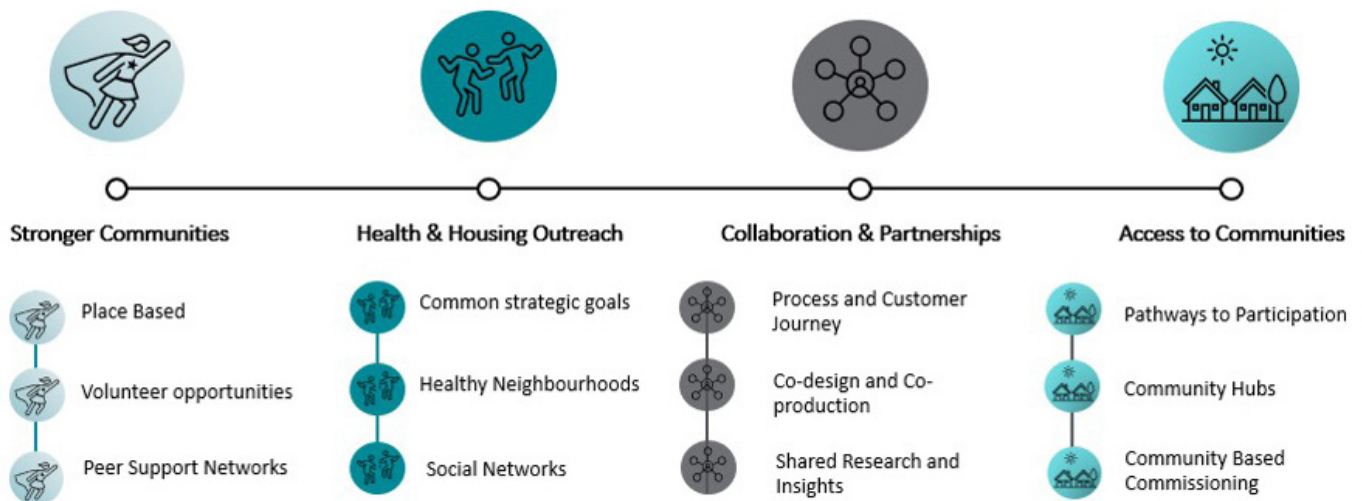# Building blocks for life: Housing and Healthy Neighbourhoods

The importance of where we live - our homes and neighbourhoods - for our wellbeing has been starkly underlined through the experience of the pandemic. It is now in the spotlight again with the cost-of-living crisis, for example, in relation to the condition of housing, how much energy is needed to provide adequate heating, and how households will afford it after high and increasing housing costs. (More about the cost-of-living crisis and work of the social housing sector to support residents can be found here).

Our homes are critical building blocks for our health, and are foundational for our involvement in education, employment, making social connections, and all the other social and economic factors that shape the different health outcomes, or inequalities, that people experience.
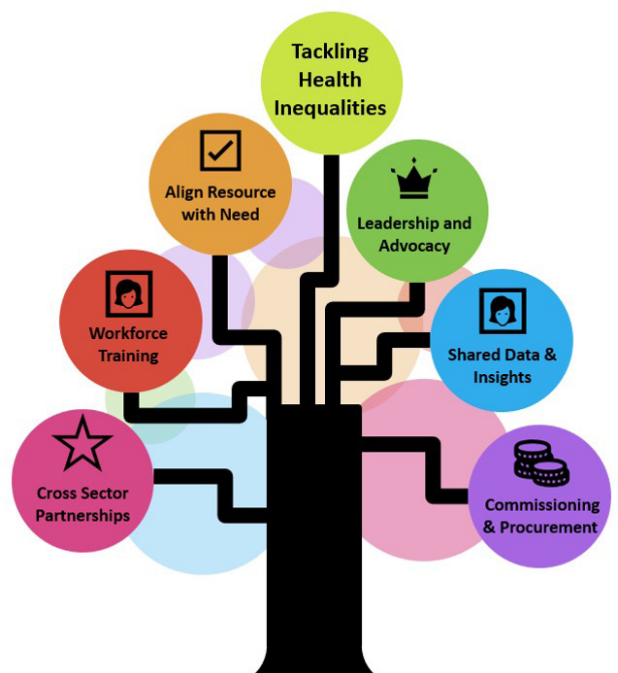
Health and Housing – Healthy Neighbourhoods, Healthy Residents

Stronger Communities
- Place Based
- Volunteer opportunities
- Peer Support Networks

Health & Housing Outreach
- Common strategic goals
- Healthy Neighbourhoods
- Social Networks

Collaboration & Partnerships
- Process and Customer Journey
- Co-design and Co-production
- Shared Research and Insights

Access to Communities
- Pathways to Participation
- Community Hubs
- Community Based Commissioning

Working In Partnership and Tackling Inequality

Partnership working across public health and housing means that we can develop effective responses to problems, and more importantly, identify and address issues early on, across shared geographies and populations. By developing joined up and cross sector actions, we can work to address some of the causes of health inequalities and to mitigate the negative impacts of poor health on individuals and communities.

> **Many of the important building blocks of health are outside of the control of public health teams and working in partnership is an important enabler.**

Tackling Health Inequalities

Align Resource with Need

Leadership and Advocacy

Workforce Training

Shared Data & Insights

Cross Sector Partnerships

Commissioning & Procurement

Together, it is possible to establish a stronger evidence base of need and a better understanding of barriers to participation in services that can improve health. Through these shared insights we can co-design services and delivery to get better outcomes for people and places.

Partnering around people and places helps to achieve more effective connection with those facing the most acute health inequalities. Through this way of working, services can be made more universally available and accessible and be delivered in a way that is proportionate to need and to help address the inequalities gap.

In the next section, we consider the issues from health and housing perspectives, and then go on to look at the art of the possible.

Health

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people (The Kings Fund).

Health inequalities are shaped by anything that influences people's health status, and include healthcare (access to, experience, and outcomes from services), but are also driven by the daily conditions of life (health status outcomes, health behaviours, housing or environment).

They are also commonly defined by comparing characteristics of different groups to show a gap in outcome or experience. These include socio-economic factors, geography, protected characteristics, or social exclusion, and may overlap.

Public health is the science and art of preventing disease, prolonging life and promoting health through organised efforts of society. It is about helping people stay healthy and protecting them from threats to their health, and this is done across three domains:

- health protection – action for clean air, water and food, infectious disease control, protection against environmental health hazards, chemical incidents and emergency response
- health improvement – action to improve health and wellbeing and to reduce health inequalities (for example by helping people quit smoking or improving their living conditions)
- healthcare - ensuring that our health services are the most effective, most efficient and equally accessible

While there is a focus on improving social determinants of health, we know that the impacts of this are not always felt evenly across the population. Certain groups and those living in some areas are still spending more of their lives in poor health and dying sooner than others. See What makes us healthy? | Health Foundation.

Where we live and how we live has a significant impact on our health and wellbeing. This includes the quality of homes, the affordability, and our home as a route to engage in community life.

Data from the Office for Health and Improvement and Disparities (OHID) shows clear trends, based on geographical location, for example:

- men in the most deprived areas in England are expected to live nearly 10 years fewer than those in the least deprived. Women in the same areas can expect to live 7 years fewer
- smoking is more prevalent in more deprived areas and one of the leading causes of inequalities in life expectancy; an international study found it accounts for half the difference in mortality between the least and most deprived men aged 35 to 69
- obesity is widespread but more prevalent among the most deprived areas; prevalence is almost 8% higher among those living in the most deprived decile of local authorities (66.6%) compared to those in the least deprived areas (58.8%)

More on the focus of tackling health disparities: New era of public health to tackle inequalities and level up the UK - GOV.UK (www.gov.uk)

Housing

The recognition of the need to tackle these health inequalities has become more widely accepted across national and local government since Professor Sir Michael Marmot's original report, Fair Society, Healthy Lives in 2010, and at the local level was strengthened in focus by the shift of public health functions from the NHS into local authorities in 2013.

However, in spite of strong recommendations from the original Marmot review, including actions to deliver healthy places and communities, his stock take on progress ten years later revealed that little had changed, and in some areas, progress had reversed:

- Since 2010, life expectancy has stalled for the first time in 120 years, and the length of time spent in poor health has increased
- Rates of child poverty have increased since 2010/11 with over 4 million children affected
- Housing costs play a significant part in rising poverty levels; 14 million people or 22 per cent of the population lived below the poverty line after housing costs in 2017/18; further limiting the capacity to afford healthy food or to heat homes adequately (numbers which remain very similar in 2020-21 - see Poverty in the UK: Statistics, House of Commons Library April 2023
- In 2017/18 1.9 million people privately renting experience problems with damp, mould and condensation.

Non-decent, cold and damp housing has a significant and direct impact on health, causing or exacerbating respiratory and cardiovascular diseases, dementia, hypothermia, increased risk of falls, and mental health problems. It contributes to our high levels of excess winter deaths, which in 2020-21 reached 63,000 in England and Wales, with many linked to COVID-19, which itself was exacerbated for people living in poor and/or overcrowded housing. Even in the previous year, with the lowest recorded levels, 10,320 excess winter deaths occurred (ONS, Excess winter mortality in England and Wales, issued 26 November 2021). An estimated 13,400 excess death occurred in the winter of December 2021-March 2022 (ONS, issued 19 January 2023).

Poor housing contributes to problems with childhood physical and social development, with impacts that are likely to continue into adulthood as explored in Fuel poverty, cold homes and health inequalities; the authors also estimated that potentially 18 million households, 66 percent across the UK, would be in fuel poverty in January 2023, without appropriate interventions to help.

Failure to address the causes that underlie poor health, including improving homes and tackling poverty, have long term costs for public services as well as huge impacts for individuals. BRE's most recent estimate of the costs of poor housing is £1.4 billion in first year treatment costs to the NHS alone, and around £18.5 billion annually in wider costs to society, including social care.

This brief focus on housing hasn't touched on other critical factors such as accessibility, affordability or security, but even a spotlight on conditions shows there is still much to do to improve housing for health and wellbeing. The establishment of Integrated Care Systems, bringing health and social care together around places and people, with explicit objectives to tackle inequalities and improve the health of local people, provides further opportunities to collaborate across wider partnerships with local authorities and housing providers, and examples already exist of areas where that is happening (see examples here). With the evidence that the health inequalities gap is growing rather than reducing, there is an urgent need to act to improve our homes and our health.

The Art of the Possible – Health, Housing and Tackling Inequalities

Health inequality is not random, and reducing inequality and poverty matters. It can make a positive difference to people and communities.

The elements that contribute to poor health are complex. It takes more than one agency or service to build places that support good health and wellbeing.

Through partnership working, housing partners, local authorities, public health, health services, and social care can collectively contribute to the reduction of health inequalities. This can be done by working together to provide and promote opportunities for good health.

Housing associations and local authority landlords therefore play a key role in the health agenda. Their homes and service delivery can, when aligned with strong partnership working, help tackle health inequalities.w

Issue	Why housing	Why health
Smoking	Arrears reduction Managed fire safety risk Asset management costs	Smoking is the main cause of preventable disease and premature death Reduced hospital admissions
Mental Health and Wellbeing	Tenancy sustainment hoarding Sustainable employment	Severe mental illness causes reduced like expectancy Negative impacts on physical health
Weight management and physical activity	Resident feedback that weight impacts on daily life Reduce confidence to apply for jobs	Excess weight increases risk of chronic diseases It is associated with anxiety and depression
Drug and alcohol	Cuckooing and county lines Violence and anti-social behaviour Neighbourhood satisfaction	Reduced life expectancy Increased risk of liver disease and cancer Depression and mental health issues

Case Study - Public Health and Housing Partnership with Grand Union and Peabody

Over 8.5 million people live in social housing in England and almost half of live in the most deprived 20% of neighbourhoods. Men living in the poorest neighbourhoods live on average around 10 years less, and women 7 years less than those in the richest neighbourhoods.

The health and housing partnership is a jointly funded programme between the shared Public Health team (Bedford Borough, Central Bedfordshire, and Milton Keynes City councils) and 2 Housing Associations - Grand Union Housing Group and Peabody.

The new and innovative partnership was launched in April 2022. It seeks to tackle health inequalities in our communities, and in doing so, create a blueprint for a new way of working between health and housing

As many of the important building blocks of health are outside of the control of public health teams, working in partnership is an important enabler for public health services. Housing is one of these building blocks and by working with housing providers, there is great potential make better progress to reduce health inequalities.

Summary

Partnership and place-based approaches can achieve more effective engagement with those facing the most acute health inequalities. It can improve the reach of Public Health services, making them more universally available and accessible.

Findings from the first year of the programme:

- There is considerable appetite to work in partnership to tackle health inequalities and improve access to and take up of public health services.
- Working across systems and sectors to establish and embed the approach takes time and in the early stages outcomes can be difficult to measure
- Engagement with residents to achieve increased uptake of public health services also takes time - feedback from residents indicates that it can take several attempts to build up the confidence to come and talk to services - despite very much wanting to
- It is important to build an approach that is based on shared goals alongside developing a common language
- There is low awareness of public health services among social housing residents, and also among frontline housing staff
- The partnership can and has enabled further funding to be secured for additional project work
- Many of the benefits of the first year have been seen through individual experiences and these have been reported through case studies

To Find Out More - Resources on health, care and housing:

This paper is one of a series of resources looking at the positive opportunities for and outcomes from partnership working across housing, health and social care, focused on people and places. Look out for more at www.cih.org.

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