

Committee:	Date:
Housing Management & Almshouses Sub-Committee Health & Wellbeing Board	25 September 2014 30 September 2014
Subject: Housing & Health – a report on health-related activities and plans in the City’s social housing estates	Public
Report of: Director of Community & Children’s Services	For Information
Summary	
<p>This report gives Members an overview of how good quality and well run social housing can impact upon health outcomes for local communities. It goes on to highlight some examples of how our housing estates and staff are supporting the health and wellbeing of city tenants. It then identifies potential projects and opportunities to further develop this area of work.</p> <p>The report highlights the key impact that housing, neighbourhoods and socio-economic inequalities in housing estates have on health and wellbeing.</p> <p>The report also draws attention to the economic cost arising from poor housing and health.</p> <p>The report informs Members of some of the initiatives currently being developed in the City’s housing estates from developing green spaces to promoting community initiatives to build community resilience and capacity.</p> <p>The City’s new Housing Strategy also provides an important opportunity to further develop longer term strategic priorities.</p> <p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report. • Endorse existing work being undertaken in the city’s estates and future opportunities. 	

Main Report

Background – The case for health and housing

1. The links between tackling the national housing crisis and the nation's health are growing. A safe, settled home is the cornerstone on which individuals and families build a better quality of life, access the services they need and gain greater independence.
2. Poor housing multiplies inequalities, disproportionately affects vulnerable people, older people living isolated lives, the young, those without a support network and adults with disabilities.
3. The National Housing Federation has highlighted that poor housing conditions increase the risk of poor health by up to 25% during childhood and early adulthood.
4. Structural defects (poor lighting, lack of handrails) increase the risk of accidents. 45% of accidents occur in the home and accidents are in the top ten causes of death for all ages. The majority of injuries to people over the age 75 years occur at home.
5. Furthermore, there is also an evidenced case for the economic impact arising from poor housing and health. The Building Research Establishment (BRE), for instance, calculated that poor housing cost the NHS at least £600m per year in England, with the total cost to society estimated to be greater than £1.5 billion. The annual cost from falls due to structural defects in those aged 60+ is £1 billion with the average cost of a hip fracture estimated at £30,000. This is five times the average cost of a housing adaptation and 100 times the cost of fitting hand and grab rail to prevent falls¹.
6. The impact of health and housing is of particular relevance for the City. The City's housing strategy, for example, has outlined key challenges impacting on the health and wellbeing of City tenants. These include for example, overcrowding, health inequalities in specific wards, demographic changes and meeting the challenges of an ageing population.

The health and housing connection – the evidence base

7. This section highlights the key factors that impact on good health and wellbeing through poor housing, the neighbourhood and socio economic inequalities in housing estates^{2,3}. In many cases, these factors do not exist in isolation and thus exacerbate their impact:
8. *Poor quality construction, internal environments and design:*
Poor quality construction, internal environments and design increase the risk of damp, mould and cold, these factors are found to contribute to poor health.
9. Cold housing is thought to be the main reason for up to 40,000 additional (excess winter) deaths reported each year between December and March. Damp and cold homes are linked to increased risk of cardio – vascular, respiratory and rheumatoid diseases. Excess winter deaths become significant for those in the 45+ age group, with a marked increase in risk for those aged over 85 years. Very young children, disabled people who spend longer in their home are disproportionately affected.

¹ The Real Cost of Poor Housing, Davidson M, Royes M, Nicole S, Ormandy D, Ambrose P (2010)

² Marmot, Review of Health inequalities in England (2010)

³ World Health Organisation, David Omandy (2011)

10. Poor energy efficiency in existing homes and rapidly rising fuel costs make it unaffordable for low income households to adequately heat their homes. Even after significant improvements to the energy performance of the UK'S housing stock, there were 4.5m households in the UK in fuel poverty in 2011. Being unable to afford to keep a warm home, particularly a home that is difficult to heat is a key factor impacting on the health of older people and workless households.
11. Structural defects increase the risk of an accident (poor lighting, or lack of stair handrails) 45% of accidents occur in the home and accidents are in the top 10 causes of death for all ages. The majority of injuries to people aged 75 or over occur at home. Unintentional injury is a leading cause of death among children and young people aged 1-14 years, with one million visits to accident and emergency by children every year arising from injuries in the home.
12. *Poor access to open spaces and the public realm:*
The social and physical characteristics of a neighbourhood also impact on health. Research has found for example, that those who live in environments with high levels of green space are more likely to be physically active and less likely to be overweight or obese.
13. *The neighbourhood and community safety:*
Feelings of insecurity when out in the neighbourhood and concerns for the safety of the home can help generate stress and depression. Anti-social behaviour such as noise nuisance exacerbates this and can compound mental health issues.
14. *Socio economic inequalities and poor health*
Inequalities in income underpin inequalities in health and those on low incomes are also more likely to live in poor quality housing. Research has shown that the lower a person's socio-economic position, the higher their risk of ill health. There are significant socio economic inequalities in the incidence of diseases such as head and neck, lung and stomach cancers. In terms of socio economic groups, obesity is highest among those in routine and manual occupations. The burden of poor mental health is also not distributed equally, the patient mix in London's health services include much higher numbers from deprived communities. Financial pressures can greatly add to stress and anxiety.
15. *Health, social care and housing:*
Housing with care and support plays a critical role in promoting health and social care, enabling people to remain independent and able to access services from their own homes as well as speeding recovery and improving health more broadly. Preventative services such as housing related support services reduce the need for more care intensive interventions, easing the pressure on local budgets. Timely adaptations to properties are vital in getting people home from hospital quickly, prevent readmissions and facilitate the delivery of peoples care in their own homes.
16. *Community assets - social capital, resilience, social connectedness and good health:*
Health and wellbeing is strongly influenced by community and individual assets (social relationships, resilience, social support and networks, opportunities for voluntary work, life-long learning). There is growing evidence that people with stronger social networks are healthier and happier. Research has also shown that traditional risk based and targeted programmes (smoking cessation, health eating encouraging physical activity) are not enough to bring about health and wellbeing in a community. They do not give sufficient recognition to the fact that individuals, families and neighbourhoods are a potential health resource and not just consumers of health services.

17. Housing and health have a crucial role to play in releasing community capacity and strengthening local networks.

Health and the City's social housing estates

18. The City context

The type and clustered nature of the City's housing is unusual. The majority of dwellings (95%) are flats. Most housing is high-density and situated mainly on the City fringe. Social housing in the City, including housing association homes, is concentrated in the estates in Golden Lane, Middlesex Street and Mansell Street.

19. Around 19% of households live in social rented housing and 42% of homes are owner-occupied. The City's overall social rented stock totals 1,924. Unusually for a local authority most of the City's own social rented stock is located outside its boundaries: 467 dwellings are located in the Square Mile; the remaining 1,457 are located in estates in six other London boroughs.

Health and housing - The key challenges in the City

20. Overcrowding

Overcrowding is a challenge for us. Around 1 in 3 of all households in the City lives in accommodation lacking one or more rooms. In terms of demand for social housing, 326 of the households (218 applicants and 108 existing tenants) on our housing register are overcrowded. Although many of these currently live outside the City, all will have a connection or need for social housing within the City or neighbouring areas.

21. Children living in overcrowded homes are up to 10 times more likely to contract meningitis and three times more likely to have respiratory problems. Over a lifetime, overcrowded homes have been linked with slow growth in children which correlates with an increased risk of heart disease as an adult.

22. Health inequalities

Around 1 in 8 households have a disability or suffer long-term health problems. This is less than in London or elsewhere nationally but there are variations in health between neighbourhoods. Poor health is more prevalent in the Portsoken and Golden Lane areas where ill-health and disability affects around 20% of households. Many of these have a physical disability, are frail elderly or suffer with mental health problems and are most likely to require specialist forms of housing, adaptations or support services to help them to remain living independently in their home.

23. A significant number of residents in the Portsoken ward are in receipt of benefits or have low incomes. Pensioner poverty and child poverty in the ward are among the highest in the City. For some of these households fuel poverty may present a growing problem.

24. Stock condition

The construction of many of our homes makes them prone to condensation problems. Ageing, single glazed windows and poor insulation mean that some residents struggle to keep their homes adequately heated. The Asset Management Strategy sets out a five-year programme to tackle these issues but at present they are having a negative impact on the lives of some residents.

25. Meeting the demands of an ageing population

The numbers of older people in the City are small but rising and projected to accelerate rapidly. Incidences of age-related health problems such as reduced mobility and dementia and the need for additional support and care are likely to increase.

Examples of good practice in the City's estates

26. *Quality, including construction, internal environments and design quality:*
Following investment over past decade, nearly all our homes have now been brought up to a basic standard and many have been fully modernised. The Asset Management Strategy sets out the next phase of investment and improvements to homes over the next five years.
Improvements already implemented on some estates include, a replacement windows programme, installing efficient boilers, insulation of homes, renewing door entry systems.
27. *Health, social care and housing*
Our Tenancy Sustainment Team provides support for 35-40 vulnerable residents to enable them to live independently. This includes working closely with Children's Services to prepare care-leavers to take up and then maintain a tenancy.
28. We run three sheltered housing schemes and the City of London & Gresham Almshouses, all of which have dedicated staff to support older residents. The Sheltered Housing Review has identified how we need to change our provision for older people in the future and it, together with the Housing Strategy (2014 – 2019) places greater emphasis on supporting people to live independently in the community and providing the services to enable them to do so.
29. *Socio economic inequalities and poor health*
The City is developing an area-based, multi-agency approach to address these issues and coordinate services and target resources where they are most needed. This is being piloted in the Portsoken ward, where the development of a Library & Community Centre as part of the Middlesex Street Estate has brought the work of Housing and other departments and agencies closer together. Housing officers have become more closely involved with health and social care partners, local communities and other agencies to deliver real improvements in the way services are delivered at a local level.
30. We have undertaken a major programme of work to help residents on low incomes as part of our response to the government's welfare benefit reform programme. Staff have been trained in debt counselling and money-management so that households can be proactively supported to manage their finances, claim any benefits due to them and stay debt free. We have worked closely with the national Illegal Moneylending Team to combat potential issues relating to 'loan sharks' and the negative impact they can have on residents.
31. *The neighbourhood, open spaces and public realm, adequate spaces for living and playing in and around the home, including the importance of gardens or common public spaces*
We are fortunate in having green space, gardens and play areas on most of our estates and these have always provided opportunities for residents to be outside and for children to play. We have worked with residents on several of our estates to enhance their communal space and use it for recreation and leisure. Examples have included creating communal gardens and refurbishing play areas.

32. The fact that we have local staff based on each estate allows us to maintain the external and communal areas to a high level. Graffiti, fly-tipping and littering are rare and are swiftly dealt with when they occur. The locally based staffing also allows us to address anti-social behaviour speedily. We work closely with the local police on each of our estates and they consistently report that not only are crime rates on our estates exceedingly low, but that they are extremely safe places to live.
33. *Healthy lifestyles*
We have also worked closely with residents to encourage healthier lifestyles. Some estates now have communal allotments, where residents can be active and grow vegetables and fruit. We have also worked with different agencies to encourage smoking cessation and greater physical activity, encouraging residents to use stairs rather than taking lifts.
34. *Community assets - social capital, resilience, social connectedness and good health*
We have run a number of community development projects and now have a Community Development Officer who works with staff and residents to develop projects designed to build connectedness, community participation and a sense of community within estates. We also encourage mutual support and volunteering through initiatives like our “Good Neighbour Scheme”. The “Remembering Yesterday, Celebrating Today” project is a four-year programme of work which draws all this together.
35. We are lucky to have community halls and rooms on most of our estates and staff work with residents to run social events making the most of these.
36. *The role of the City Estate / Housing Manager*
Our Estate Managers, Sheltered Scheme Managers and their teams play a particularly important and valued role in the early identification and prevention of tenant health and other issues. Through routine contact with tenants, sheltered scheme managers in particular, have for example supported elderly tenants to access support during a health crisis and provided an important source of social contact for isolated tenants. Our staff offer a familiar, trusted presence who know their residents well and can spot problems and get support as early as possible.

Opportunities to further promote good health and wellbeing in the City’s housing estates

37. Officers have identified a range of opportunities for the City to further promote good health and wellbeing in its estates. The lists below, though not exhaustive, indicate initiatives which could be implemented in the short term and those longer term opportunities that could be developed over a longer term:

Opportunities in the short term:

- Establish smoke free areas on all estates for play, leisure and recreation
- Where possible, introduce ‘green gym’ equipment on estates
- Increase estate based initiatives to promote social integration and combat loneliness
- Explore more opportunities for volunteering and informal community education programmes, particularly for the elderly
- Encourage and promote access to programmes and lifelong learning
- Keep people at home, for example through falls prevention, nutrition advice and using community resources to prevent isolation.
- Provide evidence based preventative services such as information and advice or services aimed at minimising disability or dependency.

Longer term strategic priorities:

- Review recent developments in assistive technology such as telecare, passive monitoring etc and explore what could be introduced in homes of older people to support them.
- Develop a data sharing agreement and process across housing and adult social care to target and support high risk individuals (lone elderly tenants);
- Develop clear and simple pathways for older people to access other public services, voluntary support or life long learning, with training for staff on what is available and how to access it;
- Develop a joint action plan with public health and adult social care to encourage and promote healthy lifestyles for residents;
- Build into the Housing development programme a requirement to provide 'lifetime homes' as part of any new affordable housing;
- Ensure that front-line staff are trained in basic health promotion skills such as the 'making every contact count' programmes run by many local health partnerships;
- Establish a grant programme to support community-led health projects such as communal gardens, green gyms, safe play areas, exercise classes and healthy cookery programmes;
- Introduce health roadshows on estates, promoting cholesterol testing, smoking cessation, physical activity etc;
- Expand the Tenancy Sustainment Team to work with the Adult Care Service and other agencies to widen the range of housing support offered to residents.

Consultation

38. The Comptroller and the Public Relations Office have been consulted on the contents of this report.

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