

Regional Housing Strategy – Health Proofing

Housing issue	Positive health impact	Negative health impact	Recommendation
Natural resources			
			Consider how renewable energy sources might be incorporated into the plan, as financial return to households could be considerable
Energy efficiency	Reduce asthma symptoms. Less stress from funding fuel bills		Heating systems that provide affordable heat. Efficient insulation.
			Consider issues of water efficiency – low cost high return initiative and water quality. Investigate lead piping in older houses.
Transport			New developments need to ensure there will be public transport, foot and cycle paths to provide safe access to work and services.

Environmental protection			
Sound proofing	Better sleep, less stress, fewer neighbour problems.	Problems with neighbours. Noise within the house disturbs children.	Noise insulation into housing refurbishment and new build
Indoor air quality		Elderly and those with asthma at risk of poor indoor air quality	
Dampness and mould growth		Small increased risk of respiratory symptoms	New housing designed to prevent proliferation of indoor allergens
House dust mite and allergens		Current measures to reduce exposure do not improve health or reduce asthma symptoms	
Temperature and warmth	Protection from cold positive health impact on elderly. More rooms heated allows more usable space in home leading to less family stress.	Elderly at risk of respiratory and heart disease linked to cold weather. Heating one room reduces living space. Air too dry can aggravate asthma and lack of ventilation leads to poor air quality.	Heating systems that provide affordable heat. Efficient insulation.
House design	Improved mental health. lack of overcrowding leads to better health	Flats associated with poor mental health (but linked in with other adverse conditions)	Consider impact of multi-occupancy units, physical access for families, noise, security etc
Security	Improves mental health as reduces fear of crime		New developments need to consider crime reduction issues in physical layout. Careful consideration of potential criminal use of or vandalism of common ground.
Space for recreation	Leisure facilities accessible close to home encourages improved mental and physical health.		New housing developments need to consider provision for recreation space for all age groups.

Social capital			
			Active occupational strategy for construction workers. measures to reduce accidental injury
Injury, falls and fire	Use of safety devices (smoke alarms etc) reduce risk of unintentional injury		Housing strategy statement should include measures to combat risk of accident and hazard in the home especially targeting young children and older residents. Proper installation and maintenance of smoke alarms. Physical modifications for housing for elderly.
Medical priority re-housing	Improves mental health		
			Consider how children and young people can participate in planning process
Relocation to new area and displacement	New social environment, educational and employment opportunities	Loss of social networks; stress of moving; uncertainty and lack of control over changes and living circumstances. original residents may not benefit from housing improvements	Consider mechanisms for community consultation and involvement in the development phase of stock clearance policy
Exclusion and area division from non regenerated areas		Residents in neighbouring areas not part of regeneration feel excluded. Community divisions between regenerated and non regenerated areas	
Neighbourhood satisfaction	Proxy for life satisfaction linked to housing and private space	Poor quality housing, flatted housing and overcrowded housing linked to low mental health (especially women and children)	

Homelessness		Poorer physical and mental health among homeless is exacerbated by continuing homelessness and poor living conditions	Local housing and health providers work together with voluntary sector to achieve shared outcomes of reducing homelessness and improving the health of homeless people
Homelessness		Higher incidence of infections, malnourished and low birth weight babies	Improve healthcare for homeless families in temporary accommodation by: tracking families in temporary accommodation; ensure effective health checks and referral between agencies; undertake health needs assessment for homeless families; have named worker with homelessness prevention budget
Homelessness		Less likely to be registered with GP. High users of accident and emergency for health care linked to frequent moves and worse health	Improve access to primary care for homeless people by: reshaping existing GP services; providing health outreach; implement a PMS scheme; inform other agencies how homeless people can register; implement a hospital discharge policy to include accommodation
Homelessness		High prevalence of alcohol which is worse among single homeless and rough sleepers. Drug dependency higher among young homelessness.	Improve substance misuse treatment for homeless people by: effective screening and referral protocols; outreach services at day centres and temporary accommodation; providing structured support to sustain accommodation
Homelessness		Mothers and children have higher incidence of mental health problems	Improve mental health treatment for homeless people by: assessing mental health needs of homeless people; integrated working between homelessness and mental health practitioners; developing effective support in hostels and day centres

Homelessness		Lack of housing support results in repeated homelessness among substance misusers, ex- offenders and those with mental health problems	Prevent homelessness through targeted health support and integrated 5 year Supporting People strategies. carry out needs analysis to identify local housing support needs; develop effective multi-agency response to housing support needs; implement tenancy sustainment programmes for vulnerable people
Economic capital			
			Strengthen positive impact on economy by investing in young people
			Mitigation measures should be developed to address potential health impacts of construction phase.
Home ownership	General improved health from increased security and control.	Mental stress with mortgage arrears and insecure home ownership	
Housing costs		Increased rents affect ability to buy adequate diet, create benefit trap limiting employment opportunities	
Living close to work	Reduced travel time less tiring. More time for leisure potentially available	Higher proportion of income spent on travel to work. Less exercise as cannot walk to work. Potential increased air pollution impact of increased commuting.	Combine business development with good places to live and work place accessible by foot and bicycle. Actively encourage new and existing businesses to adopt Green Travel Plans
Availability of good, affordable food			New developments and improvements need to include easy access to affordable food

HEALTH IMPACT ASSESSMENT OF THE REGIONAL HOUSING STRATEGY
JULY 2004

In the time available it is not possible to carry out a comprehensive Health Impact Assessment of the Regional Housing Strategy. What follows is a rapid assessment intended to highlight a range of key issues for further consideration.

Two elements need to be considered:

1. The extent to which “health” should be a driver of housing policy, and
2. The health impacts of housing decisions made for other reasons.

Looking at the strategy by chapter:

1. Introduction.

The Regional Housing Strategy in its July 2004 draft identifies the importance of “dovetailing” with other key policies and strategies.

Although “health” is raised as an issue there is little explicit acknowledgement of the importance of housing conditions as a determinant of health status.

It does however refer to the Decent Homes standard, the delivery of which will result in people living in conditions that are more supportive of good health.

It is also stated that the strategy takes into account the particular needs of vulnerable groups including different social groups, BME communities and the homeless. If there are targeted efforts to improve housing conditions for these most vulnerable groups then it is likely that there will be a positive impact upon inequalities in health status.

2. Aims and Objectives of the RHS

Health improvement is not included in the **overarching aim** of the RHS. However improvement of other issues listed are likely to have a positive effect upon health.

Health is again absent from the **key objectives** but progress in respect of housing conditions, affordability, crime, safety, environment and local services are all likely to have a positive impact upon health status.

3. Housing in the West Midlands: the Context

The diversity of issues bearing upon the housing market is identified but health status is not explored.

Sustainable development as an approach is largely consistent with a “public health” approach and again the kinds of issues raised in the agenda for action are likely to have a positive health impact.

4. Challenges Facing the Region: the Evidence

A growing **older population** is identified as an issue particularly in terms of a growing demand for sheltered and extra care accommodation. The wider health and health care significance of this is not further explored. Keeping people fit, well, suitably housed and out of hospital is likely to be a critical issue for the health service and its partners and it worthy of further investigation and inclusion in the strategy.

Younger people, particularly those in vulnerable groups, are also identified as having special requirements. I understand that this area is being separately considered by a sub groups and expect that my colleagues will be commenting on this.

In the section on **Dwelling Stock and Tenure** areas having the poorest stock are identified and the link is made to deprivation as a whole. **Affordability** and the specific needs of **minority communities** are later identified as compounding factors.

5. Sub-Regional Perspectives

Four sub-regions have been identified from analysis of the housing market. The **cross-cutting themes** considered of importance

includes the need for integrated approaches that include health amongst other issues, Supporting People, BME communities and asylum seekers and refugees.

It is not clear whether the health strand has been properly developed as it does not feature explicitly in this section.

The four sub regions have slightly different issues to overcome:

In Birmingham and the Black Country key issues include changing patterns of demand and areas at risk of market failure, the need to improve areas of poor quality housing and affordability.

In Coventry, Solihull and Warwickshire key issues include affordability, improving areas of poor housing conditions, addressing areas of deprivation and meeting Supported Housing needs.

In Staffordshire the key issues include the need for market renewal, improving areas of poor housing conditions, affordability, addressing areas of deprivation and meeting Supported Housing needs.

In West Mercia the key issues include the need for market renewal, improving areas of poor housing conditions, affordability, addressing areas of deprivation and meeting Supported Housing needs.

6. Developing the RHS – Priority Themes

The eight priority themes identified from the work above are:

- Urban renaissance
- Rural renaissance
- Low demand and restructuring of housing markets
- Affordability
- Poor Housing Conditions
- Community cohesion and meeting BME community needs
- The Supporting People agenda
- Issues related to asylum seekers and refugees

In order to address these issues in a holistic way it is proposed to attempt to integrate consideration of and action in respect of these issues within and across geographical areas. Seeking to ensure that local and regional priorities are balanced.

These themes are determinants that also have a profound impact upon the physical and mental health status of people living in the region though evidence in respect of this is not included in the discussions within this section.

The two main geographical areas for intervention are:

1. The Central and North Staffordshire Housing Markets, and
2. The Former Coalfields Communities and Remoter Rural Parts.

These areas broadly correspond with areas of deprivation, including health inequalities, and intervention is to be welcomed.

7. The Next Steps

Development of Regional Housing Investment Plans are to be developed for the geographical areas identified above.

Development of Supporting Regional Strategies and Initiatives are proposed to tackle the needs of the most vulnerable, to deliver the Supporting People Strategy, to address affordability and take on the principles of sustainability.

The health status of people living in these areas or affected by priority themes needs to be mapped against the other findings to identify correlations. Interventions can then be planned in a way as to be sensitive to “health” needs, the addressing of which will add value overall.

In respect of the section on **Data Requirements**, significant “health”, “environmental” and quality of life data is held by NHS bodies and Local Authorities. This additional data and input from these bodies should assist in adopting the holistic analysis and action desired by the Regional Housing Strategy.

Michael Parkes

Head of Environmental Health and Trading Standards

Sandwell MBC