



The Association of Directors of Public Health

Policy Position: Built Environment

Key Messages

- The built environment (including homes, transport, places of education and places of work and leisure) is a fundamental determinant of health across the life course.
- Public health should be placed at the centre of spatial planning and housing policies to reduce the social cost of poor health, reduce health inequalities and tackle regional economic disparities.
- Homes should be safe, affordable, accessible, not overcrowded, ventilated and of high quality, adhering to the Healthy Homes Principles.¹ There should be a sufficient supply of homes for all.
- Measures should be in place to ensure that the built environment is low-carbon, energy and water efficient, and climate resilient.
- Public health teams play an important role in working closely with planning, housing and homelessness teams in local areas to deliver healthier physical and social spaces and places for their population.

ADPH Recommendations

National

Spatial planning: The Government should ensure that local public health authorities¹ have the funding and power to influence planning and housing policies. Health Impact Assessments should be carried out so that considerations of health and disparities can inform local planning.

Public health funding: Public health teams are committed to prevention and addressing inequalities in the built environment. Years of funding cuts have limited public health staffing levels, resources and capacity. Investment in public health must be increased across the four nations.

Funding on environmental health: There should be sufficient funding in environmental health to respond to health protection issues and protect vulnerable populations from hazards and health conditions caused by a substandard built environment.

Health inequalities: Governments across the four nations should ensure that planning decisions will not disadvantage certain population groups or geographical areas over others. Populations from different socioeconomic backgrounds should have the agency to choose, contribute to, and advocate for a healthier built environment.

Building wellbeing into policy decision making: At both national and local levels, Governments across the four nations should tackle the social determinants of health – building wellbeing into policy decision making and allocating adequate funding should be a cross-government priority.

Decent home for all: Governments across the UK should invest and ensure that there is sufficient,

¹ By local public health authorities we mean bodies with statutory local responsibility for public health functions (eg upper tier local authorities in England, Health Boards in Scotland and Wales, Public Health Service in Northern Ireland). These differ across the UK, Crown Dependencies, and associated territories. We have published a separate [headline explainer](#) on public health in each of these systems.

affordable housing that can cater to the needs of populations from different socioeconomic backgrounds and is suitable for an ageing population as well as people living with disabilities. Measures should also be in place to tackle homelessness.

Raising and maintaining standards in the privately rented and social housing sector: England, Scotland and Northern Ireland should consider the introduction of a more stringent approach such as the [Rent Smart Wales scheme](#) to raise standards in the private rented sector.²

Investment in Net Zero Strategy: Governments across the UK should fund a long term, cross-party approach to reduce inequalities caused by fuel poverty and improve energy efficiency in homes, workplaces, and schools as well as health and social care estates.

Buildings fit for the future: New homes, school and work buildings should be built to be low-carbon, energy and water efficient, and climate resilient.

Indoor air quality: Research is needed to provide clarity on the effective interventions required to address the health impact of poor indoor air quality. Ventilation in all settings should follow appropriate standards. Appropriate messaging is also required to reduce exposure to sources of indoor pollution.

Transport and connectivity: The ability to travel to places of education and work has an impact on health inequalities. Governments across the four nations should continue to invest in infrastructure such as public transport to enable independent mobility and promote active travel.

Local

Place-based system leadership: Public health and anchor institutions should provide system leadership on issues that affect health and wellbeing and facilitate place-based working on wider determinants of health.

Local areas should take a holistic, joined-up approach in tackling poor conditions in the private rented and social housing sector, working with local partners such as landlords and the voluntary and community sectors. Local areas should consider the introduction of discretionary licensing schemes to improve the standards of homes in the private rented sector.

Planning teams should work proactively with public health teams to design healthier homes and places, making use of tools such as Health Impact Assessments and the Scottish Place Standard for new developments; and learning from initiatives like [Healthy New Towns](#).³

Local housing associations should fully understand the health and wellbeing needs of their tenants and work with public health teams in order to put in place a [Making Every Contact Count approach](#) (or similar in devolved administrations).⁴

Health and social care partnerships: As healthier housing can prevent hospital admissions and result in smoother discharges, providing healthy and appropriate housing should be one of the priorities of local ICSs in England. In Scotland, the Local Housing Plans and Housing Contribution Statements for all Health and Social Care partnerships are key drivers for change.⁵

Background

Our built environment refers to the physical surroundings people interact with in their daily lives which includes but is not limited to infrastructure, housing, places of work, green spaces and planning.⁶ It is a

fundamental determinant of health across the life course: social and commercial spaces in a neighbourhood determine our food environment, our choices of leisure activities and the availability of community support. The availability of green spaces and infrastructure for active travel are important in improving air quality as well as physical and mental wellbeing. Housing supply and quality can also affect our health, as people exposed to cold, damp, overcrowded living conditions are more susceptible to a range of illnesses, including respiratory and cardiovascular diseases as well as mental health issues. These are all important areas that could be influenced by planning and housing policies.

How has the built environment affected people's health in the UK?

A total of 3.7 million people are living in overcrowded homes and approximately 16 million people cited their housing conditions as the cause of their poor mental and physical wellbeing during lockdowns.⁷ In addition, fuel poverty and poor living conditions are affecting the health and wellbeing of the most deprived populations. Such conditions have been linked to greater risks of cardiovascular disease, higher mortality rates, poor indoor air quality and worse educational performance.⁸

Air quality is another concern in the built environment, as it leads to 25 000 equivalent deaths every year and gives rise to conditions such as lung cancer and cardiovascular disease. Furthermore, air pollution contributes to socioeconomic inequalities and studies have shown low-income households to be more susceptible to the health consequences linked to traffic compared to higher income households.⁹

The built environment affects every aspect of community life and is a fundamental determinant of health across the life course. Public health should be placed at the centre of spatial planning and housing policies to reduce the social cost of poor health and reduce health inequalities.

Policy Context

In 2019, the Department of Transport released an analysis '[Transport, health and wellbeing](#)' to investigate the relationship between transport, health and wellbeing.¹⁰ Spatial planning and health: Getting Research into Practice (GRIP) also published a report which explores the opportunities and challenges of applying spatial planning for health principles.¹¹ As a result, an evidence-informed national resource was published to assist local areas to develop local spatial planning policies and practices that can improve health and wellbeing for their communities. In 2020, Public Health England published '[Health Impact Assessment in spatial planning: a guide for local authority public health and planning teams](#)' which was a tool to identify and optimise the health and wellbeing impacts of planning.¹²

In Scotland, the Planning (Scotland) Act was passed by the Scottish Parliament in June 2019.¹³ Subsequently in 2021, '[Place and wellbeing: integrating land use planning and public health in Scotland](#)' was released to help land use planning and public health practitioners and policymakers consider health and wellbeing in local development planning and management processes.¹⁴ In 2022, Scotland's national spatial strategy [National Planning Framework 4](#) was released outlining its spatial principles, regional priorities, national developments and national planning policy until 2045.¹⁵

In Wales, '[Planning Policy Wales](#)' was published in 2021 to set out the land use planning policies of the Welsh Government.¹⁶ The primary objective of the policy is to ensure that the planning system contributes to sustainable development and improves well-being. In the same year, the [Health Impact Assessment toolkit](#) was developed to enable planners to integrate health into development plans.¹⁷

In Northern Ireland, the Department of the Environment handed over planning powers to the 11 new

councils in 2015, which included the responsibility for drawing up local development plans and making planning decisions in response to the needs of the communities they serve.¹⁸ This allowed for a joined-up ‘total place’ approach in shaping local development. In 2016, ‘[Delivering sustainable healthy homes and communities in Northern Ireland](#)’ was published to provide a framework that links built environment and health.¹⁹

ADPH Position

A whole system approach to creating healthy built environments

Public health should be placed at the centre of spatial planning, housing and place policies to reduce the social cost of poor health and reduce health inequalities. A whole system approach is required to create a healthy built environment which is a fundamental determinant of health across the life course. DsPH and their teams are committed to working constructively with planners as well as health, social care and housing sectors. They should provide strong system leadership to influence planning and housing policies to cater to the health needs of particular communities. Public health spatial planning is especially important in the process – it is crucial for public health practitioners to work across systems and policy specialties with the intention of reducing inequalities and making health the primary focus of planning.²⁰

While many of the complexities to local planning and housing policies are not within the scope of public health, they nevertheless frame public health involvement in the plan-making process. It is crucial to ensure that the system enables public health professionals to have a say in the planning process, so that public health strategies can influence them, and address identified health and wellbeing needs and priorities. Health Impact Assessments should also be carried out in the planning process so that considerations of health and disparities can inform planning and housing policies.

ADPH is a signatory to the [Memorandum of Understanding](#) to support joint action on improving health through the home. This commits organisations to the aim of coordinating health, social care and housing policy, enabling improved collaboration and integration of healthcare and housing into the planning, commissioning and delivery of homes and services, and promoting the housing sector contribution to addressing the wider determinants of health.²¹

Health equality in planning, housing, and transport policies

The built environment is a fundamental determinant of health that impacts health inequalities. Governments across the four nations should ensure that planning decisions will not disadvantage certain population groups or geographical areas over others. Populations from different socioeconomic backgrounds should also have the agency to choose, contribute to, and advocate for a healthier built environment. The ability to travel to places of education and work also impacts health inequalities. Governments across the four nations should continue to invest in infrastructure to enable independent mobility and promote active travel. Local authorities should also consider implementing ‘20 minute neighborhood’ as there are multiple benefits in encouraging a more active lifestyle, improving air quality and strengthening community bonds.²²

Increasing affordable housing and preventing homelessness

There is currently a lack of housing supply to meet population needs. In 2021, full-time employees in England could typically expect to spend around 9.1 times their workplace-based annual earnings on

purchasing a home, which has increased since 2020, when it was 7.9 times their workplace-based annual earnings.²³

The lack of affordable housing can lead to homelessness and overcrowding which can have a huge impact on health. A single homeless person lives 30-35 years less than the general population.²⁴ Overcrowding can also lead to a host of negative health impacts on children such as respiratory conditions, tuberculosis, viral or bacterial infections, and slow growth. Evidence has also demonstrated a correlation between overcrowding and poor psychological health in children.²⁵

Measures should be taken to ensure there are decent homes for all. Governments across the UK should invest in ensuring that there is sufficient, affordable housing that can cater to the needs of populations from different socioeconomic backgrounds which are suitable for an ageing population and people living with disabilities. Measures should be in place to tackle homelessness. Providing supported housing for the vulnerable is also an effective way to reduce health inequalities. Supported housing has been cited in Public Health England, NICE, Wales and NHS England guidance as a preventative intervention that should be considered as part of local plans for improving health and wellbeing.

Improving the quality of privately rented and social accommodation

Half of the total number of social tenant households fall within the lowest income quintile whilst privately rented properties are nearly twice as expensive as the social rented sector.²⁶ 10% of social tenants who reside with a person with a long-term disability live in a 'non-decent' home and 23% of privately rented properties were considered not to be up to the [decent home standard](#).²⁷

Action is needed to increase and maintain the quality of privately rented and social housing accommodation. Local areas should take a holistic, joined-up approach to tackling poor conditions in the private rented and social housing sector, working with local partners such as landlords and the voluntary and community sectors. Local authorities should consider the introduction of discretionary licensing schemes to improve the standards of homes in the private rented sector like Rent Smart Wales.²⁸

Environmental health interventions to respond to health protection issues

Every year in the UK more than 6,000 people die in accidents in the home, and the cost to society of home accident injuries has been estimated at £45.63 billion annually.²⁹ Poor housing and overcrowded conditions lead to an increased numbers of accidents.³⁰ NICE has published comprehensive guidance on avoiding unintentional injuries in under 15-year olds, with a focus on those living in disadvantaged circumstances.³¹ Sufficient funding and resources should be dedicated to environmental health to respond to health protection issues and protect vulnerable populations from accidents and health conditions caused by a substandard built environment.

More funding needed to support public health's role in the built environment

While DsPH and their teams are committed to prevention and addressing inequalities in the built environment, years of public health cuts have limited public health staffing levels, resources, and capacity to engage in this work. Investment in public health must be increased across the four nations. In England local authorities' public health funding has suffered a 26% cut (in real terms on a per person basis) since 2015/16. It is estimated that £0.9 billion will be needed annually to restore funding to 2015/16 levels.³² Although DsPH have been acting to manage these cuts, they have reached the limit of available efficiencies. Sufficient and sustainable public health funding is needed to support public health's role in the built environment.

Long term investment in Net Zero Strategy

Rising energy costs affect homes, schools and workplaces. Cold, damp environments may lead to poor health outcomes such as cardiovascular diseases, respiratory diseases and mental health issues.³³ In 2022, there were an estimated 13.4% of households (3.26 million) in fuel poverty in England, and this is projected to increase to 14.4%. Furthermore, there has been no increase in the share of households meeting the 2030 fuel poverty target in 2022.³⁴

Governments across the UK should fund long term, cross-party policies to reduce inequalities caused by fuel poverty and improve energy efficiency in homes, workplaces, schools as well as health and social care estates. New homes, school and work buildings fit for the future should be built to be low-carbon, energy and water efficient, and climate resilient. Further discussion on this topic can be found in our policy paper on [Climate Change](#).

Evidence-based intervention to reduce the health impact of indoor pollution

Approximately more than two million disability-adjusted equivalent life years are attributed to inadequate indoor air quality across Europe.³⁵ The quality of indoor air is dependent on numerous factors including the quality of the outdoor air, the design and condition of the building, ventilation exchange rates, the furnishings and the occupier's behaviour.³⁶ Research is needed to provide clarity on the effective interventions required to address the health impact of indoor air pollution. Ventilation in all settings should follow appropriate standards. Appropriate messaging is also required to reduce exposure to sources of indoor pollution. Further discussion on this topic can be found in our policy statement on [Air Quality](#).

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

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