

Written evidence submitted by Northumbria University (PHS0346)

Northumbria University is a research-intensive, modern university with a global reputation for academic excellence. It was named UK University of the Year 2022 in the Times Higher Education Awards and is ranked in the top 25 in the UK for research power, according to the results of the latest Research Excellence Framework. The University is establishing the Centre for Health and Social Equity, in response to the pressing regional and national needs engendered by health inequalities. This submission draws on the research expertise of the Centre's Director Professor Monique Lhussier and her team.

Summary

Housing insecurity is strongly correlated to expensive demands on the care system. Preventing homelessness for one year would save upwards of £115 million to the public purse. The private and social housing systems need to be considered by research and policy key prevention mechanisms.

Why the Committee should consider this issue

Housing insecurity correlates with unhealthy behaviours, fuel poverty and food poverty, which significantly impact on health and drive higher reliance on the care system.

Poor quality accommodation has consistently been related both to worsening of physical and mental health. Comparative analyses show that the private rental sector offers the least affordable and most insecure tenures, disproportionately offering poor property conditions. Repeated evictions generate lasting anxiety and affects health long-term, with COVID-19 having inordinately affected already disadvantaged groups, thereby widening existing labour, housing and health inequalities.

Why this area would benefit from scrutiny

An analysis of 323 UK authorities found that budget reductions to housing services and emergency housing assistance were strongly correlated with rising rates of people seeking emergency housing support. Additionally, local authorities' demotion and exclusion rules and housing pathways for people out of prison, experiencing debts or escaping domestic violence make a significant contribution to housing insecurities.

Why the government needs to take action into this area

Homeless people face mortality rates seven times higher than the general population, with an average age of death of 45.9 years for males and 43.4 years for females in 2019, which is over 30 years less than national averages. Chronic homelessness coincides with complex and chronic health needs including poor mental health, addiction, increased risks of infectious diseases, greater use of alcohol, tobacco and substances, risk of premature ageing and frailty and often, experience of the criminal justice system. Up to 80% of homeless people experience mental health issues, with much higher rates of depression, schizophrenia, bipolar disorder, and personality disorder than in the general population.

Mental health or mobility issues, addiction, trauma, stigma, fear and lack of trust have been identified as potential barriers to access services. Consequently, people experiencing homelessness more frequently require Emergency Departments (ED), 'blue light services', inpatient hospital or psychiatric care, leading to higher mean healthcare costs than for the general population. Rates of ED usage by individuals experiencing homelessness have trebled since 2012. The 'Better than cure' report estimated the total public sector spend on a single homeless person to be approximately £38,736 per year in England (based on 2019/2020 prices). On average, it was estimated that

preventing homelessness for one year would reduce the public expenditure by approximately £10,000 per person. In 2020/21, 11,580 single households were assessed as rough sleeping in England, and if these people were prevented from experiencing one year of homelessness, annual public spending would fall by as much as £115.8 million. Thus there is an economic, as well as moral, need to tackle insecure housing and homelessness now.

Why there is an opportunity to add value to existing research and evidence

Much of the scholarship on housing disparities is derived from urban planning, sociology, law, and public policy, but has not fully been integrated into public health research. This would enable the housing and health disparities nexus to be explored more comprehensively as part of an extensive prevention agenda. Housing insecurities can be conceptualised to exist in three key areas impacting directly on physical and mental health:

1. Instability, including transient housing arrangements such as shelter settings, forced evictions and frequent moves;
2. Lack of affordability, encompassing difficulty paying rent, council taxes and utility services and food poverty;
3. Poor housing quality, including excessive cold, heat, damp, violence, lack of amenities or access to healthcare, social isolation and stigma, overcrowding.

This framework highlights the need for a systemic approach that addresses the causes of housing insecurity. Appreciating the multidimensional relationship between housing and health, is critical for moving the prevention agenda forward and reduce reliance on costly healthcare interventions.

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