public health departments within local government must be better connected with housing and planning departments so that these agendas can be mutually supportive. This includes planning for other forms of infrastructure, including transport, to create comprehensive local plans for truly healthy and sustainable communities.

This presents resourcing and logistical challenges, particularly for two-tier local authorities, where public health and planning may sit in different tiers, but there are significant opportunities, and examples of collaborative working happening. The Town and Country Planning Association have created a toolkit to assist local government with embedding health priorities into local plans, which contains a number of case studies (234).

As well as having detailed knowledge of local health needs and the social determinants of health, public health departments often have expertise with community engagement, and good connections with the local voluntary sector, and can assist with making local plans co-produced by the community. Local plans should be informed by consultation with the local community, Housing Associations and other local partners, and subject to impact assessments, covering the full range of health impacts, including the social determinants of health, and with a focus on fairness and health inequalities.

IMPACT ON DEVELOPERS

With good local plans in place, developers should have the confidence that if they propose developments within the plan, they will receive approval rapidly and without additional costs. Smaller developments will be able to rely on the community engagement and HEIAs associated with the local plan without reduplicating work or subjecting local populations to consultation fatigue. This certainty will obviate the need for new viability assessments and facilitate the delivery of affordable homes and other developer contributions.

As noted above, LPAs need to be empowered to negotiate robustly with developers at all stages, including challenging viability assessments when needed, which includes sufficient resources (126). This does not mean that negotiations need be more antagonistic, and developers will benefit from properly resourced LPAs who may be able to negotiate from a stronger position, but can also provide greater clarity and certainty for developers.

The government has also signalled a willingness to reform CPOs, by which local authorities can compulsorily purchase land in order to build. Frequent use of CPOs risks undermining confidence, but LPAs should be able, in extreme cases, to purchase land from developers who are unwilling to meet their agreed planning obligations (126).

FURTHER PLANNING ISSUES

There are other elements of the planning system that may benefit from further review. The government could consider other forms of land value capture mechanism. Nationally, local authorities are able to adopt CIL, levied on some forms of development to fund local infrastructure, but uptake by local authorities has been limited, and the future of the CIL is in doubt.

In some parts of the UK, forms of land value capture have been used to support the building of specific infrastructure projects, including Mayoral Community Infrastructure Levy (MCIL) funding of the Elizabeth Line in London. In Nottingham, a Workplace Parking Levy (WPL) has been used to fund the tram network. While the WPL is not strictly a form of land value capture mechanism, it can raise money for public infrastructure while also incentivising the freeing up of land for development or green space, and disincentivise city centre car use, with environmental and health benefits (235).

Others have proposed more radical reform, including forms of land value tax (236). This is a solution which may be worth further consideration and research, offering possible routes to incentivise development while improving the funding of local government.

Forms of land value tax could also be levied nationally to tackle regional inequality. Negotiable S106 planning obligations can increase regional inequality, as areas with higher housing demand and land values are able to negotiate greater contributions. There is therefore an argument for an additional tariff levied nationally, or a redistribution mechanism that can be targeted to reduce inequalities.

There are planning issues, including housing and other infrastructure, that require effective planning at a level between local authority and national government. In the past, regional planning has been criticised when regions were perceived to be imposed centrally on local geographies, rather than reflecting shared concerns. This report does not make any detailed proposals for regional planning, but suggests that effective planning should take advantage of existing partnerships and footprints, such as combined and mayoral authorities.

'Land Banking' - developers holding developable land and not building on it – is sometimes seen as one of the key problems restricting development. Developers are likely to hold both a current land bank, comprising land with or near to planning permission, and a strategic land bank. Much of that strategic land bank is likely not directly owned by developers, but has an option agreement giving a developer the option to buy, for example if planning permission is achieved. The Local Government Association reported in 2021 that there were more than 1.1 million homes with planning permission that were not being built, although that analysis has been challenged by industry and other commentators (237) (238) (239). This report does not analyse land banking in detail, but we agree with the conclusion reached by Shelter and Centre for Cities, amongst others, that land banking is a symptom of a planning system that is not functioning optimally, rather than being a root cause (240) (241) (242). We believe this problem is best solved by a planning system that reduces uncertainty for developments and that supports health and health equity.

NATIONAL STRATEGY

The new government needs to follow through on its promises to get Britain building again, by simplifying and speeding up the planning process, balanced with the necessary legislation and regulation to ensure that the right homes are built in the right places which will support health into the future. This requires a housing strategy that connects up with the health, industrial and skills agendas, supporting jobs in green construction and retrofitting. Ultimately, it requires a longer-term view than the short-termism that has come to characterise housing policy and the housing market.

Local authorities also need to be empowered and properly funded to build social housing themselves, which is an indispensable part of the solution. We welcome the government's commitment to expanding affordable housing provision in the October 2024 budget, as well as reductions in Right to Buy discounts, and confirmation that local authorities will retain money raised through Right to Buy sales. This should ensure that local authorities can retain a supply of housing stock, and that when homes are sold, local authorities can use that money to replace them. New social housing benefits everyone, freeing up homes used as temporary accommodation for more appropriate tenants, and driving down demand for poor-quality buy-to-let properties which can be returned to owner occupation.

We support the government's intention to prioritise and facilitate urban densification. As mentioned above, we also support the reduction or removal of VAT on retrofitting schemes that increase provision of affordable housing, so that refurbishment can compete fairly with demolition and new building on a case-by-case basis.

The 'bonfire of the red tape' that contributed to the Grenfell tragedy must be reversed, and standards of safety and quality enforced. Enforcement of these regulations needs to be properly funded and supported nationally and locally. This includes funding for local government housing teams. There is much more that housing and regeneration teams can do locally to improve the housing situation, from remediation of empty homes to selective licensing of landlords.

As well as damaging health and worsening poverty, the housing crisis is a drain on public resources: through the healthcare costs generated by inappropriate housing, and the loss of productivity those health problems generate; through the costs of temporary accommodation for homeless households; through the payment of housing benefit directly into the pockets of private landlords. The housing benefit bill is predicted to exceed £36.5 billion by 2028/29, and a further £1.7 billion is being spent on temporary accommodation. As a report by Lloyd's Banking Group has pointed out, this means that we are spending as much on housing as in the 1970s, but building almost no new houses for social rents (104). While there are costs associated with fixing the problem, they are an essential investment in the infrastructure our nation needs for its health and its economy.

PROPORTIONATE UNIVERSALISM

While this report has focussed on the role of the property sector and on what can be done locally, it is clear that the backlog of missing homes will not be cleared without significant public and private contributions to housebuilding. The private sector alone will not be able to meet this challenge without support.

The IHE has developed the principle of proportionate universalism. This arises out of the research that shows many health outcomes display a social gradient: not just worse outcomes for the very worst off in society, but declining all along the scale from the most to the least advantaged. To improve health for all requires action all along the gradient, with effort proportionate to need. Given the scale of the crisis in housing, a proportionate universal approach to housing provision is needed.

In the context of housing, proportionate universalism means a plan for housing for all, with resources focussed on where the housing need is greatest. More truly affordable social rent homes are needed immediately for those at the sharpest end of the crisis: those experiencing homelessness or living in temporary accommodation. Whether these homes can be built by private developers, by local government or by community groups is of much less importance than that they are built. We believe this will require a system that encourages all of those players to build affordable homes, not just leaving it to one sector. This means private developers meeting their

commitments for affordable homes, as well as an increase in public sector housebuilding, and the encouragement of newer community-led models.

But we do not just need emergency homes for those experiencing the worst effects of the housing crisis. We also need homes for low- and middle-income earners; for families, couples and individuals; to purchase and for rent; and for a range of specific needs across disability, age and more. These homes must meet the needs of the population today, but in order to be sustainable, must accommodate the projected, changing needs of our aging population and our changing climate. In short, we need healthy homes and neighbourhoods for everyone, fit for the future.

Leeds became a Marmot City in 2023 with the city working in partnership with the IHE to deliver Fairer, Healthier Leeds. Key recommendations include planning for an equitable future for all housing in Leeds, which includes new builds and retrofitting current housing stock, such as insulating all low-income homes to EPC C level - see Box 15 below.

Box 15. Leeds City Council: public health, housing and planners working together

A growing number of people are living in poverty and with worse health in Leeds. A quarter of Leeds' population falls within the 10 percent most deprived nationally, with 34 percent of school-aged children living in the most deprived decile.

The council recognises that housing supply, quality and choice is central to tackling poverty and deprivation, and to the achievement of sustainable gains in public health. In the last five years the council has overseen the building of more than 17,000 new homes across the district, which is accounts for around 1.5 percent of all England's housing development. Almost 3,000 of these – 15 percent – are affordable homes for rent or sale.

Leeds also has a programme to deliver 1,300 new council homes at social or affordable rent, which is more than double the 500 'end of life' dwellings being demolished to ensure all housing stock is fit for purpose and meets the health needs of tenants.

In addition to health equity and inclusive growth, the city's housing strategy has environmental sustainability at its core, with £100m being spent on its social housing decarbonisation programme.

As well as its own housing stock the council is proactive in working with private sector landlords through an established Selective Licensing scheme of privately-let homes to meet minimum standards, and is consulting on plans to extend this across a large part of the inner city. The council is also targeting grant support for safety and thermal efficiency improvements to address conditions for tenants in the city's oldest inner city Victorian terraced properties.

Over the next ten years the council's plan is to grow its city centre in an inclusive way, focussing on housing development and place-making across six areas of regeneration that will connect with the city's most deprived neighbourhoods and stimulate their transformation into healthier, safer and engaged communities, with equity, affordability, accessibility and biodiversity at the centre.

CHAPTER 5

RECOMMENDATIONS AND NEXT STEPS

RECOMMENDATIONS

PUT HEALTH EQUITY AT THE HEART OF DEVELOPMENT

- The government to develop a Healthy Housing mission to maximise the health equity impacts of housebuilding, co-owned by the Ministry of Housing, Communities and Local Government and the Department of Health and Social Care, working alongside the property sector.

- The revised National Planning Policy Framework to explicitly prioritise health equity, making the creation of healthy places and the reduction of health inequalities part of the social objective of planning.

- Property sector businesses to establish a health equity lead or team to inform internal project development and communicate externally.

- Develop and implement Health Equity Impact Assessments for all local plans and for all large developments.

- Businesses in the property sector should expand their Environmental, Social and Governance (ESG) monitoring to explicitly include health equity (ESHG), so that the full range of their impacts can be properly assessed.

REFORM THE PLANNING SYSTEM TO ENCOURAGE EQUITABLE DEVELOPMENT

- The planning system should be reformed to reduce its discretionary nature and place comprehensive and binding local plans at the centre, working to mandatory targets.

- Local planning authorities (LPAs) must be properly funded and supported to produce and maintain up-to-date local plans, providing clarity and consistency in the planning system.

- Local plans must include projected accessibility needs, taking into account our aging population, and compensating for the low level of accessibility in older housing and places.

- The government should explore and implement additional forms of land value capture mechanisms.

USE DEVELOPER CONTRIBUTIONS TO ENHANCE HEALTH EQUITY

- Developers must meet their planning obligations for affordable housing, including social housing, with greater transparency around financial viability assessment.

- LPAs must be empowered to negotiate firmly with developers, including challenging viability assessments, reviewing them as projects progress, and holding developers to account for meeting obligations.

- Reform Compulsory Purchase Orders (CPOs) to allow LPAs to acquire land from developers who fail to meet planning obligations and build affordable housing directly.

- Local authorities should ensure that developer contributions are targeted more strategically at the social determinants of health, using the expertise of public health departments.

BUILD QUALITY, AFFORDABLE HOUSING

- All new homes should adhere to legal standards on quality, space and safety. These standards should be reviewed and maintained to keep pace with the highest standards across Western Europe.

- All homes should incorporate features of universal design, such as step-free entries and wide doorways, wherever possible, to encourage inclusion and accessibility.

- In the context of local government resource scarcity, institutional investors should provide capital to invest in good quality, affordable housing, giving them a long-term financial return while meeting Environmental, Sustainability and Governance (ESG) impact goals.

- The public sector must also fund and build social housing itself, transitioning from a model of individual subsidy via housing benefit, toward a new generation of social house building.

CREATE A STRONG REGULATORY FRAMEWORK WITH EFFECTIVE ENFORCEMENT

- Safety must be prioritised with appropriate regulation and properly funded enforcement. This is a responsibility that falls on the property sector, as well as legislators, regulators and inspectors.

- Legal minimum standards of build quality, accessibility, place-making and environmental protection must also be clear, binding, and consistently enforced.

- The National Housing Quality Board and National Housing Ombudsman Service should be put on a statutory basis, with a review of what powers and resources are required for these bodies to enforce compliance with the National Housing Quality Code. In the meantime, we urge all developers to register with the NHQB.

REFURBISH EXISTING HOUSING STOCK

- Refurbishment of existing stock should be encouraged by the reduction or removal of VAT on refurbishment projects for affordable homes.

- Bring adaptive reuse into the NPPF and encourage provision within local plans, rather than allowing the use of Permitted Development Rights to undermine quality and planning standards.

- Local government should use developer contributions to fund refurbishment programmes for existing stock, including adaptation for accessibility where possible.

- Developers with the capability to refurbish and retrofit can provide contributions by combining refurbishment programmes with new development.

ENSURE DEVELOPMENT IS COMMUNITY-FOCUSSED

- Local plans should be informed by consultation with the local community, Housing Associations and other local partners, and subject to Health Equity Impact Assessments, covering the social determinants of health, and ensuring the right mix of services and amenities to promote health, inclusivity and equitable access.

- The property sector to work more closely with local government, particularly planning and public health departments, and with communities at every stage of planning, building and operation, to understand and meet local needs with health and health equity at their core.

- Investors and developers should consult with the final purchasers and operators of affordable homes, including local government, housing associations and community-led housing groups, to ensure that the homes they build meet the needs of these groups, and the needs of the community.

- Investors, developers and operators should commit to building relationships with existing local stakeholders and community groups to develop stewardship plans that are tailored to local context and make best of existing community assets. This includes, for example, the ongoing maintenance of green and social infrastructure.

- LPAs should ensure that local plans are clear, up-to-date and include identification of smaller sites, so that Small and Medium Enterprises (SMEs), community-led initiatives, and self-builders can all contribute to development. Alongside increased public sector building, this is vital to diversify housing supply and lessen reliance on large developers.

CREATE HEALTH-SUPPORTING MIXED COMMUNITIES

- Developers must facilitate the creation and preservation of mixed communities by designing neighbourhoods with a range of housing options, including different sizes, tenures, and price points.

- Developers should commit to delivering adaptable and flexible places, designing inclusive public spaces, and providing accessible and safe transportation options and infrastructure.

- Developers should ensure that new homes are built within walkable proximity of every day services and amenities (or that those services and amenities are provided on-site) and provide high-quality walking, wheeling and cycling infrastructure, to help prevent ongoing issues of air pollution.

- Post Occupancy Evaluations (POEs) should be required for all developments. POEs should be standardised and carried out by a neutral third party, funded by the developer as part of planning obligations, and made publicly available.

- Plans for long-term stewardship, particularly of shared spaces and community assets, need to form part of planning agreements. These must include arrangements for sustainable governance and funding.

PROTECT THE NATURAL ENVIRONMENT

- All homes should be built in line with the Future Homes Standard 2025, reducing emissions and fuel poverty together. We urge the government to adopt the strongest proposed recommendations for incorporating heat pumps, solar panels and waste water heat recovery systems in all new housing.

- The government and the property sector should prioritise densification of cities, protecting undeveloped areas and improving carbon efficiency.

- Development should focus on sites with low biodiversity, based on a specific assessment of current and potential biodiversity and ecological significance of sites.

- All developments should prioritise walkability and local amenities with concurrent benefits for healthy travel, air pollution, and carbon emissions.

NEXT STEPS

Good housing and healthy places are essential for health and health equity, as well as the sustainability of the NHS and national prosperity. This report sets out the evidence showing that the property sector has an enormous impact on the health of the nation – through the homes it does (and does not) build and through the places it shapes. We believe that the property sector can greatly improve health equity if other stakeholders can support, incentivise and encourage it to do so.

This report is just the beginning of an ambitious agenda to revolutionise the way we build homes, construct neighbourhoods and facilitate communities, all in the interest of health.

While significant barriers to providing healthy homes and places exist, we believe they can be overcome. In order for this to happen, there must be an increase in awareness of health equity and the social determinants in the property sector. Fundamentally, there is a lack of trust and understanding between developers, investors, operators and the communities and local authorities with whom they work. The next steps must be collaborative, focussed on growing the knowledge and skills needed to tackle inequalities across the whole system, together.

- Further work is needed with the property sector and other stakeholders to operationalise the principles laid out within this report for the creation and maintenance of healthy homes and places.

- Further work is also needed with national government to ensure that planning, regulation and enforcement structures are fit for purpose and take sufficient account of health equity.

- Stakeholders have reported concerns that current forms of impact assessment are not fit for purpose. Further research is needed to develop Health Impact Assessments, taking greater account of health equity and the social determinants, creating true Health Equity Impact Assessments.

- Pilot projects are needed to build the evidence base for what works. These could be trialled in some of the more than 50 local authorities that have become Marmot Places, taking leadership on health equity and incorporating it into their ways of working. Best practice can then be shared across all partners, via the Health Equity Network. We invite all interested parties to join the Health Equity Network at healthequitynetwork.co.uk

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