

Isle of Wight Health and Wellbeing Board

Housing and Health

Agenda

Item number	Subject	Time
1	Housing and Health links.	5 minutes
2	Local work programmes	10 minutes
3	Workshop: "Health begins at Home" (SWOT)	25 minutes

Introduction

“Our homes provide the living environment that dictates our future health”

Housing impacts health through three established pathways: quality, security and affordability. Underlying all three however, there are fundamental challenges related to the shortage of good quality and affordable housing.

There is a wide array of evidence which demonstrates that housing is critical to health across the life-course (Parliamentary Office of Science and Technology 2011). Suitable housing that is safe and warm is one of the foundations of personal wellbeing, whether in childhood or old age. It enables people to access basic services and build relationships with neighbours and other members of their community, and can facilitate interventions designed to promote and improve health. For people with complex or severe needs – including the rising number of older people – good housing can help them maintain good health and independence for longer.

The interplay between Housing and Health



Housing

1 IN 5 dwellings doesn't meet decent standards in England. Where we live is more than just a roof over our heads. It's our home – where we grow up and flourish

A healthy home is:



Affordable and offers a stable and secure base



Able to provide for all the household's needs



A place where we feel safe and comfortable



Connected to community, work and services

Investing in housing support for vulnerable people helps keep them healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health and crime costs

£2 BENEFIT FOR EVERY £1 INVESTED

National Context: The importance of having healthy, safe, suitable and stable home.

Families with children live in **66%** of all overcrowded homes
724,000 households



Homes for children and families

Almost one in six families with dependent children are living in non-decent homes

A decent home: meets the current statutory minimum standard for housing; is in a reasonable state of repair; has reasonably modern facilities and services; provides a reasonable degree of thermal comfort



Homes for children and families

93% of homes lack access features important for people with limited mobility



The estimated cost to the NHS of poor housing lived in by older (55+) people

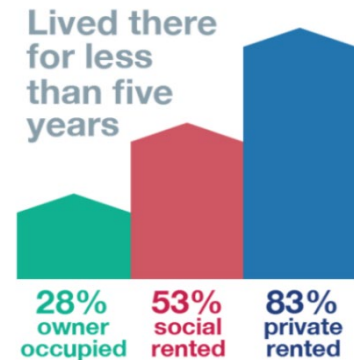


Homes for older people

The end of a tenancy in the private rented sector is the main reason for homelessness



83% of families with children living in the private rented sector have lived there for less than five years



Homes for children and families

Homelessness Context (2022)

National Context:

- The most recent government figures released (July 2022) show 74,230 households in England became homeless or were at imminent risk of becoming homeless between January and March 2022 – including 25,610 families with children. This represents an 11% rise in three months, and a 5% rise on the same period last year.
- Since March household incomes have been further battered by the cost of living crisis. There continue to be calls for central government to intervene to prevent a steep rise in homelessness as renters struggle with the highest private rents on record alongside rocketing household bills.
- ***The government's latest homelessness data also revealed:***
- Despite being in full-time work 10,560 households were found to be homeless or threatened with homelessness. This is the highest number of people in full-time work recorded as homeless since this government started recording this data in 2018.
- 1 in 4 (25%) households were found to be homeless or at risk of becoming homeless because of the loss of a private tenancy (18,210 households). This has increased by 94% in a year and is the second leading trigger of homelessness in England.
- The total number of households who are facing homelessness as a result of being asked to leave by family and friends was 19,840 from January to March 2022. This is the leading trigger of homelessness.

Local Context:

- 35.89% increase in the number of families accommodated in Temporary Accommodation (April 2020 – April 2022)
- 30.95% increase in the number of total households accommodated in Temporary Accommodation. (April 2020 – April 2022)
- 37.28% increase in the numbers of households accepted as being owed a main duty. (April 2020 – April 2022)
- 25% increase in the numbers of households prevented from homelessness. (August 2020- August 2022)
- In 2020/21 there were 1766 approaches to the homelessness service, including those requiring general advice, an increase of 124 on the previous financial year, and 314 on the previous 24 months.
- Collaborative and focused intervention saw a significant decrease in rough sleeping in 2021, with 5 individuals identified during a rough sleeper estimate, down from 24 individuals 24 months previously.
- The IOW is above the national average for households with children threatened with homelessness.

Security – Homelessness

National data evidence that people experiencing homelessness have some of society's worst health outcomes. Evidence suggests that they are more likely to die 30-40 years younger than people who are not homeless (ONS, 2021). Research also indicates the cost of homeless is far more than it costs to house and support individuals maintain their tenancy, health and wellbeing. (Pleace, & Culhane, 2016). In addition, research highlights the devastating impact of homelessness on children who confront 'abject poverty and experience a constellation of risks that have a devastating impact on their well-being' (Raferty & Shinn, 1991, p1176). Furthermore, scholars suggest an increased likelihood of parents developing mental illness, physical harm and other health conditions as they struggle to adapt to the instability of the environment and competing needs of their own and those of their children. (ICPH, 2015).

People experiencing homelessness report poorer diagnoses and greater barriers to the healthcare needed than the general population. We must understand why this is and address the systemic change needed. Experiencing homelessness should not mean that someone is unable to access the healthcare they need. Nor should it mean we accept poorer health outcomes and growing health inequalities. Homelessness is a health issue and we must respond accordingly.

Security

- 26% of private renters have lived in their home for less than 1 year, compared to fewer than 8% of social renters and 2% of owner-occupiers.
- This partly reflects the life stages of people in each tenure, however, growing numbers of people are raising families in the private rented sector. Instability can pose a problem for children's health and other outcomes.
- Living in poverty is measured as when net household income after housing costs is below 60% of the median net household income.
- Residential moves matter for health as instability at an early age can indicate interruptions in education and social participation, which can negatively affect their later lives. If certain groups of children are more likely to experience this, it can cause inequality in health outcomes.
- There is an association between frequent residential moves and poorer health, including mental health issues and health conditions. This may be due to the factors that require moves, such as economic insecurity, as well as the moving process itself.
- Overall, children in poverty are 1.5 times more likely to have moved multiple times before the age of 14 years than those not in poverty.

Health and Homelessness - Big picture

Do people get the help that they need?

Key findings

Across the board people want more help than they get to manage their health.



45% of those with a mental health condition



40% of those with a physical health condition



40% of those with a substance use problem



32% of those with an alcohol problem



- The health of people experiencing homelessness is worse across the board – but particularly mental health
- There is a gap in every instance between the support that people feel that they need and the support that they are able to access. This is most stark for people with a mental health condition.
- GP registration is high, but people who experience homelessness are still higher users of emergency healthcare services
- Not getting the support that they need leads people to self-medicate – perpetuating a cycle of poor health and homelessness
- Many people have health needs when they become homeless, especially around mental health.

Affordability

- Spending more than a third of household income on housing costs is an indicator of affordability problems.
- Housing affordability matters for health, both directly and indirectly. Difficulty paying the rent or mortgage can harm mental health, while spending more on housing leaves less income for other essentials that influence health, such as food and social participation.
- In 2018/19 9% of all households in England were spending more than a third of their income on housing costs, which is equivalent to 6.3 million people.
- In 2018/19, 29% of households in the private rented sector were classed as having an affordability problem, compared to 3% of households that own their home with a mortgage. In the social rented sector, 10% of households spend more than a third of their income on housing.
- ***Trends in affordability have differed by tenure over the past number of years:***
- Affordability problems have increased in both the private and social rented sectors by 2 percentage points and 4 percentage points, respectively, in the past 10 years.
- In the past 5 years, the number of social renter households with affordability problems has increased at a faster rate than in the previous two decades, though this has stabilised in 2018/19. One factor for this could be the reduction of government support for both social and private renters since 2013/14.
- In contrast, the past 10 years has seen affordability problems decrease by 8 percentage points for households that own their homes with a mortgage. This partly reflects a prolonged period of low interest rates.
- This follows an overall trend since 1996/97 where the proportion of private and social rented households have increasingly experienced affordability problems in contrast to homes owned with mortgages, apart from a short period around the 2008 financial crisis

Housing Quality

- Housing quality can directly impact a person's health. Housing quality typically refers to the physical condition as well as the quality of the social and physical environment of the home's location.
- Factors that can determine quality of housing include air quality, home safety, space per individual, and the presence of possible irritants, such as mould, asbestos, and lead.
- Experts associate poor quality housing with many negative health outcomes, including chronic disease, injuries, and poor mental health.
- For example, low quality home equipment and systems, such as heating, plumbing, and air conditioning, may increase the risk of exposure to carbon monoxide, lead, and airborne illnesses.
- Typically, people from low income households are more likely to live in poorer quality housing, which can negatively impact their health. For instance, if a person lives in an overcrowded place, they may be at an increased risk of poorer mental health, food insecurity, and infectious diseases.
- In addition, some people may not have the means to improve the safety and quality of certain systems and appliances. Consequently, they may not be able to adequately heat their home, which may lead to higher levels of blood pressure and result in a heart attack.
- Moreover, homes of people from lower income households may be more susceptible to various types of damage that can affect health if not repaired. For example, water leaks may lead to mould growth, which can cause damage to respiratory health.
- Research also notes the association between poor housing conditions and an increased risk of severe complications from COVID-19.

Housing and Health Objectives

Develop 'Health Begins at Home' memorandum of understanding (MOU), to commit to joint strategic decisions, working with communities, using our resources effectively and efficiently, making and commissioning across health, housing, social care and community services. The MOU includes the commitment to deliver a set of actions under the following priorities:

1. **Preventing homelessness through improved partnership working** (actions related to duty/commitment to refer, ensure discharge protocols are in place and followed in key settings such as local hospitals, prison and probation services). Supporting people to identify and manage health and wellbeing problems as early as possible, making sure the right support is in place
2. **Ensuring everyone can stay safe in their own homes** (actions include reducing inequity in access to Disabled Facilities Grants, building accessible homes, ensuring people who hoard get access to support)
3. **Setting out processes to continually learn and improve** (actions include developing a data dashboard to inform evaluation and improvement, developing multiagency workforce development offers)

Local Work Programmes – links to objectives

Develop and sign a 'Health Begins at Home Memorandum of understanding (MOU)' to commit all system partners to work collaboratively to ensure that individuals are able to live in a healthy and safe home. This includes signing up to take action against our four main priorities

Launch of a Homelessness Prevention and Reduction Board.

Building the right homes- Nationally Described Space Standards, Energy efficient

Raise awareness- Minimum Energy Efficiency Standards, Housing Health and Safety Rating System (HHSRS)

Working together- GP surgeries and housing teams (damp and asthma; Homelessness)

Reducing Inequalities- targeting interventions to those in fuel poverty, proactively identifying households for HHSRS

Asbestos- deaths are more likely to be in those in roles regarding repair and maintenance of homes.

Carbon monoxide- through working with the fire service reduce death from accidental or non- accidental carbon monoxide poisoning. Poisonings are more likely in the winter months. 53 fatalities in England.

Second hand smoke- reduce the impacts smoking and non-smoking householders e.g. respiratory conditions.

Workshop – What role do we play and how can we make our best better?

