



The Association of Directors of Public Health

Policy Position: Housing and Health

Key messages

- Housing is a key social determinant of health across the life course.
- Homes should be warm, safe, ventilated, not overcrowded, affordable, accessible, and provide a sense of security.
- Many opportunities are currently being missed to marry health and housing and policy is not joined up in this area.
- Public health teams have the skills to work closely with planning, housing and homelessness teams in local authorities to deliver healthier physical and social spaces and places for their population.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on housing and health. It has been developed in partnership with the membership and led by the ADPH Housing Policy Advisory Group.

Background

Housing is an underpinning, foundational determinant of health across the life course. Poor, 'unhealthy' housing can have serious long-term effects on both physical and mental health and wellbeing.¹ There are risks to an individual's physical and mental health associated with cold and hazardous homes, those that don't meet the households needs (where the home is overcrowded or inaccessible) or a home that doesn't provide a sense of security.² Poor quality homes cost the English NHS at least £1.4bn per year and wider society over £18.6bn.³

Unsafe housing is associated with increased falls and estimates suggest that 10% of excess winter deaths are due to fuel poverty, with 21.5% of excess winter deaths attributable to the coldest 25% of homes.⁴

Poor housing can result in up to 25% higher risk of serious ill-health or disability during childhood and early adulthood, increased risk of meningitis, asthma, slow growth, mental health problems, lower educational attainment and greater likelihood of unemployment and poverty.⁵

Focus on inequalities

Housing has the potential to reduce or reinforce health inequalities. It exerts a substantial influence on health and wellbeing through several linked routes, including: the affordability of homes; the quality of homes; and the role of the home as a platform for inclusion in community life. Housing costs constitute the most important and most direct impact of housing on poverty and material deprivation.⁶ Those living in poverty are more likely to live in poorer housing, unstable housing circumstances, or be homeless.⁷ It should also be recognised that poor health, poverty and inequity are themselves the main barriers both to choice and the ability to access and sustain a safe, healthy and stable home.

Policy context

In February 2017, the Department of Communities and Local Government in England began consulting on the Housing White Paper [Fixing our Broken Housing Market](#). This focused on measures to plan for the right homes, build homes faster, diversify the housing market and help people with their housing needs. In 2016, Public Health England published [Improving Health through the Home](#) outlining why improving the home may also improve health and wellbeing. In August 2018, the Government published a [Rough Sleeping Strategy](#) which aims to half rough sleeping by 2022 and end it by 2027. [A New Deal for Social Housing](#) was published in August 2018 and outlined a vision to ensure social homes are safe and decent, residents' voices are heard, and good quality new homes are built. On 1st October 2018, the Homelessness Reduction Act 2017 introduced a new legal duty on specified public services to refer service users they consider may be homeless or threatened with homelessness to a local housing authority.

The Scottish strategy [Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade 2011-2020](#) was published in February 2011. This contained a vision of a housing system which, by 2020, provided an affordable home for all. In January 2017, NHS Health Scotland further recognised the link between health inequalities and poor housing in the report [Foundations for well-being: reconnecting public health and housing](#), which encouraged health and housing professionals to consider the positive contribution that good housing can make to health and wellbeing.⁸ The 2017 Scottish Programme for Government identifies housing and homelessness as key themes for the Scottish Parliament. A recent Health Impact Assessment on the Scottish Government's commitment to build 50,000 new homes further examines the impact of housing and wellbeing across society.⁹

The Welsh National Housing Strategy [Improving Lives and Communities – Homes in Wales](#) was published in April 2010. Wales introduced the [Housing \(Wales\) Act 2014](#) which fundamentally reformed homelessness legislation. This introduced a new duty to help anyone threatened with homelessness within the next 56 days. This came into effect in April 2015 with additional resources for local authorities to support the change to a prevention-focused approach.

The first Northern Irish housing strategy '[Facing the Future: The Housing Strategy for Northern Ireland](#)' was published in 2012, with the [most recent update](#) published in September 2015. The strategy has five key themes: access to decent homes; meeting housing needs; housing and welfare reform; driving regeneration and sustainable communities; and getting the structures right.¹⁰

ADPH Position

A whole system approach

Creating healthier homes and neighborhoods requires a whole system approach. ADPH is a signatory to the Memorandum of Understanding to support joint action on improving health through the home. This commits organisations to the aim of coordinating health, social care and housing policy, enabling improved

collaboration and integration of healthcare and housing into the planning, commissioning and delivery of homes and services, and promoting the housing sector contribution to addressing the wider determinants of health.¹¹

Public health funding

In England, public health funding will be cut by 9.7% by 2020/21, in cash terms of £331 million in addition to the £200 million in-year cut for 2015/16.¹² Although DsPH have been acting to manage these cuts without detriment to outcomes, they have reached the limit of available efficiencies. Cuts to public health funding may result in less capacity for public health teams to work effectively with planning and housing to create healthier homes and environments.

Social and supported housing

8.6 million people rent their home from a social landlord in England and almost half of social tenant households live in the most deprived 20% of neighbourhoods. Tenants self-reported health and wellbeing and limiting long-term conditions are considerably worse compared to the general population.¹³ Housing associations can promote behaviour change to improve health and wellbeing. Local authorities could work with local housing partnerships and housing associations to take advantage of this opportunity using the ethos of Making Every Contact Count.¹⁴ Providing supported housing for the vulnerable is an effective way to improve health and wellbeing and reduce health inequality. Supported housing has been cited in Public Health England, NICE and NHS England guidance as a preventative intervention that should be considered as part of local plans for improving health and wellbeing.

Private rented sector

The private rented sector has the highest rates of poorer housing and 19% of the population live in it. Rent is nearly twice as high as the social rented sector but it has higher levels of damp, one in five households are fuel poor and there are twice as many homes in poor condition.¹⁵ Action is needed to improve the quality of private sector rented accommodation and local authorities could consider introducing private sector licensing schemes.

Homelessness

There is currently a lack of housing supply to meet population needs. About 160,000 homes have been built in England per year since the 1970s when about 250,000 are needed per year to keep up with population growth.¹⁶ In addition, housing affordability has worsened in all local authority districts in the last two decades.¹⁷ On average, working people could expect to pay around 7.6 times their annual earnings on purchasing a home in England and Wales in 2016, up from 3.6 times earnings in 1997. Between 1st January and 31st March 2017, local authorities accepted 14,600 households as being statutorily homeless, and the total number of households in temporary accommodation on 31st March 2017 was 77,240, up eight percent on a year earlier.¹⁸ The longer a person experiences homelessness the more likely their health and wellbeing will be at risk. The average age of death of a single homeless person is 30 years lower than the general population.¹⁹

Fuel poverty

Fuel poverty can lead to cold, damp homes, which may lead to poor health outcomes and increased morbidity and mortality including cardiovascular disease, respiratory diseases and mental health problems.²⁰ Fuel poverty has been increasing in recent years. The most recent fuel poverty statistics for England show that in 2015, the proportion of households in England in fuel poverty was 11%, an increase of 0.4% from 2014.²¹ Fuel poverty disproportionately impacts on poorer households. In 2014, 12.6% of households living in the most deprived local authorities were living in fuel poverty compared to just 7.6%

of households in the least deprived local authorities.

Overcrowding

Overcrowding is defined as where two or more people aged 10 or above and of opposite sexes, not living together as husband and wife, must sleep in the same room.²² Overcrowding has increased in recent years. Over the period 1992 – 2008, 62% of overcrowded households in a particular year had been overcrowded the previous year. In the period 2010-13 this rose to 70% of crowded households having been overcrowded the previous year.²³ Living in overcrowded accommodation can lead to a host of negative health impacts in children such as respiratory conditions, tuberculosis, viral or bacterial infections, and slow growth. There is also evidence of an association between overcrowding and poor psychological health in children.²⁴

Indoor air quality

Indoor air pollution may have caused or contributed to 99,000 deaths in Europe in 2012, and action is needed to ascertain the most harmful indoor air pollutants and methods for tackling the issue.²⁵ The quality of indoor air is dependent on numerous factors including the quality of the outdoor air, the design and condition of the building, ventilation exchange rates, the furnishings and the occupier's behaviour.²⁶

Household accidents

Every year in the UK more than 6,000 people die in accidents in the home, and the cost to society of UK home accident injuries has been estimated at £45.63 billion annually.²⁷ Poor housing and overcrowded conditions lead to increased numbers of accidents.²⁸ NICE has published comprehensive guidance on avoiding unintentional injuries in under 15-year olds, with a focus on those living in disadvantaged circumstances.²⁹

Healthier neighbourhoods

Healthy neighbourhoods are just as important as healthy dwellings. The Town and Country Planning Association defines healthy environments as those with movement and access; open spaces, play and recreation; healthy food environments; social and neighbourhood spaces; healthier design and layout of homes and commercial spaces; and town centre retail and food diversity.³⁰ The learning from the 10 NHS Healthy New Towns currently being developed will be important for delivering healthier neighbourhoods in the future. Scotland has a Place Standard which is being widely adopted as a tool for partners to apply in local settings.³¹

ADPH Recommendations

National

- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- All UK administrations should address the foundational role of planning, housing and place policies in the promotion of wellbeing and prevention of ill health across the life course.
- In England, the government should move forward with plans to extend mandatory licensing of houses in multiple occupation to tackle poor conditions and overcrowding in the private rented sector.
- The governments in England, Scotland and Northern Ireland should consider the introduction of a more stringent approach such as the Rent Smart Wales scheme.
- Governments across the UK should continue to fund initiatives to tackle fuel poverty.

- Further research is needed into the impact of indoor air pollution on health to inform interventions to tackle it.

Local

- Public health teams should work with local housing organisations to enable them to better understand the health and wellbeing needs of their tenants and put in place a Making Every Contact Count approach (or similar in devolved administrations).
- Public health and planning teams should work together proactively to design healthier spaces and places making use of tools such as Health Impact Assessments and the Scottish Place Standard for new developments.³²
- Public health professionals such as health visitors should understand health and housing issues so that they can provide advice and flag problems where appropriate.
- As healthier housing can both prevent hospital admissions and result in smoother discharges, action on providing healthy and appropriate housing should form part of local Sustainability and Transformation Partnership plans in England. In Scotland, the Local Housing Plans and Housing Contribution Statements for all Health and Social Care partnerships are key drivers for change.³³
- Local authorities should take a holistic, joined-up approach to tackling poor conditions in the private rented sector, working with local partners such as the voluntary and community sectors and landlords themselves. Where appropriate, local authorities could consider the introduction of discretionary licensing schemes.

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