

This document contains two reports compiled by Housing Working Group members Dominic Knorpel and Ellie Streeter, August 2016.

Part 1: compiled by Dominic Knorpel

World Health Organisation

International Workshop on Housing, Health and Climate Change:

Developing guidance for health protection in the built environment - mitigation and adaptation responses

October 2010

Housing and built environments have a profound impact on human health. In developed countries, 80-90% of the day is spent in built environments and most of this is in the home. Therefore, exposures and health risks in this private setting are of crucial relevance. The role of the home for health is enhanced by the fact that the most vulnerable population groups (poor, sick, children and elderly, disabled...) spend even more of their time in this setting, and are therefore most vulnerable and most in need of healthy living environments.

Although the health relevance of the private home is well accepted, health considerations do not represent a major objective in construction and rehabilitation of housing and built environments. There is a wealth of evidence indicating that housing and construction standards are almost exclusively based on technical norms, engineering knowledge and architectural design aesthetics. Consequently, standards of “adequate housing” or “sustainable housing” in the modern era tend to be informed by technological rather than health rationales, despite the fact that many housing laws have their origins in public health concerns. Similarly, building codes and national regulations governing the production and approval of buildings often tend to be vague, requiring buildings to be “safe”, to be equipped with “adequate ventilation options” or “functional heating systems”. These requirements provide little information on what the minimum standards of healthy housing are, and what characteristics need to be fulfilled to provide adequate shelter from the perspective of human health.

Current evidence shows that the home – despite highly developed technologies, materials and construction styles – remains a major cause for ill health through exposure to many factors, including (but not limited to): home injuries, chemical substances, mould and damp, noise, radon, pests and infestations, poor access to water and sanitation, proximity to pollution sources, or flooding, and inadequate protection from extreme weather.

Housing: Just what the doctor ordered

SITRA – NHA Alliance report *October 2015* (funded by DCLG)

Executive Summary

We know that there are health inequalities within England. The Marmot Review, carried out in 2010 recognised that housing was one of the critical determinants of health. Since then, there has been a gradual awakening from both health and housing that closer working and integration can support a shared ambition around

independent living and better health. However, new legislation governing the support of adults in need in England takes this assertion one step further. The statutory guidance around the implementation of the Care Act 2014 boldly asserts-

“Housing is therefore a crucial health related service which is to be integrated with care and support and health services to promote the wellbeing of adults and carers and improve the quality of services offered”

Section 15.48

National Planning Practice Guidance - Health and wellbeing

What are the links between health and planning?

The link between planning and health has been long established. The built and natural environments are major determinants of health and wellbeing. The importance of this role is highlighted in the promoting health communities section (http://planningguidance.communities.gov.uk/blog/guidance/health-and-wellbeing/what-is-the-role-of-health-and-wellbeing-in-planning/#paragraph_004).

This is further supported by the three dimensions to sustainable development (see National Planning Policy Framework paragraph 7 (http://planningguidance.communities.gov.uk/blog/policy/achieving-sustainable-development/#paragraph_7)).

FOR FUTURE LIVING - INNOVATIVE APPROACHES TO JOINING UP HOUSING AND HEALTH

Institute for Public Policy Research 2014

England is undergoing a slow but seismic shift in its population. As a country it is ageing – among all households, the biggest growth is occurring in those headed by someone who is older than 65. This reflects some positive trends – medical advances mean people can expect to live longer, fuller lives – but demographic change brings with it challenges as well. The number of single-person households is growing, especially in older age, meaning that less informal support and care is provided within the home. At the same time, the costs of providing adult social care for both older and vulnerable people are increasing, putting strain on local government finances and the NHS.

For too long, the policy realms of housing and health have been disconnected, with each tending to follow its own path, often impeding or counteracting the other’s objectives. This is in spite of warnings from the World Health Organization that poor-quality, inappropriate housing can drive accidents in the home, cause hospital admissions, and – at worst – lead to shorter lives (see WHO 2014).

These disconnects come at a cost. It has been estimated that poor housing costs the NHS at least £1.3 billion a year due to hazards in the home and medical problems associated with fuel poverty and energy inefficiency (Nichol 2014).

The gap between these policy realms becomes more visible, and more important, as people age. Older people spend more time in their home than other age-groups (HAA 2013), are more at risk of poor health, and consume over three-fifths of all social care spending (NAO 2014). It is therefore essential to ensure that the place they live in supports them in maintaining good health.

Steps to bringing housing and health together must account for people's preferences. Most people want to live independent lives and to stay in their own home as they age. England's housing offer, however, is not equipped to support people to stay where they are, or to move on to more appropriate housing. Contrary to consumer demands, the new stock of open market, mainstream housing is small by international standards (Roberts-Hughes 2011). More than a fifth of houses still fail to meet the Decent Homes standard, first set in 2000 (DCLG 2014a). Of the four key measures of accessibility, which assess people's ability to move around and thus to stay in their own home, only 5 per cent of English houses have all four, and over a quarter of houses have none (ibid). Even adapting the current stock is not simple: for 43 per cent of the housing stock in England, adaptation to meet the key accessibility standards is either unfeasible or would require major works (ibid).

When people want to move on to accommodation that is potentially more appropriate for their needs, the options remain limited. The main political parties are now committing to major house building targets, so it is essential that they consider the type of housing they are building, and who these houses will be for. With older age-groups seeing the biggest increases in population projections, new units suitable for these groups is a core part of the answer. Despite an array of different bespoke units designed specifically for older people, the stock that could help people to live independently in old age is in short supply. Retirement homes, with or without care and support, provide only 5 per cent of housing for older people (Clifford et al 2011), despite evidence of much higher demand.

Housing provision needs to change to reflect the serious impact that inadequate housing stock has on the health of our older population and on the state of public finances.

WHAT WILL THE HOUSING MARKET LOOK LIKE IN 2040?

Joseph Rowntree Foundation, *November 2014*

Historically, the UK has one of the highest poverty rates in western Europe.

Nonetheless, key elements in the housing system including social rented housing, Housing Benefit, and mortgage-free retirement help to limit poverty rates.

However, our understanding of the relationship between income poverty and housing is limited because the evidence is generally based on snapshot surveys. These tell us little about how this relationship changes during people's lives. It is vital that it is better understood so policymakers can respond effectively to on-going changes in the housing system.

(This research examines the circumstances of 5,000 individuals recorded in the British Household Panel Survey from 1991 to 2008. While this falls short of tracing people's entire lives, at 18 years, it provides much greater insight than other studies).

Conclusion

The housing system is changing, as private renting grows and social rents, at least in some parts of England, rise towards market levels. The ability of Housing Benefit to protect tenants from higher rents has already been reduced in response to rising cost pressures, and this seems set to continue.

Taken together, these pressures represent such a change to the British housing system that, in 25 years' time, poverty rates are likely to be higher and the relationship between poverty and housing deprivation stronger.

The housing headwind - The impact of rising housing costs on UK living standards

The Resolution Foundation *June 2016*

Conclusions

This report has explored how housing costs and incomes have evolved over time, highlighting the need to regard housing as a central element of the living standards debate. We have shown that over two decades housing costs have consumed an increasing share of household income although there have been real and significant fluctuations in this relationship over time. Critically, the post-financial crisis period bucked the trend, as the dramatic cut in the base rate provided mortgagor households with a genuine windfall to soften the living standards squeeze.

However, when we stack up trends from 2002-03 (the year that household incomes in the UK began to slow down) to 2015 we see quite clearly how housing costs have acted as a headwind countering living standards improvements over time.

Our findings are consistent with wider political debate. There is an increasing sense across the political spectrum that something needs to be done to address housing affordability. In cities and rural areas alike, housing is often seen as the number one problem for government to address. Policies abound – from those designed to stimulate supply such as direct commissioning and relaxing planning rules, to demand side interventions like the starter homes initiative or the recently announced Lifetime Investment Savings Account (LISA). Whether these and other actions can truly begin to tackle the housing costs challenge we have set out here remains to be assessed. This is a question we will return to in the future.

Housing and Health

A **Joint Strategic Needs Assessment (JSNA)** is how the three Dorset local authorities, the NHS and other public sector partners in Dorset work together to understand the health and wellbeing needs of our local population

The Housing section of the Dorset JSNA¹ opens with the statement ‘Housing is a key factor that affects people’s health. Evidence shows that poor housing conditions cause accidental injury, make existing health conditions worse, make treating health conditions more difficult and have a huge social impact upon the ability of individuals to achieve their potential in education or employment.’

This Housing JSNA paper is one of seven reports² that aim to understand the health and wellbeing needs of our local population. Key findings include:

- There is a clear link between the quality of housing and health. Housing improvement can be an important mechanism that can lead to health improvement.
- A lack of affordable housing can have severe implications for the physical and mental health of a person as well as the local economy.
- As more people are living longer, there will be an increased need for home adaptations, specialist housing and residential care bed spaces.
- People unable to keep their house warm enough most of the time are more likely to use outpatient departments and visit the GP four or more times. Additionally, poor housing has been related to an increased risk in cardiovascular and respiratory disease in winter.
- Public health is working with partners in local authorities to help improve the housing stock and enable people to live in their own home for longer.

(Dorset Public Health: Understanding Wider Impacts on Health)

The findings of the [English housing survey: housing and well-being report 2014](#)³ underpin much of work that is currently focusing on ways to promote better health through ensuring that homes are built and/or adapted to meet a wide range of needs. The wellbeing and physical and mental health of people of all ages are affected directly by housing. The CIEH has produced a *Housing Issues and Health Outcomes Matrix*⁴ that demonstrates these links very clearly.

It is the duty of local authorities to take measures to promote the health and wellbeing of the people in their geographical areas/authorities.⁵ With regard specifically to housing, the Department of Health’s *Statutory Guidance on JSNAs and Joint Health and Wellbeing Strategies(2013)*⁶ asks local authorities to consider mechanisms for the voice of the housing sector to be heard on their Health and Wellbeing Boards. The Dorset Health and Wellbeing Board works to ensure that local needs are recognised in their local strategies. The new Dorset Joint Health and Wellbeing Strategy 2016-2019 will focus on three key priorities: reducing inequalities; promoting healthy lifestyles and preventing ill health; and working better together to deliver prevention and early intervention at scale, high quality care and better value.⁷ Housing decisions by the Local Authority impact all three targets.

The local Clinical Commissioning Group and NHS England are responsible for commissioning healthcare service and facilities linked to Health and Wellbeing Board and local director of Public Health. These bodies are listed as consultees for local plans. Organisations such as Southwest Learning and Improvement network⁸ are also called upon to give advice and support regarding implementation of policy and planning in housing, care and support services

The links between poor housing for older people and demands on the NHS are increasingly clear. Older people often need NHS treatment for preventable injuries (e.g. falls) and illnesses that are related to cold and damp (e.g. chest conditions). It is estimated that if we invested now in improving the 1.4 million 'poor' home occupied by older households in England, this would save the NHS £624 million in first year treatments alone and is likely to pay for itself in just under seven years.⁹ A quarter of the population in Dorset are at or over retirement age, a greater proportion than that seen in England (16%) or the South West (20%)¹⁰ so these concerns and need for actions are especially relevant.

Housing planning has traditionally focused on preventing health hazards but keeping in line with the local authority , now needs to look for ways to maximise health benefits.¹¹ There are clear guidelines for simple improvements that will do this. As the current population of 65+ grows older, there will be an increasing need for easier access to buildings, including handicapped and wheelchair accessibility. Building designs that incorporate plans for adequate space, access to open green spaces, communal areas and improvements to aid independence will play vital roles in addressing issues such as depression and social isolation and in promoting good health and wellbeing.

Future housing and support options will have to be able to respond to the higher than average increases in older people expected in Dorset over the next twenty years, including a doubling in the number of people over 85; changing housing aspirations of people with a learning disability, with a move to greater independent living and supported accommodation and increasing numbers moving into adulthood; and increasing numbers with physical and mental illness who have particular housing needs.¹² New housing must be flexible for a range of needs and for living options at different stages of life. This goal has been established by West Dorset District Council in its Equality Impact Assessment of Private Sector Housing Service.¹³

There is an expectation that figures for dementia also will rise this decade. In 2001, 7.5% of all Dorset persons aged over 65 were estimated to have some form of Dementia, which is similar to the levels seen in England, 7.2% (POPPI 2011). This equates to 8,017 people and is expected to rise to 14,052 people by 2030 (POPPI 2011). Due to differences in the population structure within Dorset, West Dorset is expected to see the largest increase in people with Dementia.¹⁴ Local commissioning decisions should maximise the potential for the physical environment to support people living with dementia including access to adaptation and a range of housing options.¹⁵

Homelessness cuts across age groups has a very direct link to health issues. Health and government bodies are working hard to address homelessness. Twenty organisations have agreed a Memorandum of understanding to support joint action on improving health through the home. (2014)¹⁶

Young and old can suffer ill health from poor housing conditions. There are clear and documented links between housing and the ability to thrive mentally, physically and educationally.¹⁷ Poverty and inequalities in housing and education needs can all contribute to poorer outcomes for some children and families (DJHWS 2013). In 2011 in Dorset 19% of people were living with a Long-Term Condition (LTC) or disability, (including children and young people), which impacts on their overall health (ONS 2011).¹⁸ These conditions and disabilities can be exacerbated by poor housing and, likewise, readily improved by adaptations to existing housing, good planning for new builds and access to adequate and appropriate housing. There are measurable inequalities in health and wellbeing outcomes very early on in life with patterns of inequality often remaining throughout adulthood and into old age. Even in a population with an older demographic, it is important to intervene appropriately across the life-course, and maintain an emphasis on the early years that will accrue long-term benefits in population health and wellbeing.¹⁹

The local authority's responsibility for the health and wellbeing of its population - all ages – supports commitment to ensure that housing meets the needs identified in the Dorset Housing HNA.

References

¹ <http://www.publichealthdorset.org.uk/understanding/jsna/>

² <http://www.publichealthdorset.org.uk/understanding/wider-impacts-on-health/housing>

³ *English housing survey: housing and well-being report 2014* published by the Department for Communities and Local Government

⁴ Chartered Institute of Environmental Health (CIEH) online resource, www.cieh-housing-and-health-resource.co.uk

⁵ The Care Bill 2013, <https://www.gov.uk/government/publications/the-care-bill-explained>

⁶ *DH Statutory Guidance on JSNAs and Joint Health and Wellbeing Strategies(2013)*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

⁷ <https://www.dorsetforyou.gov.uk/healthandwellbeingboard>

⁸ www.housinglin.org.uk

⁹ *Homes and ageing in England* Briefing Paper (2015) in collaboration with Public Health England and produced by the BRE (Building Research Establishment).

¹⁰ DJHWS 2013

¹¹ *The Health Impacts of Housing Associations' Community Investment Activities: Measuring the indirect impact of improved health on wellbeing.* (2015) www.hact.org.uk

¹² *Housing needs in Dorset (SJHWS2013)*

¹³ https://www.dorsetforyou.gov.uk/media/164283/Equality-impact-assessment-of-private-sector-housing-service/pdf/Equality_impact_assessment_Private_Sector_Housing_Service_2010.pdf

¹⁴ Dorset Local Transformation Plan 2015

¹⁵ *Dementia and housing: an assessment tool for local commissioning*, (May 2016), Public Health England (PHE).

¹⁶ www.homeless.org.uk

¹⁷ Chartered Institute of Environmental Health (CIEH) online resource. www.cieh-housing-and-health-resource.co.uk

¹⁸ Dorset Local Transformation Plan 2015

¹⁹ *Housing needs in Dorset (SJHWS2013)*