

Housing Health Needs Assessment 2011

1. Executive Summary

- 1.1 The World Health Organisation (1948) has defined health as 'a state of complete physical, mental and social well being'. Arguably the standard of accommodation is a major contributory factor in attaining good health. Conversely poor housing can precipitate a range of physical and mental health conditions. Minimising the adverse effects of poor housing remains a challenge for health, local government and voluntary agencies.
- 1.2 The Black Report (Department of Health and Social Security 1980) placed particular emphasis on housing as a health inequality issue and saw decent housing as a prime requisite for health. The report argued that 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.
- 1.3 The social and physical characteristics of the surrounding area are also important in maintaining good health. Poor quality accommodation is often situated in impoverished surroundings with few local amenities. Poor accommodation and a poor general environment each contribute to the others negative impact on health.
- 1.4 Poor Housing in England is costing the NHS in excess of £600 million a year, so money invested in to dealing with poor housing will result in a financial benefit to health (Davidson et al 2009).
- 1.5 In a paper produced by the Mental Health Development Unit (MHDU 2010), they state that 'good quality, affordable, safe housing is essential to our wellbeing. Mental health and housing are closely interlinked. Mental ill health can lead to homelessness; poor quality housing and housing insecurity can lead to mental health issues. Mental ill health can also make it difficult for people to find and maintain good quality housing'

Key Findings

- 1.6 In relation to the links between housing and health inequalities it is useful to look at the housing tenure of vulnerable groups and the condition of that housing. Data shows that in Devon vulnerable households account for just under a fifth of the population living in private rented housing. In the South West region vulnerable households live in worse accommodation than anywhere else in the country (Devon Private sector Housing Strategy Group 2010).
- 1.7 Devon has a growing yet ageing population. It is estimated that in the next 20 years the population will increase by nearly a quarter of a million people and of these a quarter will be over the age of 65 (Devon JSNA 2009).
- 1.8 Devon County Council's Strategic Review of older persons housing and support services, predicts the number of older people at risk and of those in

need. The report calculates that by 2020 there will be 17,252 people in Devon who are over 65 and in need of either appropriate housing, support or both (Bennett 2008)

- 1.9 Most Migrant workers in Devon live in rented accommodation, 7.8% of them in tied accommodation. Research carried out on behalf of Devon Supporting People (Nicholson and Romaszko, 2008) indicates that some migrant workers live in non decent housing but feel that their lack of knowledge about the letting system and language barriers are factors that lead to them to become disadvantaged.
- 1.10 Data indicates that there has been an increase in both authorised and unauthorised encampments in the South West since 2002 (Southern and James, 2006). There is now no requirement for Local Authorities to make provision for Gypsy and Travellers. The diminution of authorised sites with sufficient amenities correlates with a rise of health and welfare problems among this group.
- 1.11 Appropriate housing is a contributory factor in the 'recovery process' for people with mental health or substance misuse problems. Conversely poor mental health or substance misuse can often lead to tenancy breakdowns and in the case of those with mental health could precipitate a hospital admission (MHDU 2010).
- 1.12 Health Inequalities are related to the shortage of new homes and the affordability of housing in general. Affordability can lead to poor mental health; over six million households state that they are suffering from stress and depression due to their housing costs, whilst 14% of households live in houses that are too small for them (Reynalds et al 2006).
- 1.13 The mean average house price in Devon was £238,708 in quarter 4 of 2010. The average median full time earnings by residence for 2010 was £22,448 (Bird, 2011). In 2010 the house price to salary ratio was highest in the South Hams.
- 1.14 Fuel poverty in Devon is above the national average, with 1 in 5 rural households classed as fuel poor in the county. In recent years there has been a focus from central government to reduce fuel poverty by making grants available; however increasing fuel prices have meant that numbers in fuel poverty continue to rise (Barker and Starling 2003) (Devon JSNA 2009)
- 1.15 Poor quality housing can have an impact upon child development. If the parents smoke then there are added health risks to children as they are more susceptible to the effects of second hand smoke (Harker 2006, Matt 2003).
- 1.16 In terms of decent homes thermal discomfort is the biggest health risk in Devon with trips and hazards and overcrowding also significant health risk factors (Chartered Institute of Environmental Health 2010).
- 1.17 There are a number of initiatives in Devon to address fuel poverty, improving the conditions of housing in the private sector, increasing independence for a number of vulnerable groups and reducing accidents in the home. The challenge for the future, with reductions in public spending will be to ensure that vulnerable groups are able to access decent, affordable homes.

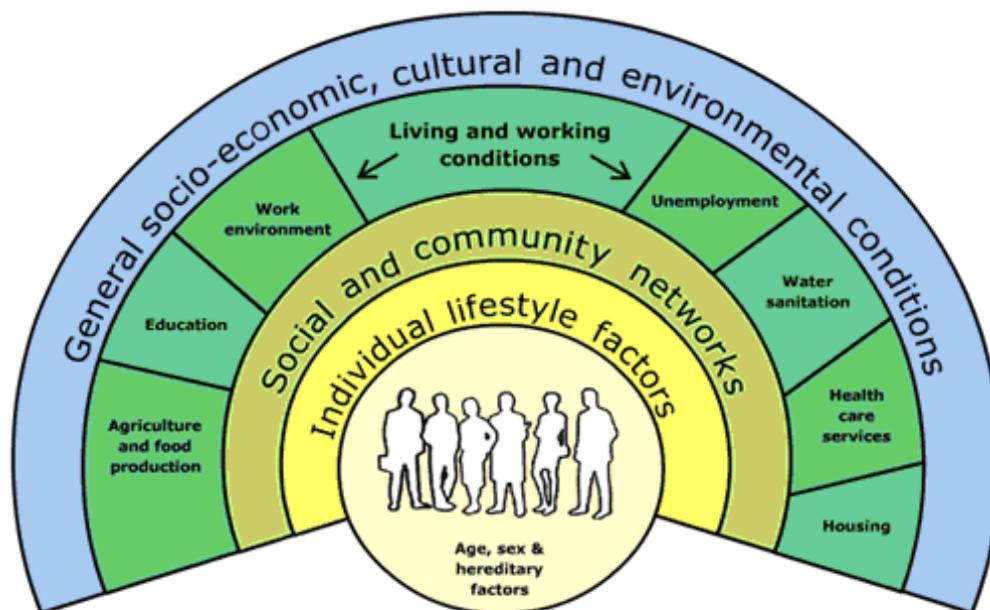
Recommendations for Commissioning

- 1.18 Make explicit in both the Joint Strategic Needs Assessment and the Joint Health and Well Being strategy the contribution of housing to health outcomes (as a major social determinant of health) to inform joint commissioning approaches.
- 1.19 Ensure that all new developments by local authorities and Housing Associations promote smoke free homes whilst all specialist accommodation providers revise existing drugs policies to include tobacco use.
- 1.20 Develop social prescribing schemes between local authorities and GP consortia which facilitate multi agency working to improve health conditions exacerbated by poor housing.
- 1.21 Deliver training in mental health first aid and WRAP (wellness recovery action planning) to all staff in Housing Associations.
- 1.22 Ensure that the most vulnerable groups are targeted for initiatives that tackle fuel poverty by working in partnership with the Devon Cosy Homes network.
- 1.23 Implement preventive programmes through effective partnerships to enable vulnerable people to live independently for as long as possible.
- 1.24 Ensure that the housing needs of people with substance misuse or mental health problems who are leaving treatment are recognised in commissioning specifications for housing providers.

2. Introduction

- 2.1 The aim of this paper is to examine the links between housing and health Outcomes. By viewing housing as wider social determinant of health, the report will look at the role housing can play in reducing health inequalities, especially among vulnerable groups.

Figure 1: The wider determinants of health



Source: Dahlgren and Whitehead 1991

- 2.2 The report will identify physical health problems that are caused and exacerbated by poor housing conditions such as cold, damp or overcrowding.
- 2.3 It also examines the role that appropriate housing and housing related support can play in assisting those with mental health problems or substance misuse issues, to better engage with treatment and improve the chances of recovery.
- 2.4 Areas of good practice both nationally and locally and effective joint working / commissioning between housing and health especially where these have demonstrated a saving to the NHS will be highlighted.
- 2.5 Some of the different services and initiatives that are proposed across the county are identified and the report also examines the risks to these plans within the context of the current economic climate.
- 2.6 There has already been a significant amount of work done across the county focussing on current housing condition and future housing need which takes into account the changing demography and aspirations of the population. Rather than replicate any of this work, where applicable a link will be put to the relevant document.

3. Background/ Context

- 3.1 The Black Report (Department of Health and Social Security 1980) placed particular emphasis on housing as a health inequality issue and saw decent housing as a prime requisite for health. The report suggested that 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. <http://www.sochealth.co.uk/history/black.htm>
- 3.2 In the subsequent 'Independent Inquiry into Inequalities in Health', (Acheson 1998), it was noted that people who are disadvantaged suffer from both a lack of housing and from poor quality housing, it also noted that the fear of crime compounds the social exclusion of those living in disadvantaged areas. '*The most effective actions to reduce health inequalities will come through actions within the social determinants of health*'
<http://www.archive.official-documents.co.uk/document/doh/ih/ih.htm>
- 3.3 The Marmot Review (Marmot 2010) recognises the importance of good quality housing and mixed tenure communities, in order for people to feel secure in their neighbourhood and reducing health inequalities.
- 3.4 Poor housing in England is costing the NHS in excess of £600 million a year (Davidson et al 2009)
- 3.5 Money spent on dealing with poor housing is money invested in health when local authorities act to improve housing conditions there is a resulting financial benefit to the health sector.
- 3.6 The opposite is also true - if money is not spent to improve poor housing then society will pay again and again.
- 3.7 There is a growing body of evidence that demonstrates the link between housing conditions and the health of occupiers. However it is difficult to show a clear and measurable cause and effect relationship. There is however clearer evidence relating to the condition of buildings to health and safety.
- 3.8 'Without good quality housing to perform the basic function of keeping people warm, safe and dry, some of the most common health conditions would be exacerbated'. (Inside Housing 2010)

Housing Conditions and Health

- 3.9 Poor housing conditions increase the risk of severe ill health or disability by up to 25% during childhood and early adulthood (Harker 2006).
- 3.10 Excess cold accounted for 36,700 winter deaths from December – March 2008/9 (ONS) <http://www.statistics.gov.uk/cci/nugget.asp?id=574>
- 3.11 Each year approximately 4,000 people in the UK die following an injury in the home. One third of all adult injuries take place in the home. One older person dies as a result of a fall every five hours in England (LGR 2010; NICE 2005).
- 3.12 Each year almost a million children under 15 attend hospital following injury in the home and three die every week. Injury rates for children in the lowest

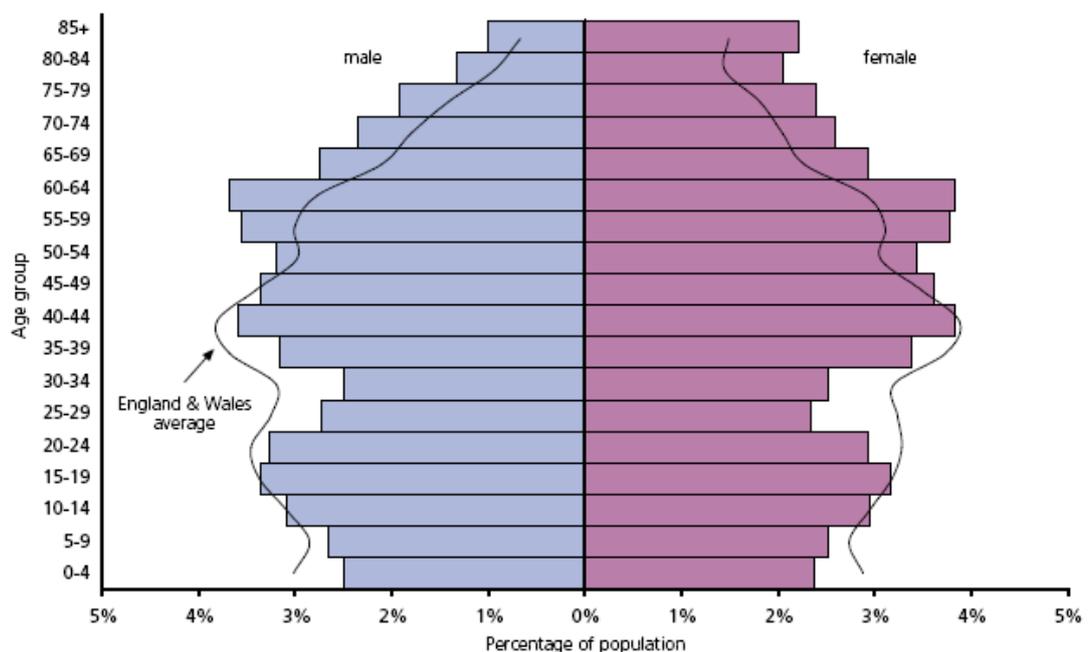
social class group are more than three times those of children in the highest social class. (BMA 2003).

- 3.13 People living in overcrowded accommodation are 4 times more likely to suffer injury, twice as likely to die in a fire and more likely to experience mental health problems (BMA 2003, Office for Deputy Prime Minister 2004, Reynolds 2005, National Institute for Clinical Effectiveness 2005).
- 3.14 There are links between overcrowding and a range of respiratory problems including an increased risk of the spread of Tuberculosis (TB) (Reynolds 2006).
- 3.15 Overcrowding contributes to a delayed cognitive development in children (Rice 2006).
- 3.16 One in seven children in Britain lives in overcrowded, dilapidated or temporary housing. Children living in bad housing are almost twice as likely to suffer from poor health (Rice 2006).
- 3.17 The social housing sector no longer provides housing for a broad cross section of the community, nearly half of all social housing is now located in the most deprived fifth of neighbourhoods. Because of reduced supply, there has been what is termed as a 'residualisation' effect in the make – up of social housing tenants; as a group they have higher rates of unemployment, ill health and disability than the average for the rest of the population. (Ambrose 2005).
- 3.18 Those vulnerable groups not in social housing are more likely to be living in the Private Rented Sector in a home that would be classed as non decent, usually due to poor levels of insulation and heating (Ormandy et al 2010).
- 3.19 The owner occupier sector has expanded in the past 30 years and includes people on low incomes. The resulting increase in stress due to mortgage debt, arrears and repossession is arguably a major public health issue (Ambrose 2005).
- 3.20 The Decent Homes programme set 2 targets; that all homes in the social housing sector should be decent by 2010 and that 70% of vulnerable households in the private sector should be in decent accommodation by the same date.

4. Demography and Population Projections

- 4.1 Devon is the third largest county in England with NHS Devon and Devon County Council covering 2,534 square miles of the county, excluding the unitary authorities of Plymouth and Torbay.
- 4.2 Devon has a population of 767,400 made up of a few large settlements and a dispersed rural population. The population of Devon is mainly centred on 28 market and coastal towns and the city of Exeter.
- 4.3 Over 90% of its land area is defined as rural; settlements of less than 10,000 people
- 4.4 52% of the population live in rural areas, which is significantly higher than the regional (34%) and national (19%) averages.
- 4.5 Devon has an older population compared to the national average; this is especially true for those aged 50 years and over. This is counterbalanced by the proportionally lower than average numbers of adults aged between 25 and 39 years and children aged less than 10 years. (Figure 2)

Figure 2: Structure of the mid-year 2007 population in Devon compared with England and Wales



Source: Office for National Statistics, Crown Copyright 2008 (in Devon Joint Strategic Needs Assessment (JSNA) 2009).

- 4.7 Over the next 20 years the Office of National Statistics (ONS) predicts that the population of Devon will grow by nearly a quarter from 767,400 (in 2009) to 967,800 (in 2031) which is an increase of 200,400 people.
- 4.8 The greatest increase is expected in the population aged 65 years and above with large increases of 75% and 85%, being anticipated.

4.9 There is expected to be little growth in the population aged 14 years and younger.

4.10 By 2031 over a quarter of the population will be aged 65 years and above.

Table 1: Housing tenure in Devon by district:

District	All Households	Home owner	Shared ownership	Social Housing	Private Rented	Other
East Devon	55,011	42,706	203	5,394	4,599	2,109
Exeter	46,573	30,676	367	8,191	5,872	1,467
Mid Devon	36,776	20,609	170	4,069	2,850	1,214
North Devon	36,776	26,926	148	3,952	4,080	1,670
South Hams	34,810	26,215	263	3,732	3,185	1,415
Teignbridge	51,417	39,182	380	4,757	5,493	1,605
Torridge	24,870	18,285	139	2,396	2,962	1,088
West Devon	20,189	15,354	82	1,777	2,058	918
Devon County Council	298,576	219,953	1,752	34,286	31,099	11,486

Source: Office for National Statistics 2001 Census

4.11 Decent Homes Standard: The previous administration stated that everyone should have the opportunity of living in a “decent home”. The decent homes Standard contains 4 broad criteria:

- A- be above the legal minimum standard for housing and
- B- be in a reasonable state of repair and
- C- have reasonably modern facilities (such as kitchens and bathrooms) and services and
- D- provide a reasonable degree of thermal comfort (effective insulation and effective heating).

If a dwelling fails any one of these criteria it is considered to be “non decent”.

4.12 Private Sector House Condition Surveys are carried out on a regular basis by Local Authorities as a means of maintaining a detailed picture of housing conditions in the private sector. This data is useful when looking at health inequalities; the number of vulnerable households living in non-decent homes. For the purposes of this report only the North Devon survey (2009) and the Exeter survey (2010 draft) were available.

5. Vulnerable Groups

5.1 A ‘Vulnerable Household’ is defined as a household ‘in receipt of at least one of the principal means – tested or disability benefits;

- Income support
- Housing benefit
- Council Tax benefit
- Attendance allowance
- Disability living allowance
- Pension credit

(Ormandy et al 2010)

- 5.2 The definition is intended to include those low income groups most susceptible to health risks as a result of poor property condition, such as the elderly, the long term sick and disabled and families with children (Ormandy et al 2010).
- 5.3 The South West region is estimated to have a higher than national average of vulnerable households within the private rented sector at 21.7% (national average 18.2% 2005).
- 5.4 Data for Devon shows that vulnerable households account for 19.6% of the population living in private rented housing stock.
- 5.5 In Exeter, 10,800 private sector dwellings were occupied by 'vulnerable' households. Of these an estimated 3,310 were classified as non decent, which represents 30.7% of dwellings occupied by a vulnerable resident. Conversely this means that 69.3% of homes were decent. This is an improvement on the 2009 level, but still short of the target for 2010/11 for 70% of vulnerable households to be living in decent homes.
- 5.6 In North Devon, 40.2% of households have an income of under £15,000 compared with 35% of households nationally. 25% of households are in receipt of benefit which is above average with the highest rates being among lone parent and single households.
- 5.7 Compared to national data, vulnerable households live in worse accommodation within the South West than anywhere else in the country.

Prevalence of learning difficulties

- 5.8 Approximately 2,700 people with a learning difficulty are recorded via GP registers, although the actual number is likely to be higher and expected to rise.
- 5.9. A Joint Strategic Needs Assessment was carried out by Devon County Council (April 2010), to examine the accommodation and support needs of adults with a learning disability.
http://www.devon.gov.uk/jsna_ld-2.pdf

Physical and Sensory Disabilities

- 5.10.1 There are approximately 49,583 people in Devon with a physical or sensory disability; 1,912 are helped to live in their own homes by Adult Social Care.
- 5.11 People with a physical or sensory disability are more likely to be on a low income and in receipt of benefits, conversely people on low incomes are more likely to become physically disabled (Devon Joint Needs Assessment 2009).
- 5.12 The Exeter City Private sector House Condition Survey found that 6,100 occupied dwellings had at least one resident with a long term illness or disability (this included mental health problems 0.5%).

- 5.13 There is a commitment from Adult Social Care to ensure wherever possible that people with physical disabilities should be enabled to live as independently as they can, preferably in their own homes.
- 5.14 The provision of adaptations for disabled residents is mandatory under the Disabled Facilities Grant Scheme. There are two factors which mitigate this demand; firstly the grants are subject to means testing and secondly the local authority needs to obtain a needs assessment which is usually carried out by an Occupational Therapist.
- 5.15 There is also the Home Improvement Agency whose role is to offer impartial advice and practical assistance to homeowners and private sector tenants who have to undertake repairs to their property or who require adaptations. This service is provided by Devon Care and Repair which is provided by Devon and Cornwall Housing Association and funded by the Devon Supporting People Partnership and Public Health.

Mental Ill health

- 5.16 Housing problems are common among people with mental health conditions. Nearly half (24,429) of all clients with a disability accessing Supporting People Housing Support (2008/09), defined themselves as having a disability in relation to their mental health, of these 50% were subject to a Care Programme Approach (CPA) indicating levels of high needs (MHDU 2010).
- 5.17 People with mental health problems are more likely to live in rented accommodation; they are twice as likely as the general population to be unhappy in their accommodation and four times more likely to state that their accommodation makes their health worse (MHDU 2010).
- 5.18 Many people with mental health problems live in mainstream housing but housing providers are often not confident about how to support a tenant with mental health conditions; as a result people are more likely to be allocated unsuitable or unacceptable accommodation. Mental health is often cited as a reason for tenancy breakdown, with rent arrears being a contributory factor leading to eviction. Housing problems are frequently cited as the reason for admission and readmission to hospital and difficulties in finding appropriate accommodation can cause delays in discharge from secondary care into the community (MHDU 2010).

Prevalence of mental ill health in Devon

- 5.19 Table 2 below shows the prevalence of common mental health problems in the population aged 18 to 64 in Devon based on ONS data. This includes depression and neurotic disorder.

Table 2: Prevalence mental health problems in 18-64 year olds

District Council ¹	2008	2010	2015	2020	2025
EDDC	17,656	17,853	18,329	18,971	19,600
Exeter	20,357	21,342	22,927	24,095	25,249
Mid Devon	10,948	11,183	11,761	12,332	12,856
North Devon	13,112	13,278	13,578	13,987	14,414
South Hams	11,841	11,888	11,695	11,723	11,761
Teignbridge	17,827	18,046	18,324	18,790	19,242
Torridge	9,280	9,475	9,867	10,154	10,603
West Devon	7,368	7,394	7,582	7,755	7,895

Source: Bennett 2010

- 5.20 Figure 4 illustrates that an increasingly significant number of people are predicted to have mental health problems in Devon.
- 5.21 There is an Accommodation and Support Joint Strategic Needs Assessment for Mental Health that was completed in 2010.
http://www.devon.gov.uk/jsna_mh-2.pdf

Older people

- 5.22 By 2022 20% of the English population will be over 65 years of age.
- 5.23 Devon has a higher proportion of older people than the South West as a whole and England. The number of older people will grow by one third in the next 15 years and an estimated 17,000 people will suffer dementia by 2021. (Devon Sustainable Communities Strategy 2008)
<http://www.devonsp.org.uk/scs/docs/devonscs.pdf>
- 5.24 Older people make up the largest group of people living in poverty in rural Devon.
- 5.25 Older people in rural areas of Devon are more likely to report living in non decent homes
- 5.26 The rates of older people households living in fuel poverty have shown the greatest growth in the most rural areas. This is largely due to poor insulation and the fact that fewer homes have mains gas.
- 5.27 The Strategic Review of older persons housing and support services (Bennett predicts the number of older people at risk and of those in need. The report calculates that by 2020 there will be 17,252 people in Devon who are over 65 and in need of either appropriate housing, support or both.
http://www.devon.gov.uk/jcb_op_hsg_supp_rev_210108_v2-2.pdf

Children Living in 'Poor Housing'

- 5.28 The Marmot review states that what a child experiences will lay the foundations for the whole of their life.

'A child's physical, social and cognitive development during the early years strongly influences their school readiness and educational attainment, economic participation and health' (Marmot 2010)

- 5.29 In a report for Shelter, Lisa Harker (2006) explored the 'housing effect' on children's lives. A comprehensive review of evidence was undertaken which revealed the impact of bad housing on children's life chances.
- 5.30 For the Shelter report the term 'Bad Housing' covered a wide range of issues including homelessness, overcrowding, insecurity, housing that is in poor physical condition, and living in deprived neighbourhoods.
- 5.31 The comprehensive review carried out by Harker identified studies that showed a causal link between bad housing and negative outcomes. It focused on studies using objective measures of negative outcomes such as prevalence of illness and lower exam results.
- 5.32 The key findings of the report of the effects of poor housing on children were
- Up to 25% increased risk of severe ill – health and disability during childhood and early adulthood
 - Increased risk of meningitis, asthma and slow growth, which is linked to coronary heart disease.
 - A greater chance of suffering poor mental health and problems with behaviour.
 - Lower educational attainment, greater likelihood of unemployment and poverty.

http://england.shelter.org.uk/data/assets/pdf/0009/66429/Chance_of_a_Lifetime.pdf

Migrant Workers

- 5.33 The South West is one of the top 3 destinations for A8 and A2 migrant workers; those people coming to the UK from Countries that joined the European Union in 2004. (A8: Czech Republic, Estonia, Latvia, Lithuania, Poland, Slovakia, Hungary, Slovenia and countries that joined in 2007 A2: Bulgaria and Romania)
- 5.34 Most Migrant workers live in rented accommodation; 17.4% in a House of Multiple Occupation, 32.2% in a house, 20.9% in a flat, 21.7% in a room or bedsit and 2.6% in a caravan.
- 5.35 7.8% of migrant workers reported living in tied accommodation (provided by the employer with rent being deducted from wages); however it is believed that the numbers are actually much higher.
- 5.36 Some migrant workers report poor or very poor conditions when they move into more permanent accommodation, which is not often addressed by landlords whom migrant workers feel, take advantage of them because of their lack of knowledge of the lettings system or due to their lack of ability to speak English.

<http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/07/Health-Needs-Assessment-of-Migrant-Workers-in-Devon-2009.pdf>

http://www.devon.gov.uk/homel_hsg_needs_migrant_worker_misc_09.pdf

Gypsy and Travellers

- 5.37 It is estimated that caravan numbers have increased by 7% and unauthorised encampments by 14% since July 2002 in the South West (Southern & James 2006)
- 5.38 The Traveller Education Service (TES) noted in its annual report 2004/5 that there were 454 children aged 0 – 16 who had been contacted by TES or who were known to be in the county.
- 5.39 As provision of sites has diminished, there has been a direct rise in health and welfare problems for Gypsies and Travellers. Studies show that there are high levels of infant mortality and low life expectancy rates.
- 5.40 These issues are covered in more detail in Gypsy and traveller Housing needs Assessment and the Gypsy and Traveller Health Needs Assessment.

<http://www.devon.gov.uk/ldfpaper-gypsiesandtravellers.pdf>

<http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/07/Health-Needs-Assessment-of-Gypsies-and-travellers-2009.pdf>

Drug Users

- 5.41 As part of their needs assessment, The Devon Drug and Alcohol Action Team have identified the prevalence of problematic drug users most highly represented among the following housing groups, using the mosaic method.
- Transient singles, poorly accommodated
 - People living in social accommodation
 - Tenants in social housing and in flats on estates at risk of serious social deprivation.
 - Older tenants on low rise social housing where jobs are scarce.
 - Low income families, occupying poor, older Victorian terraces.
- 5.42 The role of appropriate housing and support in assisting drug users succeed in treatment is well documented. There is also evidence to suggest that accommodation needs to match where an individual is on the cycle of change. See:
- Safe As Houses Shelter / Steve McKeown 2006
http://england.shelter.org.uk/professional_resources/policy_library/policy_library_folder/?a=48062
 - Clean break: integrated Housing and Care Pathways for Homeless Drug users
<http://www.homeless.org.uk/policyandinfo/research/archive/cleanbreak/>
 - Spectrum of Possibility A Guide for Housing Providers; Norfolk Drug and alcohol partnership October 2007

Summary

- 5.43 Both national and local data shows that vulnerable households are more likely to be living in non decent homes. Owner occupiers will not have the financial ability to maintain the property and those on benefits have little choice in the private rented sector due to some landlords not accepting tenants in receipt of benefit.

6. Health Inequalities

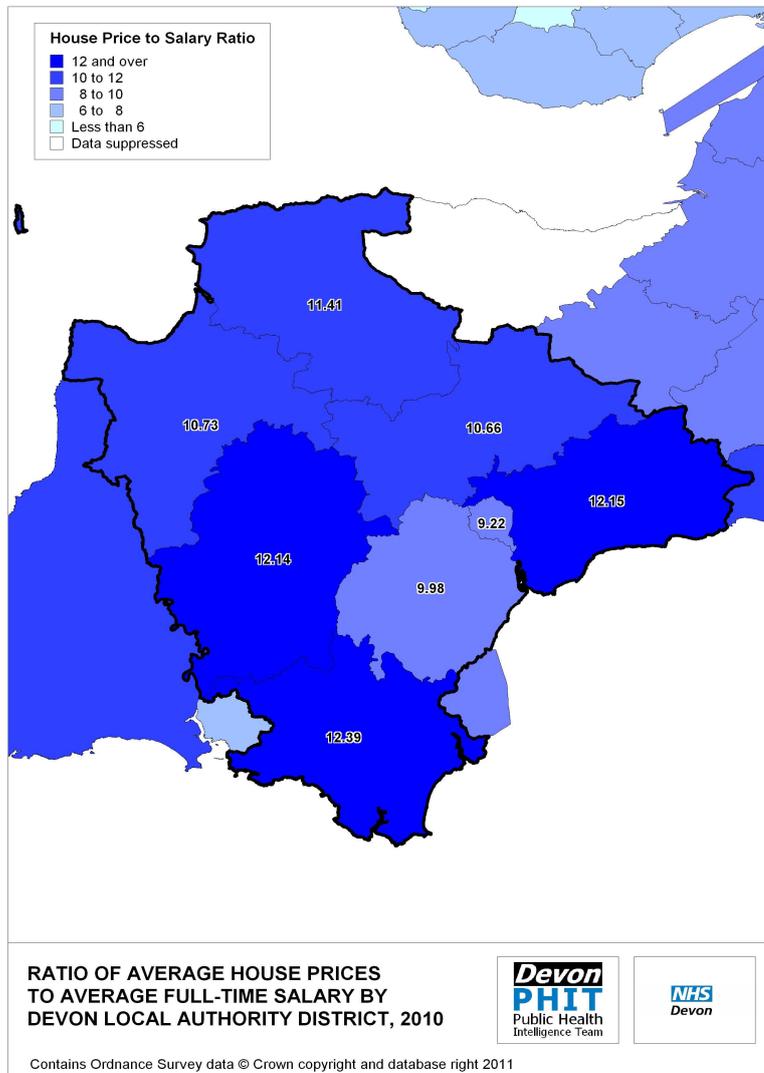
- 6.1 Housing is a key determinant of health and poor housing conditions continue to cause preventable deaths and contribute towards health Inequalities

Affordable Housing

- 6.2 Health Inequalities is also related to the shortage of new homes. It is estimated that three million new homes are needed by 2020 to meet the rate of new household formation. Many are waiting for new homes; 2 million are on council waiting lists, 500,000 living in overcrowded conditions and 70,000 in temporary accommodation (Marmot 2010).
- 6.3 'Affordable Housing' can be defined as meaning that once necessary payments on rent or mortgage (including service charges and Council Tax) have been made, be the household an individual, a family or people of pensionable age, there remains sufficient income to sustain safe and healthy living, support the needs of any children of the household at school and participate in the life of the community (Ambrose 2005)
- 6.4 Since housing is clearly a non-substitutable element of consumption it is axiomatic that if affordability declines, i.e. housing costs rise in relation to income as has been shown, then expenditure on other items of household expenditure, for example food, clothes, transport, pension provision and recreation, will necessarily be reduced (Ambrose 2005).
- 6.5 2.2 million households (9%) pay more than half their income on housing costs. 1 million households (4.1%) pay more than two thirds of their income on housing (Reynalds et al 2006).
- 6.6 Nearly one quarter of households (six million) say they are suffering from stress or depression because of their housing costs.
- One in 6 households (just over 4 million) said that they had been kept awake worrying about their housing costs and a similar number worries about losing their home.
 - 14% stated that they have to live in a house that is too small for them
 - 15% said that they were unable to afford essential repairs (Reynalds et al 2006).
- 6.7 The mean average house price in Devon was £238,708 in Quarter 4 of 2010. The average median full time earnings by residence for 2010 in Devon was £22,448 (Bird 2011). In 2010 the House price to salary ratio was highest in

the South Hams 12.39, East Devon 12.15 and West Devon 12.14 (source Devon Public Health Intelligence Team 2011), making them the 3 most unaffordable districts for housing.

Figure three: Ratio of average house prices to average full time salary by Devon Local Authority District 2010. Source: Devon Public Health Intelligence Team.



Fuel Poverty

- 6.8 Fuel poverty occurs when a householder is unable to heat their home to the level required for health and comfort. The most widely accepted definition of a 'fuel poor' household is one that needs to spend more than 10% of its income on fuel to heat its home to an adequate standard for warmth; The temperatures recommended by the World Health Organisation are 21C in the living room and 18C in other occupied rooms (DEFRA 2001).
- 6.9 Housing tenure is also a factor; households living in private rented accommodation have a higher likelihood of living in fuel poverty; 16% of which were living in fuel poverty compared to 11% in other tenures (Marmot 2010).

Devon/ Local Picture

- 6.10 The average level of fuel poverty in Devon is 24%; nearly one in four households lives in fuel poverty. This is just above the national average of 23% (Barker and Starling 2003).
- 6.11 The incidence of fuel poverty in Devon is polarised between wards with 21 wards among the worst 10% in England (Barker and Starling 2003).
- 6.12 1 in 5 rural households is classed as fuel poor in Devon (Rural Devon Profile March 2009).
- 6.13 The highest levels of fuel poverty are mainly found in the urban areas; however there are significant pockets of fuel poverty in Ilfracombe, Barnstaple and Bideford in North Devon, as well as a few pockets in remote rural areas such as Westexe North and Westexe South in Mid Devon (Barker and Starling 2003).
- 6.14 Tackling fuel poverty in rural areas can be difficult; many rural properties do not have access to the mains gas supply. People in rural areas are less likely to claim the benefits which they are entitled to, which means they often do not access grants such as 'Warm Front' (Barker and Starling 2003).
- 6.15 In Exeter fuel poverty is at 18.7% which is higher than the national rate of 15.6%.

Smoking in the Home

- 6.16 It is estimated that 5 million children under the age of 16 are exposed to second hand smoke in their homes (Muller 2007).
- 6.17 A 2004 study showed that 3 lit cigarettes left to smoulder in a garage produced levels of particulate almost ten times higher than a diesel car with its engine running for an hour (Muller 2007)
- 6.18 Evidence shows that the toxins from second hand smoke can linger for months in building interiors, including dust, carpets, furnishings and walls. These materials absorb the pollutants in second hand smoke and gradually release them back in to the air, posing an additional risk of exposure. This evidence raises particular concern in relation to young children: Infants are estimated to ingest twice as much dust as adults as they have more rapid respiratory rates, spend more time at ground level and have very high rates of hand – to – mouth behaviour (Muller T 2007).

Table 3: Major health effects of second hand smoke on child health

There is conclusive evidence that exposure to second hand smoke causes	There is substantial evidence	There is suggestive evidence
<ul style="list-style-type: none"> • Cot death* • Asthma attacks in those already affected • Respiratory illness • Respiratory symptoms • Impaired lung function* in childhood and adulthood • Middle –ear disease (glue ear) 	<ul style="list-style-type: none"> • Development of Asthma* in those previously unaffected • Worse symptoms in cystic fibrosis 	<ul style="list-style-type: none"> • Overall childhood cancers (maternal smoking) • Brain cancer and lymphoma (paternal smoking) • Meningitis • Cancer in adulthood • Initiation and progression of cardiovascular disease

These conditions are also associated with maternal smoking in pregnancy.

Source: British Medical Association (2004) Smoking and reproductive life in Muller (2007).

6.21 According to UK government figures, households including smokers are 35% more likely to have a house fire than non-smoking homes. Tobacco products are also among the top causes of poisoning in children each year in the UK. In 2002, there were an estimated 164 cases of nicotine poisoning caused by ingestion of tobacco in children under 15. Although rarely fatal nicotine poisoning can cause vomiting and other unpleasant symptoms (Muller 2007)

7. Epidemiology

7.1 The Housing Health and Safety Rating System (HHSRS) identifies and evaluates the risks to health and safety in residential accommodation. Currently Environmental Health follows up and enforces the Decent Homes. <http://www.communities.gov.uk/documents/housing/pdf/150940.pdf>

7.2 There are 29 hazards in all, but for the HNA we will focus upon the effects to health from;

- Overcrowding
- Excess cold
- Damp and Mould growth
- Hazards which cause falls
- Entry by intruders
- Fire

Overcrowding

- 7.3 Arguably a consequence of the shortage of unaffordable homes is that many people have no choice but to live in overcrowded housing.
- 7.4 According to Shelter, more than half a million households in England are overcrowded. Latest research shows that nearly 1 million children live in overcrowded conditions. (Shelter 2007).
http://england.shelter.org.uk/news/previous_years/2007/may_2007/overcrowding_blights_lives_of_a_million_children
- 7.5 However in their report 'Overcrowding in England: the national and regional picture' the Office of the Deputy Prime Minister (2003) states that 'Households that are statutorily overcrowded are so rare that a reliable estimate of numbers cannot be produced at a national level'
- 7.6 Statutory overcrowding standards include both a room and space standard. In a court ruling in 2007, it was established that both of the measurements must be calculated to establish whether a statutory overcrowding situation existed.
- 7.7 The Survey of English Housing uses a bedroom standard as an indicator of occupation density, allocating a number of bedrooms to each household according to the age, sex, and marital status composition coupled with the relationship of the members to one another
- 7.8 In the private sector house condition survey Exeter City Council (November 2010) identified that 2.5% of households were overcrowded using the statutory measurement and 3.3% using the 'bedroom standard'. Both these systems result in an estimated total of between 1,000 and 1,300 overcrowded dwellings within the council, however when taken in the context described by the Office of the Deputy Prime Minister, this data should be treated with caution.
- 7.9 According to the Home Choice Register 1067 of applicants cite a lack of bedroom as their reason for needing social housing in Exeter. This compares to 500 households in East Devon.
- 7.10 Overcrowding can mean that sleep patterns can become chaotic or disruptive. A 2005 survey by Shelter found that in three quarters of overcrowded families, children shared a bedroom with their families and more than one quarter of the families surveyed had children sleeping in living rooms or dining rooms.
- 7.11 Overcrowding and poor ventilation increase the risk of the spread of Tuberculosis. It can be argued that those people living in such conditions may do so because they experience poverty, which can be an indicator of poor nutrition, which is another risk factor.
- 7.12 The incidence of Tuberculosis is rising in the South West and poverty is the principal determinant of both risk and exposure.

Excess Cold

- 7.13 Circulatory diseases are responsible for around 40% - 50% of excess winter deaths – approximately 13,000 people in 2005/6 (Marmot Review Team 2011).
- 7.14 The cold increases blood pressure, one study showed a 1 degree Celsius lowering of living room temperature is associated with a rise of 1.3mmHg blood pressure. A rise in blood pressure during the cold increases the risk of heart attacks and strokes. (Marmot Review Team 2011).
- 7.15 Respiratory illnesses cause around 33% of excess winter deaths approximately 10,500 individuals in 2005/6 (Marmot Review Team 2011).
- 7.16 The cold lowers the resistance to respiratory infections. Being cold impairs lung function and can trigger broncho – constriction in Asthma and Chronic Obstructive Pulmonary Disease (COPD) (Marmot Review Team 2001).
- 7.17 Symptoms of arthritis become worse in cold and/ or damp houses. Strength and dexterity decrease as temperatures drop, increasing the risk of injuries.

Exeter

- 7.18 Excess cold represented 72.6% of all Category 1 hazards identified by Exeter City Council in all private sector housing in the city. 5,600 dwellings failed the thermal comfort criterion (13.5%). This is just above the national average of 13.2%. Other data shows that:
- Privately rented stock had the highest rate of thermal comfort failure
 - Converted flats had the highest failure rate, followed by small terraced houses. Detached houses had the lowest failure rate.
 - The highest rate of thermal comfort failure was found in properties built between 1981 – 1990, followed by properties built before 1919. The lowest rate was found in properties built after 1990. (Exeter City Council 2010)

North Devon

- 7.19 North Devon District Council found that excess cold represented 58.9% of all category one hazards in private sector housing within the district. The report also found that 10,580 dwellings failed the thermal comfort test (24.9%) compared to national average of 15.6% (North Devon District Council 2009).

Damp and mould growth

- 7.20 Damp increases mould growths which can cause asthma and respiratory infections.
- 7.21 Damp cold housing is associated with an increase in mental health problems. Social isolation can occur when people are reluctant to invite guests around to a cold house.

- 7.22 Damp and mould growth is often associated with properties that experience excess cold so there is no separate data available on the prevalence of these issues

Risk of accidents and falls

- 7.23 There were almost 1,000 hip fractures amongst people aged over 65 in Devon in 2007/8. Whilst the rate of admissions is below the national average, this is arguably a significant issue in Devon, due to the growth of the aging population in the county. (Devon Joint Strategic Needs Assessment 2009)
- 7.24 Falls on stairs and falls on the level accounted for 34.1% of all recorded Category 1 hazards identified by Exeter City Council (Private Sector House Condition Survey November 2010. Draft Report).
- 7.25 Falls on the level and falls on stairs accounted for 50.4% of all reported Category 1 hazards in the North Devon district council area (Private Sector House Condition Survey 2009. Final Report)
- 7.26 The Home Choice database shows that falls in current accommodation was cited as the reason for needing social housing:

Table 4: Number of households reporting a fall in their current accommodation by district.

District	Number of Households
East Devon	161
Exeter	41
Mid Devon	44
North Devon	122
South Hams	134
Teignbridge	49
Torridge	69
West Devon	37

Source: Devon Home Choice (2009)

Entry by Intruders

- 7.27 The number of burglaries is almost half of what they were a decade ago. The proportion of adults who are very worried about being burgled has also decreased in the last decade.
- 7.28 Young households and the unemployed are at high risk of being burgled and adults on low incomes, in poor health, living in inner city areas and social renting are all more likely to be very worried about being a victim of crime than adults on average.
- 7.29 In 2007/08 recorded offences of burglary in the South West stood at 9 offences per 1,000 population, which compared to a national average of 11 offences per 1,000 population and was the lowest rate across the English regions

- 7.30 In the South West, extreme concern about burglary was low; 7% compared to 12% nationally. As with national data fear of burglary was polarised among those living in areas of social deprivation.
- 7.31 A study carried out for the Home office suggested that older persons who are victims of burglary decline in health faster than non victims of the same age <http://rds.homeoffice.gov.uk/rds/pdfs2/r198.pdf>

Risk of hazards including fire

- 7.32 More than 400 people die each year as a result of accidental fires and 11,000 are injured. As well as burns, deaths can be caused by gas, smoke or possible carbon monoxide poisoning.

Table 5: Number of Domestic Fires in Devon

Figures relate to domestic property fires and exclude chimney fires and residential caravan fires

District	Fires
East Devon	77
Exeter	136
Mid Devon	44
North Devon	59
South Hams	72
Teignbridge	69
Torridge	45
West Devon	22
Devon County Council	524

Source: Devon and Somerset Fire and Rescue Service (April 2009 – March 2010)

- 7.34 More fires occur in flats than houses.
- 7.35 Dwellings constructed after 1980 have a lower likelihood of fire, but dwellings constructed before 1920 have the greatest likelihood of death/injury from fire.

Summary

- 7.36 Data from both the Exeter and North Devon private sector house conditions surveys indicate that people in 'vulnerable households' are more likely to be living in accommodation that is 'non decent'. This is because they are more likely to be in the private rented sector, in converted flats or pre 1919 built houses which are most likely to lack thermal comfort.
- 7.37 The prevalent housing tenure for vulnerable groups places them at greater risk of harm from accidents such as fire.
- 7.38 Data also indicates that vulnerable households are more likely to be the victim of burglary.

7.39 Excess cold is identified in both districts as being the main Category 1 hazard in the private sector, this is mainly due to the type of housing; pre 1919, converted flats and in Exeter houses built between 1981 – 1990.

8. Existing Strategies in Devon

8.1 There are a number of strategies and initiatives already in existence whose purpose it is to improve living conditions in private sector housing. Details and links to these strategies are listed below.

8.2 Exeter City Council

- Private Sector Housing Renewal Policy 2002 – 3
<http://www.exeter.gov.uk/CHttpHandler.ashx?id=10018&p=0>
- Housing Strategy 2007 – 2012
<http://www.exeter.gov.uk/CHttpHandler.ashx?id=10815&p=0>
- Equality and Diversity Strategy for Housing 2009 – 2012
<http://www.exeter.gov.uk/CHttpHandler.ashx?id=13680&p=0>

Table 6: Summary of areas covered by District housing strategies

Area of Health Impact	Specific Strategy	Included in District Housing Strategy
Affordability/ volume of Housing	<ul style="list-style-type: none"> • Increasing the number of affordable homes • Provision of additional gypsy and traveller sites • Debt management (rent arrears) • Mortgage rescue Scheme 	EDDC, MDDC, NDDC, Torridge, SHDC, TDC, ECC EDDC, TDC, ECC EDDC, TDC, ECC DHOP
Excess Cold	<ul style="list-style-type: none"> • Affordable warmth Strategy • Implement an affordable warmth/ Fuel Poverty strategy • Support actions in Energy Strategy • Improve energy efficiency of Council Homes 	EDDC MDDC, Torridge, WDBC, SHDC, NDDC, TDC, ECC EDDC ECC
Damp and Mould Growth	<ul style="list-style-type: none"> • Assess standards of sheltered schemes • Assess standards of Private rented Homes • Maintain and exceed decent home standard • Bring Sub standard housing up to current standards • Improve Private sector housing 	EDDC, WDBC TDC EDDC, Torridge, TDC, ECC EDDC, NDDC, SHDC TDC, ECC

	<ul style="list-style-type: none"> • Reduction of unfit housing in a particular area • Targeting Vulnerable households in non decent homes 	MDDC, WDBC NDDC, Torridge, TDC
Hazards which cause Falls	<ul style="list-style-type: none"> • Falls Prevention Initiative (PCT) 	EDDC
Entry by Intruders	<ul style="list-style-type: none"> • Support Sanctuary schemes (DV) 	EDDC, MDDC, SHDC, TDC, ECC
Fire		
Overcrowding	<ul style="list-style-type: none"> • Assess needs of tenants 	EDDC, MDDC, ECC

Source: NHS Devon Public Health (2010)

8.3 Devon wide Reports and Strategies

- Devon's Sustainable Community Strategy : <http://www.scs.devonsp.org.uk>
- Rural health and Wellbeing strategy for Devon 2010 -2013
- The Devon Rural Strategy (2007) <http://www.devon.gov.uk/dnruralstrategyactionplan.pdf>.
- Commissioning Strategy for Extra Care Housing. September 2009 Devon County Council http://www.devon.gov.uk/commissioning_strategy_for_extra_care_housing_version_9_ma_8230_-4.pdf
- Housing Delivery Plan 2008 – 11. August 2008. Devon Strategic Partnership.
- Devon Private Sector Housing Strategy Group: Focus and Forward Plan 2010 – 2013
- Decent Homes Standards Devon 2009 (draft January 2010)

8.4 Devon wide Initiatives

A joint bid by the Devon Private Sector Housing Group, Plymouth City Council and the Devon Housing Options, under the title 'Better Private Sector Housing in Devon' has been submitted and approved by the South West Council Regional Improvement & Efficiency Partnership (RIEP). The Project's key aims are listed below:

- Enable more older people to maintain independent living by making the most effective use of public, registered social landlord and private sector finance and in so doing reduce the time taken to complete disabled facilities adaptations.
- Build a better understanding of how joint working will improve health and reduce risks for older and vulnerable people in private housing.
- Identify the barriers which exist in achieving independent living for older people and the opportunities to provide a holistic approach to housing options and improved and/or innovative solutions to housing needs.
- Health cost/benefit assessments and inequality assessments will support the consolidation of the evidence base to effectively contribute to

developing joint housing health and social care strategies.

- Improve the balance of the private rental housing market by encouraging increased professionalism in the private landlord sector in order to reduce tensions in the landlord and tenant relationship and encourage sustainable tenancies.

8.6 Energy Action Devon: www.energyactiondevon.org.uk

8.7 Cosy Devon: www.cosydevon.co.uk

8.8 Renewable Energy, Free independent advice and support to identify individuals renewable energy options in West Devon, South Hams, Torridge, North Devon and parts of Mid Devon. www.re4d.org

9. National Examples of Practice

Home Improvement Agencies and Handypersons Schemes:

9.1 A key health sector priority is to reduce delays in discharge from hospital. A fee system has been introduced whereby hospitals can charge social services departments for failing to make arrangements for older people who no longer have a need to stay in hospital. This was facilitated by short term financial aid to support initiatives that facilitate hospital discharge and carried out by the Home Improvement Agency.

9.2 Both schemes also have a role in enabling older people or those with a disability to stay in their own home, rather than them having to move into supported or residential housing at a higher cost to the public purse.

9.3 Devon is an example of good practice in this area.
http://www.devon.gov.uk/hia_performance_report_0910qtr4.pdf

9.4 Social prescribing: There are a number of initiatives being developed where housing advice workers are running sessions in doctors surgeries. In Bristol GP's will refer a patient to a statutory housing advice worker if they are suffering health ailments which have been exacerbated by their living conditions, the local authority will then look into the housing and see whether there are grants available to rectify the problem. In the private rented sector this would be in liaison with the Landlord.

In North Devon, The Barnstaple Poverty Action Group (BPAG) place housing advice workers in Doctors surgeries. They are able to give advice on debt, housing rights and assist people with referrals in to a range of other services. BPAG provide this service in the more rural areas of the district, reaching out to those people who may not be able to travel in to the nearest town to get support.

9.5 Shore Green is an extra care housing scheme with 10 units (six one-bedroom flats and four two bedroom flats) developed by Irwell Valley Housing Association in collaboration with Manchester City Council. It offers a specialist care service for older people with dementia and other memory loss conditions. It has a communal lounge, kitchen and garden and it enables

tenants to continue a level of independent living in an environment where support is available when it is required.

- 9.6 Tenants have assured leases, pay rent (personally or funded by housing benefit), pay their own utility bills and are encouraged to live as independently as possible. The scheme was carefully designed and contains features which assist clients with day-to-day living for example, through:
- Gas monitors that cut off the gas supply if a cooker is left on
 - Door sensors that alert the night care worker if a tenant has opened
 - Colour coding and personalisation (shelves/cubby holes with personal items) at the entrances to each flat to help each tenant identify their door
 - Glass fronted kitchen units so tenants can see which cupboards items are kept in
 - A single secure entrance and exit to ensure the safety of residents both in stopping unwanted visitors coming in and by reducing the risk of tenants wandering
 - A visitor sleepover facility so friends and family can visit the tenants. This facilitates continued contact and has reunited people on occasions after contact had been lost.
- 9.7 One driver for the development of extra care housing for dementia was to reduce future demand for nursing placements. This was because Manchester (in common with many areas) has an ageing population and has projected that increased levels of dementia would lead to increased demand for nursing home placements.
- 9.8 Shore Green gives people with dementia more choice and control over their lives and the support they receive with more than 50% of its high-need clients to live independently until the end of their life. It appears to reduce demand for NHS services from people with severe dementia.
- 9.9 Incident records show that in the last 12 months collectively, the 11 tenants have attended A&E services five times and have only been admitted to hospital on nine occasions (one person accounted for three of these). Given the high needs of this group, this is a very low level of activity.
- 9.10 The Care Services Efficiency Delivery unit (CSED) concluded that the service at Shore Green is good value for money even though care costs at Shore Green are £7k pa higher than alternative residential or nursing costs. They argued that better outcomes were being achieved at a marginal extra cost. Additionally, this cost comparison is before any savings related to A&E, hospital, ambulance or police (in relation to less incidents of wandering) are taken into account. CSED, therefore, believes that it is reasonable to conclude that the Shore Green model would provide people with dementia with a better quality of support and cost the wider health and social care system less than traditional nursing and residential support options. (Molyneux 2010).
- 9.11 The Early Intervention Service (EIS) is delivered in partnership with Birmingham and Solihull Mental Health NHS Trust (BSMHT). The purpose of the service is to promote recovery, social inclusion and quality of life for young people between the ages of 14 and 30 with mental health problems,

and who are experiencing their first episode of psychosis. The service objectives are to ensure that all people who use the service have:

- Access to accommodation appropriate to their needs and choices
- Support and advice to enable individuals to sustain their accommodation
- Choice in defining the level of support required in accessing community resources
- Individual needs and aspirations in accordance with their culture
- Access to staff
- Participation in service reviews.

9.12 Many psychiatric disorders, particularly the severe mental health problems begin or have their origins in adolescence. BSMHT recognised the need to provide more integrated services for young people with complex mental health problems and their carers. In developing the EIS, it recognised that such problems are the cause of disturbed developmental trajectories and that this is often accompanied by social deprivation.

9.13 Therefore, the service aims for a community assertive outreach model. By working in partnership with Midland Heart, the strengths of the two organisations is combined to provide staffing aimed at meeting clinical and social inclusion roles. Staff from the housing association work under direct supervision of the senior clinical practitioner within the EIS. The staff already had considerable experience of working with young people with mental health problems and had already developed the expertise in working in different age appropriate settings and the necessary knowledge of the services available across the city.

9.14 Midland Heart has its own training organisation, has experience of managing and supporting staff in these services and existing relationships with a wide range of statutory and voluntary organisations in different sectors.

9.15 This service helps young people to manage their mental health and helps to ensure that they do not experience additional social disadvantage as a result of experiencing psychotic episodes. They are less likely to experience an acute admission and the disruption that flows from this. (Molyneux 2010)

10. Proposed Initiatives for Devon

Older Persons – Extra Care Housing

10.1 Devon County Council has proposed developing Extra Care Housing, to accommodate the growing population of older persons, who potentially aspire to live as independently as possible. This would enable older people to live in their own apartments in a designated development, with 24 hour care and support services on site.

10.2 In rural areas where such a development would be unsustainable, Devon is proposing to commission clusters of 'close care apartments in close proximity to existing residential care homes.

- 10.3 Devon intends to develop an extra care housing programme to promote the health and well being of older people who wish to live independently and to provide an alternative to residential care. The aim is to increase housing and care options for older people, including providing person centred care and support and accommodation for rent and sale. The county recognises that many older people live in isolated rural areas and a model of close care will be developed whereby designated housing for older people will be located near to existing residential care homes (Devon County Council 2010)
http://www.devon.gov.uk/commissioning_strategy_for_extra_care_housing_version_9_ma_8230_-4.pdf

11. Recommendations

- 11.1 The Marmot report argues for the full integration of planning, transport, housing, environmental and health systems to address the social determinants of health in each locality (Marmot 2010)
- 11.2 Housing needs to be acknowledged as a key contributory factor that determines an individual's health and wellbeing. Arguably Public Health has a key role to play in terms of health improvement and reducing health inequalities.
- 11.3 Public health needs to work in partnership with Local Authorities, Housing Associations, GP's and the voluntary sector to ensure that the most vulnerable people in our society have equitable access to decent homes that meet their needs.
- 11.4 NHS and Public health commissioners should work closely with Housing Associations and Local Authorities to explore how housing can support the delivery of improved health outcomes. This might include health commissioners visiting local supported housing schemes or Housing Associations offering a seat on their board.
- 11.5 Public health could also support Registered providers of social housing to make all new build houses and apartment blocks 'Smoke Free Homes'. Public Health could give advice, offer training to Housing Support staff and provide promotional material. Public health could also work with specialist accommodation providers to review their existing drugs policies to ensure that there is a section on tobacco, which outlines the organisations policies around smoking in communal areas, whether the building is smoke free and the sale of illicit tobacco on the premises. A sample good practice policy could be devised if necessary.
- 11.6 GP's have a role to play in ensuring that patients health and wellbeing is maintained through adequate and decent housing. Public health could work with the emerging GP consortia to provide an evidence base on the effectiveness of closer working with local authority housing departments. Initiatives where GP's refer patients to the local authority with ailments exacerbated by their housing should be promoted.
- 11.7 People who work in social housing including maintenance staff, rent officers and support workers should receive training to better identify and support

tenants with mental health problems. Training could be in the areas of identification and understanding of a range of mental health conditions, knowledge of who to contact or where to signpost a tenant for support and an understanding of the recovery process (Wellness Recovery Action Planning – WRAP). Housing Associations and Mental health could work more closely in partnership to deliver a range of housing solutions for people with mental health problems that prevent readmission to hospital or the need for more costly residential options

- 11.8 In Devon, excess cold is one of the major issues, as the county has an aging population who are more prone to the harms of excess cold this needs to be a priority for any joint health and Local authority commissioning
- 11.9 The implications of the removal of the ‘ringfence’ on the Home Improvement monies needs to be better understood. Given the county’s growing aging population and the commitment to ensure people can stay in their own homes this needs to be a priority. There is a strong ‘spend to save argument’ as providing adaptations to allow someone to stay in their own home saves on the costs of residential care or hospital admissions through accidents and falls.
- 11.10 The Marmot review emphasises the need for children to have the best possible start in order to reduce future health inequalities. The government are also committed to ensuring all children get the best possible start in life. This has to include children living in decent housing which allows them to develop. Health and People services and Local Authorities need to work on strategies to ensure this.
- 11.11 Given that Devon’s population is ageing and it is estimated that there will be a high prevalence of dementia; health, social services and local authorities will need to work in partnership to plan future services which allow for people with dementia to remain living independently for as long as possible. Models such as the Shore green project in Manchester could be explored further.
- 11.12 Housing plays a key role in the recovery process for people with mental health problems and those who have had a history of substance misuse issues. This needs to be recognised by health and social care and taken into consideration when commissioning services and looking at criteria for social housing.

12. Challenges/ Risks

- 12.1 Regional Spatial Strategies (RSS) and the Housing and Planning Delivery Grant have been abolished by the new Coalition Government in favour of meeting the needs of local communities.
- 12.2 Fresh policy is being drawn up to replace the RSS; however the plans of local authorities in Devon do not depend on having a regional plan but are already firmly based in the local area and are aimed at addressing local needs for homes and jobs.
- 12.3 The reduction in public sector funding, including that set aside for ‘Kickstart’ projects and the continuing economic uncertainty may well have an impact on

the ability of developers to deliver housing across the country (Devon State of The Market Report 2010)

- 12.4 Affordable Housing: Affordability remains an issue as prices are beyond the reach of many households in need and unlikely to fall to affordable levels. Incomes of over £30,000 are generally required to access lower quartile housing with local wages usually well below this figure. Although mortgage availability has improved rates vary widely depending on the deposit available and average deposits required are still high. Private rents are increasing and can be difficult to afford for people on local incomes. Incomes are not increasing in real terms due to inflation exceeding pay rises.
- 12.5 2008 report; Commissioning Housing Support for Health and Wellbeing identifies key areas where housing support can play a major role in re-ordering services and save health money.
- Reductions in inappropriate admissions and reducing lengths of stay for those with mental health Problems
 - Housing services can enable people with substance misuse issues to maintain their accommodation and therefore improving the rates of uptake and likely success of treatment.
 - Reducing the number of ambulance call outs that result in admission to hospital.
 - Reducing average length of stay in hospital and reducing the number of elective or emergency admissions; by reducing falls.http://www.integratedcarenetwork.gov.uk/library/Resources/Housing/Support_materials/Other_reports_and_guidance/HousingSupport.pdf
- 12.6 A Government consultation document 'Local decisions: a fairer future for social housing' proposes changes to how social housing is allocated, types of tenancies granted to social housing tenants and changes as to how Local Authorities can discharge their main homelessness duty. The paper also proposes giving Housing Associations the ability to charge affordable rents from 2011 at a higher level than social rents (up to 80% of local market rents). <http://www.communities.gov.uk/documents/housing/pdf/1775577.pdf>
- 12.7 Any changes to tenure and rent levels will only be applicable to new social housing tenants. Measures such as enabling Local Authorities to discharge their main housing duty by offering appropriate accommodation in the Private rented sector, offering new social tenants flexible tenancies and restricting who can be on the housing register are intended to ensure that the most vulnerable get social housing.
- 12.8 Changes to Housing benefit from April 2011 will limit the amount of rent that people can claim as well as restricting the benefit entitlement of single people under 35 to a single room rent (currently this applies to under 25's). People with disabilities will be able to claim housing benefit for an additional bedroom if they require occasional overnight care.
- 12.9 The government aims to deliver 150,000 new affordable homes in the next 4 years with £2.2 billion of funding. Providers will be expected to use existing assets to reduce the amount of public funding needed. When compared to the spend in 2009 – £3.3 billion on 30, 857 new low cost homes and 22,079

affordable homes, it indicates that providers will need to find a significant amount of money not only through using existing assets but by also borrowing money. This in turn could have an impact in the type of tenant that the Registered Provider would give a tenancy to with a potential that they become more 'risk averse'. These proposed changes form part of the Localism Bill currently going through parliament

<http://www.publications.parliament.uk/pa/cm201011/cmbills/126/en/2011126en.htm>

- 12.10 If only the most vulnerable can access social housing there is a further risk of the compounding of deprived neighbourhoods, unless there is adequate service provision in these areas, there will be a rise in health inequalities.
- 12.11 From April 1st 2011 Warm Front England will operate with a revised eligibility criteria and reduced funding.
- 12.12 The Energy Bill introduced to parliament in December 2010 includes provision for a new 'Green Deal' This will establish a framework to enable private firms to offer consumers energy efficiency improvements to their homes at no up front cost. The cost would be recouped through additional payments on their energy bills.
[http://www.decc.gov.uk/en/content/cms/what we do/consumers/green_deal/green_deal.aspx](http://www.decc.gov.uk/en/content/cms/what_we_do/consumers/green_deal/green_deal.aspx)
- 12.13 Concerns have been raised that vulnerable households would not benefit from the 'Green Deal' as they would be unable to afford the additional payments on their fuel bills and the efficiency savings would create more thermal comfort but not reduce fuel bills sufficiently to lift people out of fuel poverty.
- 12.14 The previous government required all Local Authorities to make provision for Gypsy and Traveller sites; however the current government have reversed this decision and withdrawn the funding that was made available to do so. Proposed changes to planning regulations could potentially make it more difficult for new sites to be established.

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