DRAFT

OBJECTIVE 6 – IMPROVING HEALTH AND WELL-BEING THROUGH DECENT HOMES AND NEIGHBOURHOODS

Good quality housing provides more than our basic need for shelter and warmth. It allows young people to grow and develop in healthy surroundings; it provides a safe, secure place for people to rest and recharge; and with sufficient space it allows people of all ages to study, think and learn. At the right price or rent it is a platform for economic self sufficiency and an opportunity to plan and provide for the future. It is an essential part of health and well-being. On the other hand insecure housing and homelessness create stress and anxiety. Neighbourhoods plagued by vandalism, anti-social behaviour and harassment destabilise feelings of safety and security leaving residents helpless, distressed and nervous. Poor quality homes that are cold, damp and badly maintained contribute to accidents and injuries, and to a range of medical and physical conditions.

This section of the strategy looks at how good quality housing and housing services contribute to improving health and well-being. It looks directly at the improvements that can be made to people’s health and to the saving that can be made on acute services as a result. It examines how we can learn from and adapt existing good practice, direct our activity and resources towards Croydon’s health priorities and encourage closer joint working between housing and health professionals. It concludes by setting out the priorities we should focus on in Croydon and a plan detailing the practical actions we can take to contribute to the improvement of health outcomes over the next four years.

What is health and wellbeing?
What do we mean by health and well-being, and how widely or narrowly should we draw the definition? The World Health Organisation defines health as:

[Health is] a state of complete physical, mental and social well-being `and not merely the absence of disease or infirmity”¹

In Croydon we have also drawn a deliberately wide definition. The following definition was set out by Croydon’s Joint Director of Public Health, Dr Peter Brambleby, in his annual public health report published in December 2010²:

“Health and wellbeing is more than the absence of disease; it is the ability for everyone in Croydon to fulfil their potential, make a contribution and be resilient to life’s challenges”

Housing and health
Housing has always been identified as one of the most important requirement for good health. The origins of government intervention to improve housing go back to the 19th century and concerns about public health from overcrowding and from unsanitary

housing conditions. The latter part of the 20th century saw dwindling political interest in the issue of poor housing, despite evidence of widening inequalities in society and recognition of the health consequences of poor housing. The Black Report into health inequalities published by the Department of Health and Social Security in 1980 identified housing one of the “prime prerequisites for health”. It sets out a wealth of evidence on the association between housing conditions and health, including infant mortality and overcrowding, and housing insecurity and depression. It went on to recommend increased spending on housing improvements, better co-ordination of policies and joint funding for health and local authorities to tackle certain aspects of housing. The Health Education Council followed up the Black Report in 1987 with The Health Divide: Inequalities in health in the 1980s. The report references a number of research studies that examine the association between poor housing and poor health.

The British Medical Association published a report in 2003, Housing and Health: building for the future, examining the evidence in relation to health and housing, suggesting ways of ensuring all people benefit from good quality housing and looking at future direction of policy. The report recognises:

“Multiple housing deprivation appears to pose a health risk that is of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption.”

The Marmot Review, also looking at health inequalities and published in February 2010, identified housing as one of the wider determinants of health:

“...the distribution of health and well-being needs to be understood in relation to a range of factors that interact in complex ways. These factors include whether you live in a decent house.”

The Chartered Institute of Housing published a report, Housing, health and care, in December 2009, looking at how public sector agencies could work together to improve health and well-being. Although some of the detail has now moved on, for example the performance framework around Local Area Agreements (LAA), the examples of good practice are very interesting and informative. The National Housing Federation has also recently published a report, Housing for Health: worlds aligned- a tool for local influencing, explaining how housing associations can influence public health, clinical commissioning groups and contribute to health improvement.

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4 Inequalities in Health [report of the working group on inequalities in health under the Chairmanship of Sir Douglas Black], DHSS (1980) http://www.sochealth.co.uk/Black/black9.htm
6 Housing, Health and Care, Chartered Institute of Housing (December 2009)
7 Housing for health: worlds aligned, National Housing Federation (November 2010)
Health and housing – the facts and figures on health costs

There is considerable evidence demonstrating how poor quality housing impacts on health spending. The following examples provide a compelling case for investing in housing improvements to save on expenditure on treating ill-health.

**Cold housing:** It is estimated that the treatment of cold-related illnesses and conditions is a substantial cost to the NHS of approximately £1 billion per year.\(^8\)

**Fuel poverty:** Age UK estimates that every 1 degree drop in average winter temperature below 18°C results in 8,000 additional winter deaths in the UK. And for every additional winter death there are 8 admissions to hospital, 32 visits to outpatient care and 30 social services calls. The extra pressure this places on health and social care services every winter is considerable.\(^9\)

**Housing hazards:** 17 times as many people are injured in the home or garden than at work; nine times as many as on the roads.\(^10\)

**Unhealthy housing – national costs:** The Building Research Establishment estimates health outcomes from unhealthy housing are costing the NHS around £660m per year.\(^11\)

**Trips and falls:** Peter Ambrose’s East London study estimates that hip fractures caused by falls cost the NHS £726 million per year.

National and regional policy

The government’s overarching policy objective is to reduce the current budget deficit and health and social care services have been required to make substantial efficiency savings as part of the 2010 spending review. Demographic pressures, public expectations and medical advances have also increased demand for services which further increases the need to find ways of making resources go further. Details of some of the main changes to government health and housing policy relevant to this objective are provided below:

**Health and social care bill:** introduces a fundamental shake up of the National Health Service. Particularly relevant to this objective is the introduction of clinical commissioning and the requirement to establish health and well-being boards. A lot of work has already been done in Croydon to progress the proposals included in the bill on local clinical commissioning, and a shadow health and well-being board was established in April 2011.

**Public Health Outcomes Framework:** In January 2012, the government announced the public health outcomes framework against which councils and the government will be measured. Alongside this a ring-fenced public health budget was also announced with £2.2 billion going to local authorities, £2.2 billion to the NHS Commissioning Board for national measures such as breast and cervical cancer screening, £210 million to the new

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\(^8\) Office of the Deputy Prime Minister (2003b)


\(^10\) Data combined from information from RoSPA and HSE

\(^11\) Nichol et al 2010
Public Health England body and £620 million to the Department of Health for campaigns such as flu vaccination.

**Localism Act 2011:** The Localism Act 2011 focuses on decentralisation, local decision making and local communities having more power to become involved, to take on services and to hold providers to account. Housing reforms included in the act provide for social landlords to be able to offer flexible, fixed term tenancies to housing applicants, and to discharging the homelessness duty with an offer of private sector housing without the applicants consent. The act also allows greater freedom for local authorities to set their own rules about who should qualify to go on the housing waiting list.

**Housing benefit and welfare reform:** recent reforms to housing benefit in the form of caps to benefit rates and extending the single room rate to people aged under 35( previously 25) will have an impact on housing insecurity, financial debt, migration of households to cheaper areas, households rationing spend on food and energy consumption all of which could contributing to deteriorating health and well-being. These reforms combine with recent increases in homelessness as a result of the credit crunch and economic downturn.

**Hospital discharge, reablement and “winter pressures”:** In October 2010 the department of health wrote to chief executives of strategic health authorities in England advising that an extra £70 million would be allocated to PCTs for post discharge support. PCTs were expected to devise “local plans in conjunction with the Local Authority and FT/NHS Trusts and community health services on the best way of using this money to facilitate seamless care for patients on discharge from hospital and to prevent avoidable hospital readmissions.” In December an extra £162 million was also to be provided for local authorities to help with reablement during the winter period. The “winter pressures” funding would be allocated to PCTs, for them to transfer to councils to spend on social care support. Primary care trusts and local authorities would then decide how best to use the additional funding to make the greatest impact on relieving additional pressures on hospitals over the winter period.

**The impact of housing on health**

The table below reproduces the evidenced-based framework developed by the United Kingdom Public Health Association which summarises the complex relationship between health and housing\(^{12}\).

<table>
<thead>
<tr>
<th>Housing Impact</th>
<th>Health Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing need</td>
<td></td>
</tr>
<tr>
<td>Homelessness and rough sleeping</td>
<td>(see 2011 Crisis briefing on life expectancy of rough sleepers )</td>
</tr>
<tr>
<td>Mental health, anxiety, depression</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
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<tr>
<td>Injury</td>
<td></td>
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<tr>
<td>Infection</td>
<td></td>
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\(^{12}\) **Social Determinants of Health — Housing: A UK Perspective,** Hacker, Ormandy and Ambrose (2010)
<table>
<thead>
<tr>
<th>Housing affordability</th>
<th>Mental health, anxiety, depression Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security of tenure</td>
<td>Mental health, anxiety, depression Stress</td>
</tr>
</tbody>
</table>

**Decent homes**

<table>
<thead>
<tr>
<th>Overcrowding and space</th>
<th>Infectious diseases TB, influenza. meningitis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mental health, anxiety, depression</td>
</tr>
<tr>
<td></td>
<td>Sleep deprivation</td>
</tr>
<tr>
<td></td>
<td>Lack of educational achievement (CIEH, 2008)</td>
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<tr>
<td></td>
<td>Infant mortality</td>
</tr>
<tr>
<td></td>
<td>Developmental delay</td>
</tr>
<tr>
<td>Excess cold (SAP &lt; 35)</td>
<td>Bronchitis, Influenza, Pneumonia, Heart attack, Stroke, Hypothermia</td>
</tr>
<tr>
<td></td>
<td>Worsens rheumatoid arthritis, leg skin ulcer healing</td>
</tr>
<tr>
<td>Domestic hazards (home and garden)</td>
<td>Trips and falls injury/trauma, accidental death</td>
</tr>
</tbody>
</table>

**Decent neighbourhoods**

<table>
<thead>
<tr>
<th>Anti-social behaviour</th>
<th>Mental health, anxiety, depression Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of crime</td>
<td></td>
</tr>
<tr>
<td>Nuisance</td>
<td></td>
</tr>
<tr>
<td>Harassment</td>
<td></td>
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<tr>
<td>Resident participation</td>
<td></td>
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<tr>
<td>Resident empowerment</td>
<td></td>
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<tr>
<td></td>
<td>Social exclusion</td>
</tr>
</tbody>
</table>

**Vulnerable groups**

| Housing support                     | Mental health, anxiety, depression Stress |
| Adaptations                         |                                           |
| Equipment                            |                                           |
|                                    | Social exclusion                           |
|                                    | Mobility                                  |

**Local priorities – health needs and housing conditions**

It is important that we direct our activity and resources towards those areas that are a priority for Croydon. We can start to identify these areas using information from our Joint Strategic Needs Assessment (JSNA) and from our Joint Director of public health’s annual report.
Health needs
Overall health in Croydon is similar to the England average. Average life expectancy is above average for men and women; the death rate from all causes has fallen and is lower than the national average for men and has fallen for women and is similar to the national average; early death rates from heart disease, stroke and cancer have also fallen in the last ten years.

In 2009/10 Croydon’s Joint Strategic Needs Assessment examined geographical health inequalities in Croydon, including differences in life expectancy and mortality rates between Croydon’s most deprived and least deprived areas\(^\text{13}\). The key findings were:

- Life expectancy in Croydon is increasing at the same rate for all, but there is gap between the most deprived 10% of areas and the least deprived 10% of 10.6 years for men and 5.7 years for women\(^\text{14}\).
- All cause all age mortality rates are also falling across the borough at roughly the same rates in the most deprived and least deprived areas. However, the mortality rate was 760.3 per 100,000 for the most deprived 20% of areas and 410.5 per 100,000 for the least deprived 20% of areas. Figure 24 below shows the distribution of all cause, all age mortality rates across Croydon’s LSOAs.

The 2011/12 JSNA core dataset identifies statutory homelessness and households in temporary accommodation as being significantly worse than the national average. Fuel poverty, however, is identified as being significantly better than the national average.

Programme budgeting
Programme budgeting is a technique for assessing investments in health programmes rather than health services. By dividing the expenditure by programme budgeting areas it is possible to analyse how Croydon performs relative to other areas. Differences in spending may be the result of different needs and demands, or different configurations of services. However, they might highlight areas where there is room for review and innovation. The Department of Health published a programme budgeting benchmarking tool in December 2011, which includes data comparative data on the following programmes:

- **Mental health disorders (programme 05):** Croydon is ranked 66 nationally and spends £20.6m per 100,000 people in the borough. Mental health is the biggest single budget category in Croydon. The Joint Director of Public Health’s 2010/11 annual report suggested the Health and Well-being Board consider a strong focus on promoting mental well-being, building resilience and maximising protective factors, which would include tackling homelessness, as well as tackling anti-social behaviour and harassment.

- **Problems of circulation (programme 10):** Croydon is ranked 57 nationally and spends £13.71m per 100,000 people in the borough. The association between excess cold and circulation problems would suggest tackling poor housing

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\(^{13}\) Tackling health inequalities – a programme for action, DH (2003). Introduced PSA target

\(^{14}\) This is as measured by the 2003-07 slope index of inequality indicator used in the NHS World Class Commissioning assurance framework. Males = 10.6 years (95% confidence interval: 8.9 to 12.33); Females = 5.7 years (95% confidence interval: 3.4 to 8). Source: Association of Public Health Observatories [www.apho.org.uk/resource/view.aspx?RID=75050](http://www.apho.org.uk/resource/view.aspx?RID=75050)
conditions, particularly poor thermal comfort and improving energy efficiency should be a priority in Croydon.

- **Problems of the respiratory system (programme 11):** Croydon is ranked 109 nationally and spends £7.78m per 100,000 people in the borough. The link between indoor air quality and respiratory problems would suggest tackling overcrowding and poor housing conditions, particularly dampness as a priority for Croydon.

- **Problems due to injuries and trauma:** Croydon is ranked 66 nationally and spends, £7.08m per people in the borough. The Joint Director of Public Health’s 2010/11 annual report suggested focusing on prevention of accidents which would include tackling hazards in the home.

**Housing conditions (BRS data 2008)**

Croydon has the largest private housing sector in London with 122,011 homes. 83% are owner-occupied and 17% private rented. Most of the borough’s private housing is in good condition; however, a significant proportion is in poor condition. The worst housing conditions in the borough are found in the private sector.

In 2005, BRE (formerly the Building Research Establishment) carried out a study of stock condition in Croydon, using modelled data from the English House Condition Survey and the 2001 census, and updated it in 2007 and 2008. The key findings of the 2008 update are as follows:

- 10% (11,397) of private housing is in disrepair
- 17% (20,086) of private housing has category 1 hazards under the HHSRS
- 24% (28,370) of private housing provides inadequate thermal comfort
- 6% (6,695) of private housing lack modern facilities
- 37% (42,973) of private housing fails the decent home standard
- The estimated cost of removing all private sector category 1 hazards is £227m\(^{15}\).

**Unhealthy housing – the costs to Croydon NHA**

Using the Chartered Institute of Environmental Health (CIEH) Housing Health and Safety Rating System cost estimator tool we can estimate the costs to the NHS of housing (HHSRS) hazards in Croydon (based on private sector housing stock of 120,000 owner occupied and private rented dwellings).

<table>
<thead>
<tr>
<th>HHSRS hazard</th>
<th>Cost to NHS per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowding and space</td>
<td>£251,400</td>
</tr>
<tr>
<td>Entry by intruders</td>
<td>£1,658,600</td>
</tr>
<tr>
<td>Damp</td>
<td>£90,600</td>
</tr>
<tr>
<td>Excess cold</td>
<td>£6,427,400</td>
</tr>
<tr>
<td>Level falls</td>
<td>£1,745,400</td>
</tr>
<tr>
<td>Stair falls</td>
<td>£888,400</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£11,061,800</strong></td>
</tr>
</tbody>
</table>

**Good practice**

There are a number of examples of good practice we can learn, draw inspiration from and incorporate aspects of into our strategy action plan, for example:

\(^{15}\) HSSA 2011 CLG.
• Walsall – Health through warmth scheme tackles fuel poverty, cold related illness and excess winter deaths.
• Liverpool – Healthy homes initiative tackles unhealthy unsafe housing reducing accidents.
• Blackpool - Integrated streamlined working which enables direct referrals from GPs to the Home Improvement Agency
• Sandwell – Repairs on prescription provides free service to people on low incomes ineligible for benefits who have respiratory illness or mental health conditions exacerbated by non-decent housing.

Our action plan to improve health and well-being through decent homes and neighbourhoods
The housing strategy includes a range of programmes aimed at achieving five other housing objectives:

1. Optimising the supply of new housing
2. Protecting and improving existing housing
3. Customer-focused housing advice and options
4. Sustaining strong, successful and thriving communities
5. Achieving and sustaining independence through housing support

These action plans set out the activity we will undertake to meet housing need through increasing affordable housing supply, improve existing housing, tackle and prevent homelessness, provide housing support and provide effective management for social housing.

1.1 Focusing activity, resources and effort towards our priorities: To work in partnership to focus and co-ordinate activity, resources and effort, including exploring opportunities to “spend to save”, towards the following housing programmes:

• Implementing plans to meet housing need, tackle homelessness, increase the supply of private sector housing and mitigate the local impact of housing benefit and welfare reforms.
• Private sector housing renewal and improving the energy efficiency of private sector housing occupied by vulnerable households.
• Tackling housing hazards to prevent falls and accidents through licensing and enforcement powers.
• Providing adaptations, handypersons and other related services to enable people to achieve and sustain independence.
• To support local hospital discharge arrangements and support the implementation of the reablement plan

1.2 Joint training and development: To establish a programme of joint training, raising awareness and sharing guidance, information and practice for public agencies interested and involved in improving health and housing in Croydon.
1.3 Improved referral procedures: To develop improved, streamlined referral procedures to ensure those affected by insecure housing, homelessness, or unhealthy housing conditions, anti-social behaviour or harassment can be effectively directed to the appropriate services and receive the appropriate assistance and support.

1.4 Evidence base: To develop a health and housing section in the housing strategy evidence base to be published in 2012 and to assist and contribute to the production of Croydon’s Joint Strategic Needs Assessment.

1.5 Follow up and provide evidence of improved outcomes: To explore the development of mechanisms for gathering evidence of improved outcomes, including surveys of self-assessed well-being and looking for opportunities to work with academic institutions interested in research.

1.6 Community support initiatives: Explore opportunities for collaboration on community support initiatives that aim to improve health and well-being in Croydon with housing associations, voluntary and community organisations and other interested agencies.

1.7 Health champions: To contribute to the development of the health champion community leadership programme with a view to engaging the participation of social housing residents.