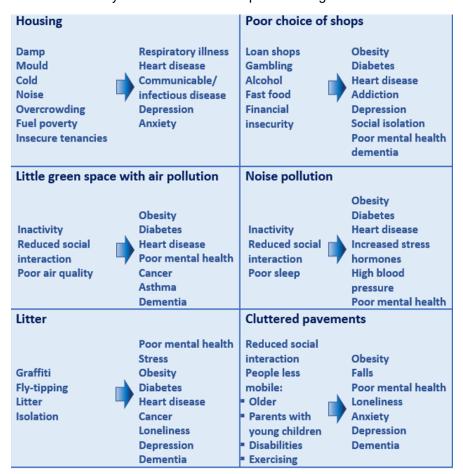
Item 9 - Appendix 1

- 1. This appendix sets out some of the examples of how place, regeneration and housing can impact health outcomes.
- 2. People's opportunities for health are influenced by factors outside of the health and social care system. They lie in the circumstances in which people are born, grow, live, work, and age: the social determinants of health. These are the 'causes of the causes' of ill health and they can enable individuals and societies to flourish, or not. Creating a healthier population requires greater action on these issues. This includes addressing the role of both the built environment and the social factors which shape neighbourhoods and places.
- 3. Both the built and natural environment are part of the determinants of health and wellbeing across the life course and have an influence on people's physical and mental health, and on health inequalities. For instance, the quality of public space and transport links impact on social networks and physical activity, and the location of housing affects access to green space, employment and healthy food options.
- 4. In fact, there are multiple ways in which housing and the built environment directly and indirectly have impact:

Table 1: Summary of health issues from poor housing and environmental conditions.



- 5. Specifically in relation to housing, the stress of lack of affordable housing results in high blood pressure, depression and anxiety. Overcrowding has particular effects on children, over and above the increased infectious disease risk: stress, anxiety, poorer health, lower school attainment and more behavioural problems. Overcrowding is more likely in minority ethnic groups, in all socioeconomic demographics, often with multiple generations of a family in one home.
- 6. Our West Yorkshire Housing Strategy recognises the intrinsic links between housing and health which include outcomes to improving affordable housing provision and supporting local authorities to provide homes that meet local needs and improving the quality of our existing stock.

The NHS contribution to social and economic development

- 7. In addition to the well recognised role of the NHS in improving the health of the population, providing high quality, high value, accessible care, the Health and Care Act (2022) also for the first time gives the NHS the permitted opportunity to support broader social and economic development.
- 8. Whilst much of the work in this remit will have relation to the remit of the Business, Economy and Innovation Committee and the Employment and Skills Committee, there are key links with this committee to recognise.
- 9. One example of this are the two new hospital builds within the region, funded by central government Leeds Teaching Hospitals Trust and Airedale NHS Foundation Trust. There is great opportunity to consider together the impacts for the communities served by these developments and the related place and housing needs in the vicinity.

The West Yorkshire Picture

- 10. As further detailed in the Housing Strategy, West Yorkshire has an incredibly diverse network of places, each with distinctive strengths built from their communities, heritage, character and assets. However, we know that across West Yorkshire people are more likely to live in areas with higher levels of deprivation than on average across England. There is also a link between areas of high deprivation and the number of homes which are older and of poor quality. A quarter of all homes in West Yorkshire were built before 1919, meaning that energy efficiency is challenging.
- 11. Affordability is also a significant challenge in West Yorkshire. Homes in West Yorkshire are less affordable, than a decade ago, despite the house price to income ratio being lower than the national average. Other cost pressures such as the cost of transport, cost to heat and run homes are often higher in the more deprived areas of the region leaving limited choice for people in where they can afford to live However, housing quality can be very variable,

- one in five homes in West Yorkshire do not meet the Decent Homes Standard, rising to two in five in the private rented sector.
- 12. Additionally, it is not just quality and affordability that is of consequence, but how the housing fits the needs of the residents. With an ageing population, a substantial proportion of whom will develop dementia and other cognitive disorders, homes and neighbourhoods need to be safe, comfortable and welcoming to allow people to stay as independent as possible, in their own homes, for as long as possible, if this is what they wish.
- 13. While private rents are becoming more expensive, they are still below the national figure, yet it is worth noting that rents are rising more quickly than the England average. However, in all areas of West Yorkshire, where data is available, the private rented stock has greater levels of category 1 hazards (excess cold and falls hazards) than either the social rented stock or owner occupied.
- 14. Estimates from the End Fuel Poverty Commission indicate that 28.7% of people in West Yorkshire are in fuel poverty, with all five areas affected, compared with 21% nationally. Ethnic minority households and those with an unemployed head are more likely to be fuel poor.
- 15. Additionally, when we look at building energy efficiency, the overall picture is similar to the national average. Similar to hazards though, private rented housing is more likely to have lower energy efficiency with its occupants experiencing fuel poverty than either socially rented or owner occupied housing.
- 16. When we look at factors other than housing, West Yorkshire has large areas of natural green space, parks and gardens. Currently, around 23% of West Yorkshire residents have local natural greenspace within easy access; 5-to-10-minute walking distance depending on walking speed.