

Written evidence submitted by the Bristol, North Somerset, and South Gloucestershire virtual Population Health Improvement Team (PHS0239)

Healthy Homes proposal

This response is submitted on behalf of the Bristol, North Somerset, and South Gloucestershire virtual Population Health Improvement Team (including colleagues from local authority public health and the Integrated Care Board working together on population health improvement, prevention, and inequalities).

Executive Summary

- Home environments are a large contributor to overall health and wellbeing. There is evidence to suggest that housing quality has a similar impact on health to smoking or alcohol. (1)
- Winter weather and cold homes are linked with poor health outcomes and increased mortality across all age groups. This is of particular importance now due to the rising cost of living and fuel poverty, combined with the pressures on the health and social care system.
- In England, newly formed integrated care systems (ICSs) need to work together across sectors to support healthier homes and align priorities. We believe the Government could take more action to support this and mitigate the health impacts of poor housing through legislation, national policy, and funding.

Key points: Why should the Health and Social Care Committee consider this, and why now?

1. The impact of cold homes
 - 1.1. Winter weather increases heart attacks, strokes, respiratory diseases, infections including flu, hypothermia, falls and injuries. It indirectly impacts on other conditions, including exacerbating mental health problems and increasing risk from carbon monoxide poisoning. (2)
 - (2) Research shows that there are almost three times as many excess deaths from people living in the coldest homes compared to the warmest ones. (3)
 - 1.2. Characteristics that increase the risks of living in a cold home include age, particularly babies, young children and older people, people with pre-existing medical conditions including mental health problems, disability, pregnancy, and being a recent immigrant or asylum seeker. (3) Factors related to income include heat efficiency, home insulation and affordability of heating (income, cost of fuel, length of time heating is needed for). (4)
 - 1.3. In Autumn 2022, around 6 in 10 households were heating their homes less, with 41% of social rented households unable to heat their home at some point in the previous 6 months. (5) The current economic climate is worsening fuel poverty, causing more people to live in cold homes.
 - 1.4. Most cold related illness occurs at moderate outdoor winter temperatures (4 to 8°C); extreme cold weather is not required to observe negative health consequences. (2)
 - 1.5. Improvements in heating and energy efficiency are the most effective interventions. Reducing the impact of living in a cold home has substantial benefits, including improved outcomes for long-term health conditions and alleviating pressure on health services such as through reduced hospital admissions. (6; 3)
2. The impact of unsafe homes

- 2.1. Unsafe housing increases the risk of falls which can lead to significant injury and even death. Relatively low-cost interventions such as home adaptations can prevent falls. (7) Falls prevention is cost-effective and should be prioritised. (8)
- 2.2. Community interventions can also reduce hospital admission and re-admission rates and enable efficient discharge to home. Examples include the expansion of routine use of telecare systems, which allow people to receive support in their own homes, and skills training for independent living. (9) Provision of specialist accommodation can also be beneficial. (1)
- 2.3. Overcrowded homes are associated with increased risk of infection and can exacerbate mental health problems. Damp and mould worsen respiratory conditions such as COPD, asthma, and allergies. (9) This was highlighted recently by the sad case of Awaab Ishak.
3. Improved housing quality may also have indirect societal benefits, such as improved educational attainment and larger-scale economic performance through reduction of welfare finances and increased economic activity. (1; 8)
4. The NHS alone cannot improve the health of our population. There is a drive from Government for place-based joint working between different sectors and across ICSs. Housing is a key area where collaboration is essential to influence change. Organisations such as housing associations can play an important role in reducing health care demand. (10)

Key points: How could government policy be developed or improved?

5. The Government should review policy on heating homes efficiently and affordability of heating, particularly for our most vulnerable populations. This should focus on a year-round, rather than winter-only, approach, to enable appropriate system-wide preventative action.
6. Many organisations across the country are piloting local programmes and taking steps towards creating healthier homes. (9; 11) The Government should do more to bring these partners together, including industry and the voluntary and community sector, to improve housing policy.
7. NICE has recommendations regarding health impacts of cold homes, including the role of health services in identification and management of vulnerable individuals and the need for cross-sector training. These are important steps, and the Government should do more to enable capacity and increase funding to action this.

References

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10. **National Housing Federation.** *Every decision about care should be a decision about housing.* 2022.

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