

Plymouth City Council

Subject: Impacts of Poor Quality Housing on Health
Committee: Health and Well Being Board
Date: 7 March 2019
Cabinet Member: Cllr Chris Penberthy & Cllr Ian Tuffin
CMT Member: Ruth Harrell – Director of Public Health
Author: Paul Elliott , Low Carbon City Officer
Sarah Ogilvie, Consultant in Public Health
Contact details Tel: 01752 307574
Email: Paul.elliott@plymouth.gov.uk
Ref: Your ref.
Key Decision: No
Part: I

Purpose of the report:

The report aims to highlight the effects that poor quality housing has on health. It provides a review of the current state of housing stock in Plymouth across all tenures and how this leads to poor health outcomes for residents.

Corporate Plan

The report links into the Caring Plymouth strand, demonstrating how better co-ordination of existing housing and health services could lead to improved outcomes for residents. This also feeds into the pioneering strand of the corporate plan in the sense of joining up two previously unconnected service areas.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

Resource implications are minimal. The only resource needed for this is a small amount of existing officer time.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No.

Recommendations and Reasons for recommended action:

1. Further acknowledge the importance of housing as a major determinant of health across all representations of the Health and Wellbeing Board
2. The establishment of an officer group of relevant stakeholders across the city to look at:
 - Scale and mapping of the challenge – building on our existing understanding of local hazards, risks and assets
 - Production of an action plan based on the Sustainable Transformation Partnership (STP) housing challenge paper
 - More innovative commissioning of services which includes preventative measures

Alternative options considered and rejected:

The alternative option would be to do nothing. This would be missing an opportunity to deliver better outcomes for residents.

Published work / information:

<https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home>
[Improving health through the home: a memorandum of understanding](https://www.nea.org.uk/research/under-one-roof/)
<https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

Background papers:

n/a

Sign off:

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Originating SMT Member – Paul Barnard													
Has the Cabinet Member(s) agreed the contents of the report? Cllr Penberthy -Yes , Awaiting a response from Cllr Tuffin													

THE IMPACTS OF POOR QUALITY HOUSING ON HEALTH AND WELLBEING

Report to the Plymouth Health and Wellbeing Board

1. Background

A meeting was called on 14 January 2019 by Cllr Penberthy and Cllr Tuffin to discuss the impacts of poor quality housing on health and wellbeing. The meeting included representation from integrated commissioning (PCC and NEW Devon CCG), Livewell SW, Plymouth Energy Community (PEC), and Plymouth City Council (PCC) including Public Health, Strategic Planning and Infrastructure, and Finance. It was agreed that a paper would be taken to the March Health and Wellbeing Board highlighting need in the city, work to date and recommendations to take this forward.

2. National context

There is a wealth of evidence available at a national level which clearly demonstrates the impact poor quality housing has on health and wellbeing. Recent guidance from Public Health England (<https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home>) highlights that a safe, suitable and stable home environment is essential to health and wellbeing, across the life course. This guidance reaffirms housing as a key determinant of health and summarises the risks to health and wellbeing presented by the home or housing circumstances. The guidance highlights the risks to an individual's physical and mental health associated with living in:

- a cold, damp, or otherwise hazardous home (an **unsafe home**)
- a home that doesn't meet the household's needs due to risks such as being overcrowded or inaccessible to a disabled or older person (an **unsuitable home**)
- a home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness (an **unstable home**)

The right home environment can, for example:

- enable people to live independently, safely and well in their own home for as long as they choose, thereby reducing demands on health care services and hospitals
- complete treatment and recover from substance misuse, tuberculosis or other ill-health
- move on successfully from homelessness or other traumatic life event
- access and sustain education, training and employment
- participate and contribute to society and their community

Good quality housing is also essential to delivering NHS England's Five Year Forward View and local plans for social care, including the Sustainable Transformation Partnerships (STPs), through preventing hospital admissions, enabling timely discharge from hospital and preventing readmissions, and delaying and reducing the need for primary and social care. Cold homes, for example, cost the NHS in England £850 million – equivalent to £1.36 billion per year (National Energy Action, Under One Roof Report, 2018). Overall poor housing represents a similar risk to the NHS as physical inactivity, smoking and alcohol (Building Research Establishment, The Cost of Poor Housing to the NHS, 2015).

Enabling the right home environment for health and wellbeing is complex and needs people, communities and organisations to come together. This has recently been recognised at a national level through sign up of nearly 30 organisations representing housing, homelessness, health and care professionals to [Improving health through the home: a memorandum of understanding](#) which is committed to improving health through the home.

3. Local context

Devon's Joint Strategic Needs Assessments, local area profiles and Health and Wellbeing Strategies highlight the importance of housing on health and wellbeing. Locally, we know that over 13,500 Plymouth households are defined as 'fuel poor'. Put simply this means that if those households were heated to the recommended level of warmth, the occupants' remaining income would see them fall below the poverty line. As a result many of these households face the unjust and impossible decision of either providing a warm home environment, or putting food on the table.

Last year, PCC received over 10,000 new referrals into its Adult Social Care service. Of these, at least 30% suffer from health conditions that can be exacerbated by living in cold/damp conditions, with another 19% being assessed as living in an unsafe or uninhabitable home.

A cross tenure analysis of our housing stock illustrates the high level of energy inefficient housing that exists in the city. The Government has a UK wide target for all homes to have an Energy Performance Certificate rating of C by 2035. Currently 78,000 homes (65%) in Plymouth do not meet this level, with 11,000 having a high risk of excess cold and no central heating.

In addition, the growth agenda for the city aims to build a further 26,000 homes over the next 15 years. These homes will be built to building regulations far higher than the existing housing stock, potentially leading to a widening of inequalities.

4. Work to date

Despite the challenges, the city has a strong history of providing assistance to householders through a variety of projects designed to improve living conditions. For example, the 'Healthy Homes' project delivered by PEC in 2016/17, showed improving housing conditions can lead to a 50% reduction in GP visits, as well as a 9 point increase in wellbeing scores. The well-being of residents was measured at the start of the process, and then measured again 6 months after PEC had delivered the intervention. This gave conclusive evidence of an improvement in Health and Well Being because of the improvement to the home. Currently PCC has external funding to install heating systems and insulation measures to eligible properties, though this funding is finite and will cease in March 2020. Most recently, the Well Being Hubs provide an opportunity for PEC to provide advice related to housing condition to those individuals who have been directed there by a health professional.

To support the Devon STP, a series of 'Challenge Papers' have been developed to influence delivery of prevention and early intervention across the wider system. Housing has been identified as one of the key health and wellbeing challenges we are facing. The challenge paper (Safe, Suitable and Stable Homes for Health) provides the basis of initial discussions with partners in order to collaborate on housing matters across Devon. It also provides a framework for the systematic approach to the identification assessment of risk factors and the potential positive and negative impacts on health. This paper concludes that partners across the system should agree priority areas for action across:

- **Safe and healthy homes**, e.g. warm homes, good repair, reduce risk of falls/unintentional injuries and good indoor air quality
- **Suitable homes**, e.g. adaptable homes, tenure mix, affordable homes, dementia friendly, suitable for individuals with a learning disability, delayed transfer issues
- **Stable homes**, e.g. homelessness, tenancy protection, financial resilience

- **Healthy communities and neighbourhoods**, e.g. climate adaptation, obesity, social isolation, lifetime neighbourhoods, role of the housing workforce in public health

5. Summary and recommendations

Improving health through the home is best achieved through co-ordinated efforts by all partners in the housing sector, with the health care system having a key role, both as a leader and an important partner in the identification and support of those at risk from poor homes and to maximise the protective features of homes and communities. The housing sector workforce can also play an important part outside of its direct impact on the standard of homes. Their workforce also has direct contact with those most vulnerable in our society (Making Every Contact Count).

The preliminary steps to achieve this is through a partnership and co-design approach as advocated in the National MoU and demonstrated by the approach taken by Nottingham. The Health and Wellbeing Board in Nottingham gave a clear mandate to officers to develop a Memorandum of Understanding (MoU) on this issue. This subsequently led to the Health and Housing Partnership group which has representatives from all MoU signatory's and co-ordinates action. The adoption of a local MoU in Plymouth could act as a vehicle to engage partners, ensure political leadership and establish a clear framework for Plymouth.

The Plymouth Health and Wellbeing Board is very well placed to own and co-ordinate action across these issues. Several other areas in England have adopted this approach, such as Cornwall, Gloucestershire, and Dorset, with great success. The Health and Wellbeing Board is therefore asked to endorse the following recommendations:

1. Further acknowledge the importance of housing as a major determinant of health across all representations of the Health and Wellbeing Board
2. The establishment of an officer group of relevant stakeholders across the city to look at:
 - Scale and mapping of the challenge – building on our existing understanding of local hazards, risks and assets.
 - Production of an action plan based on the STP housing challenge paper.
 - More innovative commissioning of services which includes preventative measures.