Public Health Wales & Housing: Improving Health and Well-being Together

30th January 2020 - Housing Information Group Seminar

louise.woodfine@wales.nhs.uk
Aims to inform, support and advocate for wider health policy and cross-sector approaches and interventions

Summarises impact of housing (across tenure) on health and well-being across the life course

Identifies which interventions work and offer value for money

Identifies priority areas for preventative action within Wales:
  o housing quality
  o unsuitable homes
  o homelessness
  o housing inequality
  o partnerships

Builds on Making a Difference: Investing in Sustainable Health and Wellbeing for the People of Wales
Investing in Health and Housing in Wales

Poor Housing:
- Cold and Damp
- Mould
- Energy Inefficiency
- Fuel Poverty
- Indoor Toxins
- Lack of Green Space
- Smoking
- Overcrowding
- Infestations
- Noise

Those at greatest risk from poor housing are:
- Older people
- Children
- Those with existing health problems
- The unemployed
Health and Well-being Impacts

10% of excess winter deaths can be attributed to fuel poverty.

People who live in homes which are cold, damp and unsafe are more at risk of:
- poor physical and mental health and well-being
- cancers, circulatory, cardiovascular and respiratory ill-health
- more falls and serious injury
- arthritic and rheumatic conditions

Unhealthy homes
18% of homes pose an unacceptable risk to health
- Cold homes impact on physical health, social isolation, stress, and financial capability
- Damp or mouldy homes increase respiratory problems by 30-50%, mainly in children
- 12% of households are in fuel poverty

Unsuitable homes
3 in 4 over 65s live in their own home
- 30% of over 65s and 50% of over 80s have a fall each year
- Accidental injuries are a leading cause of death for children and young people
- Overcrowding is linked to stress, alcohol abuse and depression

Homelessness
Those with 4+ Adverse Childhood Experiences are 16 times more likely to become homeless
- A third of homelessness is caused by a health problem
Costs to NHS and costs to society

- Poor quality housing in Wales costs per year:
  - > £95m (first year treatment costs)
  - > £1bn (distress, economy, life-long care, welfare, finances)

The cost to mitigate poor housing is:
- £584m in repairs, improvements, reducing falls and cold hazards

The removal of hazards in the home offers:
- Payback in 6 years for immediate health savings
- Payback in just over 6 months for societal savings
Return on Investment

Housing Quality

- £1 spent on central heating generates 42p in health benefits
- £1 spent on insulation interventions provides a return of £1.87
- £1 spent on improving warmth in vulnerable households results in £4 of health benefits

3.9% reduction in GP visits for respiratory conditions in Nest scheme beneficiaries (compared to 9.8% increase in the control group)

Improving heating and ventilation improves asthma in children and is cost effective

39% fewer hospital admissions for cardiorespiratory conditions and injuries in those with upgraded houses

Unsuitable homes

- Falls prevention results in pay back in less than 3 years
- Adaptations to reduce falls pay back in 5-6 years in NHS costs.
- Home modifications result in 26% fewer injuries requiring medical treatment (caused by falls) per year

Extra Care schemes reduce NHS health costs by £1,786 per person per year

Homelessness

- £1 spent on adaptations prior to hospital discharge generates £7.50 of cost savings for Health and Social Care

Housing First models for homeless individuals with complex needs returns £3.60 for every £1 spent

Every £1 invested in moving people out of homelessness generates £2.80 in benefits

Preventing homelessness results in savings of £9,266 per person compared to allowing homelessness to persist for 12 months
Priority Areas for Preventative Action

**Housing quality**
- Healthy, safe & well managed homes regardless of tenure
- Eliminate cold, damp and mouldy homes, and improve ventilation
- Energy efficiency measures & fuel poverty schemes
- Support vulnerable households instead of area based interventions
- Good home quality standards, particularly in the privately rented sector
- Improve planning through housing strategies and health impact assessments

**Suitable housing**
- Integrating adaptations with personal health care plans
- Home modifications and adaptations based on need, not location or tenure
- Falls prevention programmes
- Support independence for older people through Extra Care schemes
- Homes that promote social inclusion
- Tackle overcrowding
Homelessness
- Early intervention and prevention e.g. tackling Adverse Childhood Experiences
- Co-ordinated approaches to improve access to health and care services
- Person centred approaches taking services to people and supporting people into homes e.g. avoiding complex systems, more assertive outreach, Housing First
- Raise awareness at a local level of what benefits and support people are entitled to receive

Housing Inequality
- Develop evidence on the cost and impact of poor housing on health and society
- Identify those with the greatest need through partnership working and shared intelligence

Partnerships
- Alignment of housing, health and social care, maximising collaboration and integration
- Increased involvement of housing sector in partnerships e.g. Regional Partnership Boards
Case Study. ACE based approach to Housing: Working with police, housing sector, local authority and ACE Hub to develop training

• **Improve knowledge**, skills & confidence of ACEs and their impact across the life course, to improve practice.

• **Increase understanding** of ACEs for those at risk of homelessness and how using a trauma informed approach can help.

• Explore ideas to **improve engagement with tenants** & their families to sustain tenancies, recognise vulnerability and reduce homelessness.

• Explore current support systems in place for housing staff and **identify gaps** in current provisions.

• Provide a **training resource** for ACE based approaches within the housing sector.
Adverse Childhood Experiences and Homelessness

- Examines the relationship between ACEs and homelessness in Wales

- **7%** (1 in 14) have lived experience of homelessness in Wales

- Individuals who reported **4+ ACEs** were **16 times** more likely to go on to experience homelessness

- **Childhood Resilience Assets** were seen to be protective, reducing this likelihood by half

- Prevention & early intervention, innovation
A collaborative approach

• Working with partners such as Welsh Government, Community Housing Cymru and Chartered Institute of Housing Cymru to progress the housing and health agenda in Wales, learning from others.

• Supporting partners e.g. Tyfu Tai Cymru, Welsh Housing Conditions Programme, working with Regional Partnership Boards

• Working with Cardiff University, Crisis, and Welsh Government to build on the homelessness and ACEs research

• Supporting Building a Healthier Wales partnership for collective action on evidenced based priorities and prevention activity
He who has health has hope and he who has hope has everything.

Thomas Carlyle