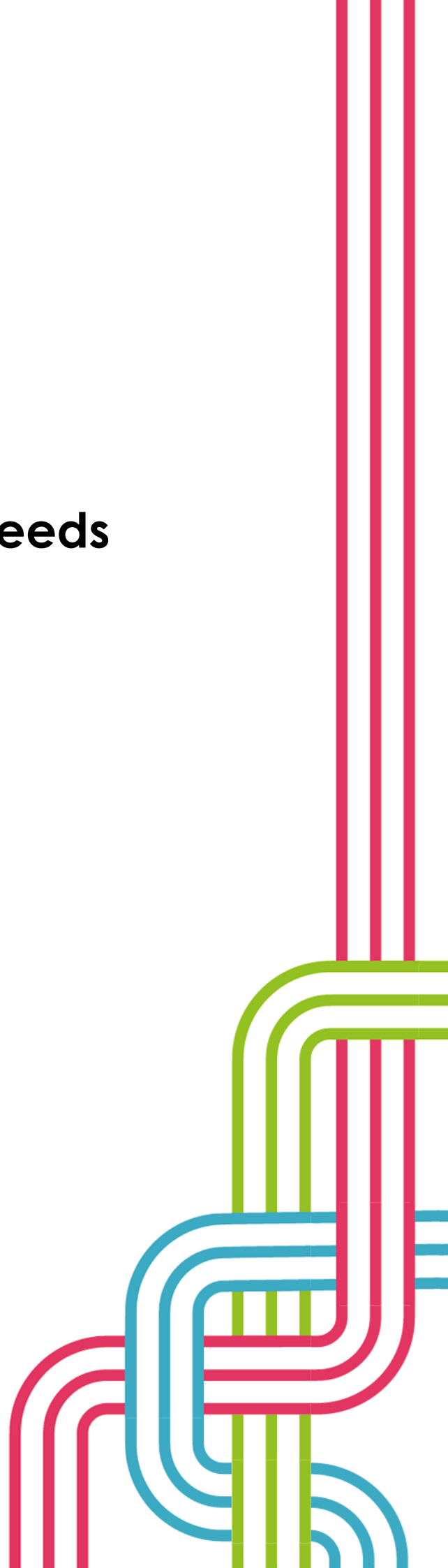


Housing and Health Needs Assessment

Literature review

Suffolk
2024



What does the H&HNA literature review tell us about housing in Suffolk?

The literature review explores the relationship between housing and health, covering topics such as the cost of poor housing to the NHS, housing partnerships, specific health conditions, health across housing tenures, and housing inequalities.

Key points:

- Poor housing conditions like cold, damp and overcrowding negatively impact physical and mental health and increase health inequalities. This costs the NHS billions per year in treatment.
- Partnerships between health and housing can improve outcomes through initiatives like improving homes to support hospital discharge.
- Certain groups like the homeless and those in private rentals tend to have worse health outcomes related to insecure housing.

Gaps:

- More research is needed on effective models of health and housing collaboration and how to scale up successful partnerships.
- There is limited data on health impacts in certain housing types like social and retirement housing.
- There is a need for more evaluation of interventions to demonstrate health improvements and cost savings.

Literature review

The literature review below is grouped into sections based on the reading list from 'The House of Commons Library Housing and health: a reading list', published in October 2022. The reading list combines reports and relevant material exploring the relationship between housing and health. The sections within the reading list are:

- housing and the NHS – cost of poor housing to the NHS; housing and NHS partnerships
- housing and specific health conditions – housing and Covid-19; housing and dementia; housing and mental health
- health across different tenures and scenarios – the private rented sector; housing with care; social housing; homelessness
- housing and health inequalities

Housing and the NHS

Cost of poor housing to the NHS

Unhealthy housing conditions can have far-reaching consequences that extend beyond the current inhabitants. These conditions, such as excessive cold or damp, can lead to the spread of respiratory conditions and diseases. As a result, the NHS and social care services often bear significant costs related to treating housing-

related illnesses. Among these, excess cold in homes is a primary concern that imposes a substantial burden on the NHS.

An initial report was produced by the Building Research Establishment (BRE) in 2015 on “The Cost of Poor Housing to the NHS”. That report looked at the impact of housing on health, and the benefits of improving it. It also identified the ageing UK housing stock over the previous 20 years with insufficient replacement, improvement, and new housebuilding. The 2015 report noted the expansion of the private rented housing sector, with a focus on affordability for many people, as well as security of tenure⁸⁹.

The 2021 follow-up report estimates the cost to the NHS of poor housing as £1.4 billion per year to treat those affected by inadequate housing. The £1.4 billion per year estimate is for first year treatment costs alone.

Common extreme hazards include cold and home accidents, such as falls on stairs. These hazards are most harmful to the vulnerable – for instance, older people, and families with young children. Improving poor housing also brings wider benefits including reduced home energy costs and carbon emissions, while creating local job opportunities³.

Many hazards result in conditions that require ongoing treatment beyond the first year, such as continuing care. There is also a loss of economic potential with poorer educational attainment, loss of productivity and career prospects for victims of hazards, family carers and employers³.

Including estimated societal costs, the cost to society of poor housing is £18.5 billion per annum. These costs will continue unless there is targeted intervention to improve the worst housing stock in England³.

Housing and NHS partnerships

Health and housing services can work together to prevent and reduce hospital admissions, length of stay, delayed discharge, readmission rates and improve outcomes, particularly by promoting equality and reducing health inequalities by improving access to services⁹⁰. Housing organisations can provide health and wellbeing services, improve people's home environments, improve safety, sustainability, and suitability of people's homes, and offer advice on housing options⁹⁰.

[ADASS East guides](#) offer housing top tips for NHS staff and commissioners, navigating services, systems and professionals involved in housing and delivering new housing. It covers identifying housing issues, understanding tenure types, locating the right local authorities and social housing providers, coordinating activity through a single point of contact, obtaining adaptations and grants, ensuring affordability through benefits, accessing homelessness prevention services, dealing with poor housing conditions, and exploring options for more suitable accommodation such as supported housing. The goal is to equip NHS staff with the knowledge to effectively signpost clients/patients to appropriate housing solutions that can improve their health outcomes.

One successful example of partnership working is the Better Homes, Better Neighbourhoods and Better Health agreement, a collaboration between Greater Manchester Combined Authority, Greater Manchester Housing Providers and Greater Manchester Health and Social Care Partnership. The agreement includes plans to work with local people and neighbourhoods to align expertise, resources, influence and knowledge and capacity to improve outcomes for residents.

The group's focus is on improving the quality of lives for people living in Greater Manchester by building new homes, delivering joint services to enable people to live well and longer in these homes, reducing their carbon footprint, investing in assets and being good employers⁹¹.

The Kings Fund in March 2018 produced a report on housing and health: opportunities for sustainability and transformation partnerships (STPs). Integrated Care Systems (ICS) were established in July 2022 and succeeded STPs⁹². The report by the National Housing Federation assists those leading ICSs to maximise the contribution housing has to health, with priorities to support discharge from hospital, the strategic use of NHS estates and mental health⁹³.

Housing and specific health conditions

Housing and Covid-19

The Covid-19 pandemic highlighted some of the health implications of housing. Overcrowding is associated with greater spread of Covid-19, and 'lockdown' restrictions meant people spent more time in overcrowded, damp, or unsafe housing⁹⁴.

A report by St Mungo's in January 2021 explored the health needs of people sleeping rough in England and their vulnerability to Covid-19. People who sleep rough frequently have extremely poor health and are more at risk for early death⁶⁰. Between July to December 2020, 24% of individuals accessing St Mungo's services had an underlying health condition, putting them at higher risk of suffering from severe cases of Covid-19⁹⁵.

The Centre for Ageing Better "Homes, health and Covid-19" from September 2020 details the contribution of poor-quality homes during the pandemic. The report states that Covid-19 has exposed and amplified housing-related health inequalities such as security of tenure and overcrowding leading to increased transmission⁹⁶. Groups in the population who are more likely to live in poor housing are often the same groups likely to be vulnerable to Covid-19. The report also says that living in a cold, damp home could exacerbate or induce respiratory and cardiovascular conditions, increasing the risk of contracting Covid-19⁹⁶.

Overcrowded houses also pose a health risk and are more common among minority groups. People living in homes with multiple generations were found to have worse health outcomes during the pandemic. These households are more likely to have people still having to work, with older and vulnerable residents then exposed and susceptible to the severe symptoms of Covid-19. Other pandemic considerations in the Centre for Ageing Better report include the delay of essential works leading to

increased falls, and the lack of access to green space contributing to increased mortality from cardiovascular conditions⁹⁶.

The Health Foundation in December 2020 published a report titled “Better housing is crucial for our health and the Covid-19 recovery”. It is estimated that one in three (32% or 7.6 million) English households had at least one major housing problem leading to overcrowding, affordability, or poor-quality housing. The problems affect health outcomes: physical health from poor quality homes, and mental health from affordability and/or insecurity⁹⁴.

Lockdown, Rundown, Breakdown by the Northern Housing Consortium in October 2020 demonstrated the impact living in unsuitable housing had on northern households during the pandemic. The report found existing poor conditions were worsening, and renters under-reported repair issues out of fear of eviction and rent rises. The report also stated there was likely to be backlog of major repairs and increases in energy use due to spending more time at home – increasing anxiety due to the increased household costs⁹⁷. These issues highlighted in the report are likely to have been experienced by households in Suffolk as well, given the widespread nature of the pandemic and its impact on housing conditions across the country.

Housing and dementia

The World Alzheimer Report 2020 offers a global perspective of dementia-related design. This approach enables those living with dementia to live longer in their own homes and communities. The report also stresses the importance of including people with dementia in the design process – supporting those living with dementia to be able to age in place and avoid – or defer – a move into residential care⁹⁸.

Being Home – Housing and Dementia in Scotland provides a series of recommendations and outlines the role suitable housing had in the lives of those affected in Scotland. Improved housing increases opportunities for people to live well with dementia⁹⁹. The findings of this report are also applicable to Suffolk residents experiencing dementia and focus on improving housing to increase opportunities for people to live well with dementia. Improvements include listening to those affected by dementia and exploring the evidence for interventions to maintain the person at home, as well as utilising technology to support people with dementia at home.

Housing and mental health

Good quality, affordable and safe housing is necessary for good mental health. Poor housing with damp and mould, antisocial neighbours, and uncertain tenancies or overcrowding can worsen an individual's mental health¹⁰⁰.

Data from the July-September Combined Homelessness and Information Network (CHAIN) report on rough sleeping in London showed 44% (1,011 people) seen sleeping rough during July to September 2020 had mental health support needs. 33% (761 people) had drug support needs¹⁰¹.

The NHS Confederation report “Healthy foundations: integrating housing as part of the mental health pathway” in 2022 explores the opportunities at policy and

practice level to integrate approaches across health, housing, and social care. It states that for those living with serious mental illness, housing is a critical factor to support those to live as independently as possible. The report also identifies the need to develop consistent models of supported housing services built on good practice and collaboration between those with lived experience and supported housing and social care teams¹⁰².

The UK Collaborative Centre for Housing Evidence in 2019 produced a policy briefing on housing insecurity and mental health. The briefing includes a summary of key findings from the evidence review on housing insecurity and mental health, in addition to policy recommendations. These findings include:

- with decreasing affordability and an increased role for the private rented sector, combined with worsening housing outcomes (compared to previous generations), an analysis of the relationship between housing insecurity and mental health is timely
- associations are complex, but how people feel about their housing has an impact on their mental health, for instance experiencing depression or low self-esteem because of housing problems¹⁰³

The report "Full House? How Overcrowded Housing Affects Families" by Shelter in 2005 shares experiences of 505 overcrowded families. 71% percent of the respondents strongly agreed that overcrowding harmed the health of family members. 86% said depression, anxiety or stress in the home were because of cramped living conditions¹⁰⁴.

Health across different tenures and scenarios

The private rented sector

The UK Collaborative Centre for Housing Evidence produced a report in 2021 on subjective wellbeing and experience of living in the private rented sector. The key takeaways from the report indicate poor property conditions, affordability, and security of tenure are drivers of poor health and wellbeing. Some evidence suggests people living in social and privately rented housing have poorer wellbeing than homeowners¹⁰⁵. Perceived risk of eviction contributes to feelings of anxiety, stress, and the inability to feel settled at home. The report also identifies the "normalising discourse" of home ownership, with stigma being attached to certain types of housing that can negatively affect wellbeing¹⁰⁵.

In addition to the report in 2021, the UK Collaborative Centre for Housing Evidence in 2021 also produced several findings from 53 tenant interviews of those living in the private rented sector. "Capability approach" is an alternative way of measuring wellbeing – some found living in the private rented sector as "capability-enhancing". This was because of adequate interior and outdoor space, housing quality, local connection, and positive relationships with landlords¹⁰⁶. Those living in the private rented sector (especially on low incomes) also experienced "capability deprivation", influenced by poor property conditions, affordability, feelings of insecurity and illegal or poor landlord and letting agent management practices¹⁰⁶.

The Chartered Institute of Housing in February 2019 produced a report “Private renting and mental health: A way forward”, exploring levels of mental health support for landlords and tenants in the private rented sector in Wales. 32% of support organisations felt tenants in this sector never have enough support, with almost half (45%) of landlords feeling there is never enough support for landlords to support tenants experiencing mental ill-health¹⁰⁶. People with mental ill-health may also face discrimination when trying to access private rented housing, as 37% of support organisations said this took place ‘always’ or ‘most times’¹⁰⁶.

Housing with care

Housing with care may also be referred to as retirement communities, which includes extra care housing, assisted living or retirement villages. These forms of housing allow people to live in their own household, while accessing care and meals on site¹⁰⁷.

The Associated Retirement Community Operators (ARCO) in November 2021 produced “Putting the ‘care’ in Housing-with-Care”. This report found that integrated retirement communities are vital to prevent the UK’s social care system collapsing and could reduce the care staff shortage – if backed to grow to levels seen in New Zealand, Australia, and America¹⁰⁸. Care can also be provided more efficiently as staff do not need to travel between visits, with many residents also requiring less care after moving in due to physical and mental health and wellbeing improvements, possibly saving significant amounts for the NHS and social care¹⁰⁸.

The Housing Learning and Improvement Network (Housing LIN) in partnership with Southampton City Council completed a study highlighting the health care system benefits of housing with care in August 2019. While the research centred in Southampton, several benefits were noted: improvements to resident’s quality of life, reductions in the use of health services and resources, and significant cost savings and benefits to the health system¹⁰⁹. These were through a reduced number of GP visits, reduced community health nurse visits, fewer non-elective admissions to hospital and reductions in length of stay and delayed discharges from hospital among housing with care residents¹⁰⁹.

Social housing

Social homes have rents attached to local incomes, providing secure housing options. Social housing is either provided by housing associations, or local councils who act as the landlord. Social housing aims to be more affordable than private renting and provide secure tenancies¹¹⁰.

The UK Collaborative Centre for Housing Evidence and Housing Association’s Charitable Trust in August 2020 produced “The Impact of Social Housing: Economic, Social, Health and Wellbeing”. The report laid out the economic and social benefits social housing brings to residents and communities. The benefits include economic benefits by creating jobs, reducing inequalities by tackling homelessness and child poverty, and strengthened community resilience, including in rural areas¹¹¹.

In 2016, The Kings Fund also looked at the economic case for closer working between the housing and health sectors – particularly how housing associations can

reduce demand on the NHS and create social value. The case studies in the report demonstrate the economic benefits housing associations provide through safe, decent homes that enhance wellbeing, alleviating the cost of illness and treatment, while reducing costs of delivering health care to individuals¹¹².

Homelessness

People can face homelessness due to many reasons, including: a lack of affordable housing, unemployment, leaving prison, leaving the care system, after significant life events such as relationships deteriorating, or when living with mental or physical ill-health¹¹³.

Health Matters: rough sleeping by the Department for Levelling Up, Housing and Communities (DLUHC) in February 2020 provides guidance on the physical and mental needs of those sleeping rough. The guidance states that ill health is both a cause, and a consequence of homelessness, but is not always the reason. For instance, job loss or relationship breakdown can result in homelessness. The guidance also states that cross-government working is required to prevent rough sleeping – requiring collaboration between the NHS, local authorities, social care, and housing services¹¹⁴.

The web resource 'Health and wellbeing' by Crisis details the research into the impact homelessness has on physical and mental health. Crisis states that 78% of homeless people have a physical health condition, compared to 37% of the general population¹¹⁵. Homeless Link 'The Unhealthy State of Homelessness 2022' revealed 82% of homeless people had a mental health diagnosis, compared to 12% in the general population. This difference is driven by the number of homeless people reporting depression¹¹⁶. The Crisis webpages explore the links between homelessness and mental health, physical health, drugs and alcohol, and health services¹¹⁵.

The Local Government Association 'The Impact of Homelessness on Health' is a resource for local authorities, produced in 2017. The report presents the impact of homelessness on health and wellbeing for children and young people, working age adults, and older adults. According to the report, up to 70% of homeless young people experience mental-ill health, and 33% self-harm⁵⁹. The report emphasises to improve health outcomes, leaders in health and social care systems have a role to prevent, reduce and end homelessness by providing voice and listening to the lived experience of homeless individuals⁵⁹.

Housing and health inequalities

The independent Marmot Review in 2010 built upon earlier work by concluding that housing is a key 'social determinant of health'. The report states that the housing conditions someone experiences throughout their life can influence physical and mental health inequalities¹¹⁷. More broadly, the Marmot Review emphasises that reducing health inequalities requires comprehensive action across all social determinants of health¹¹⁸.

The research briefing from October 2022 summarises the role of homes in levelling up health and wellbeing in England. Within the briefing, organisations have campaigned for the role of housing to address regional health inequalities. Shelter is

campaigning for further social housing development to support those struggling with rising rents and stuck in unfit accommodation¹¹⁹. Levelling up through health and housing research states investing in affordable housing yields a “multiplier effect”, creating jobs, boosting the economy in addition to public wellbeing¹²⁰. The research briefing states the government’s current position, which is a commitment to halve the level of non-decent rented homes by 2030, with the greatest improvements in the poorest-performing areas¹²¹.

London Institute of Health Equity published ‘Fuel poverty, cold homes and health inequalities’ in 2022. The report explores the link between fuel poverty, cold homes, and poor health outcomes. Households experience fuel poverty if they are on a low income and face high energy costs or live in a cold home¹²². Given the increased cost of fuel, rates of fuel poverty have increased since summer 2021. Homes that are cold due to fuel poverty also exacerbate health inequalities, worsening respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia, and problems with childhood development. Cold homes also contribute to excess winter deaths - the report estimates that 10% of excess winter deaths are attributable to fuel poverty, and a further 21.5% of excess winter deaths are attributable to cold homes¹²².

A briefing paper by the UK Collaborative Centre for Housing Evidence looks at retrofitting the ageing UK housing stock to tackle health inequalities. Improving the energy efficiency of housing can lower consumption of energy overall. The briefing paper stresses proportionate universalism: resourcing and delivering universal services at a scale and intensity proportionate to the degree of need¹²³. The paper recommends targeted support to those who are most exposed (those in fuel poor households who could benefit the most from renewable energy supplies and cavity wall insulation)¹²³.

The Chartered Institute of Housing outlines how public health, health and housing bodies can better collaborate for the benefit of their communities in the April 2022 article ‘Helping to tackle health inequalities’. The article reiterates that where individuals live matters, with housing a significant determinant of underlying health inequalities. The article recommends councils and housing partners to embed a collaborative approach as a natural way of working, utilising a framework that is flexible to adapt to the needs of different areas and to be accountable to the communities they serve¹²⁴.