

# Housing and Health

## Health and Well-Being Briefing Paper (no. 2 of 8)

### Introduction

This briefing paper, on tackling the wider determinants of health in relation to housing and health, is one of a series of briefings aimed at local authorities and other local partners in the West Midlands.

It was developed using best available national and local evidence and guidance,<sup>1,2</sup> and local case studies are included which demonstrate good and effective current practice in support of the Public Health role of Local Government. The briefing serves as a legacy of the extensive range of work done to date across the West Midlands led by the Regional Public Health Group.

It is cognisant of the needs in the West Midlands and suggests how local areas and Health and Well-Being Boards can work in partnership to tackle local public health issues using innovative and effective approaches in tackling the wider determinants of health and health inequalities.

These approaches can help to protect against current and future threats to health and well-being and help improve the efficiency and effectiveness of local partnership working to improve the quality and quantity of people's lives.

### Areas for Partnership Action

#### Health and Well-Being Boards can:

- Support the provision of affordable decent 'lifetime homes'<sup>3</sup> and build housing that is well designed and laid out, is sustainable and energy efficient as standard and improve existing housing
- Reduce the risk of accidents in the home
- Reduce deaths through excess heat
- Prevent many of the yearly excess winter deaths (the most recent data indicates 35,000 per year) through warmer housing<sup>4</sup> and promote affordable warmth and end fuel poverty
- Address the root causes of poor health and well-being, reaching out to those who need the most support<sup>5</sup> including promoting the housing needs of diverse and additional needs groups and supporting people to remain in their own homes
- Ensure that the needs of vulnerable groups are better reflected in Joint Strategic Needs Assessments. This includes the needs of homeless people in order to reduce homelessness and improve their health<sup>6</sup>
- Adapt the environment to make healthy choices easier and design communities for active aging and sustainability, with green space and space for play<sup>7</sup>

### Key Facts: West Midlands

- The West Midlands has the highest rate of households accepted as homeless (under the relevant legislation) outside London<sup>8</sup>
- The most recent figures show that 1 in every 14 households is on social housing waiting lists in the West Midlands<sup>9</sup>
- For every £1 spent on providing housing support for vulnerable people nearly £2 is saved in reduced costs of health services, tenancy failure, crime and residential care<sup>10</sup>
- The West Midlands has the highest proportion of households living in overcrowded conditions of any region outside London. One in 20 families in social housing in the West Midlands are overcrowded.<sup>11</sup>
- In 2009/10 just 42% of the new homes the West Midlands needs each year were built<sup>12</sup>

- Ratio of excess winter deaths to average non-winter deaths in the West Midlands is 16.7 compared to the England average of 15.6<sup>13</sup>
- Housing acts as a health intervention itself, as well as a delivery mechanism for health services. Effective use of housing and support services has been shown to:<sup>14</sup>
  - Support discharge from hospital by ensuring homes and support services are ready for people to return to<sup>15</sup>
  - Save costs to the public purse through early intervention and preventing the need for acute services<sup>16</sup>
  - Research shows that investment in specialist housing results in a net cost benefit to the public purse, equating to £639 million overall in a year. This includes an estimated saving of £11,751 per person to health services for people with mental health problems<sup>17</sup>



## Housing and Health

The West Midlands is home to 5.4 million people<sup>18</sup> and 85% of dwellings are located in urban areas. The ability of people to improve their quality of life is related to the ability to find decent, accessible housing, located in areas of employment.

The links between poor health and poor housing are well established. Multiple housing deprivation poses a health risk of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption.<sup>19</sup> The health effects of poor housing also fall disproportionately on vulnerable groups including older people, disabled people and children.

Strategies and plans form a vital part of improving people's health and well-being. Tamworth's Housing and Health Strategy, which is being developed through partnership working, is a good example of this as it intends to help facilitate improvements in the quality of housing and health for Tamworth residents over the coming years and beyond.

The increasing number of older people in the West Midlands means that there is a need for more supported housing, homes suitable for an ageing population and on-going independent living, as well as on-going investment for adaptations to existing properties to provide more suitable and accessible accommodation.

Vulnerable groups such as people with mental health problems, long term unemployed, those suffering domestic abuse, migrants, gypsies and travellers are at more risk of having to live in poor housing. There is a need to support these groups, especially in the current economic climate and with changes to benefits systems, and to prevent homelessness.

The greatest health impact is likely to be achieved when the following conditions are targeted:<sup>20</sup>

- Cold and damp housing
- Overcrowded and under-occupied housing
- The incidence of accidents in the home
- Poor security and high crime, and
- Inadequate public and open space

## High Quality Accessible Housing

High quality accessible housing should be provided and incorporate more than basic requirements for housing standards. The standards should also include:

- Homes to 'last a lifetime', being flexible and adaptable to the changing needs and circumstances of the occupants including disabilities and access.
- Enabling older people to remain in their homes and reducing care home admissions are integral parts of promoting health and well-being in the older population. This includes intermediate care and services delivered in or closer to the homes of older people and falls prevention work to reduce hospital admissions. The on-going investment in the provision of housing adaptations will also be crucial.
- The ability to obtain a family home with space for family and friends with home safety considered for young children and older adults
- Information, advice on financial and support options should be clear and accessible to all
- All homes should work towards home safety standards and enforcement of breaches should be encouraged. The 'Housing, Health and Safety Rating System Regulations 2005' set out a number of issues to reduce hazards in the home.
- Sustainable homes and refurbishment should be promoted including use of materials that incorporate 'environmentally friendly' heating, air circulation, insulation and air conditioning
- Tackling fuel poverty and cold related deaths. This includes working with partners to understand the links to household income, the characteristics of households, housing standards, occupancy, energy price fluctuations, payment methods and raising awareness to help people conserve energy.
- It is essential that support around physical and mental ill health are met within community settings as a substantial element
- For a tenancy to be 'secure' it is essential to maintain support structures that will provide stability and security, including being close to family and friends which supports mental and physical well-being. Promoting 'local' housing and childcare provision can also encourage people back into economically active engagement through training, education or employment. Housing also needs to be affordable. Health partners can support and inform planning work being carried out by ensuring the social aspects of developments are promoted.

## Supporting Diverse and Additional Needs Groups

Links between housing and health need to be expanded and vulnerable people supported to live in their own homes. Joint working is essential between local housing, health providers and the voluntary sector to achieve the shared outcomes.

It is necessary to have accessible, available, appropriate and affordable housing. This includes housing to move onto as people come out of specialist and/or short term services, and many groups can benefit from housing related support.

Some issues for additional needs groups include overcrowding, affordability, poor quality and low priced housing for BME communities, and barriers to independence and choice for older people and disabled people. Assistance may be needed with life skills, budgeting and managing tenancy for many of these groups,<sup>21</sup> and isolation and fragmented service provision can be an issue for refugees.

Tackling the ill-health of gypsies and travellers where life expectancy is 10 years less than the general population is essential.<sup>22</sup> It is estimated that domestic abuse will affect 1 in 4 women in their lifetime<sup>23</sup> so planning for hostels and safe housing and sites needs to be promoted with this in mind. Diverse and additional needs groups need to be included in service and health planning and should act as consultees.

## Homelessness

Homelessness has showed worrying signs of growing in 2010, with an upturn in England after a long period of declining numbers. With economic problems expected to continue for the next two years, the risk is that this could be the start of a sustained trend.<sup>24</sup>

Those who are homeless are more likely to suffer from mental and physical ill health, and at the same time unable to access the health services they need. Outreach work and improvements in access to services are necessary together with integrated work with homelessness and mental health, and partnership working between health services and housing providers. The homeless are at higher risk of many health problems such as alcohol and drug misuse and poor diet than the general population.<sup>25</sup>

The single clearest reason for the 2010 rise in homelessness in England was growing numbers accepted as homeless following loss of a private tenancy.<sup>26</sup> It is necessary to use prevention and housing support schemes to prevent homelessness by supporting those with mental health problems and supporting people to manage rent arrears.

No Second Night Out is the Government's ambition to put an end to rough sleeping by pledging to work with councils and the voluntary sector to ensure that nobody spends a second night sleeping rough on the streets. The report recommends that Health and Well-Being Boards should ensure that the needs of vulnerable groups are better reflected in Joint Strategic Needs Assessments. This includes the needs of homeless people.<sup>27</sup>

The report outlines six joint commitments:

- Helping people off the streets
- Helping people to access healthcare
- Helping people into work
- Reducing bureaucratic burdens
- Increasing local control over investment in services
- Devolving responsibility for tackling homelessness

## Encouraging Better Design of New Developments

Evaluation of the health impacts of future housing investment is important to embrace the positive health gain that could arise from such investment.

Housing can make a significant contribution to physical activity, the reduction of accidents and feelings of safety and well-being. Supporting and encouraging better and sustainable design of new developments is vital, as is planning and providing for community cohesion and increased personal security.

The presence of footpaths, building placement, site design and visual quality not only improve the actual safety and appearance of the streetscape, but also the perception of an area's safety and walkability which could lead to participation in social activities. Building the opportunity to be physically active into daily routines as part of housing development is essential to turn around the effect of sedentary lifestyles.

Homes and neighbourhoods should be designed for the lifetime, including ensuring that necessary services needed at different stages of life are accessible and this will encourage stable neighbourhoods and communities that can support households throughout their life course.

Engagement with the resident from the outset in the planning and design of new estates will improve the sense of ownership and is more likely to succeed.

Remote/rural areas have particular housing issues affecting health, such as isolation of residents, transport access, access to education and health care services. Action for the future includes building up the use and provision of technology and outreach services to these areas.

# Case Studies

## West Midlands

### Spirita Home Improvement Agency

Spirita Home Improvement Agency (HIA) works in Tamworth, Lichfield, South Staffordshire and Cannock and is part of Spirita Ltd housing association. It is funded by Supporting People and relevant Local Authorities. Its work includes:

- Disabled Facility Grant Work
- Countywide Handyperson Service
- Health Through Warmth
- Access to equity release scheme to fund private adaptations and/or repairs

An example of Spirita HIA's work is with Margaret, a 78 year old widow who lives alone and suffers from acute arthritis and a heart condition. She was no longer able to safely access bathing and sleeping facilities on the first floor of her home. Margaret's care worker contacted Social Care & Health for assistance, an assessment of need and priority was carried out by an Occupational Therapist, and a referral was made to Spirita HIA for assistance in applying for a disabled facilities grant.

What Spirita Home Improvement Agency did to help:

- Test of Resources contribution of £530 funding obtained from charities
- Heating not working properly so passed to Health Through Warmth who funded repair
- Handyperson service used to fit a new lock to the front door
- Planned and managed the Disabled Facilities Grant adaptations, including applying for a grant, supervising contractors and ensuring they were paid

How Spirita HIA benefitted Margaret:

- Reduced care package
- Reduced risk of hospital admission
- Reduced risk of moving to a care home
- Regained independence and dignity
- Improved mental well-being
- Improved physical well-being
- Peace of mind for family members

For further information please telephone on 01543 460780 or email [HIACannock@spirita.org.uk](mailto:HIACannock@spirita.org.uk).

See reference sheet and the other briefing papers in the series:

Planning, Transport and Health  
Environment and Health  
Economy, Skills and Health  
Culture, Leisure and Health  
Safer Stronger Communities  
Children, Young People and Families  
Later Life

Published June 2011



## East Staffordshire Landlord Newsletters

East Staffordshire Borough Council began the circulation of Landlord Newsletters in 2008 to provide information and advice to private landlords and letting agents about their legal rights and obligations and the links between housing and health.

Newsletters are sent out quarterly, or in response to changes in legislation, to all landlords and letting agents on their mailing list and also published on the Council's website. Publication of newsletters is often done in partnership with other agencies such as the Fire Service and Health & Safety Executive.

Various organisations and partners are involved with exchanging and publishing advice, information and events including:

- Staffordshire Fire and Rescue
- Health & Safety Executive
- Energy Efficiency suppliers and contractors
- Warm Front
- Energy Suppliers through Carbon Emissions Reduction Target (CERT) funding
- Other Local Authorities
- Trading Standards
- National landlords associations
- Local Government Regulation
- HM Revenue and Customs

The newsletters have improved knowledge of links between housing and health for landlords and tenants and improved knowledge of landlords responsibilities to the health of their tenants

Learning points about how you can do it:

- Set up and publicise a database of landlords and letting agents
- Liaise with local partners to publicise information and events to landlords
- Produce the newsletter on a regular basis
- Publicise and send the newsletter to relevant parties

# Housing and Health

## References - Health and Well-Being Briefing Papers

- <sup>1</sup> DH 2010, *Equity and excellence: Liberating the NHS*. London: Department of Health
- <sup>2,5</sup> HM Government 2010, *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. Norwich: The Stationary Office
- <sup>6</sup> HM Government 2011, *Vision to end rough sleeping: No Second Night Out nationwide*. London: Department for Communities and Local Government. Retrieved July 31 2011 from <http://www.communities.gov.uk/documents/housing/pdf/1939099.pdf>
- <sup>7</sup> HM Government 2010, Op cit
- <sup>8</sup> Communities and Local Government 2010, *Statutory Homelessness – September Quarter 2010 England*. Housing Statistical Release. Department for Communities and Local Government.
- <sup>9</sup> National Housing Federation 2010, *Home Truths 2010 – Why Investment in Affordable Housing Matters West Midlands*. Birmingham: National Housing Federation
- <sup>10</sup> Audit Commission 2009, *Building Better Lives: Getting The Best From Strategic Housing*. London: Audit Commission
- <sup>11</sup> National Housing Federation 2010, Op cit
- <sup>12</sup> National Housing Federation 2010, Op cit
- <sup>13</sup> APHO and DH 2010, *Health Profile 2010: West Midlands*. Retrieved on May 2 2011 from [http://www.apho.org.uk/default.aspx?QN=HP\\_METADATA&ArealD=50154](http://www.apho.org.uk/default.aspx?QN=HP_METADATA&ArealD=50154)
- <sup>14</sup> National Housing Federation 2011, *Response – Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health*
- <sup>15</sup> National Housing Federation 2011, Op cit
- <sup>16</sup> National Housing Federation 2011, Op cit
- <sup>17</sup> Frontier Economics 2010, *Financial benefits of investment in specialist housing for vulnerable and older people*, Homes & Communities Agency
- <sup>18</sup> Office for National Statistics 2010, *West Midlands Population and Migration*. Retrieved March 15 2011 from <http://www.statistics.gov.uk/cci/nugget.asp?id=2233>
- <sup>19</sup> Ineichen B (1993) *Homes and health*. London: E & FN Spon
- <sup>20</sup> Gill Leng, Housing Vision and DH 2011, *Healthy Communities Live in Healthy Towns and Neighbourhoods*. Retrieved July 18 2011 from [http://www.wmpho.org.uk/lfph/wider\\_determinants.aspx](http://www.wmpho.org.uk/lfph/wider_determinants.aspx)
- <sup>21</sup> West Midlands Strategic Partnership for Asylum and Refugee Support 2006, *A Regional Strategy for the Social Inclusion of Refugees and Asylum Seekers in the West Midlands 2006-2009*. Birmingham: WMSPARS
- <sup>22</sup> Equality and Human Rights Commission 2009, *Gypsies and Travellers: Simple Solutions for Living Together*. Retrieved July 18 2011 from <http://www.equalityhumanrights.com/key-projects/good-relations/gypsies-and-travellers-simple-solutions-for-living-together/>
- <sup>23</sup> Home Office 2010. *Home Office Statistical Bulletin - Crime in England and Wales 2009/10*. Home Office. Retrieved March 15 2011 from <http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1210.pdf>
- <sup>24</sup> Pawson, H. and Wilcox, S. 2011, *UK Housing Review: 2011 Briefing Paper*. Coventry: Chartered Institute of Housing. Retrieved July 18 2011 from <http://www.cih.org/policy/free-publications.htm>
- <sup>25</sup> Homeless Link 2010, *The Health and Wellbeing of People who are Homeless: Evidence from a National Audit: Interim Report*. London: Homeless Link
- <sup>26</sup> Pawson, H. and Wilcox, S. 2011, Op cit
- <sup>27</sup> HM Government 2011, Op cit

## Further Information, Organisations and Links

Learning for Public Health [www.wmpho.org.uk/lfph](http://www.wmpho.org.uk/lfph)  
Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)  
West Midland Councils [www.wmcouncils.gov.uk](http://www.wmcouncils.gov.uk)  
Department for Communities and Local Government [www.communities.gov.uk](http://www.communities.gov.uk)  
Chartered Institute of Housing [www.cih.org](http://www.cih.org)  
The Marmot Review [www.marmotreview.org](http://www.marmotreview.org)  
Mental Health Foundation [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)  
National Housing Federation [www.housing.org.uk](http://www.housing.org.uk)  
Shelter – The Housing and Homelessness Charity [www.shelter.org.uk](http://www.shelter.org.uk)  
Tamworth Directory of Strategic Housing Services [www.tamworth.gov.uk/pdf/Strategic\\_Housing\\_Services\\_Directory.pdf](http://www.tamworth.gov.uk/pdf/Strategic_Housing_Services_Directory.pdf)

## Acknowledgements

**Janet Baker** Deputy Regional Director of Public Health, Department of Health West Midlands

**Ginder Narle** Learning for Public Health Manager, Sandwell Primary Care Trust

**Sarah Pullen** Project Lead

**Allison Orchard** Personal Assistant to Deputy Regional Director of Public Health, Department of Health West Midlands

**Karen Saunders** Senior Public Health Manager, Department of Health West Midlands