



Healthy Housing

Assessing the impact of the local housing strategy on health outcomes

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- Aberdeen City Council
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- NHS Grampian
- Bon Accord Care
- Third Sector partners
- Private sector
- Citizens



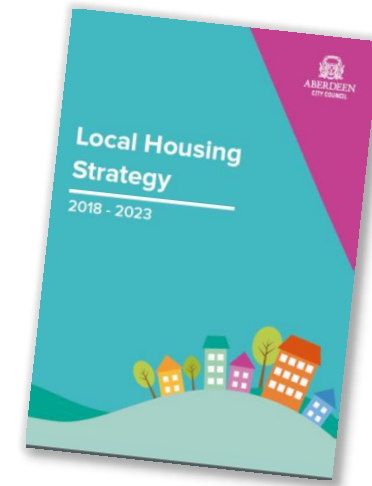
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Key Documents

- Local Housing Strategy
- Strategic Plan
- Housing Contribution Statement
- Strategic Commissioning Implementation Plan





Local Housing Strategy

- Our vision
 - “People in Aberdeen live in good quality sustainable homes, which they can afford and that meet their needs
- **Six Strategic Outcomes**
 1. There is an adequate supply of housing across all tenures and homes are the right size, type and location that people want to live in with access to suitable services and facilities.
 2. Homelessness is prevented and alleviated.
 3. People are supported to live, as far as reasonably practicable, independently at home or in a homely setting in their community.
 4. Consumer knowledge, management standards and property condition is improved in the private rented sector.
 5. Fuel poverty is reduced which contributes to climate change targets.
 6. Improve the quality of housing of all tenures across the city.



Strategic Context

Key Strategic Drivers

The diagram below details the key strategic drivers that influence this strategy.



Independent Living and Specialist Provision

People are supported to live, as far as is reasonably practicable, independently at home or in a homely setting in their community

This is made up of main components:

- provision of intermediate care (interim) accommodation and extra care housing
- provision of new housing that is suitable for those with additional needs such as physical disability and bariatric care needs
- provision of adaptations to housing in line with occupational therapy recommendations
- provision of specialist housing for those with learning disability, mental health conditions and substance misuse.



Homelessness

Homelessness is prevented and alleviated

- improvements to temporary accommodation provision
- increased use of private rented sector
- Housing First Initiative
- encourage early intervention for those at risk to prevent them becoming homeless
- signposting to other services e.g. developing budgeting skills
- 'Housing Options' toolkit.



House condition

The quality of housing of all tenures is improved across the city

- SHCS 2014 – 2016, 76% in disrepair
- Poor quality housing and health and health inequalities
- Impacts on physical health
- Impact on mental health
- Poor house condition



Fuel Poverty and Energy Efficiency

Fuel poverty is reduced which contributes to meeting climate change targets

- SHCS 2014 – 2016, 23% with older people more at risk
- Fuel poverty - physical and mental health & wellbeing
- Health impacts - respiratory illnesses.
- Winter deaths in Scotland
- Co-ordinated approach



My health?



My housing?



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Health Impact Assessment



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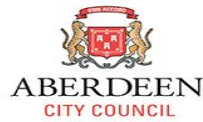
- A Health Impact Assessment (HIA) is done to consider the potential impacts on health - both positive and negative - that the strategy will have on people living locally
- By identifying these impacts, plans can be made to prevent / mitigate any negative consequences and amplify positive impacts
- Health is considered not just as the absence of disease, but a complete state of physical, mental and emotional wellbeing
- An HIA is different from an equality impact assessment as it considers all population groups and how it may impact them differently, for different reasons



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**Shaping
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- An HIA is a process, taken forward as group.
- The more diverse the audience, the larger the scope to explore potential impacts
- 3 members of the PH Team (facilitators) met with staff from Housing, plus reps from Community Mental Health, Equality & Diversity Manager and Marywell GP
- PESTLE Analysis
- Worked through checklist, highlighting key populations and health determinants



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Populations

Population Groups (Remember many people are in several of these groups which may add to their vulnerability)	How could these groups be affected differentially by the proposal?
<ul style="list-style-type: none">• Older people, children and young people• Women, men and transgender people (include issues relating to pregnancy and maternity)• Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems)• Minority ethnic people (includes Gypsy/ Travellers, non-English speakers)• Refugees & asylum seekers• People with different religions or beliefs• Lesbian, gay, bisexual and heterosexual people• People who are unmarried, married or in a civil partnership• People living in poverty / people of low income• Homeless people• People involved in the criminal justice system• People with low literacy/numeracy• People in remote, rural and/or island locations• Carers (include parents, especially lone parents; and elderly carers)• Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal)• OTHERS (PLEASE ADD):	

Health Determinants

What positive and negative impacts do you think there may be? Are there any impacts about which you feel uncertain? Which groups will be affected by these impacts?



<p>What impact will the proposal have on health-related behaviour?</p> <ul style="list-style-type: none">• Diet & nutrition• Exercise & physical activity• Substance use: tobacco, alcohol or drugs• Sexual health• Learning & skills	
<p>What impact will the proposal have on the social environment?</p> <ul style="list-style-type: none">• Social status• Employment (paid or unpaid)• Income and income inequality• Crime & fear of crime• Family support & social networks• Stress, resilience & community assets• Participation & social interaction• Influence and sense of control• Identity and belonging	
<p>What impact will the proposal have on the physical environment?</p> <ul style="list-style-type: none">• Living conditions• Working conditions• Natural space• Pollution – air, water, soil• Climate change (waste, energy, resource use, transport patterns)• Unintentional injuries & public safety• Transmission of infectious disease	



Older people, those with a physical disability and long term medical conditions – older people and those with chronic conditions tend to spend longer periods of time in the home than the general population and are more vulnerable to the health effects of the housing environment. (6) Adaptations in the home supports independence **and control over one's life**, increases the ability to **move around the home** and **cook meals, reduces the risk of falls** and reduces the likelihood of having to move to extra care housing. This **avoids disruption of social networks** which may be established in the local community. However, these benefits are assuming the adaptations provide easy access to the entire property, which may not always be the case. Technology enabled care provides flexibility in how care is delivered and should **improve accessibility** but there is a potential for it to also **increase social isolation**. The group discussed how the need for specialist, supported and adapted housing will increase in the future, but there was uncertainty around how to accurately predict what will be required in Aberdeen.





Health determinant

Diet and nutrition – Extra care housing should be **providing facilities to enable the preparation of nutritious meals** to those who may not be able to prepare such a meal by themselves. However, some housing (most notably those acting as interim accommodation and in circumstances where it is for the safety of the resident) has **limited cooking facilities**, for example B&Bs. It was suggested that reducing fuel poverty would allow more people the **opportunity to buy better quality food**, but this would need to happen alongside changes in environmental factors





So What?

- Joint Delivery Action Plan
 - Fuel poverty and climate change
 - Homelessness
 - House condition
 - Housing Supply
 - Independent living and specialist living
 - Private rented sector
- 'critical friend'





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