

Health and wellbeing should be at the centre of housing strategy to save lives

A ground-breaking new report by the UCL Institute of Health Equity (IHE) published today, Tuesday 17 December, highlights the profound impacts – both positive and negative – that housing has on health and wellbeing.

Building Health Equity: The Role of the Property Sector in Improving Health lays out how poor quality and inequitable access to homes that people can afford is linked with worse mental and physical health, whereas increased availability of secure, affordable, warm homes can improve long-term health and longevity.

The IHE's report, which has been sponsored by Legal and General, proposes a new way forward to enable the property sector and national and local governments to put health, wellbeing, and environmental sustainability at the centre of how the UK builds and maintains homes, designs neighbourhoods, and fosters communities. This is crucial because:

- A record number of children are now living in temporary accommodation – up 14.7 percent to 150,000 in England last year. (1) Moving home often means moving school, which adversely affects educational attainment, life chances and, ultimately, life expectancy.
- The lack of affordable and good-quality homes is costing society £18.5 billion a year, through poor educational achievement, loss of productivity and on-cost to health and care services, which includes £1.4 billion a year to the NHS treating people for preventable housing-related ill health, such as lung and heart conditions. (2)
- In absence of any change, economic activity due to sickness could almost double from 2.8 million people to 4.3 million by 2029. (3)

National government, the review highlights, plays a crucial role in supporting planning, development and retrofit, and must prioritise affordable, healthy homes and places in its push to deliver 1.5 million homes in five years.

Property investors, developers, and operators also play a vital role through the quality, desirability, and sustainability of the homes they create and maintain, and through the support and facilities they offer to residents, communities, and local areas.

Building Health Equity focuses on how housing affects health in three ways: through quality, supply and affordability. It offers practical ways to address the UK's dire need for good quality, affordable and accessible new houses to be built that meet local needs, and for existing homes to be retrofitted and refurbished.

The report also explores the benefits of protecting and enhancing biodiversity and providing access to community spaces and essential services. Health is best supported when people have access to a sufficient supply of affordable, good quality housing in places which support social cohesion, while protecting biodiversity and reducing greenhouse gas emissions.

Professor Sir Michael Marmot, UCL Institute of Health Equity Director, explained:

“If nothing changes, the property sector will not deliver the affordable, good quality housing in the right places that this country so desperately needs. We know the largest volume house builders prioritise profit, but we need them to prioritise health equity as well, through the pace and quality of the homes and communities they deliver.

“Health and housing are integrally linked. If our homes do not provide security, safety, quality and belonging, good health is not possible. The twin housing and health crises bring an opportunity for new partnerships between government and the property sector to promote and sustain health equity.

“Solving the housing crisis is urgent, but it will take more than simply building high quantities of homes. It is crucial that property developers step up to play their role: supported by government grants, planning and regulation where required. Our new report lays out a new way forward and reinforces that preventing ill health and reducing inequalities can and must begin at home.”

The report builds on the [Marmot Review for Industry, produced by the IHE in partnership with L&G](#). Since 2020, the IHE has been working with L&G to explore the role of business in promoting health equity and reducing health inequalities as investors, employers and providers of goods and services.

Pete Gladwell, Group Social Impact & Investment Director at Legal & General said:

“As investors, developers, and operators, we are already seeing the positive impacts of integrating environmental considerations into business plans and strategies; the same effect can come about when we prioritise addressing inequalities in health. This is an opportunity for the property and housing sector to change millions of people’s lives for better by helping them to live healthier and longer.

“Equitable access to high-quality housing sits at the bedrock of this. This report underscores just how vital the property sector is in tackling health inequality, helping to lay the long-term foundations for a better future.”

As much as housing policy and legislation is specific to devolved nations, the review focuses mostly on England, where the lack of land supply makes the housing crisis particularly acute. The principles and recommendations, though, are applicable across the UK.

Key recommendations include:

1. **Help address the UK’s housing affordability and availability crises** by supporting the supply of the right homes in the right places, with a mix of home types and tenures. To deliver a step change in housing supply, including the supply of affordable homes, investors, housing associations and government must work together to increase long-term institutional investment into the sector, supported by public sector subsidies.
2. **Design, build, maintain, and retrofit homes that support residents’ health and wellbeing.** Prioritise features including high safety standards, energy efficiency, comfortable temperatures, good air quality, and design that helps older residents or residents with disabilities.
3. **Ensure residents have access to local services and infrastructure that have a direct bearing on health and wellbeing,** including healthcare, education, and community facilities; high-quality green and play spaces; and public transport. This can intentionally target the most relevant health needs of different places, in conjunction with local government and local partners.
4. **Foster strong community relations that support mental and social wellbeing** through collaborative engagement with residents, opportunities for local businesses, and active support for community-building activities – not just through planning and development but through ongoing operation.

Next steps

This report is the beginning of an ambitious agenda to ensure the homes built and the places and communities developed have equity of health, wellbeing and environmental sustainability at their core. Further work is needed to ensure the property sector, national and local governments and other stakeholders operationalise the recommendations.

Pilot projects are needed to demonstrate what is possible. These could be trialled in some of the more than 50 local authorities that have become [Marmot Places](#). Best practice can then be shared across all partners via the [Health Equity Network](#).

Editor's Notes

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The UCL IHE, *Building Health Equity: The Role of Property Sector in Improving Health* and accompanying documents are published [here](#).

The report has been informed by a review of the evidence base on the impact of homes and places on health equity. It has been produced in partnership with the [Quality of Life Foundation](#), which led on the stakeholder engagement for this research, carrying out an online survey and a set of 11 interviews with key stakeholders to understand the barriers and opportunities to promote health equity in the development and stewardship processes.

The research included a roundtable discussion involving 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.

Case Study Example: Public health, housing and planners working together in Leeds to build right type of housing, in right places, for the right people

Leeds became a Marmot City last year, 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.

A growing number of people are living in poverty and with worse health in Leeds. A quarter of Leeds' population falls within the 10% most deprived nationally, with 34% 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 accounts for around 1.5% 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 10 years the council's plan is to grow its city centre in an inclusive way, focusing 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.

About the UCL IHE

The [UCL Institute of Health Equity](#) (IHE) was established in 2011 and is led by Professor Sir Michael Marmot. The IHE leads and collaborates on work that addresses the social determinants of health and improves health equity. Two key pieces of work provide the basis for IHE's approach: [WHO Commission on the Social Determinants of Health](#) (2005-2008) and [Fair Society, Healthy Lives: The Marmot Review](#) (2010).

Across the UK, health is deteriorating and health inequalities widening. This is due in large part to growing inequalities in the social determinants of health, which have been damaged by government policies of austerity and associated cuts to services, benefits and the public realm more broadly since 2010.

The IHE helps organisations strengthen their approaches to reducing health inequalities and works with national, regional and local governments in the UK, global organisations, businesses, communities and the voluntary sector, public health teams, health care organisations and other public services.

The IHE has been working with [Legal and General](#) (L&G) to influence the role of business in promoting health equity and reducing health inequalities as investors, employers and providers of goods and services. [The Business of Health Equity: The Marmot Review for Industry](#) provided a systematic way for businesses to assess how they positively and negatively impact health equity. Property sector businesses should consider the full range of impacts they can have, including employers providing good quality jobs and generally as responsible corporate citizens.

References:

- (1) [Ministry of Housing, Communities and Local Government, 2024](#)
- (2) [Building Research Establishment \(BRE\), 2021](#)
- (3) [Institute for Public Policy Research \(IPPR\), 2024](#)