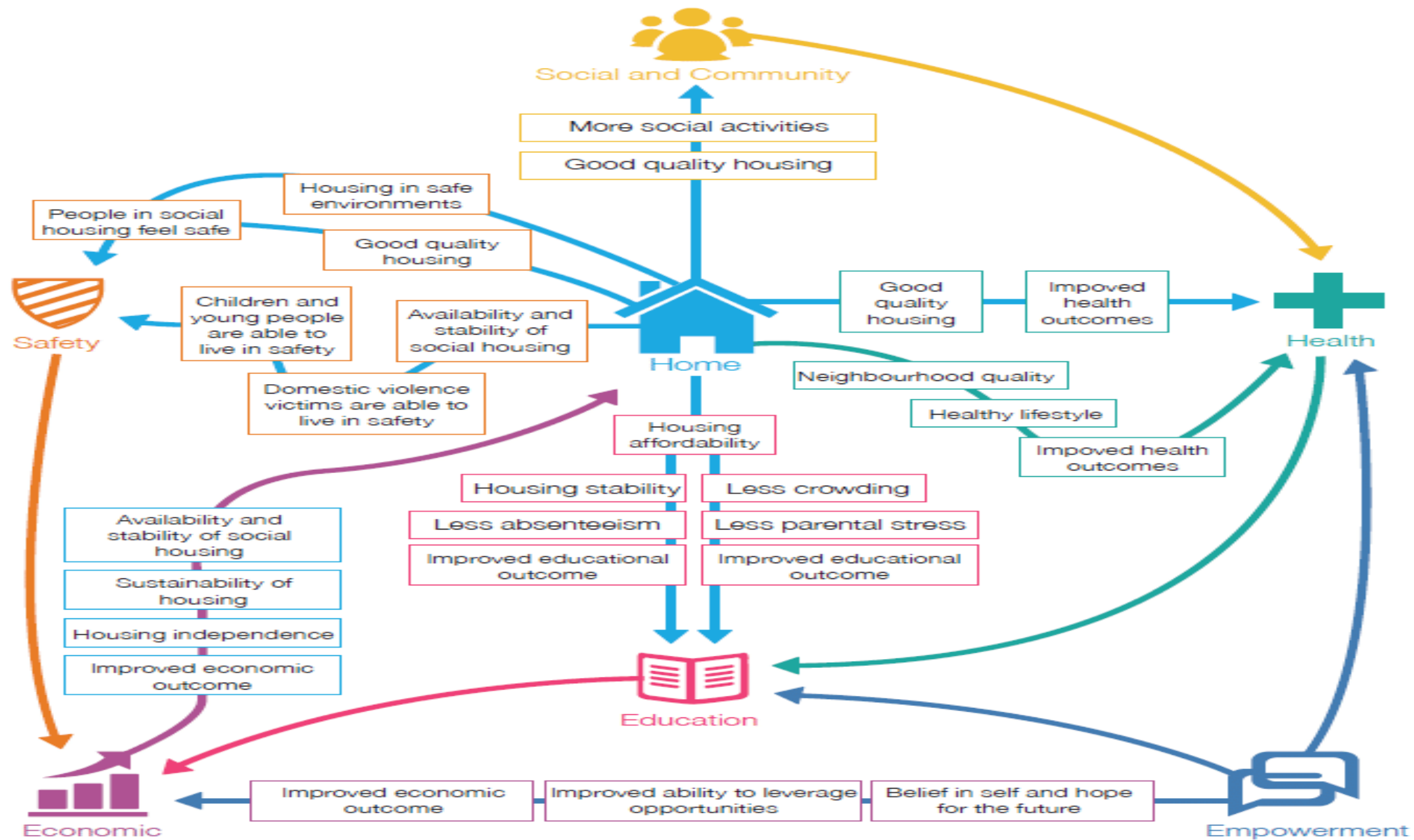


Public Health Wales & Housing: Improving Health and Well-being Together

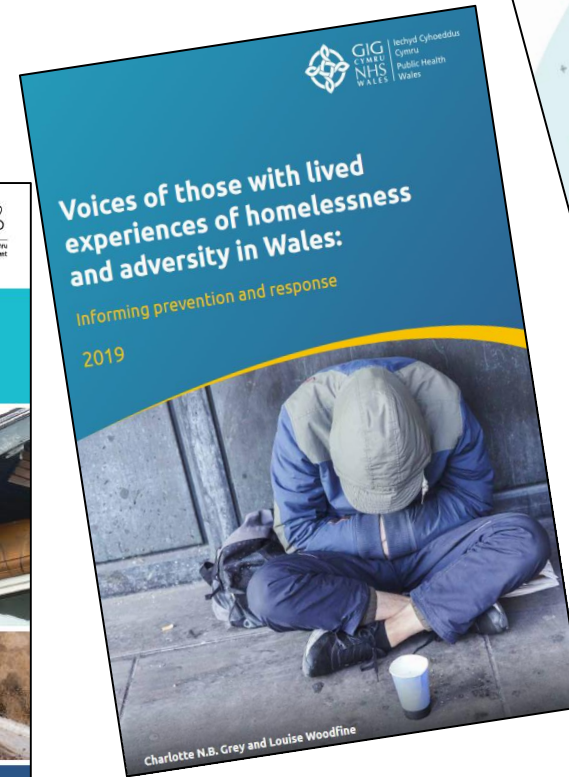
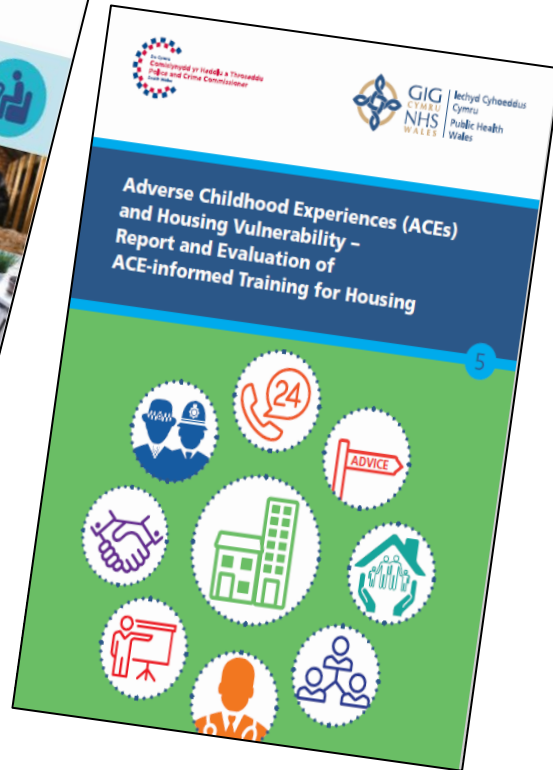


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Making a Difference Housing and Health: A Case for Investment

2019



- Aims to inform, support and advocate for wider health policy and cross-sector approaches and interventions
- Summarises **impact of housing** (across tenure) **on health** and well-being across the life course
- Identifies **which interventions work** and offer **value for money**
- Identifies priority areas for preventative action within Wales:
 - housing quality
 - unsuitable homes
 - homelessness
 - housing inequality
 - partnerships
- Builds on *Making a Difference: Investing in Sustainable Health and Wellbeing for the People of Wales*

Investing in Health and Housing in Wales

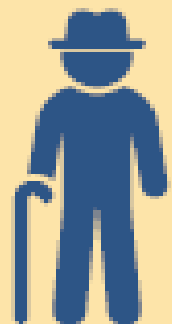


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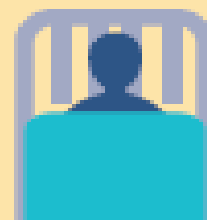
Those at greatest risk from poor housing are:



Older
people



Children



Those with
existing
health
problems



The
unemployed

Health and Well-being Impacts

10% of excess winter deaths can be attributed to **fuel poverty**



People who live in homes which are cold, damp and unsafe are more at risk of:

> poor physical and mental health and well-being



> cancers, circulatory, cardiovascular and respiratory ill-health



> more falls and serious injury



> arthritic and rheumatic conditions



Unhealthy homes



18% of homes pose an unacceptable risk to health



Cold homes impact on physical health, social isolation, stress, and financial capability



Damp or mouldy homes increase respiratory problems by 30-50%, mainly in children



12% of households are in fuel poverty



Unsuitable homes



3 in 4 over 65s live in their own home



30% of over 65s and 50% of over 80s have a fall each year



Accidental injuries are a leading cause of death for children and young people



Overcrowding is linked to stress, alcohol abuse and depression



Homelessness

Those with **4+ Adverse Childhood Experiences** are **16 times more likely** to become homeless



A third of homelessness is caused by a health problem

Costs to NHS and costs to society

Poor quality housing in Wales costs per year:

The NHS

> £95m

(first year treatment costs)

> £1bn

(distress, economy, life-long care, welfare, finances)

Welsh society

The cost to mitigate poor housing is:

£584m

in repairs, improvements, reducing falls and cold hazards



The removal of hazards in the home offers:

Payback in

6 years

for immediate health savings

Payback in just over

6 months

for societal savings

6

Return on Investment



Housing Quality

£1 spent on central heating generates 42p in health benefits



3.9% reduction in GP visits for respiratory conditions in **Nest scheme** beneficiaries (compared to 9.8% increase in the control group)



£1 spent on insulation interventions provides a return of **£1.87**¹



Improving **heating and ventilation** improves asthma in children and is cost effective



£1 spent on improving warmth in vulnerable households results in **£4** of health benefits



39% fewer hospital admissions for cardiorespiratory conditions and injuries in those with **upgraded houses**



Unsuitable homes



Falls prevention results in pay back in less than 3 years

Adaptations to reduce falls pay back in 5-6 years in NHS costs.

Home modifications result in 26% fewer injuries requiring medical treatment (caused by falls) per year



Extra Care schemes reduce NHS health costs by **£1,786** per person per year

£1 spent on adaptations prior to hospital discharge generates **£7.50** of cost savings for Health and Social Care



Homelessness

Housing First models for homeless individuals with complex needs returns **£3.60** for every **£1** spent



Every **£1 invested** in moving people out of homelessness generates **£2.80** in benefits



Preventing homelessness results in savings of **~£9,266** per person compared to allowing homelessness to persist for 12 months

Priority Areas for Preventative Action



Housing quality

- Healthy, safe & well managed homes regardless of tenure
- Eliminate cold, damp and mouldy homes, and improve ventilation
- Energy efficiency measures & fuel poverty schemes
- Support vulnerable households instead of area based interventions
- Good home quality standards, particularly in the privately rented sector
- Improve planning through housing strategies and health impact assessments



Suitable housing

- Integrating adaptations with personal health care plans
- Home modifications and adaptations based on need, not location or tenure
- Falls prevention programmes
- Support independence for older people through Extra Care schemes
- Homes that promote social inclusion
- Tackle overcrowding



Homelessness

- Early intervention and prevention e.g. tackling Adverse Childhood Experiences
- Co-ordinated approaches to improve access to health and care services
- Person centred approaches taking services to people and supporting people into homes e.g. avoiding complex systems, more assertive outreach, Housing First
- Raise awareness at a local level of what benefits and support people are entitled to receive



Housing Inequality

- Develop evidence on the cost and impact of poor housing on health and society
- Identify those with the greatest need through partnership working and shared intelligence



Partnerships

- Alignment of housing, health and social care, maximising collaboration and integration
- Increased involvement of housing sector in partnerships e.g. Regional Partnership Boards

**Adverse Childhood Experiences (ACEs)
and Housing Vulnerability –
Report and Evaluation of
ACE-informed Training for Housing**

5



Case Study. ACE based approach to Housing: Working with police, housing sector, local authority and ACE Hub to develop training

- **Improve knowledge**, skills & confidence of ACEs and their impact across the life course, to improve practice.
- **Increase understanding** of ACEs for those at risk of homelessness and how using a trauma informed approach can help.
- Explore ideas to **improve engagement with tenants** & their families to sustain tenancies, recognise vulnerability and reduce homelessness.
- Explore current support systems in place for housing staff and **identify gaps** in current provisions.
- Provide a **training resource** for ACE based approaches within the housing sector.

A collaborative approach

- Working with Welsh Government, Community Housing Cymru and Chartered Institute of Housing Cymru to progress the housing and health agenda in Wales, learning from others
- Supporting partners e.g. Welsh Housing Conditions Programme, working with Regional Partnership Boards
- Working with Cardiff University, Crisis, and Welsh Government to build on the homelessness and ACEs research
- Helping to inform the Homelessness Action Plan for Wales
- Supporting Building a Healthier Wales partnership for collective action on evidenced based priorities and prevention activity

A photograph of three young children sitting on concrete steps. The child on the left is a girl with dark skin, wearing a grey hooded jacket and a grey beanie with a red patterned band. She is smiling. The child in the middle is a girl with light skin, wearing a brown jacket and a light blue beanie with a pom-pom. She is looking directly at the camera. The child on the right is a boy with light skin, wearing a grey hooded jacket. He is looking slightly to the side. The background is a plain, light-colored wall.

*He who has health has hope
and he who has hope has
everything.*

Thomas Carlyle

■