Worcestershire Health and Well-being Board

JSNA Profile on Housing and Health

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Executive Summary

1. Context

1.1. **There is a new drive to promote closer working between housing and health through the 2018 document *Improving Health and Care through the home: A National Memorandum of Understanding*. This has emerged from a greater recognition of the relationship between housing and health.**

The document sets out:

- A shared commitment to joint action across sectors.
- Principles for joint working.
- The framework for designing and delivering healthy homes, communities and services.
- Success criteria to deliver and measure impact.

1.2. Other recent major national initiatives which link housing with health include:

- Building regulations/ Energy Performance Certificates (EPC) guidelines- changes to improve accessibility of homes and energy efficiency.
- Homelessness legislation- increased duties for local authorities.
- Planning for Health - Health Impact Assessment.

2. The link between housing and health

2.1. **Housing is one of the wider determinants of health- the broad social and economic circumstances that together determine people's health and well-being.**

2.2. There are significant risks to an individual's physical and mental health associated with living in dwellings including:

- A cold, damp, or otherwise hazardous home (an unhealthy home) - 11.5% of Worcestershire households are in fuel poverty (2016).
- A home that doesn't meet the household's needs due to risks such as being overcrowded (2.7% of Worcestershire households in 2011) or inaccessible to a disabled or older person (an unsuitable home).
- A home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness (an unstable home). 677 people in Worcester were statutory homeless in 2016/17. Homelessness and rough sleeping can result in multiple adverse physical and mental health impacts.

2.3. Evidence from research is strongest for cold homes and fuel poverty having adverse effects on both mental and physical health.

3. Demographic change and housing affordability

3.1. **With strong population growth expected in the future, building of new homes may struggle to keep up. The potential consequences of this are limitations on economic growth and reducing housing affordability. Both nationally and locally we have seen worsening affordability of housing.**

3.2. The total population of Worcestershire is forecast to increase by 38,000 (6.4%) by 2035.

3.3. The Worcestershire population is ageing. A large proportion of the Worcestershire population is in the middle-aged and older age groups and by 2035 this is projected to translate into a large increase of the number of people in the older age groups and, in particular, the very oldest age groups. For example, by 2035 the 65-69 population is forecast to increase by 19% while the number of people aged 85 or over. is set to increase by 92%.

3.4. Housing affordability affects where people live and work, and factors that influence health, including the quality of housing available, poverty, community cohesion, and time spent commuting. In common with the rest of the country, Worcestershire districts have seen a considerable decrease in the affordability of housing relative to earnings since 1999. However, the figures have plateaued somewhat in recent years, possibly due to the ongoing effect of the economic downturn. Further details are on p19.

4. Key indicators

4.1. **The Worcestershire figures for most public health indicators related to housing are similar to England. However, we might expect a relatively affluent county such as Worcestershire to have better values.**

4.2. Homeless young people is the only public health indicator which is significantly worse than England. Fuel poverty, overall homelessness and housing affordability measures are slightly worse than England.

*Table 1: Key housing and health indicators**

	Period	Worcestershire	Trend	England
Fuel Poverty	2016	11.5%	Improving	11.1%
Overcrowded Households	2011	2.7%	-	4.8%
Discharge from Hospital (65+)	2017/18	81.4%	Improving	82.9%
Statutory Homelessness (rate per 1000)	2017/18	2.7	Flat	2.4
Homelessness (young people aged 16-24)	2017/18	0.68	Improving	0.52
Housing Affordability Ratio	2016	8.1	-	7.2

Source: Public Health Outcomes Framework

* A full set of housing and health indicators can be seen on page 48.

5. Housing stock condition

5.1. **There is a considerable proportion of non-decent housing in Worcestershire, ranging from 26.6% in Redditch to 44.0% in Malvern Hills (2011). Non-decent housing is identified in terms of hazards to health and thermal comfort.**

5.2. Stock condition information from 2011 indicates that Malvern Hills (44.0%), Wyre Forest (37.9%) and Wychavon (38.0%) had a higher proportion of non-decent housing than that seen nationally. While the proportion of households in private accommodation classified as vulnerable was lower than the England value of 20.3% in all Worcestershire districts, the highest rates were in Wyre Forest (19.7%), Redditch (19.6%) and Worcester (18.5%).

6. Warm and healthy homes

6.1. **The strongest evidence on the link between housing and health relates to fuel poverty and energy efficiency. Interventions in this field, targeted on the most deprived and vulnerable households, are likely to have a significant effect on the health of the population.**

6.2. Fuel poverty impacts a) the direct effects of living in a cold home and b) the indirect effect of carbon emissions on air quality which result from poor energy efficiency.

6.3. Fuel poverty is worse than nationally in Malvern Hills, Worcester and Wyre Forest. Cold homes have been linked to excess winter deaths, cardio-vascular illness, respiratory illness and falls in the home. Older people face particular susceptibility to

such outcomes. Beyond physical health, there is evidence to suggest a significant link between cold homes and poor mental health (anxiety and depression).

6.4. Interventions in Worcestershire include programmes to improve central heating and encourage tariff switching.

7. Older people

7.1. Housing and health issues which are pertinent to older people include falls prevention, accessibility of buildings, discharge for hospital, mental health and helping people to die at home.

7.2. Housing can play a potential role in falls prevention. Home Assessment and Modification (HAM) is a service in which relevant experts risk assess a person's usual residence to identify environmental hazards and carries out actions to reduce these. Typical environmental hazards are loose mats, poor lighting and no handrails.

7.3. Accessibility of buildings. The benefits of adapting the home are recognised as an effective way to improve the health and wellbeing of older people, and disabled adults and children. A more accessible home environment can improve independence, reduce risk and reduce reliance on assistance.

7.4. Discharge from hospital. The proportion of older people who were still at home 91 days after discharge has been improving in Worcestershire in recent years but is still below the national rate.

7.5. The Prime Minister's Challenge on Dementia 2020[1] includes an ambition for increased numbers of people with dementia being able to live longer in their own homes when it is in their interests to do so, with a greater focus on independent living.

7.6. Helping People to be Cared for and Die at Home[2]. Championing the role of social housing and supporting the development of frontline housing staff to respond to this agenda.

8. Homelessness and rough sleeping

8.1. **Overall homelessness is close to the national rate, but for young people Worcestershire has a relatively high rate of statutory homelessness. The economic recession saw statutory homelessness in the county peak in 2011, since then it has fallen, but it still remains above pre-2011 levels.**

[1] Department of Health and Social Care, 2015.

[2] Housing LIN (Learning and Improvement Network), Feb 2016, *End of Life Care: Helping people to be cared for and die at home*

8.2. Official figures from the Ministry of Housing, Communities and Local Government, indicate that there were 53 people sleeping rough in Worcestershire in Autumn 2018. This is a considerable increase from the 25 people recorded in Autumn 2017 (the figures do tend to fluctuate from year to year).

8.3. Homeless people are at increased risk of a wide range of health problems related to physical health, mental health and substance misuse (usage of illegal and prescribed drugs, and of tobacco and alcohol).

8.4. Physical health problems include circulatory and respiratory conditions, joint aches and pains and poor oral health. There is evidence that many homeless people have two or more long-term conditions (LTCs), a situation known as 'multimorbidity'.

8.5. The Homelessness Reduction Act 2017 increased the scope of duties of local authorities towards the homeless. Proposed changes to legislation and benefits are likely to have an impact on official homeless numbers.

9. Planning for health

9.1. **Good health includes physical, mental and social wellbeing. Support for good health, including health care services provision, requires the application of best practice in a range of areas, including planning.**

9.2. Positive measures include:

- Planning for built and natural environments that provide suitable living conditions, encourage good physical and mental health and wellbeing, and prevent people becoming ill.
- Ensuring access to facilities that promote, provide and encourage healthier lifestyle
- choices or that deal with ill health, and a means of getting to those facilities.
- Providing health-promoting environments to support recuperation when people do fall ill.

9.3. National guidance on planning for health[3] has been published online by the Ministry of Housing, Communities and Local Government. In addition, Public Health England have a Healthy Places Programme[4] which supports the development of healthy places and homes.

9.4. Health Impact Assessment (HIA) is a tool to assess the potential health implications on a population of a planning proposal. HIAs ensure that the effects of development on both health and health inequalities are considered and addressed during the

[3] *The role of health and wellbeing in planning*, 2014, Ministry of housing, Communities and Local Government, https://www.gov.uk/guidance/health-and-wellbeing
[4] https://www.gov.uk/government/publications/phe-healthy-places/healthy-places

planning process. HIAs are currently being produced systematically in South Worcestershire and increasingly so across the north of the county.

Recommendations

If action is not taken to improve the quality and availability of homes, the pressure on decreasing health and social care budgets is likely to increase.

Further work, in diverse areas, has been identified in the recommendations of this report. Areas include: Warm and healthy homes, the ageing population, homelessness and rough sleeping, falls prevention and planning for health. To take this forward will require effective joint working across agencies.

Recommendations	Lead Organisation(s)
Joint working in Housing and Health	
1. To take forward locally the objectives in the National Memorandum of Understanding. Stakeholders should use evidence and information to inform plans, strategies and commissioning at a local level. This will help to ensure that home and housing circumstances and their effect on health and wellbeing are suitably considered.	Health and Wellbeing Board Worcestershire Strategic Housing Partnership
2. To support the development of a joint preventative approach that maintains people's independence at home, reduces hospital admissions and provides effective discharge from hospital.	Health and Wellbeing Board, Worcestershire Strategic Housing Partnership
Warm and healthy homes	
3. Fuel poverty is a major issue affecting the county, there will be a need to build upon interventions in Worcestershire to address thermal comfort and low incomes.	Warmer Worcestershire network (WCC, District Councils, Act on Energy Age UK Hereford and Worcester Fire and Rescue Service, Public Health Practitioners, Care and Repair) Integrated Care for Older People (ICOPE) in Worcestershire

Recommendations	Lead Organisation(s)
Ageing population	
4. There is a need to ensure readiness for future increases in the number of older people and single person households. Action is required to improve the quality, suitability and availability of homes.	WCC (Adult Social Care/Public Health), Worcestershire Strategic Housing Partnership/ local planning authorities
Homelessness and rough sleeping	
4. Ensuring that needs of homeless people are included in Joint Strategic Needs Assessments to inform local planning and commissioning.	WCC Public Health
6. Ensuring awareness amongst policy makers of severity and nature of health problems for homeless people.	Health and Wellbeing Board, Worcestershire Strategic Housing Partnership
7. Improving access to health services for homeless people through joint working between local agencies.	Health and Wellbeing Board, Worcestershire Strategic Housing Partnership
8. Continuing to work in partnership in line with Worcestershire Homelessness and Rough Sleeping Strategy.	Worcestershire Strategic Housing Partnership
Falls prevention	
9. Services (in house and commissioned) to collaborate across health, social care and housing to ensure that a prevention focus with information, advice and adaptation services is available across the County.	WCC Public Health, Worcestershire Strategic Housing Partnership
Children and young people	
10. Joint working to reduce unintentional injuries using the NICE guidance[5]. Including: • Collecting information. • Determining and addressing barriers to creating a safe home environment. • Getting the community involved using 'community champions'. • Carrying out home safety assessments. • Supplying and installing home safety equipment.	Worcestershire Children First, environmental health, Fire and rescue services, Health visiting

[5] https://www.nice.org.uk/guidance/ph30

Recommendations	Lead Organisation(s)
Planning for Health	
11. Wyre Forest District Council, Redditch Borough Council and Bromsgrove District Council to consider adopting a similar approach to that set out in the South Worcestershire Planning for Health SPD.	WCC Public Health and district council planning authorities
12. Further develop planning processes conducive to health and wellbeing, using tools such as Health Impact Assessments and the Public Health England Healthy Places Programme.	WCC public health, WCC planning and district council planning authorities

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- Worcestershire County Council representatives.
- District council representatives.
- NHS: Redditch and Bromsgrove, South Worcestershire and Wyre Forest Clinical Commissioning Groups.
- Worcestershire Healthwatch.

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Full Report

Background

This is the first Worcestershire JSNA report which looks in depth at the overall relationship between housing and health. It builds on the 2018 Homeless Health Profile.

Our home environment affects our well-being, risk of disease and demands on health and care services. We need warm, safe and secure homes to help us to lead healthy, independent lives and to recover from illness.

People living in poor housing conditions directly affects demand on health services. The Building Research Establishment (BRE) suggested the cost of poor housing to the English NHS was £2 billion per annum and this figure is based on first year treatment costs only.[6]

In March 2018, Public Health England published *Improving Health and Care through the home.* This is a national Memorandum of Understanding (MoU) which was signed by over 25 government bodies and organisations in the health, social care and housing sector.[7] The MoU aims to maximise opportunities to embed the role of housing in joined up action on improving health and better health and social care services. It sets out:

- A shared commitment to joint action across sectors.
- Principles for joint working.
- The framework for designing and delivering healthy homes, communities and services.
- Success criteria to deliver and measure impact.

The MoU states that "local Health and Well-being Boards have a duty to understand the health and well-being of their communities, the wider factors that impact on this and local assets that can help to improve outcomes and reduce inequalities. The inclusion of housing and housing circumstances, for example, homelessness in Joint Strategic Needs Assessments, should inform the Health and Well-being Strategy and local commissioning". This profile has been produced to help satisfy this requirement and is intended to form part of an evidence-base around housing and health in Worcestershire which can be drawn upon by stakeholders.

[6] BHE (2015), *Cost of Poor Housing Briefing,* https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf

[7] Public Health England (2018),. *Improving Health and Care through the home: A National Memorandum of Understanding*. PHE publications gateway number 2017861 https://www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou

This report focusses on the following topics and their relevance to vulnerable groups of people such as the homeless, older people, people with long-term conditions including mental ill health or learning and physical disabilities, and families with young children:

- Insecure housing, such as temporary accommodation and homelessness.
- The condition of the housing stock.
- Fuel Poverty.
- Homes that do not meet household needs due to size, amenities, location or affordability.

The Link Between Housing and Health

The broad social and economic circumstances that together determine people's health and well-being are known as the 'wider determinants of health'. Figure 1 shows housing as part of the living and working conditions which affect people's health and well-being.

Figure 1 The Dahlgren and Whitehead Model of Health Determinants

Source: Dahlgren and Whitehead (1991)[8]

[8] Dahlgren G, Whitehead M (1991*). Policies and strategies to promote social equity in health,* Stockholm Institute for Further Studies

Public Health England have provided a useful summary which neatly encapsulates the links between housing and health:

There are risks to an individual's physical and mental health associated with living in:

- A cold, damp, or otherwise hazardous home (an unhealthy home).
- A home that doesn't meet the household's needs due to risks such as being overcrowded or inaccessible to a disabled or older person (an unsuitable home).
- A home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness (an unstable home).

The right home environment protects and improves health and well-being and prevents physical and mental ill health. It also enables people to:

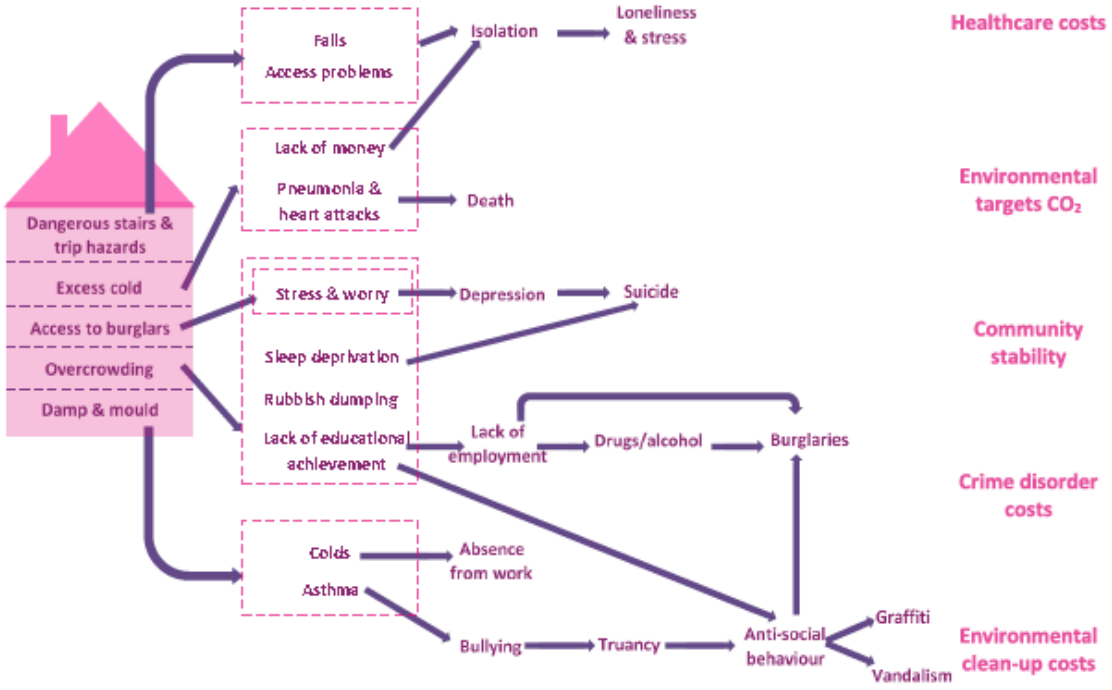
- Manage their own health and care needs, including long-term conditions.
- Live independently, safely and well in their own home for as long as they choose.
- Complete treatment and recover from substance misuse, tuberculosis or other ill health.
- Move on successfully from homelessness or other traumatic life event.
- Access and sustain education, training and employment.
- Participate and contribute to society.

Source: Public Health England 'Improving Health Through the Home' (2017)[9]

[9] https://www.gov.uk/government/publications/improving-health-through-the-home

Figure 2 shows the complex relationship between housing hazards and health. Hazards shown include dangerous stairs and trip hazards, excess cold, access to burglars, overcrowding and damp and mould. These are shown as leading to adverse outcomes including falls, loneliness, stress, pneumonia, heart attacks, depression and suicide.

Figure 2 Relating Housing Hazards to Health



Source: Wyre Forest Health Impact Assessment[10]

The most significant housing hazards and their associated health effects linked to poor housing have been identified in a systematic review[11] and are outlined below:

Significant housing hazards*

Air Quality (particles and fibres causing death among the very ill)
Conditions of warmth and humidity
Radon
Slips, trips and falls
Noise
House dust mites
Environmental tobacco smoke
Fires

*Seriousness of hazard assessed and ranked by number of people affected, seriousness of effect and strength of evidence

[10] BRE (2016). *Wyre Forest Health Impact Assessment*. BRE.

[11] Thomson H, Thomas S, Sellström E, Petticrew M. Housing Improvements for Health and Associated Socio-Economic Outcomes: A Systematic Review Campbell Systematic Reviews 2013:2

Associated health effects

Respiratory symptoms, asthma, lung cancer
Depression and anxiety
Injury or death from accidents and fires
Hypothermia
Skin and eye irritation
General physical symptoms

What is known about housing in England?

The Health Profile for England 2017 combines data to give a broad picture of the Health of People in England[12]. Some important housing-related findings from the report were:

- In 2013, a fifth of dwellings (21% or 4.8 million homes) failed to meet the decent homes standard[13], which is a reduction of 2.9 million homes since 2006 when around a third of homes (35% or 7.7 million) failed to meet the standard.
- Significant expansion of the private rented sector in the last 20 years (from 10% to 19%) has provided an additional 2.5 million homes. However, **this sector had the highest proportion of non-decent homes**. The social rented sector had the lowest proportion of non-decent homes (15%) and almost a fifth (19%) of owner-occupied homes failed to meet the standard. Conditions in the private rented sector are still behind, but the situation has been improving, falling from 47% of non-decent homes in 2006 to 28% in 2014. More families with children are using the private sector where homes are less likely to meet the decent homes standard.
- With the shortage of housing in the social rented sector, due in part because of a lack of affordable housing, **more low-income families are relying on private sector accommodation**, where homes are less likely to be affordable and meet the decent homes standard.
- Fuel poverty is the condition of being unable to afford to keep one's home adequately heated for comfort, and this is one of the factors associated with a reduced quality of health. In England, 10.6% of households were fuel poor in 2014. However, **a social gradient in fuel poverty exists where those on lower household incomes are more likely to be at risk of fuel poverty**, contributing to social and health inequalities.
- In 2014, 12.6% of households living in the most deprived local authorities were living in fuel poverty, compared to just 7.6% of households in the least deprived local authorities. **Households living on low income are more likely to live at lower temperatures.** Living at lower temperature is linked to a range of negative health outcomes including **cardiovascular** and **respiratory disease** and contributes to **excess winter deaths** across England.

[12] Public Health England. *Health Profile for England 2017*. Available at: https://www.gov.uk/government/publications/health-profile-for-england
[13] The criteria for the decent homes standard are as follows: it must meet the current statutory minimum standard for housing; it must be in a reasonable state of repair; it must have reasonably modern facilities and services; it must provide a reasonable degree of thermal comfort

What is known about Worcestershire?

Population Characteristics

Understanding the size and characteristics of the population is vital when it comes to planning and delivering services.

The following section describes the characteristics of the current and future population of Worcestershire. For District and Ward break downs and the most up to date figures a live 'data dashboard' is available on the Joint Strategic Needs Assessment (JSNA) Website[14].

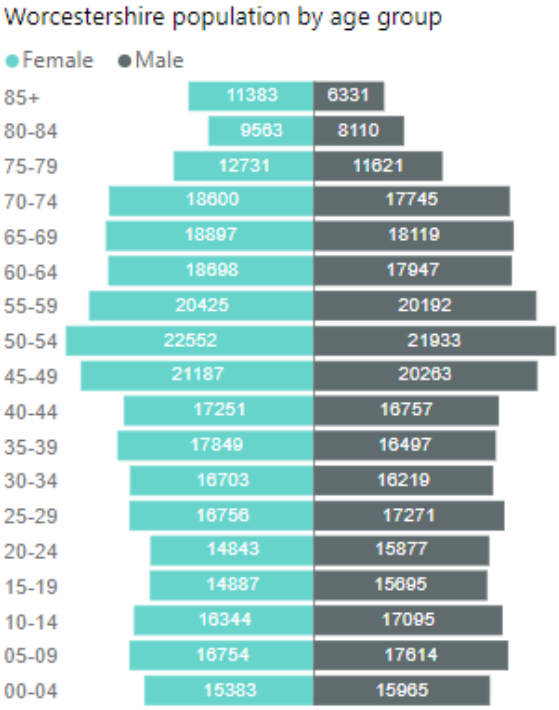
The current population of Worcestershire in 2018 is estimated to be 592,057[15] and this figure is projected to rise to 630,508 by 2035 according to ONS projections. This is an increase of approximately 38,500, which may be an underestimate as these national projections do not sufficiently take account of local housebuilding.

[14] http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment
[15] Office for National Statistics (ONS) 2017 Mid-Year Estimate

Figure 3 shows the current age structure of the Worcestershire population.

The Worcestershire population is ageing. A large proportion of the Worcestershire population is in the middle-aged and older age groups and by 2035 this is projected to translate into a large increase the number of people in the older age groups and, in particular, the very oldest age groups - as can be seen from Figure 4.

Figure 3: 2018 Age structure of the Worcestershire population

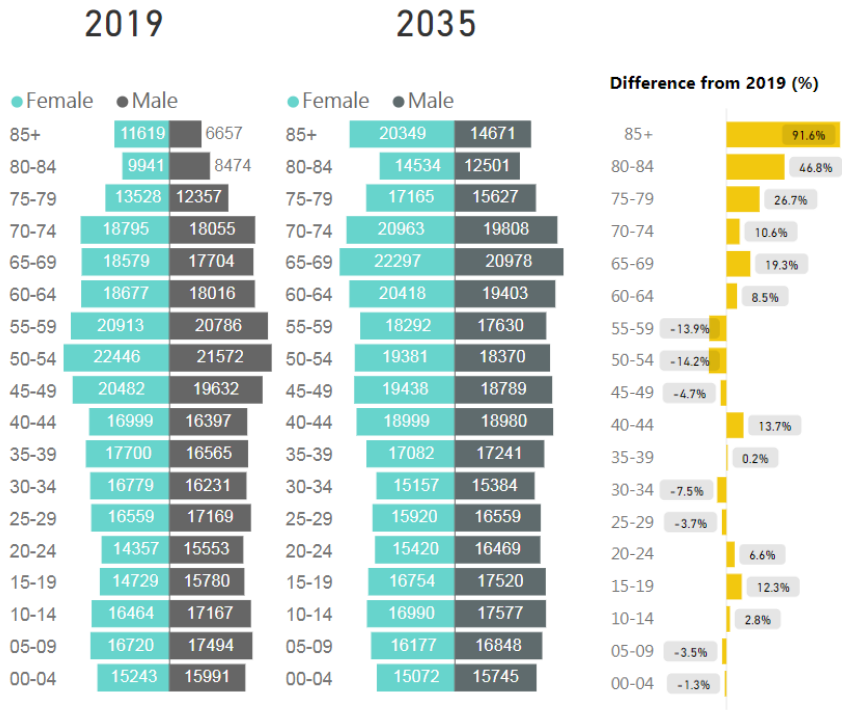


Worcestershire population by age group & gender

Age	Female	Male	Total
00-04	15383	15965	31348
05-09	16754	17614	34368
10-14	16344	17095	33439
15-19	14887	15695	30582
20-24	14843	15877	30720
25-29	16756	17271	34027
30-34	16703	16219	32922
35-39	17849	16497	34346
40-44	17251	16757	34008
45-49	21187	20263	41450
50-54	22552	21933	44485
55-59	20425	20192	40617
60-64	18698	17947	36645
65-69	18897	18119	37016
70-74	18600	17745	36345
75-79	12731	11621	24352
80-84	9563	8110	17673
85+	11383	6331	17714
Total	300806	291251	592057

Data from ONS mid-year population estimates

Figure 4 Population Projections for Worcestershire, 2019-2035



Household Composition

Office for National Statistics (ONS) projections show that nationally one-person households are projected to increase by 26% by 2041. Most of the growth in one-person households is projected to take place among households headed by older people. By 2041, there will be more people living alone who are aged 65 years and over than those who are less than 65 years old.

A similar pattern is seen for Worcestershire with particularly high growth rates in single person households for older age groups. Between 2019 and 2039, the number of all one person households is projected to increase by 20%, while the growth rate for over 65s is 44%. Reflecting the national trend, by 2039 most single person households in Worcestershire will be aged 65 and over (Table 2).

Table 2: Single Person Household projections, Worcestershire 2019-2039

Group	2019	2039	Change
Male under 65	23312	23140	-1%
Male 65 and over	12795	18661	46%
Female under 65	15733	15135	-4%
Female 65 and over	23882	34021	42%
All under 65	39045	38275	-2%
All 65 and over	36677	52682	44%
All single person households	75722	90958	20%

Source: Office for National Statistics

Dwelling Projections

The number of homes planned is available from local plans (Table 3).

Table 3 Homes Planned (from adopted local plans)

South Worcestershire Development Plan 2006	2030 = 28,400 homes
Bromsgrove District Plan 2011	2030 = 7,000 homes
Redditch Borough Plan 2011	2030 = 6,400 homes
Wyre Forest Core Strategy 2006	2026 = 4,000 homes
Total	45,800

Homes Delivered

From 2011 to mid-2017, 11,268 homes had been delivered. 2,408 homes were delivered in 2016/17.

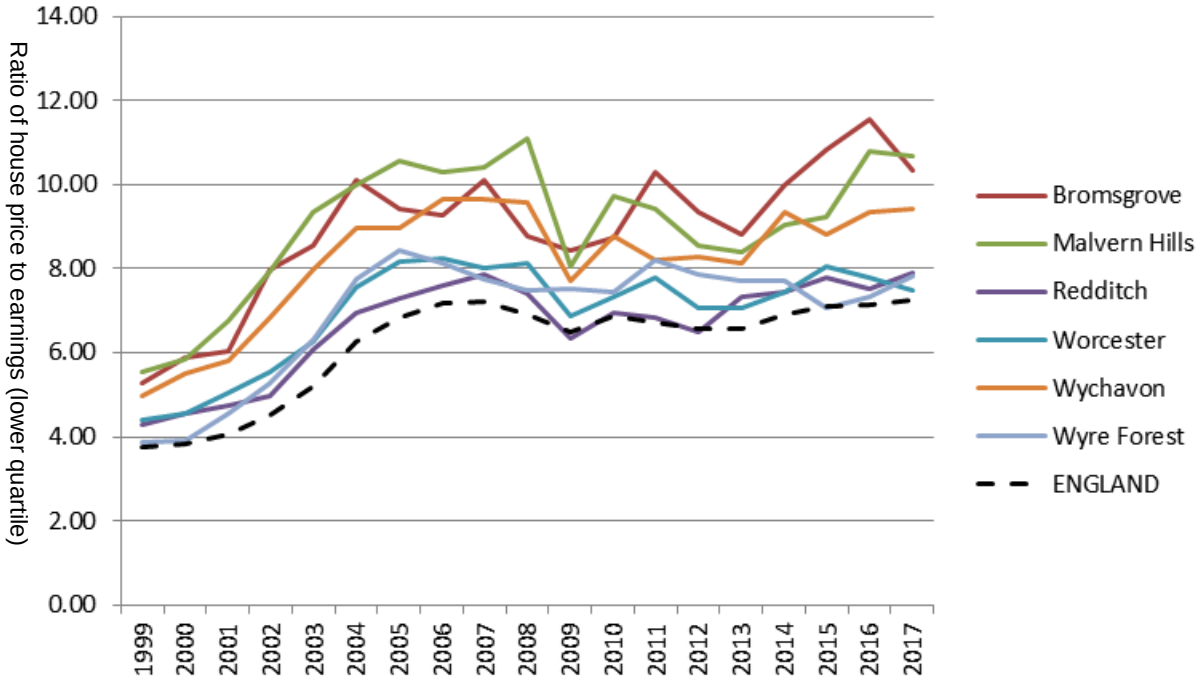
Currently all districts, with the exception of Bromsgrove and Redditch, are delivering over their accumulated targets. Bromsgrove and Redditch have under-delivered by approximately 1,600 homes since 2011.

The annual delivery rate across the county will need to be approximately 2,600 per year from 2021 to 2030 to deliver both the required numbers and any short fall from previous delivery, which is an unprecedented number for the county.

Housing Affordability

The economic situation of households is a key determinant of their ability to secure healthy and secure accommodation. Housing affordability affects where people live and work, and factors that influence health, including the quality of housing available, poverty, community cohesion, and time spent commuting.

Figure 5 Housing Affordability in Worcestershire; Ratio of Lower Quartile House Price to Lower Quartile Earnings[16]



Source: Office for National Statistics

Figure 5 shows how house prices relate to earnings for Worcestershire residents who earn the least (a ratio of the lowest 25% of house prices to lowest 25% of earners) termed the 'Housing Affordability Ratio'. The housing affordability ratio has remained consistently higher in Worcestershire districts compared to England. This means that in Worcestershire houses are less affordable for people whose earnings are in the lowest 25% of all earnings.

In common with the rest of the country, Worcestershire districts have seen a considerable decrease in the affordability of housing relative to earnings since 1999. However, the figures have plateaued somewhat in recent years.

Since 1999, Worcestershire has largely followed the national trend of housing becoming less affordable. However, there has been a noticeable slowdown in rate of increase since the impact of the economic downturn of 2008.

[16] The affordability ratios are calculated using Office for National Statistics (ONS) House Prices Statistics [1] (based on Land Registry data) and earnings from the Annual Survey of Hours and Earnings [2]. The earnings relate to the respondent's place of residence rather than place of work. This means that affordability in commuter areas reflects the earning power of commuters.

Households in Receipt of Housing Benefit

Table 4 shows the rate of housing benefit claimants by Worcestershire district. The highest rate of Housing Benefits claimants is in Wyre Forest District, the lowest is Bromsgrove District.

All districts have a housing benefit claimant rate that is significantly lower than England.

Table 4 Households in Receipt of Housing Benefit, April 2018

Area	No of Households on Housing Benefit	Rate per 10,000 Households
Bromsgrove	3,504	868
Malvern Hills	3,758	1,105
Redditch	4,855	1,377
Worcester	6,408	1,456
Wychavon	6,047	1,137
Wyre Forest	6,817	1,518
England	4.2 million	1,809

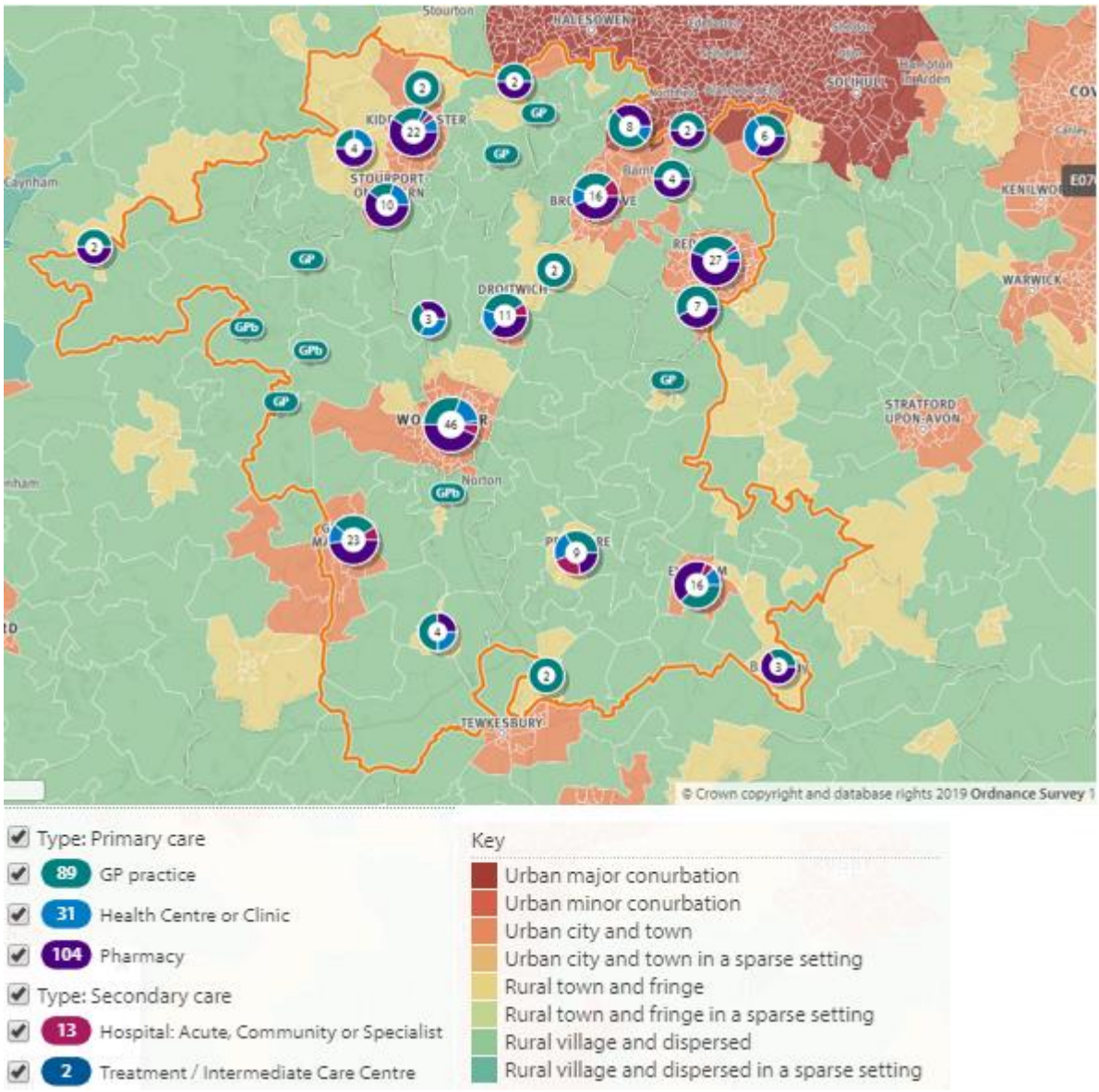
Source: Department of Work and Pensions (Stat-Xplore)

Access to Services

Worcestershire is predominantly rural but has some significant urban districts. The location of housing can affect access to local services.

As Figure 6 shows, most health services in the county are located in urban areas, which can present issues for those living in rural areas, particularly when access to a car is not available. Worcestershire has 64% of households with access to GPs within 15 minutes by public transport or walking compared to the England average of 81%.[17]

Figure 6: Map of Rural/Urban Classification and Health Service distribution in Worcestershire



Source: Public Health England SHAPE tool. Available at: https://shapeatlas.net.

[17] Worcestershire JSNA Briefing on Rural Health (forthcoming)

Housing Stock Condition

Non-Decent Housing

A decent home meets the following four criteria:

a. It meets the current statutory minimum for housing[18].
b. It is in a reasonable state of repair.
c. It has reasonably modern facilities and services.
d. It provides a reasonable degree of thermal comfort.

Figure 7 shows some stock condition information from 2011. It indicates that Malvern Hills, Wyre Forest and Wychavon had a higher proportion of non-decent housing than that seen nationally. While the proportion of households in private accommodation classified as vulnerable was lower than England in all Worcestershire districts, the highest rates were in Wyre Forest, Redditch and Worcester.

Figure 7 Stock Condition in Worcestershire, 2011

Authority	% non-decent dwellings	% of households in private accommodation classified as vulnerable	% of households classified as vulnerable and living in a non-decent property
Bromsgrove	33.0%	14.5%	5.1%
Malvern Hills	44.0%	15.1%	6.9%
Redditch	26.6%	19.6%	5.9%
Worcester	32.8%	18.5%	7.0%
Wychavon	38.0%	15.5%	6.1%
Wyre Forest	37.9%	19.7%	8.1%
England	35.8%	20.3%	7.9%

Source: Worcestershire Strategic Market Assessment 2012

More recent data on stock condition is available for Wyre Forest and Worcester City council districts:

Wyre Forest District (2016)

There are an estimated 9,127 category 1 hazards in Wyre Forest's private sector stock, of which 1,413 are within the privately rented sector. The owner-occupied sector contains the greatest number of category 1 hazards requiring an estimated £17.6 million to mitigate. The most common hazards are falling on stairs (3,631 hazards), excess cold (2,438 hazards) and falls associated with baths (662 hazards) (see Table 5).

The estimated total cost of mitigating all these hazards is £20.6 million with £3 million in the private rented sector.
In Wyre Forest District it is estimated that poor housing conditions are responsible for over 327 harmful events requiring medical treatment every year.

[18] The Housing Health and Safety Rating System (HHSRS) is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. It was introduced under the Housing Act 2004 and applies to residential properties in England and Wales.

If these hazards are mitigated then the total annual savings to society are estimated to be £17.5 million, including £1.5 million of savings to the NHS in the cost of treating accidents and ill-health.

Table 5 The estimated number of category 1 hazards by tenure and estimated number of instances requiring medical intervention in Wyre Forest, private sector stock (IMD lowest 20% is across all stock)

Housing hazard type	Total Private Stock	Owner Occupied	Private rented	IMD lowest 20%	Estimated number of instances requiring medical intervention
Falls on stairs etc.	4,307	3,631	676	700	135
Excess cold	2,769	2,438	331	186	15
Falls associated with baths etc.	786	662	123	128	44
Falling on level surfaces etc.	652	549	102	106	36
Falls between levels	242	171	71	86	24
Fire	88	62	26	31	2
Damp and mould growth	60	42	17	21	30
Flames, hot surface etc.	41	29	12	15	7
Entry by intruders	39	27	11	14	13
Food safety	35	25	10	13	6
Personal hygiene, sanitation and drainage	32	23	9	11	5
Collision and entrapment	30	21	9	11	5
Crowding and space	25	18	7	9	3
Electrical hazards	19	13	5	7	1
Domestic hygiene, pests and refuse	3	2	1	1	1
Total	9,127	7,715	1,413	1,338	327

Source: Wyre Forest Health Impact Assessment

The English Housing Survey produces national data on dwelling condition. Applying national trends to the stock profile of Wyre Forest would suggest that around 19.8% of dwelling stock is non-decent, which is slightly lower than the national average of 20.6%. The number of dwellings likely to fail the minimum standard of decent homes criteria is estimated to be 11.0% (compared with 11.9% nationally).

Worcester City District

Findings from the Worcester City Private Stock Condition Survey 2015 are summarised below.[19]

The findings of data examined as part of the report indicate that some 14,000 dwellings are non-decent - failing at least one of the four Decent Homes Standard criteria. This equates to 31.7% of the total private housing stock within Worcester which is slightly higher than the national average of 27% as identified from the English Housing Survey 2010-11 (Table 6). There has been an increase in the overall number of non-decent dwellings following the previous survey undertaken in 2004 by 10%, some 5,150 dwellings.

Table 6: Decent Homes Standard Failures, Worcester

Headline Result	Worcester 2004	Worcester 2014	National EHCS 2007	National EHD 2010-11
Overall Decent Homes Standard Failures	21.4%	31.7%	34.6%	27.0%
Fail Part A: HHSRS	27%		23.5%	17.0%
Fail Part B: Disrepair	6.2%		7.3%	5.6%
Fail Part C: Modern Facilities and Services	<1%		2.9%	2.3%
Fail Part D:	15%		14.9%	9.9%

Source: Worcester City Private Stock Condition Survey 2015

In social housing, Decent Homes failures have reduced steadily over the last 10 years due to targets set by the Government that must be met by social landlords. However, in the private rented sector, there are no legislative targets to enforce; and this increased level of failure indicates that property maintenance and the rate of component renewals have slowed – most likely due to the cost of carrying out such works, the impact of the economic downturn and there being no meaningful sanction to do otherwise (it should be noted that the 2004 Worcester City District survey used different criteria for the assessment of Decent Homes which relied on a very basic “fitness standard” and the 2014 figure, together with the updated 2010–2011 English Housing Survey figures are more relevant).

[19] Michael Dyson Associates, (Sept 2015), *Worcester City Private Stock Condition Survey*

Redditch and Bromsgrove

Findings from the most recent stock condition survey (produced from BRE stock modelling) in Redditch and Bromsgrove are shown in Table 7. They indicate that most decent home failures are due to the Housing Health and Safety Rating system, while thermal comfort issues are significant, accounting for around half of all decent homes standard failures.

Table 7 Proportion of private housing stock dwellings failing at least one of the four Decent Homes Standard criteria.

Failure Type	Number of dwellings	%
Overall Decent Homes Standard Failures	Bromsgrove	36
	Redditch	30
Fail Part A: HHSRS (Housing Health and Safety Rating System)	Bromsgrove	24
	Redditch	19
Fail Part B: Disrepair	Bromsgrove	8
	Redditch	7
Fail Part C: Modern Facilities and Services	Bromsgrove	1
	Redditch	1
Fail Part D: Thermal Comfort	Bromsgrove	17
	Redditch	16

Source: BRE Stock Modelling (2009)[20]

Overcrowding

The Parliamentary Office of Science and Technology (POST) published a report on health in private rented housing (2018) which summarises the evidence on the health effects of overcrowding and lack of space:

> *A 2005 survey by Shelter showed that most families living in overcrowded homes said their living conditions affected their mental health, stress, privacy and sleep quality. Concerns about children's physical health, as well as their ability to play and study, were frequently raised. The Housing Health and Safety Rating System also refers to the increased risk, from overcrowding and lack of space, of accidents, infectious diseases, condensation and mould. Living in overcrowded housing negatively affects children, including being associated with respiratory issues.*[21]

[20] Bromsgrove District & Redditch Borough Councils – BRE Stock Modelling

[21] Parliamentary Office of Science and Technology *POSTnote on health in private rented housing* (2018)

Local data from the Census of Population 2011 shows that the extent of overcrowding[22] is statistically significantly lower in Worcestershire and districts than nationally, but there is considerable variation by local authority district.

Figure 8: Proportion of Overcrowded Households (2011)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	1,060,967	4.8	4.8	4.8
Worcestershire	–	6,366	2.7	2.6	2.7
Bromsgrove	–	691	1.8	1.7	1.9
Malvern Hills	–	588	1.8	1.7	2.0
Redditch	–	1,541	4.4	4.2	4.7
Worcester	–	1,310	3.1	3.0	3.3
Wychavon	–	1,175	2.4	2.2	2.5
Wyre Forest	–	1,061	2.5	2.3	2.6

Source: Census

Warm and Healthy Homes

Fuel poverty is a major issue which links housing and health.

The independent Fuel Poverty Review report[23] suggested that a conservative estimate of the number of excess winter deaths caused by living in low temperatures due to fuel poverty would be 1 in 10; this equates to 2,700 people per year, more than die on the roads each year. In addition, fuel poverty contributes to a much larger number of incidents of ill-health and demands on the NHS and a wider range of problems of social isolation and poor outcomes for young people.

Fuel poverty can impact on health and well-being through a) the direct effects of living in a cold home and b) the indirect effect of carbon emissions on air quality which result from poor energy efficiency.

Beyond physical health, the Fuel Poverty Review also reports that there is evidence to suggest links between low temperatures and poor mental health, between cold homes and social isolation amongst adults and between low indoor temperatures and truancy, educational attainment and anti-social behaviour amongst adolescents.

Evidence shows that improved health is most likely when housing improvements are targeted at those with poor health and inadequate housing conditions, in particular inadequate warmth.[24]

[22] Overcrowding is defined as a household having one or more fewer bedrooms than the standard requirement

[23] Getting the measure of fuel poverty Final Report of the Fuel Poverty Review John Hills CASE report 72 ISSN 1465-3001 March 2012

[24] Thomson H, Thomas S, Sellström E, Petticrew M. *Housing Improvements for Health and Associated Socio-Economic Outcomes: A Systematic Review* Campbell Systematic Reviews 2013:2

Under the "Low Income, High Cost" measure published by Public Health England, households are fuel poor where:

- They have required fuel costs that are above average (the national median level).
- Were they to spend that amount, they would be left with a residual income below the official fuel poverty line.

The key elements in determining whether a household is fuel poor or not are:

- Income.
- Fuel prices.
- Fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household).

Various factors might lock households in to high energy costs including:

- A low standard of energy efficiency.
- A lack of access to capital to make the necessary improvements (or to move to a more energy-efficient property).
- Vulnerable people may be less likely to take advantage of cost savings through switching energy tariff or supplier.
- Pre-payment tends to be available on relatively expensive standard tariffs only.

Figure 9 shows that 28,694 (11.5%) of households suffered from fuel poverty in Worcestershire in 2016, slightly above the national average of 11.1%. While there has been some fluctuation, fuel poverty levels in Worcestershire have tended to be above the national level since 2011 (

Figure 10).

A briefing on fuel poverty was published in 2016 as part of the Joint Strategic Needs Assessment (JSNA).[25]

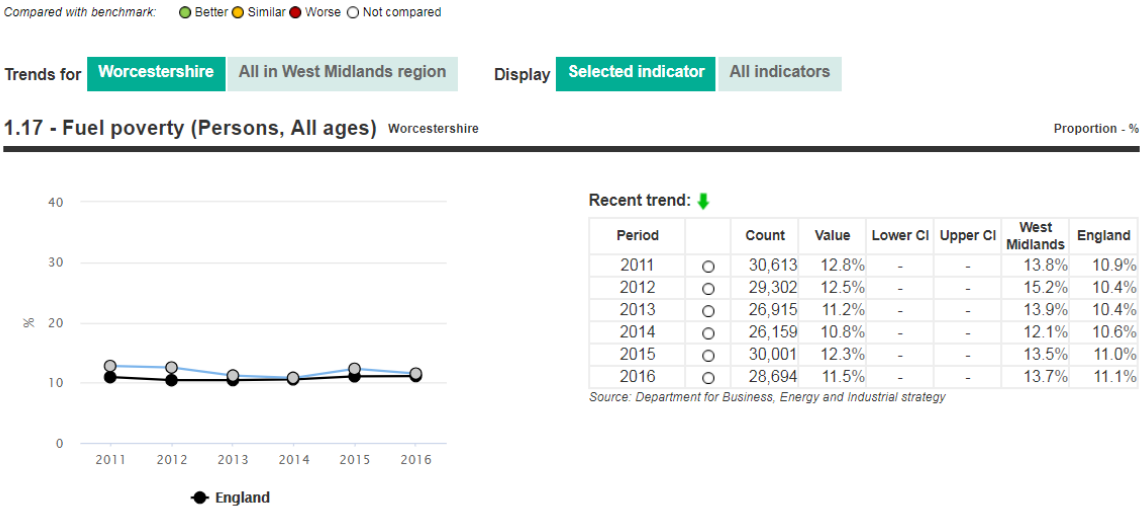
Figure 9: Percentage of households in fuel poverty, Worcestershire districts 2016

1.17 - Fuel poverty 2016

Area	Count	Value
England	2,550,565	11.1
Worcestershire	28,694	11.5
Bromsgrove	3,978	10.0
Malvern Hills	4,244	12.6
Redditch	3,820	10.6
Worcester	5,548	12.7
Wychavon	5,521	10.7
Wyre Forest	5,583	12.5

Source: Department for Business, Energy and Industrial strategy

Figure 10: Percentage of households in fuel poverty, Worcestershire 2011-2016



Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2011	○	30,613	12.8%	-	-	13.8%	10.9%
2012	○	29,302	12.5%	-	-	15.2%	10.4%
2013	○	26,915	11.2%	-	-	13.9%	10.4%
2014	○	26,159	10.8%	-	-	12.1%	10.6%
2015	○	30,001	12.3%	-	-	13.5%	11.0%
2016	○	28,694	11.5%	-	-	13.7%	11.1%

Source: Department for Business, Energy and Industrial strategy

[25] http://www.worcestershire.gov.uk/download/downloads/id/9407/2016_briefing_on_fuel_poverty.pdf

The numbers in fuel poverty represent a significant issue, and in Worcestershire a number of initiatives have been put in place to address it. For example, the Emergency Central Heating Offer (ECHO): Access to funding secured to repair or replace broken gas central heating for low income households; the Warm Homes fund, which enables low income households to receive a gas central heating system for the first time; and the Worcestershire Energy Switch, in which Worcestershire County Council promoted a collective energy switch which took place in October 2018. This encouraged households to seek a better energy tariff to reduce their energy bills.

All of these countywide schemes have engaged local energy charity Act on Energy to coordinate the customer focussed energy advice. Alongside engagement for the programmes, Act on Energy also offer additional support for applicants such as advice on fuel debt, additional energy efficiency measures such as insulation and onward referrals for additional support such as home fire safety checks with Herefordshire and Worcestershire Fire and Rescue Service.

Energy Performance Certificates (EPC)

An Energy Performance Certificates (EPC) is an asset rating and explains how energy efficient a building is and its impact on the environment. Dwellings are rated on a scale of A-G where an A rating is the most energy efficient. Homes which are rated more highly should have a lower impact through their Carbon Dioxide (CO_2) emissions. The Certificate will also include recommendations on methods by which the occupier can improve their home's energy efficiency which can save money and help preserve an environment conducive to human habitation (DECC, 2012).

Energy Performance Certificates (EPC) are drawn up by accredited energy assessors. They show how energy efficient a property currently is, and how energy efficient it could be if certain improvements were made.

The Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015 establish a minimum level of energy efficiency for privately rented property in England and Wales[26]. This means that:

- Landlords who are re-letting a self-contained property must supply an EPC to any prospective renter. The EPC must be commissioned before a property is marketed.

- From April 2018, landlords of privately rented domestic and non-domestic property in England or Wales must ensure that their properties reach at least an Energy Performance Certificate (EPC) rating of E before granting a new tenancy to new or existing tenants.

- From 01 April 2020, landlords must not continue letting a relevant domestic property which is already let if that property has an EPC rating F or G (as shown on a valid EPC for the property).

[26] Department for Business, Energy and Industrial Strategy, *The Domestic Private Rented Property Minimum Standard,* 2019, www.gov.uk/beis

Table 8 gives a breakdown of EPCs issued by Council District in Worcestershire over the period 2008-2018

Energy Performance Certificates (EPC) Rating

Table 8: Energy Performance Certificates (EPC) Rating, Worcestershire Districts, 2008-2018

Local Authority	Number of Lodgements	A	B	C	D	E	F	G	% F or G
Bromsgrove	27644	0%	13%	23%	39%	18%	5%	1%	6.2%
Malvern Hills	24146	0%	12%	20%	34%	22%	10%	3%	12.9%
Redditch	23961	0%	7%	31%	44%	15%	3%	1%	3.6%
Worcester	33007	0%	8%	25%	41%	20%	4%	1%	5.9%
Wychavon	39622	0%	19%	21%	35%	16%	6%	2%	8.1%
Wyre Forest	28226	0%	7%	24%	40%	21%	6%	2%	8.4%
England & Wales	18378820	0%	10%	27%	39%	18%	5%	1%	6.4%

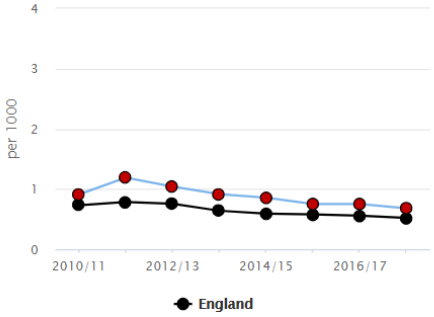
NB. A property may have more than one EPC recorded, some properties don't have an EPC.

Homelessness and Housing Insecurity

Homelessness and housing insecurity are important issues affecting health and inequalities. Data from Public Health England indicates that:

- The rate of homelessness applications in Worcestershire in 2015/16 was 4.9 per 1,000 (1,198 households), this is similar to the national rate of 5.0 per 1,000.
- The family homelessness rate in 2017/18 is 1.9 per 1,000 (472 households), similar to the rate of for England of 1.7 per 1,000.
- The homeless young people aged 16-24 rate in 2016/17 is 0.68 per 1,000 (170 people), which is significantly higher than the national level of 0.52 per 1,000. Figure 11 shows that the rate in Worcestershire has been persistently above national levels in recent years.

Figure 11: Homeless young people aged 16-24, Worcestershire 2010/11-2017/18, Crude Rate



Recent trend: ⬇

Period		Count	Value	Lower CI	Upper CI	West Midlands region	England
2010/11	●	217	0.91	0.79	1.04	1.29	0.73
2011/12	●	285	1.19	1.05	1.33	1.27	0.79
2012/13	●	251	1.04	0.92	1.18	1.19	0.75
2013/14	●	222	0.92	0.80	1.04	1.01	0.64
2014/15	●	209	0.85	0.74	0.98	0.91	0.59
2015/16	●	185	0.75	0.65	0.87	0.83	0.58
2016/17	●	186	0.75	0.65	0.87	0.81	0.56
2017/18	●	170	0.68*	0.58	0.79	0.69*	0.52

Source: Department for Communities and Local Government

- In 2017/18 the Worcestershire county rate of eligible homeless people 'not in priority need' was 0.9 per 1,000 households (240 people) similar to the England average (0.8 per 1000 households).
- There is a significantly lower than national rate of statutory homeless households in temporary accommodation recorded in Worcestershire in 2016/17 (100 households, 0.4 per 1000 households, England rate is 1.4 per 1000 households). This is a good outcome as people living in temporary accommodation have high rates of some infections and skin conditions; and children have high rates of accidents.

Rough Sleeping

The Government's Rough Sleeping Strategy 2018 sets out a requirement for a multi-agency approach to meeting the ambition of ending rough sleeping by 2027 and is a focus for partnership activity in Worcestershire. The health problems of rough sleepers were highlighted in the previous JSNA health and homelessness profile in 2018.

Official figures from the Ministry of Housing, Communities and Local Government 27, indicate that there were 53 people sleeping rough in Worcestershire in Autumn 2018. This is a considerable increase from the 25 people recorded in Autumn 2017 (the figures do tend to fluctuate from year to year).

[27] https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2018

In 2018 Worcestershire County Council published a Joint Strategic Needs Assessment Profile on Homelessness.[28] The key findings are given below:

- Homelessness covers a wide spectrum of housing situations and defining homelessness is not straightforward. Official data based on statutory homelessness are only part of the story. Counting homeless people is a challenge and hidden homelessness an issue.
- Homelessness is an important concern in Worcestershire. Many indicators are close to the national level. The economic recession saw statutory homelessness in the county peak in 2011, since then it has fallen, but it still remains above pre-2011 levels.
- Homeless people are at increased risk of a wide range of health problems related to physical health, mental health and substance misuse (usage of illegal and prescribed drugs, and of tobacco and alcohol).
- Physical health problems include circulatory and respiratory conditions, joint aches and pains and poor oral health. There is evidence that many homeless people have two or more long-term conditions (LTCs), a situation known as 'multimorbidity'.
- The Worcestershire Homeless Health Audit 2017 found the majority, 87%, of the sample were smokers. This is a similar proportion to national studies of similar homeless groups and is much higher than the general population prevalence of 17%. Amongst those who were drinking, the average units consumed per day was 11 which is much higher than the officially recommended limit of 14 units per week.
- Access to health services is an issue nationally and locally with significant proportions of homeless people facing barriers to access and/or insufficient treatment. This may have an effect on the diagnosis of chronic health conditions. For example, the Worcestershire Homeless Health Audit 2017 found diabetes was reported at a rate well below that recorded in the overall population, which suggests there may be under-diagnosis of this condition amongst this homeless population.
- The Homelessness Reduction Act 2017 increased the scope of duties of local authorities towards the homeless. Proposed changes to legislation and benefits are likely to have an impact on homeless numbers.

[28] Worcestershire County Council (2018),*JSNA Homeless Health Profile*

Housing for Older People

The population of older people in Worcestershire is set to increase in the future. Two key documents illustrate the links between housing and health for older people, and these are briefly summarised below:

Housing Learning and Improvement Network (Housing LIN): Dementia and housing: an assessment tool for local commissioning[29]

The Prime Minister's Challenge on Dementia 2020[30] includes an ambition for increased numbers of people with dementia being able to live longer in their own homes when it is in their interests to do so, with a greater focus on independent living.

The tool is intended to support a collaborative assessment between public health professionals and commissioners working in local authority adult social care, planning and housing departments, Clinical Commissioning Groups as well as providers of housing and housing-related services, and communities of interest. It describes three inter-related elements of housing:

- Physical environment, this can enable or disable health and wellbeing and housing conditions can support or undermine good health.
- Housing related services and interventions, these might include housing management and tenancy sustainment, housing-related support, or home-from-hospital services.
- People and networks, working with people with dementia, local authority and health commissioners and a range of providers, as well as multi-agency groups, voluntary sector, local networks and communities, to ensure that the person with dementia and their family and/or carers are at the centre of any support, and that agencies work in an integrated way.

[29] Housing LIN (Learning and Improvement Network), May 2016, *Dementia and Housing: An assessment tool for local commissioning,*
[30] Department of Health and Social Care, 2015.

Housing LIN: Helping People to be Cared for and Die at Home[31]

Championing the role of social housing and supporting the development of frontline housing staff to respond to this agenda. For example:

- Avoiding the harms for those affected by death and dying- increased mental health issues, physical illnesses.
- Reducing risk of increased mortality & morbidity for bereaved.
- Maximising quality of remaining life, and;
- Developing healthy environment- and infrastructures.

However, in a survey undertaken by the Local Government Information Unit[32] less than a quarter of respondents agreed that housing departments, and by extension social landlords, work closely with the NHS and social care on end of life provision, despite their often crucial role in supporting quality of life outcomes.

Falls Prevention

Housing can play a potential role in falls prevention. A review by Public Health England[33] identified interventions for home assessment and modifications as being potentially cost effective, alongside six other types of intervention such as strength and balance programmes.

Home Assessment and Modification (HAM) is a service in which relevant experts risk assess a person's usual residence to identify environmental hazards and carries out actions to reduce these. Typical environmental hazards are loose mats, poor lighting and no handrails.

NICE guidance[34] states:

"Older people who have received treatment in hospital following a fall should be offered a home hazard assessment and safety intervention/modifications by a suitably trained healthcare professional. Normally this should be part of discharge planning and be carried out within a timescale agreed by the patient or carer, and appropriate members of the health care team…Home hazard assessment is shown to be effective only in conjunction with follow-up and intervention, not in isolation".

[31] Housing LIN (Learning and Improvement Network), Feb 2016, *End of Life Care: Helping people to be cared for and die at home*
[32] LGIU, *The role of the local authority in end of life care* (2012)
[33] Public Health England, *A structured literature review to identify cost-effective interventions to prevent falls in older people living in the community* (2018)
[34] https://www.nice.org.uk/guidance/cg161

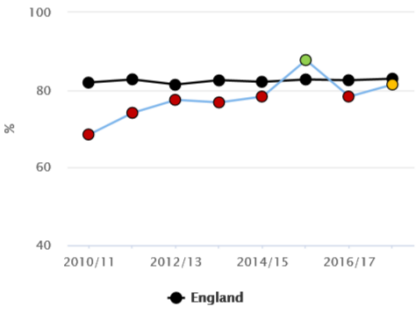
Discharge from Hospital

The NHS Outcomes Framework includes a key indicator that is relevant to the link between housing and health/social care. It measures the extent to which older people are helped to recover their independence after illness or injury.

This is the proportion of older people (aged 65 and over) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This is expressed as a percentage.

Figure 12 shows that the proportion of older people who were still at home 91 days after discharge has been improving in Worcestershire in recent years but is still below the national rate.

Figure 12: Proportion of older people who were still at home 91 days after discharge from hospital (age 65+), 2011/12-2017/18



Recent trend: ↑

Period		Worcestershire				West Midlands region	England
		Count	Value	Lower CI	Upper CI		
2010/11	●	185	68.5%	62.8%	73.8%	81.9%	81.9%
2011/12	●	395	74.1%	70.7%	78.1%	81.1%	82.7%
2012/13	●	395	77.5%	73.6%	80.9%	77.9%	81.4%
2013/14	●	430	76.8%	73.1%	80.1%	82.4%	82.5%
2014/15	●	445	78.3%	74.5%	81.3%	80.0%	82.1%
2015/16	●	458	87.7%	84.6%	90.3%	80.2%	82.7%
2016/17	●	419	78.3%	74.6%	81.6%	80.2%	82.5%
2017/18	●	398	81.4%	77.7%	84.6%	79.7%	82.9%

Source: Information Centre for Health and Social Care, ASCOF

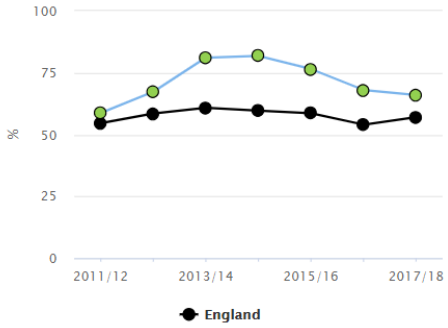
Source: NHS Outcomes Framework (indicator 3.6i)

Adults with Mental Health Needs

Housing Service Commissioners and providers have a key role in improving mental health outcomes - providing both settled housing and the services people need to maintain their homes as independently as possible. They can support people at risk of mental ill health to build resilience, as well as providing specialist support for people with mental health problems.

In Worcestershire the proportion of adults in contact with secondary mental health services living independently, with or without support, is 66% which is above the national average of 57% (Figure 13).

Figure 13: Proportion of adults in contact with secondary mental health services living independently, with or without support, Worcestershire 2011/12-2017/18



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	West Midlands region	England
2011/12		-	58.7%	55.6%	61.7%	51.2%	54.6%
2012/13		-	67.3%	64.0%	69.9%	60.3%	58.5%
2013/14		-	81.1%	77.9%	83.9%	72.2%	60.8%
2014/15		-	81.8%	78.8%	84.4%	71.2%	59.7%
2015/16		-	76.5%	73.2%	79.5%	72.5%	58.6%
2016/17		-	68.0%*	64.5%	71.3%	45.0%*	54.0%*
2017/18		-	66.0%	62.5%	69.3%	55.0%	57.0%

Source: NHS Digital. Measures from the Adult and Social Care Outcomes Framework, table 1H. (Resources)

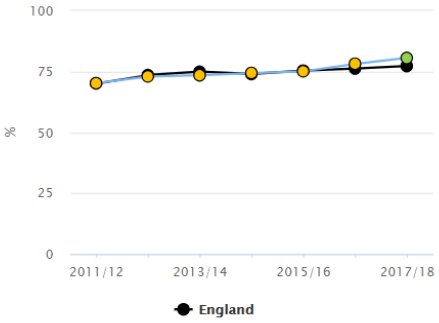
Source: Public Health Outcomes Framework, indicator “Adults in contact with secondary mental health services who live in stable and appropriate accommodation”. Figure heading is taken from ASCOF name as this is a better description.

Adults with a Learning Disability

The proportion of adults with a primary support reason of learning disability support who live independently in their own home or with their family in Worcestershire is 80.6%, which is statistically significantly higher than the national value of 77.2% (Figure 14). This indicator has been improving at a faster rate in Worcestershire than nationally. The nature of accommodation for people with a primary support reason of learning disability support has a strong impact on their safety and overall quality of life and the risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life prevents the need to readmit people into hospital or costly residential care.

Worcestershire's performance in relation to this indicator is linked to our Supported Living Strategy. We aim to maximise the number of people with disabilities who are living in supported living. This enables individuals to have their own tenancies or to become home owners, with the flexibility to move house or change their support provider if they wish, thus helping people to maximise their independence.

Figure 14: Proportion of adults with a primary support reason of learning disability support who live independently, in their own home or with their family, Worcestershire 2011/12-2017/18



Recent trend: ↑

Period		Count	Value	Lower CI	Upper CI	West Midlands region	England
2011/12		930	70.2%	67.7%	72.6%	65.4%	70.0%
2012/13		970	72.9%	70.5%	75.3%	66.0%	73.5%
2013/14		970	73.5%	71.0%	75.8%	68.9%	74.9%
2014/15		949	74.3%	71.8%	76.6%	64.7%	74.0%*
2015/16		962	75.1%	72.7%	77.4%	67.9%	75.4%
2016/17		1,001	78.1%	75.8%	80.3%	70.3%	76.2%
2017/18		1,030	80.6%	78.3%	82.7%	72.3%	77.2%

Source: NHS Digital. Measures from the Adult and Social Care Outcomes Framework, table 1G.

Source: Public Health Outcomes Framework indicator "Adults with a learning disability who live in stable and appropriate accommodation". Figure heading is taken from ASCOF name as this is a better description.

Accessible Housing

The benefits of adapting the home are recognised as an effective way to improve the health and wellbeing of older people, and disabled adults and children. A more accessible home environment can improve independence, reduce risk and reduce reliance on assistance.

New requirements on new build developments mean there are likely to be basic accessibility features in all new builds.[35]

While it is difficult to assess levels of need for adaptable housing in Worcestershire, we do have figures on the numbers of housing adaptations carried out.

[35] The Building Regulations 2015 edition incorporating 2016 amendments, HM Government

Disabled facilities grants are provided by local authorities to people who are disabled and need to make changes to their home, for example to:

- Widen doors and install ramps.
- Improve access to rooms and facilities – e.g. stairlifts or a downstairs bathroom.
- Provide a heating system suitable for their needs.
- Adapt heating or lighting controls to make them easier to use.

Home Improvement Agency

Home Improvement Agencies are local organisations that help older, disabled and vulnerable people to live a good life for longer. They offer reliable information and advice and support people to make modifications to their homes as their health and needs change through later years.

The Home Improvement Agency in Worcestershire provides advice and assistance to people to help them remain living independently in their home. They also provide the Disabled Facilities Grants on behalf of the 6 Local Housing Authorities and minor adaptations on behalf of the County Council.

Table 9: Home Improvement Agency (HIA) New Service User Characteristics in 2017/18 (based on cases closed)[36]

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	Total
Total Cases (number of sets of work)	188	149	142	127	180	209	995
Total Clients Analysed below	160	119	101	107	135	178	800
Older people (60 & Over) in total	111	80	64	76	86	125	542
No health information recorded	12	12	14	6	6	17	67
Older people with mental health problems including Dementia	4	1	5	1	3	3	17
Frail elderly	4	6	2	2	2	1	17
Mental health problems not older person	0	0	0	0	0	1	1
Learning disabilities (all ages)	3	5	5	3	3	5	24
Physical and sensory disabilities (all ages)	138	102	79	96	118	155	688
Other (Chronic Ill Health) (all ages)	6	4	2	3	7	3	25
TOTAL Health Issues	278	210	171	187	225	310	

[36] Please note: These figures are only available from cases where an OT has visited and provided the health information. There will be duplicate figures where someone has more than one health issue they will be entered under both headings.

Table 10: Disability Related Benefit Claimants in 2018

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	Total
No. of Disability Living Allowance claimants (May 2018)	1770	1690	2117	2467	2757	2757	13558
Number of Personal Independence Claimants (Dec 2018)	2264	1705	2952	2591	2880	3658	16050
No. of Employment and Support Allowance claimants (May 2018)	1910	2026	2340	3444	3039	3673	16432

Table 11: Disabled Facilities Grants (DFGs) in 2017/18

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	Total
No of people assessed for adaptations	267	189	182	180	236	273	1327
No. of DFGs approved	113	85	90	89	127	130	634
Average value of DFGs given (over £1,000)	£6,156	£5,757	£8,028	£7,068	£6778	£5,729	

NB. the first line is the number assessed for an adaptation either minor or a DFG and the second row is the number of DFGs approved – there is usually quite a high drop out rate as people aren't eligible (it is a means tested grant) or don't want to proceed with the work.

Children and Young People

National Institute for Health and Care Excellence (NICE) guidance on unintentional injuries for children and young people aged under 15 highlights some areas in which housing and health agencies can usefully collaborate.[37] NICE make the following recommendations:

Recommendation 1: Prioritising households at greatest risk

Determine the types of household where children and young people aged under 15 are at greatest risk of unintentional injury based on surveys, needs assessments and existing datasets (such as local council housing records).

The guidance refers to types of household and housing where children and young people aged under 15 are at greatest risk of unintentional injury. Identification of these 'Priority Households' could include those with children aged under 5, families living in rented or overcrowded conditions or families living on a low income. It could also include those living in a property where there is a lack of appropriately installed safety equipment, or one where hazards have been identified through the Housing Health and Safety Rating System (HHSRS).

The process of systematically identifying potential hazards in the home, evaluating the risks and providing information or advice on how to reduce them is described here as a Home Safety Assessment. Other terms commonly used to describe the same process include 'Home Risk Assessment' and 'Home Safety Check'. It may be carried out by a trained assessor or by parents and other householders, using an appropriate checklist.

[37] https://www.nice.org.uk/guidance/ph30

Recommendation 2: Working in partnership

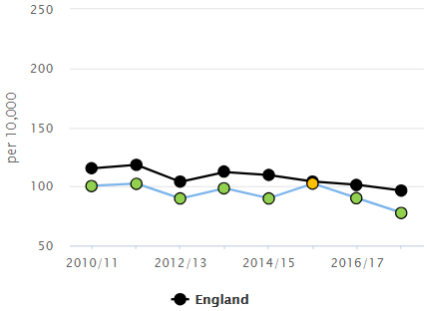
Establish local partnerships with relevant statutory and voluntary organisations or support existing ones. Partners could include: local community and parent groups, organisations employing health and social practitioners who visit children and young people in their homes (for example, health visitors), child care agencies, others with a remit to improve the health and well-being of children aged under 15, local umbrella organisations for private and social landlords, those involved in lifestyle and other health initiatives.

In the guidance, areas in which housing and health can work together are:

- On collecting information on specific households where children and young people aged under 15 may be at greatest risk of an unintentional injury.
- determining and addressing barriers to creating a safe home environment, for example, the cost of equipment, cultural norms, issues of trust or a lack of control over the home environment may all be barriers to installing safety equipment.
- getting the community involved (as outlined in NICE Public Health Guidance 9 'Community Engagement'). For example, local 'community champions' could be used to promote home safety interventions and help practitioners gain the trust of householders.
- carrying out home safety assessments and supplying and installing home safety equipment, in line with recommendation.

Data from Public Health England shows that Worcestershire performs better than the national average for hospital admissions caused by unintentional and deliberate injuries in children, and figures have been improving in line with the national trend (Figure 15).

Figure 15: Hospital admissions caused by unintentional and deliberate injuries in children (0-14), Worcestershire, 2010/11-2017/18, Crude Rate per 10,000



Recent trend: ↓

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2010/11		944	100.6	94.3	107.3	117.1	115.2
2011/12		958	102.4	96.0	109.1	120.5	118.3
2012/13		842	89.8	83.8	96.0	106.3	103.9
2013/14		928	98.4	92.2	105.0	116.4	112.2
2014/15		852	90.1	84.1	96.3	112.3	109.6
2015/16		976	102.4	96.1	109.0	110.4	104.2
2016/17		871	90.0	84.1	96.2	106.6	101.5
2017/18		762	77.7	72.3	83.4	103.4	96.4

Source: Hospital Episode Statistics (HES)

Source: Public Health Outcomes Framework

Planning for Health

National guidance on planning for health[38] has been published online by the Ministry of Housing, Communities and Local Government in recognition of the fact that the built and natural environments are major determinants of health and wellbeing. In addition, Public Health England have a Healthy Places Programme[39] which supports the development of healthy places and homes with the aim of ensuring that health inequalities are considered and addressed when planning, developing and improving the built environment and in enabling people to have a place they can call 'home'.

The guidance suggests that local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making.

At a more local level, The Planning for Health in South Worcestershire Supplementary Planning Document (SPD)[40], covers the local planning authorities of Malvern Hills District Council, Worcester City Council and Wychavon District Council. It was prepared in partnership with the Strategic Planning team and the Directorate of Public Health

It includes this useful summary:

Good health includes physical, mental and social wellbeing. Support for good health, including health care services provision, requires the application of best practice in a range of areas, including planning.

Positive measures include:

- *Planning for built and natural environments that provide suitable living conditions, encourage good physical and mental health and wellbeing, and prevent people becoming ill.*
- *Ensuring access to facilities that promote, provide and encourage healthier lifestyle choices or that deal with ill health, and a means of getting to those facilities.*
- *Providing health-promoting environments to support recuperation when people do fall ill.*

The Planning for Health SPD was written by Worcestershire County Council strategic planning section in conjunction with Public Health, with the purpose of ensuring consistent links are made between public health policy and approaches and the planning policy framework and development control activity that takes place at a District Council level. The SDP in itself is not a formal policy document but is intended to support the Planning Authorities to consider Public Health issues in a consistent manner across Worcestershire.

[38] *The role of health and wellbeing in planning*, 2014, Ministry of housing, Communities and Local Government, https://www.gov.uk/guidance/health-and-wellbeing
[39] https://www.gov.uk/government/publications/phe-healthy-places/healthy-places
[40] *"Planning for Health in South Worcestershire"* Adopted September 2017 Supplementary Planning Document

A Health Impact Assessment (HIA) is a tool to predict the health implications on a population of a planning proposal. HIAs ensure that the effects of development on both health and health inequalities are considered and addressed during the planning process. The SPD recommended the use of HIAs for specified planning proposals in South Worcestershire.[41]

The Public Health department at Worcestershire County Council is working with planners to develop a health and planning policy for South Worcestershire which will strengthen the SPD. It is also looking at developing a health SPD in Wyre Forest District.

Key Issues for Planning and Health

In this section we draw upon the national and local guidance referred to above to summarise some key issues linking planning and public health.

1. Sustainable Development

Sustainable development is about meeting the needs of the present without compromising the ability of future generations to meet their own needs

Achieving sustainable development means that the planning system has three overarching objectives, all of which are wider determinants of public health:

- An economic objective – to help build a strong, responsive and competitive economy
- A social objective – to support strong, vibrant and healthy communities,
- An environmental objective – to contribute to protecting and enhancing our natural, built and historic environment

2. Good Quality Adaptable Housing

Developing good quality adaptable housing that is suitable for all generations could include, for example, a reduction in health and social care costs. Additionally, the built environment, through the design of housing and supportive community spaces, is providing opportunities for social participation and community engagement.

[41] Residential and mixed use sites of 25 dwellings or more, Employment sites of 5 ha or more,
Retail developments of 500 square metres or more. The following should be screened to determine need for an HIA:
Restaurants & cafés, Drinking establishments, Hot food takeaways, Betting shops and pay-day loan shops

3. Age-Friendly Environments

Older people require supportive and enabling living environments to compensate for the physical and social changes associated with ageing.

The provision of accessible open spaces and walkable neighbourhoods can also encourage and facilitate increased physical activity amongst the elderly. The provision of safe, well-lit, segregated and walkable routes connecting local green spaces and essential amenities could improve the likelihood of those with dementia continuing their everyday lives as part of the community.

The provision of accessible open spaces and walkable neighbourhoods can also enable social interaction and connect people with places and other people.

4. Community Facilities

Community facilities play an increasingly important yet often undervalued role in providing for the wellbeing of the community and the facilitation of social contact. Ensuring that people do not feel the negative impacts of social exclusion is an important consideration in terms of both their physical and mental health and general well-being. Such facilities can encourage companionship, a sense of identity and belonging.

5. Green Space

Access to a network of high-quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities. An active life is important for physical and mental health and wellbeing.

6. Active Travel

Effective spatial planning can reduce the need to travel by car to the workplace, schools, shopping or leisure facilities by ensuring that new dwellings are located in areas where such facilities are readily available, or where alternative transport modes are in place.

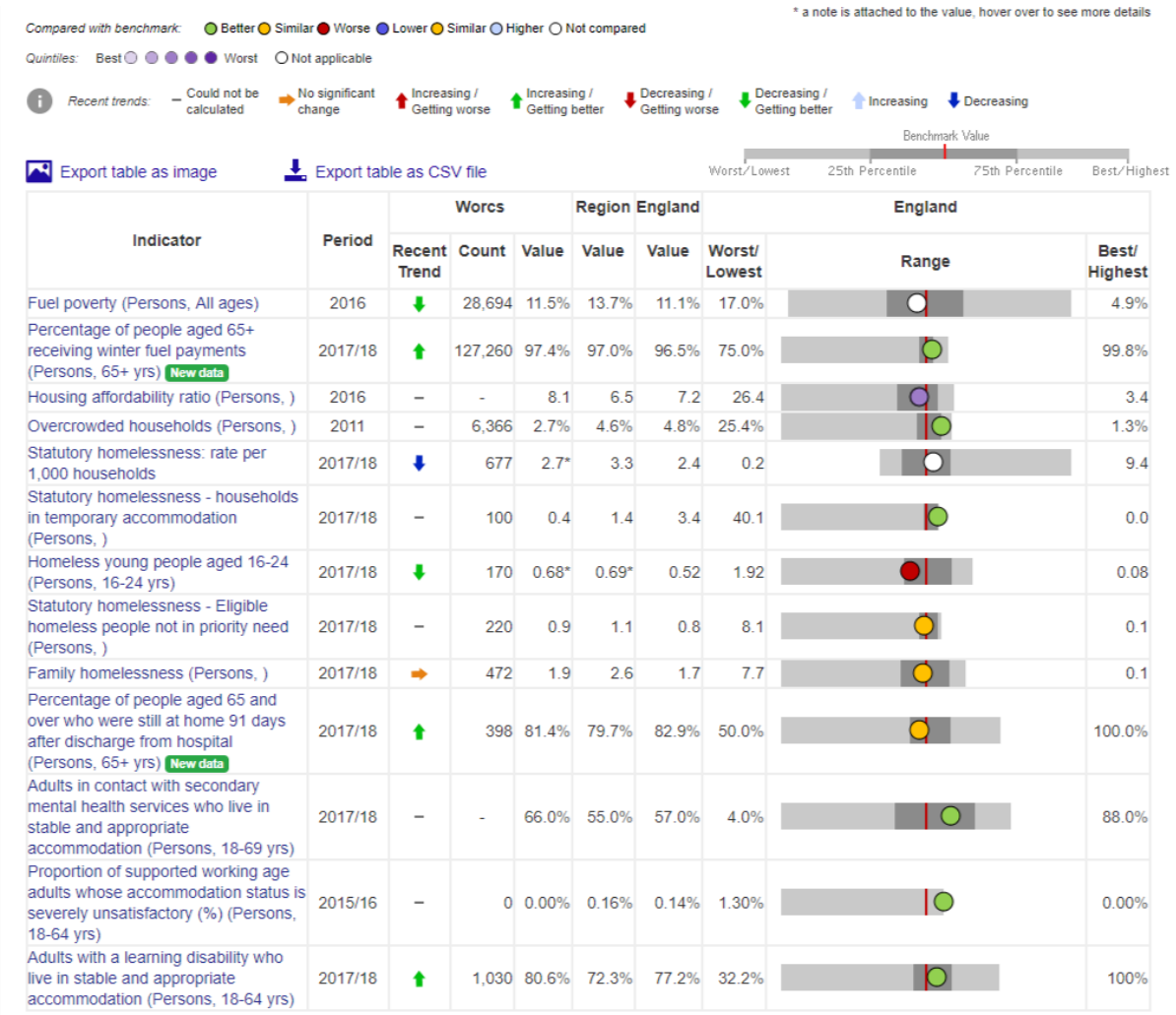
7. Encouraging Healthier Food Choices

City and town centres offer a wide range of services to meet the needs of their residents and visitors and in many cases allow them to enjoy a high standard of living. However, the prevalence, availability and location of some of these services, such as hot food takeaways, can encourage unhealthy consumption. A more positive aspect of cities and towns is the opportunity to encourage healthy eating through the use of allotments and food growing areas for the resident population.

How Does Worcestershire Compare?

This section reports a selection of indicators from the Public Health England Fingertips Tool which are relevant to housing and health. Figure 16 provides data on selected key performance indicators.

Figure 16: Worcestershire Data on the Key Performance Indicators Related to Housing and Health



Indicator	Period	Worcs			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Fuel poverty (Persons, All ages)	2016	↓	28,694	11.5%	13.7%	11.1%	17.0%		4.9%
Percentage of people aged 65+ receiving winter fuel payments (Persons, 65+ yrs) New data	2017/18	↑	127,260	97.4%	97.0%	96.5%	75.0%		99.8%
Housing affordability ratio (Persons,)	2016	–	-	8.1	6.5	7.2	26.4		3.4
Overcrowded households (Persons,)	2011	–	6,366	2.7%	4.6%	4.8%	25.4%		1.3%
Statutory homelessness: rate per 1,000 households	2017/18	↓	677	2.7*	3.3	2.4	0.2		9.4
Statutory homelessness - households in temporary accommodation (Persons,)	2017/18	–	100	0.4	1.4	3.4	40.1		0.0
Homeless young people aged 16-24 (Persons, 16-24 yrs)	2017/18	↓	170	0.68*	0.69*	0.52	1.92		0.08
Statutory homelessness - Eligible homeless people not in priority need (Persons,)	2017/18	–	220	0.9	1.1	0.8	8.1		0.1
Family homelessness (Persons,)	2017/18	→	472	1.9	2.6	1.7	7.7		0.1
Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital (Persons, 65+ yrs) New data	2017/18	↑	398	81.4%	79.7%	82.9%	50.0%		100.0%
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons, 18-69 yrs)	2017/18	–	-	66.0%	55.0%	57.0%	4.0%		88.0%
Proportion of supported working age adults whose accommodation status is severely unsatisfactory (%) (Persons, 18-64 yrs)	2015/16	–	0	0.00%	0.16%	0.14%	1.30%		0.00%
Adults with a learning disability who live in stable and appropriate accommodation (Persons, 18-64 yrs)	2017/18	↑	1,030	80.6%	72.3%	77.2%	32.2%		100%

Source: Public Health England Fingertips (user defined table)

The following indicators are significantly better than England:

- Winter Fuel Payments.
- Statutory homelessness in temporary accommodation.
- Overcrowded households.
- Adults in contact with secondary mental health services who live in stable and appropriate accommodation.
- Adults in contact with mental health services in settled accommodation.
- Proportion of supported working age adults whose accommodation status is severely unsatisfactory.

Statistical significance is not measured for the Housing Affordability Ratio, but this has been consistently higher than nationally for some time, as discussed earlier.

The rate of homeless young people aged 16-24 in 2017/18 was significantly above the national level at 0.68 per 1,000 population compared to 0.52 in England.

Current Risks and Challenges

- Growing mismatch between housing supply and demand and consequent issues of affordability and housing shortages.
- Homelessness and rough sleeping could get worse.
- Fuel poverty levels will remain at their current levels or even increase as housing stock deteriorates.
- Increased demands on health and social care system.
- Costs to the NHS and Social Care increase.

If action is not taken to improve the quality and availability of homes the pressures on decreasing health and social care budgets is only going to increase. The evidence available suggests that interventions to alleviate fuel poverty may be particularly effective.

Best Practice

A comprehensive review of evidence linking housing improvement and health was published in 2013[42]. The report found that:

- Improvements to housing conditions can lead to improvements in health.
- Improved health is most likely when the housing improvements are targeted at those with poor health and inadequate housing conditions, in particular, inadequate warmth.
- Area based housing improvement programmes, for example programmes of housing-led neighbourhood renewal, which improve housing regardless of individual need may not lead to clear improvements in housing conditions for all the houses in a neighbourhood. This may explain why health improvements following these programmes are not always obvious.
- Improvements in warmth and affordable warmth may be an important reason for improved health. This in turn may also lead to reduced absences from school or work. Improvements in energy efficiency and provision of affordable warmth may allow householders to heat more rooms in the house and increase the amount of usable space in the home.
- An overview of the best available research evidence suggests that housing which promotes good health needs to be an appropriate size to meet household needs and be affordable to maintain a comfortable indoor temperature.
- Housing investment which improves thermal comfort in the home can lead to health improvements, especially where the improvements are targeted at those with inadequate warmth and those with chronic respiratory disease.

[42] Thomson H, Thomas S, Sellström E, Petticrew M. Housing Improvements for Health and Associated Socio-Economic Outcomes: A Systematic Review Campbell Systematic Reviews 2013:2

The Housing Learning and Improvement Network (Housing LIN) [43] published some valuable guidance in 2016 which shows how housing improvements can contribute to outcomes in public health and adult social care.

The tool, *Developing Your Local Housing Offer for Health and Care*, provides charts to help to clarify how housing and related support services can deliver the specific outcomes required of health and care partners through the national frameworks. It does this by:

- Identifying the relevant outcomes in the national frameworks (across health, public health and social care).
- Identifying housing services and related support solutions that provide housing-based solutions/contribute to health and well-being outcomes.
- Signposting to existing national evidence that gives background evidence and modelling the key elements that the offer should contain, updated to reflect the latest work coming from the health and housing MoU.
- Linking to tools that can help to: demonstrate demand, quality of services, efficiencies and outcomes (economic and social impacts).

[43] CIH and the Housing LIN (Learning and Improvement Network, Developing Your Local Housing Offer for Health and Care, 2016

Key Publications

Public Health England (PHE)

Improving Health Through the Home: MoU
https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home

End of Life Care: Helping People to be Cared for and Die at Home
https://www.housinglin.org.uk/Topics/type/End-of-Life-Care-Helping-people-to-be-cared-for-and-die-at-home/

Developing your Local Housing Offer for Health and Care: Targeting Outcomes
https://www.housinglin.org.uk/Topics/type/Developing-your-local-housing-offer-for-health-and-care/

National Institute for Health and Care Excellence (NICE)

Excess Winter Deaths and Illness and the Health Risks Associated with Cold Homes (NG6)
https://www.nice.org.uk/guidance/ng6

Dementia Resource for Carers and Care Providers (QS30)
https://www.nice.org.uk/about/nice-communities/social-care/tailored-resources/dementia/statement-7

Unintentional Injuries in the Home: Interventions for Under 15s Public Health Guideline (PH30)
https://www.nice.org.uk/guidance/ph30

Who Might Find This Report Useful?

- The Worcestershire Health and Well-being Board.
- Housing and planning authorities.
- Housing Providers.
- Housing, care and support providers.
- The voluntary and community sector.

Data Notes

Organisations who carried out the original collection and analysis of the data bear no responsibility for its further analysis or interpretation.

Further Information and Feedback

This report has been written by Worcestershire County Council's Public Health Team. We welcome your comments on these reports and how they could better suit your requirements, please do contact us with your ideas.

This document can be provided in alternative formats such as large print, audio recording or Braille.

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