

Staffordshire Health & Wellbeing Board						
Report Title:	JSNA - Housing and Health					
Date:	7 March 2019					
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Board Sponsor:	Richard Harling					
Report Type:	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

Recommendations

1. The Board is asked to:
 - a. Prioritise housing as part of the health in all policies agenda
 - b. Ensure there are robust evaluation plans in place between CCGs and local authorities for implementation of the successful Warmer Homes bid, which includes the monitoring of health and care utilisation
 - c. Ensure that Staffordshire continues to bid for national funding streams such as the Warmer Homes Category 2 bid and the six Midland Counties bid to be a demonstrator site for the Ageing Society Grand Challenge programme
 - d. Continue to engage with key stakeholders such as housing providers to develop a better understanding of the key issues facing residents.
 - e. Focus on the most vulnerable, for example, working with partners and stakeholders to ensure that the measures extended in the Reduction of Homelessness Act (April 2018) to single people at risk of homelessness are implemented effectively.
 - f. Apply the checklist provided in Public Health England's "*Improving health through the home: a checklist for local plans and policies*" against key strategic and commissioning plans

Background

2. The environment we live in is an important influence on improving health and wellbeing outcomes. Homes that are stable, warm, safe and suitable will improve outcomes for the individual and support them to live independently for longer whilst at the same time help reduce demand on health and care sectors related to housing. Conversely people who live in poor housing are more likely to experience a multitude of other factors, are known to have poorer health and wellbeing outcomes and are higher users of health and care services.¹
3. The Health in All Policies agenda is key to formulating a cross-agency, multiple stakeholder approach to improving housing. Priority areas for Staffordshire are: cold homes and fuel poverty; improving housing for vulnerable groups; and planning for healthier housing.

¹ https://www.kingsfund.org.uk/sites/default/files/2018-03/Housing_and_health_final.pdf

Summary of evidence

4. Living in a cold home increases preventable deaths and cold-related diseases particularly during the winter months, with the World Health Organisation estimating that 30% of winter deaths are caused by cold housing and Age UK estimating that for every excess winter death there are also around eight admissions to hospital, 32 visits to outpatient care and 30 social services calls.
5. Poor housing in England costs the NHS between £1.4 and £2.5 billion a year which equates to between £22 and £39 million every year in Staffordshire.^{2,3} The average cost of making a home energy efficient is circa. £7,500 as a one-off payment, compared to the cost of an older person in hospital which is estimated at £3,000 for every unplanned admission, or a person in a care home costing between £430 and £570 per week.^{4,5}
6. During 2017/18 there were 950 excess winter deaths in Staffordshire with the rate being at its highest in the last 15 years. Common causes during this period were: respiratory disease, dementia and mental health conditions; rates are also higher for females and for older people.
7. Some people are more vulnerable to the cold, for example people with a cardiovascular or respiratory condition or a physical disability which stops people moving around to keep warm. Large numbers of Staffordshire residents have high blood pressure, respiratory or circulatory diseases. Cold homes also have an impact on mental health. Employment rates for people with a long-term condition are much lower than the general population which impacts on the type of housing they can afford to live in and whether they can afford to keep their home warm enough.
8. Around one in five people aged 65 and over are thought to be frail making them more vulnerable to living in a cold home. Children living in cold and damp houses are at increased risk of poorer health outcomes and reduced performance at school.⁶ Staffordshire experiences higher rates of children being admitted to hospital for long-term conditions, in particular respiratory conditions, and also performs poorly in terms of GCSE attainment.
9. Staffordshire has a higher than average rate of households in fuel poverty with the main drivers suggesting that rates are not likely to fall significantly soon:
 - a. **Income** – around one in ten residents live in low income households; one in five children are estimated to be living in poverty after housing costs.
 - b. **Cost of energy** – nationally domestic fuel bills have doubled in the last 15 years. Locally one in ten households are not connected to the gas network which means they are using more costly fuels such as electricity and oil to heat their homes.
 - c. **Energy efficiency** - households that are owner-occupied or privately rented are less energy efficient; homes in rural areas and older homes are also less energy efficient.

² Nicol S, Roys M and Garrett H, Briefing paper: The cost of poor housing to the NHS, Building Research Establishment (BRE) Trust, BRE 2015

³ Local Government Association, Healthy homes, healthy lives, Local Government Association, May 2014

⁴ Age UK: The Cost of Cold: Why we need to protect the health of older people in winter, http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/The_cost_of_cold_2012.pdf

⁵ <https://improvement.nhs.uk/resources/reference-costs/>

⁶ The Health Impacts of Cold Homes and Fuel Poverty, Marmot Review Team, 2011

Older people are more likely to live in less energy efficient homes. Staffordshire has a larger owner-occupied market; it is also predominantly rural and has an older population in comparison with the national average and therefore is likely to have a higher proportion of households that are less energy efficient.

10. Many vulnerable communities including those on low incomes are more likely to live in poor housing, with issues relating to overcrowding, cold homes, disrepair, damp and mould. They are more likely to be in rented accommodation and have limited housing options available to them. Table 1 estimates the number of people that are vulnerable who would benefit the most from a healthy, safe and secure home. Many vulnerable people will have multiple needs and fall into several categories.

Table 1: Summary of vulnerable groups in Staffordshire

	Estimated number
Homelessness	41 rough sleepers in 2017, over 700 homelessness decisions made during 2017/18 of which 415 were accepted as being homeless and in priority need; 95 homeless people identified as not in priority need and around 75 households in temporary accommodation; hidden homelessness (e.g. sofa surfers) not known
Low income households	94,700 people living in low-income families; 13% of children under 18 living in poverty rising to one in five (21%) after housing costs; 13% of older people aged 60 and over living in low income households
Physical and sensory disabilities	About 42,200 people aged 18-64 in Staffordshire were estimated to have a moderate physical disability and 12,800 a serious physical disability. 4,900 people on the blind or partially blind registers; almost 4,000 people on the deaf or hard of hearing registers (December 2018). Over 7,750 adults with physical disabilities who were long-term users of local authority funded social care (December 2018)
Adults with learning disabilities	Around 16,400 residents aged 18 and over estimated to have a learning disability of which 3,400 are thought to be moderate or severe. Almost 2,300 long-term users of local authority funded adult social care (December 2018)
Mental health	72,000 (10.3%) of adults aged 18 and over on GP depression registers, 6,200 (0.7%) people with severe mental health illness (2017/18). Around 1,500 people long-term users of local authority funded adult social care (December 2018)
Dementia	Around 11,600 estimated to have dementia of which 6,400 have mild dementia, 3,700 have moderate dementia and 1,400 severe dementia of which over 60% living in community.
Other groups who may experience increased housing and health needs	<p>Alcohol and drug dependency - around 8,500 adults with an alcohol dependency and 3,450 a drugs dependency with a number having both; around one fifth of those successfully exiting alcohol treatment and 5% exiting drug treatment identified with housing issues (2016/17)</p> <p>Care leavers - 470 care leavers of which 87% were known to be in stable accommodation (March 2018)</p> <p>Domestic abuse - around 16,800 incidents and offences reported to police during 2017/18; thought to be underestimated</p> <p>Offenders - around 5,550 offenders of which around a quarter reoffend (2016)</p> <p>Teenage parents - 330 live births to teenage mothers (2017)</p> <p>Veterans - number not known</p>

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Background Papers: JSNA Housing and Health - the full report can be found at;
<https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>