

Councillor Briefing

The health impact of poor housing
 August 2010

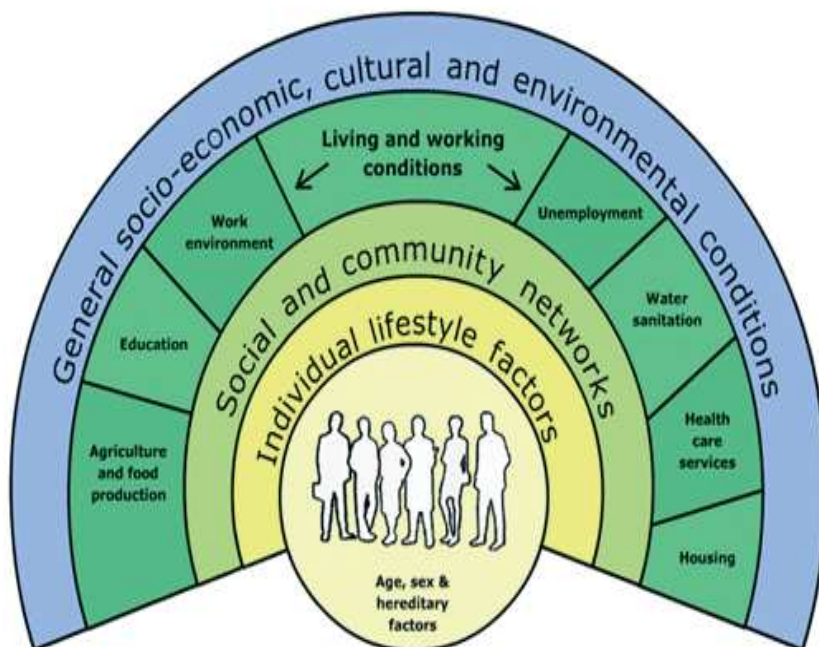
Introduction

Housing is a key determinant of health. Nearly six million households in England live in private sector homes with health hazards such as cold and damp, lack of means of escape from fire and falls. These hazards can cause illness, injury or death. Within the private rented sector, councils have legal powers to require landlords to remedy these hazards. Councils can also provide assistance to vulnerable owner-occupiers living on low incomes

Dealing with health hazards in the home will help to save money and reduce the burden on the NHS and other public services. This briefing highlights examples of best practice and encourages councils to work in partnership with Primary Care Trusts (PCTs) to address the health impacts of poor housing.

How does poor housing affect health?

Poor quality housing is intrinsically linked with poor health. It can impact on peoples' life expectancy and their overall quality of life. The role of housing as a key determinant of health can best be explained via the model below:



The determinants of health, Dahlgren and Whitehead 1991

How much poor housing is there?

According to the English House Condition Survey 2008, there were 978,000 properties in the private rented sector with serious (Category 1) hazards, comprising almost a third (29.7%) of the stock. This compares to 22% of owner occupied homes and just 13.3% of social rented homes with serious (category 1) hazards. This variation may in part be explained by the significant investment in social housing through the government's decent homes programme. The private rented sector also contains a high percentage of older housing, with 40% of homes built before 1919.

What can councils do to improve housing conditions?

The Housing Act 2004 gave councils important powers to tackle the health impact of poor housing using the Housing Health and Safety Rating System (HHSRS). The HHSRS replaced the old "fitness standard". It identifies and evaluates the risks to health and safety in residential accommodation. There are 29 health hazards in the HHSRS, the more common of which are:

- excess cold
- damp and mould growth
- hazards which cause falls
- entry by intruders
- fire

When a property is inspected, if any of the 29 hazards are identified, the severity of each hazard is assessed using a scoring methodology. If the score is more than 1000, it is a Category 1 hazard and the council has a legal duty to act. If the score is less than 1,000, it is a Category 2 hazard and the council has the power to take action.

The council can choose from a variety of options including serving an Improvement Notice, or in more serious cases, a Prohibition Order preventing part or all of the property from being occupied. These enforcement powers are most commonly used in the private rented sector to ensure tenants have access to safe, warm and decent accommodation.

When dealing with vulnerable owner-occupiers living in poor quality accommodation, enforcement action is not normally the most appropriate tool. Many councils offer grants or help to obtain loans to improve energy efficiency and to carry out essential repairs. Handyperson schemes can assist with small jobs around the home to reduce the risk of accidents.

What are the benefits of taking action?

Eliminating health hazards in the home can bring many benefits to both the occupiers and the wider community. For example:

- improving home security can reduce the incidence of burglary
- installing efficient heating systems and insulating homes reduces CO2 emissions and helps to address fuel poverty

- reducing overcrowding can help to increase educational achievement in children.

Action can also help to address the health impacts of poor housing as described in the two examples below.

Excess cold: There were 36,700 excess winter deaths during the four month period of December to March 2008/9 (Office for National Statistics).

Cold homes can increase the risk of respiratory disease (flu, bronchitis and pneumonia) and cardiovascular disease (high blood pressure, heart attacks and strokes). A cold home can worsen rheumatoid arthritis and can contribute to feelings of depression and anxiety, particularly if there are inefficient heating appliances that are costly to run and where the insulation is poor. Excess cold hazards can be removed by improving heating and insulation at the property.

Falls: One older person dies as a result of a fall every five hours in England and falls cause more than 3 million childhood injuries every year.

Falls can happen through gaps in banisters, where there are loose or torn stair carpets or on slippery or uneven external paving, for example. Many of these hazards are cheap and simple to resolve, whilst significantly reducing the financial burden on the NHS.

What you should know

Your council should have carried out a private sector house condition survey which provides a range of data on local housing conditions. Information can also be collected from housing inspections conducted in response to service requests from local residents. Careful analysis of this data can help the council to target resources in the most deprived areas with a high percentage of poor quality housing and vulnerable people on low income.

A key challenge is to get the health impacts of poor housing included within the Joint Strategic Needs Assessment (JSNA) which is developed jointly with the PCT. By identifying the links between health and poor housing, the JSNA can then influence the commissioning of health and wellbeing services.

Walsall's JSNA states that 18,200 private sector homes do not meet the decent homes standard. It also shows how the problem with fuel poverty is being tackled by the Council's Health through Warmth Scheme and says "the council and the PCT are continuing to work together to reduce falls in the home".

Improving housing can help to achieve health targets developed through the Local Strategic Partnership (LSP). Most LSPs have a health and wellbeing subgroup which provides an ideal forum to discuss health and housing issues. For example, Rossendale's Health and Wellbeing sub-group recently awarded a grant of £40,000 for a local loft insulation scheme.

Prevention of ill-health is a key focus for the NHS and this can only be achieved through joint working with councils and other agencies. There are already many examples of effective joint

working; from developing simple referral arrangements, through to the PCT directly funding services to improve peoples' homes.

Liverpool City Council was awarded £4.5m by their PCT to fund home improvements to eliminate health hazards in the areas of the city with the greatest need.

Tendring District Council persuaded their PCT to fund customer contributions to Warm Front heating and insulation grants and improvements to houses in multiple occupation, by showing how much money could be saved if health hazards were dealt with.

What you can do

In your role as councillor, you can highlight the health impacts of poor housing and ensure this issue gets addressed through the LSP health and wellbeing subgroup. Through discussions with the PCT, housing can also be incorporated as an integral part of the JSNA.

Whilst the current financial climate is extremely tight, encouraging joint working between the council and PCT will be of mutual benefit and can help to address health inequalities within the local area

For further information, including a range of best practice case studies, please visit <http://www.lacors.gov.uk/lacors/ContentDetails.aspx?id=23351>.

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