



Housing's Contribution to Health and Wellbeing

Matt Lowther



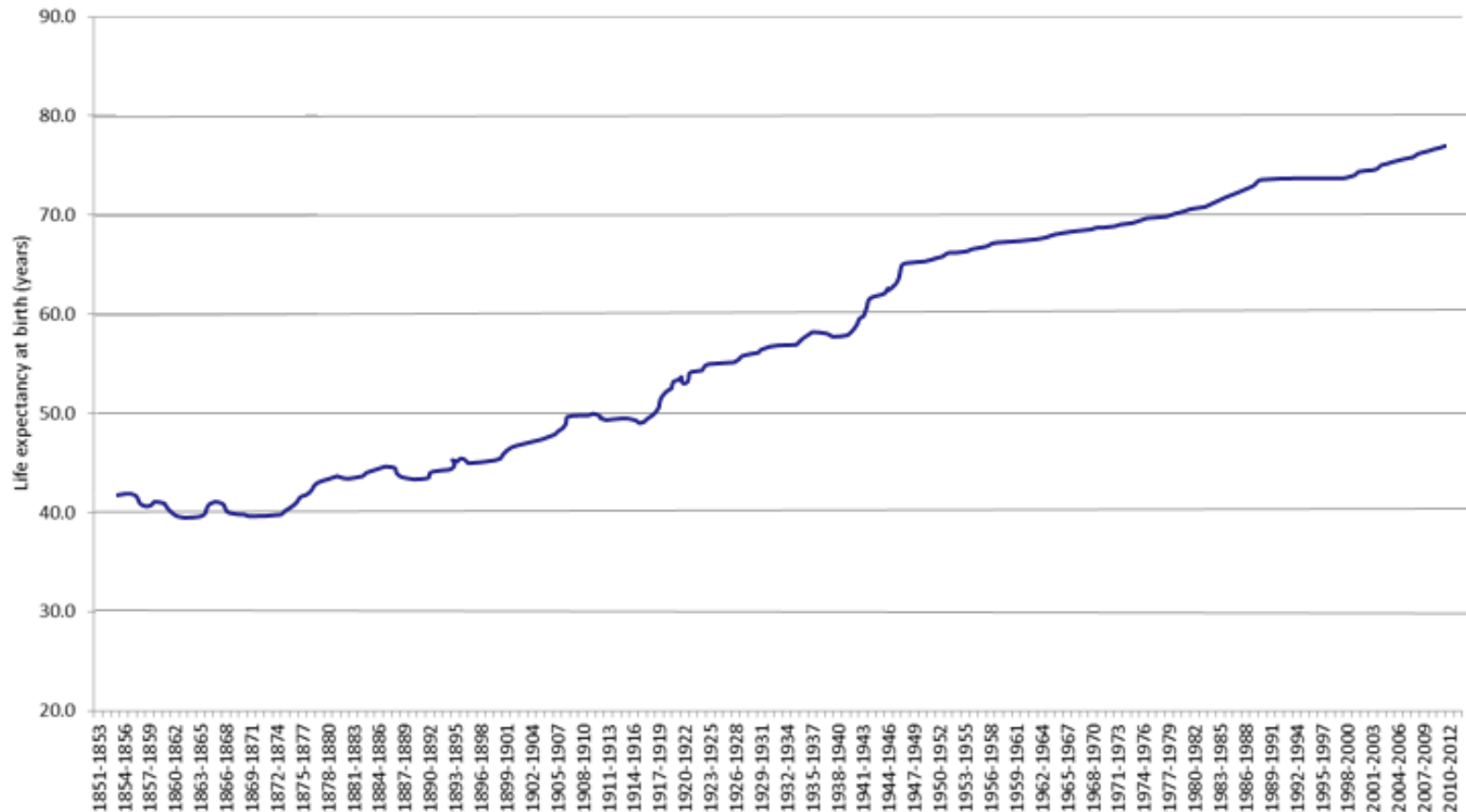
Outline

- Public health reform in Scotland
 - The need for reform
 - Public health priorities for Scotland
 - Public Health Scotland
 - A new 'whole-system' approach
- Housing contribution
- Health contribution



Why does public health need reform?

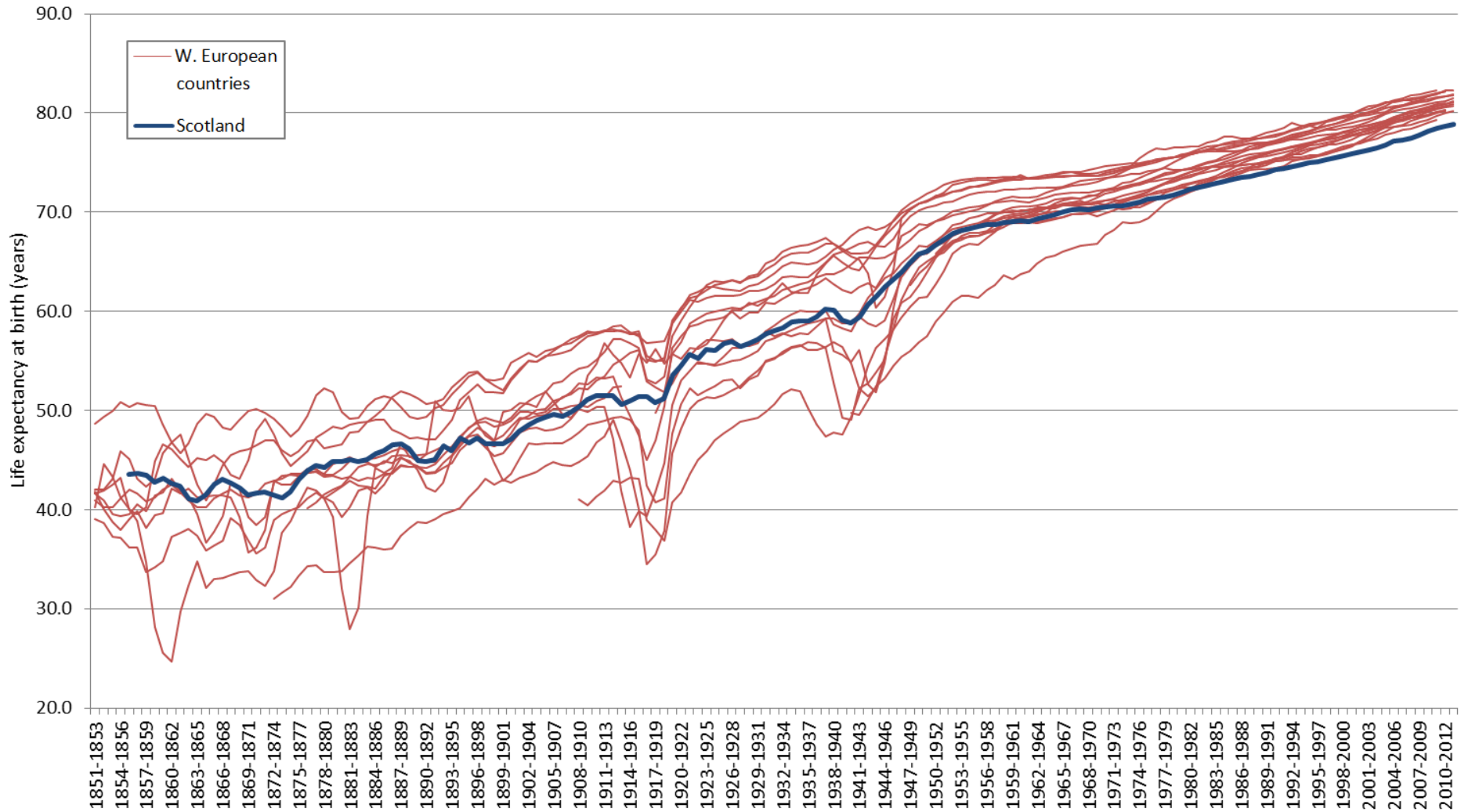
Scottish life expectancy 1851-2012





Male & female life expectancy: Scotland and 18 other Western European Countries, 1851-2013

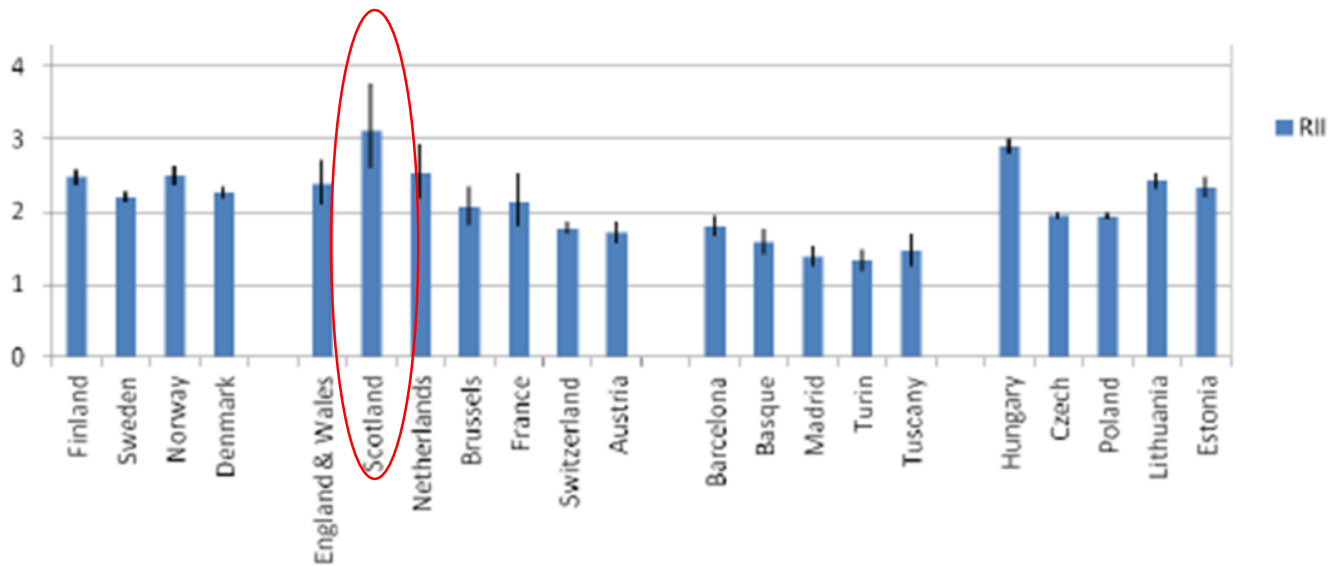
Source: Human Mortality Database





Widest health inequalities in W. Europe

Education based Relative Index of Inequality (RII) for all-cause mortality, females 30-74 years, early to mid 2000s



Source: Eikemo T.A. & Mackenbach J.P. (Eds). EURO GBD SE: the potential for reduction of health inequalities in Europe. Final Report. University Medical Center Rotterdam, 2012



Public Health Reform – the actions

The Health and Social Care Delivery Plan (2016) describes three related national reform actions:

- Establish national public health priorities
- Create a new national public health body
- Enable a joined-up ‘whole-system’ approach to public health



Public health priorities

Food, physical activity and healthy weight

Vibrant, healthy, safe places and communities

Sustainable, inclusive economy

Early years

Alcohol, tobacco and drugs

Good mental wellbeing





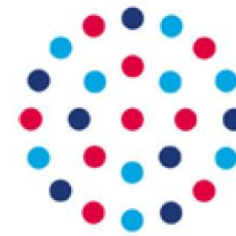
Public Health Scotland



**Data and
intelligence**



**Health
improvement**



**Health
Protection
Scotland**

**Health
protection**



A 'whole-system' approach



Childhood experiences

Housing

Education

Social support

Family income

Employment

Our communities

Access to health services

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work.

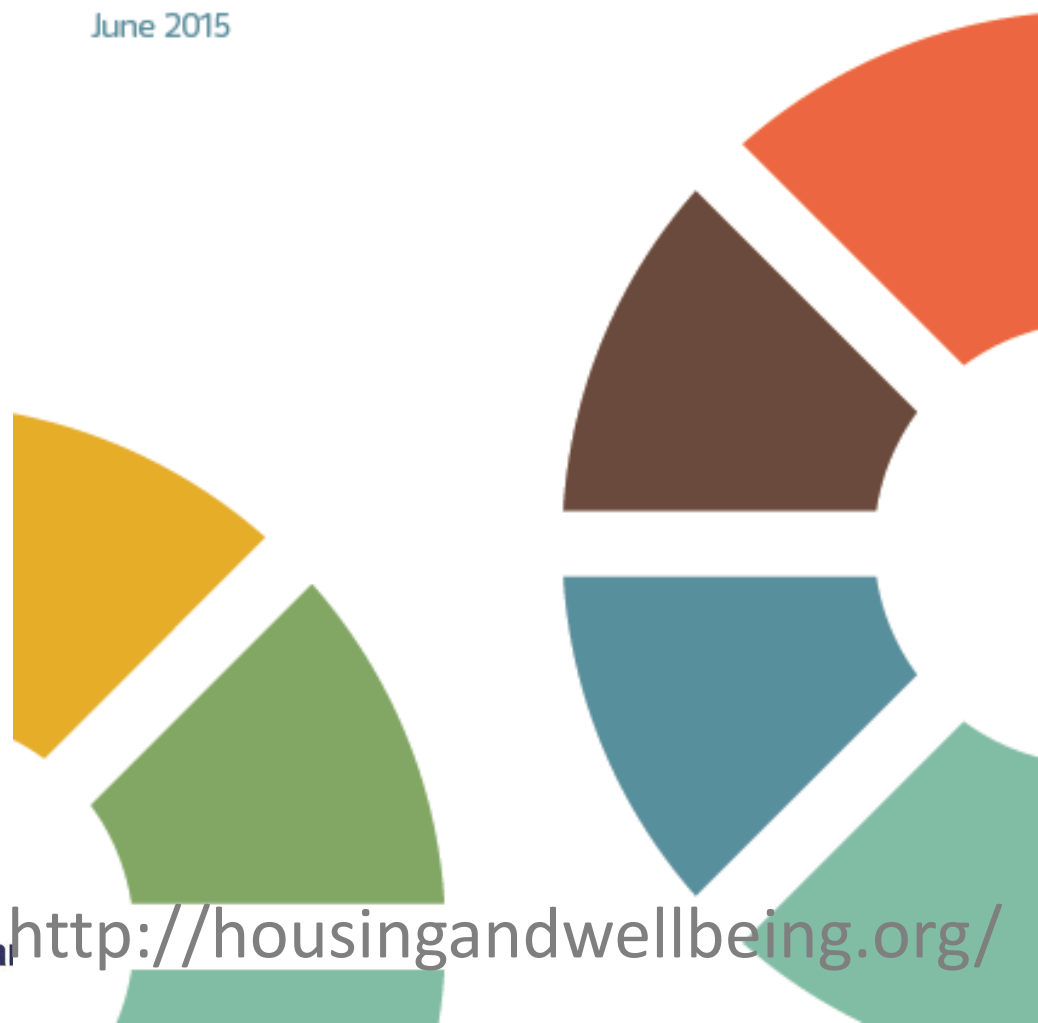


Commission on
Housing & Wellbeing

Housing – the
bedrock on which
we build our lives
and reach our
potential for
health and
wellbeing across
the life course.

A blueprint for
Scotland's future

June 2015



healthscotland <http://housingandwellbeing.org/>



Housing

Quality of Evidence:

- ▲ Improved
 - ▼ Reduced
 - High Quality
 - Medium Quality
 - Low Quality
 - NR (Not reported):
- Methodological quality of the original research is unclear and should be treated with caution.

Greyed Out Text
Association between a health impact & health outcome not obtained as part of the umbrella review.

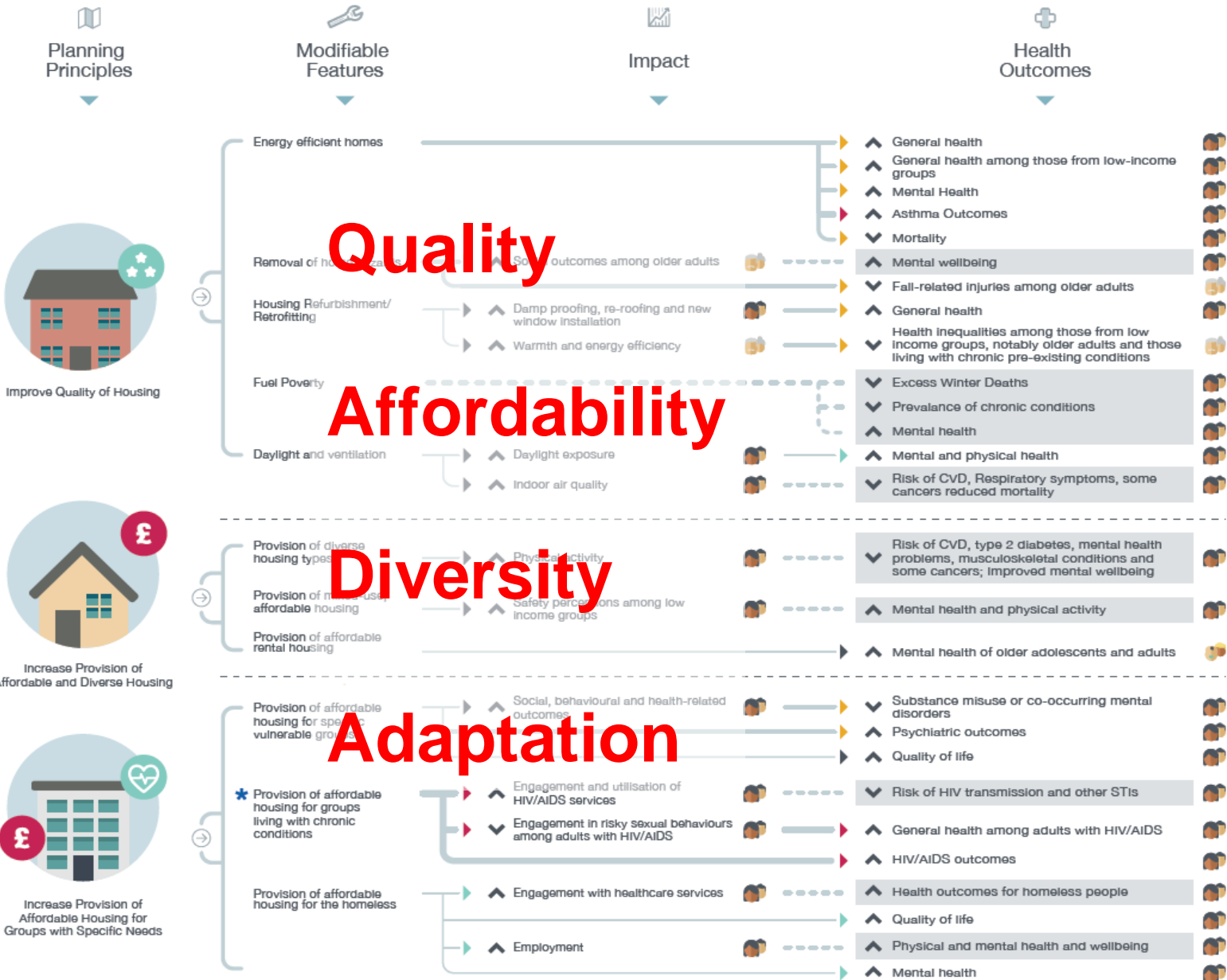
Best Available Evidence:

***** In some instances, more than one piece of review-level evidence reporting on the same health impacts and/or outcomes was identified as part of this umbrella review. In such instances this table highlights findings of the review(s) which reported evidence of the best methodological quality.


Population Groups:

- General Population
- Older Adults
- Children & Adolescents

Disclaimer:
This diagram has been produced as part of a wider evidence resource, commissioned by Public Health England and developed by the University of the West of England. Please see the document Spatial planning for health: an evidence resource for planning and designing healthier places for further information.






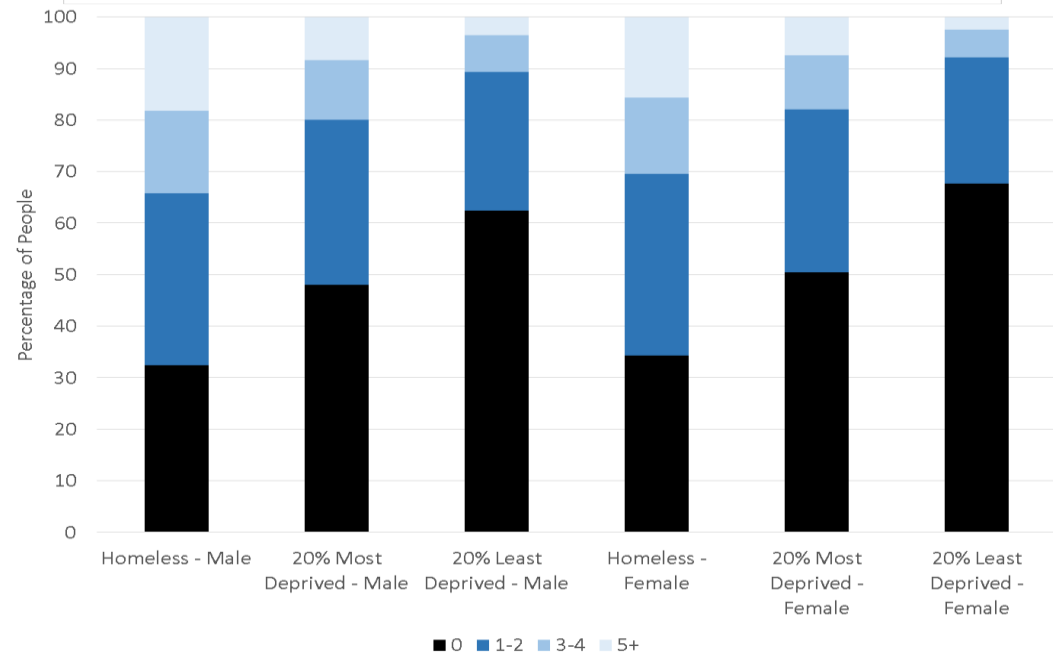
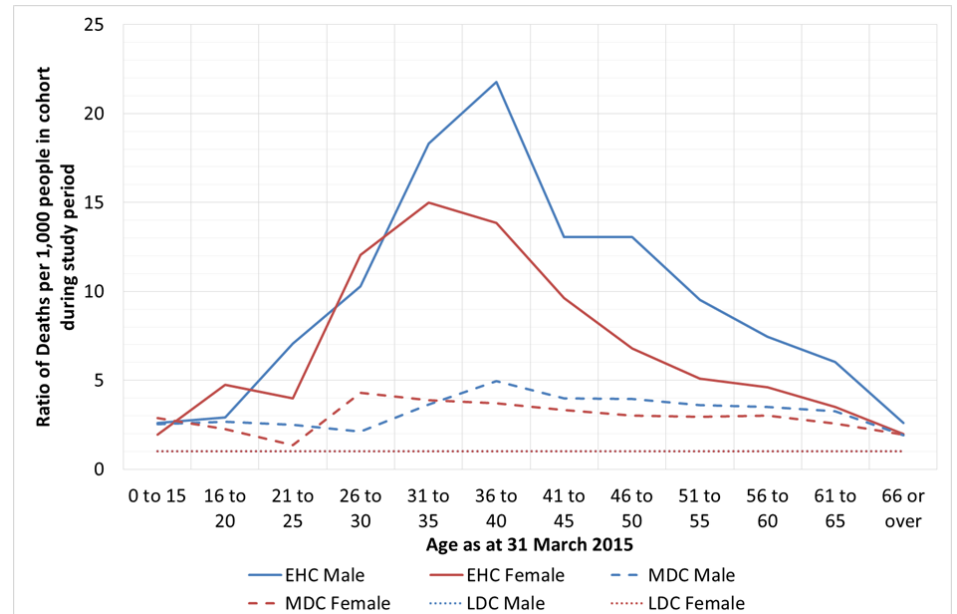

 Scottish Government
 Riaghaltas na h-Alba
 gov.scot

Health and Homelessness in Scotland

PEOPLE, COMMUNITIES AND PLACES


 social
 research

healthscot



History, politics and vulnerability: explaining excess mortality in Scotland and Glasgow

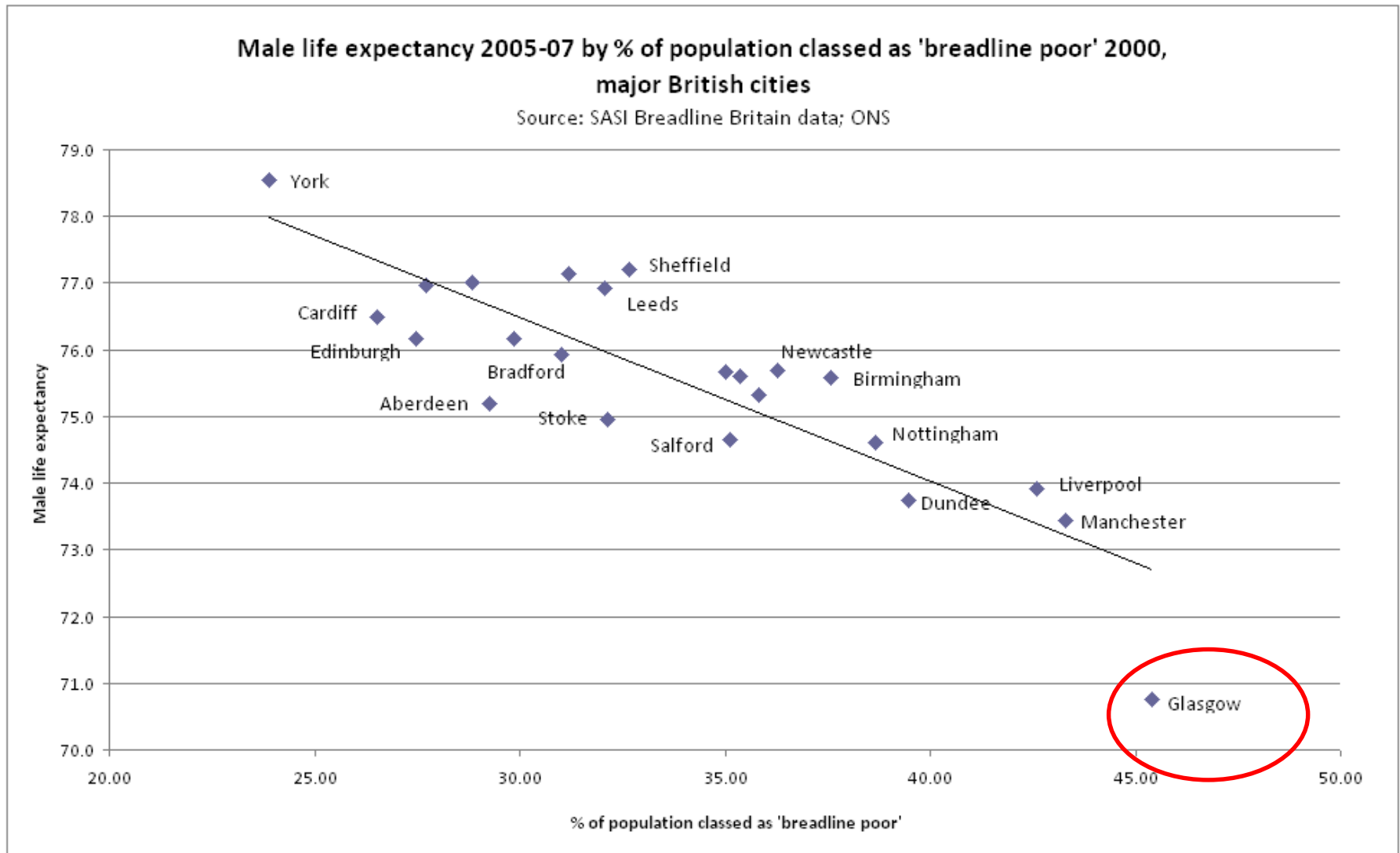
David Walsh, Gerry McCartney, Chik Collins,
Martin Taulbut, G David Batty

May 2016

A report by the Glasgow Centre for Population Health, NHS Health Scotland, the
University of the West of Scotland and University College London



Poverty & life expectancy: UK cities



Glasgow's population has a heightened vulnerability, generated by a series of historical processes which have cumulatively impacted on the city.

These processes include:

Lagged effects of high historical levels of deprivation

Glasgow (alongside other Scottish areas) has endured notably higher levels of deprivation than comparator areas, as evidenced by overcrowding.



The nature and scale of urban change in the post-war period (1945-1980)



Glasgow differed from the comparator cities in terms of: larger-scale slum clearances and demolitions; larger within-city (poor quality) peripheral council house estates; greater emphasis on high-rise development; and much lower per capita investment in housing repairs and maintenance.

Scottish Office regional policy from the late 1950s, including the socially selective New Town programme.

Both industry and some of the population (generally younger, skilled workers, often with families) were relocated to New Towns and other growth areas, away from Glasgow, as part of a wider regional 'modernisation' agenda.



Differences in local government responses to UK government economic policy in the 1980s.

Local responses in Glasgow prioritised inner-city gentrification and commercial development, potentially exacerbating the damaging impacts of UK policy on what was already a vulnerable population.



In the comparator cities, however, responses were more likely to have mitigated these damaging impacts, either by slowing them (Manchester) or by mobilising local opposition against them (Liverpool).



Related to this is that Liverpool, compared with Glasgow, has historically higher levels of **social capital** – a protective factor which places Glasgow at a further relative disadvantage.



Scale of the problem

Rough sleeping is just the tip of the iceberg

Analysis of Scottish Household Survey data suggests that around 5,000 adults sleep rough at least once in a year in Scotland

Based on applications to Scottish councils (2017/18) there were 34,972 applications under statutory homelessness legislation

Unknown number sofa surfing, living in hostels or staying in places we don't see

Even more are at risk e.g. Government estimate that around 20% living in poverty after housing costs



Rough Sleepers

Statutory homeless

Hidden homeless

At risk

Unsuitable housing

Tolerable Standard

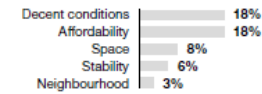
- Is a "condemnatory" standard. In other words, it is not reasonable to expect people to continue to live in a house that falls below it
- 2% of all dwellings (or 39,000) fell below the tolerable standard in 2016
- If you consider each dwelling contains on average 2 adults and 2 kids
- **That equates to roughly 78,000 adults and 78,000 children living in housing that should be condemned and that will impact their health.**

Topline results

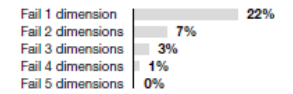
34%

of people in Scotland live in homes that do not meet the Living Home Standard

REASON FOR FAILING THE STANDARD:



NUMBER OF DIMENSIONS FAILED:



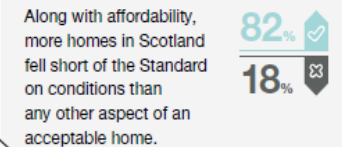
Roughly 1 in 10 people in Scotland failed multiple dimensions (i.e. 2 or more dimensions).

% who pass and fail each dimension:

1 Affordability

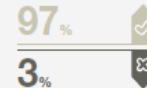


2 Decent conditions



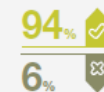
5 Neighbourhood

Living in an area where they felt safe and secure was particularly important to the public. They also wanted to be close enough to work, family and friends, and the services they need.



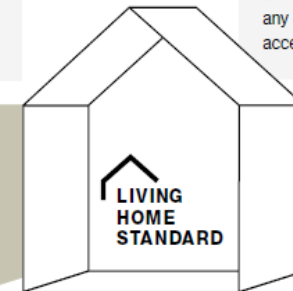
4 Stability

Discussions around stability often referenced the extent to which people felt able to make the place they lived in a 'home.'



3 Space

Adequate space was felt to be crucial for wellbeing, especially mental and social wellbeing.



LIVING HOME STANDARD

Developed by the public to define what everyone in Scotland needs from a home in order to live rather than just get by.

August 2018

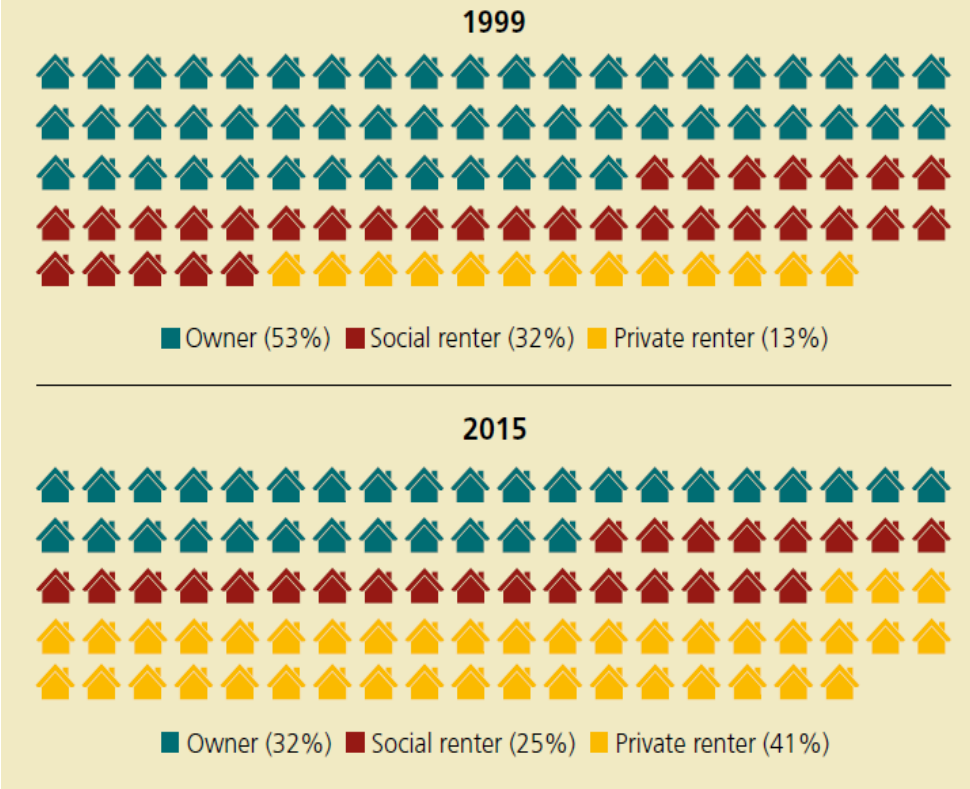


Housing contribution?

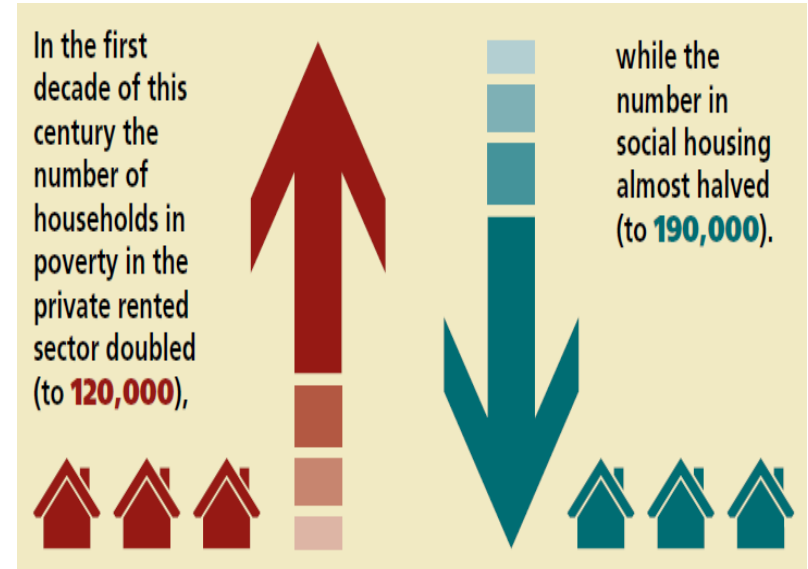


Supply, quality and affordability

The rise of generation rent: housing tenure over time for households headed by people aged 16-34.¹²



Shelter Scotland estimate that Scotland requires at least 60,000 affordable homes





Homes and communities



“ There is extensive evidence that connected and empowered communities are healthy communities. Communities that are involved in decision-making about their area and the services within it, that are well networked and supportive and where neighbours look out for each other, all have a positive impact on people’s health and wellbeing. ”

Simon Stephens | NHS England

Community anchors



Over time, the housing sector and community controlled housing association (CCHA) sector in particular have broadened their original house building and landlord role to develop initiatives focused on community development and capacity building.

Acting as 'community anchors', these organisations, their associated companies and/or partnership organisations now provide a range of services including financial inclusion, employment, education, poverty relief, fuel poverty and, increasingly, health and wellbeing initiatives.

With a specific emphasis on loneliness, this section provides:

- examples of community-based health and wellbeing initiatives

Place, Home and Housing

- Community equipment services improvement framework
- Occupational therapy
- Housing and integration
- Community anchors
- Be well connected
- Resources
- Case studies
- Home not Hospital
- Adapting for change
- Useful links
- Videos
- News and events



Health contribution

- **Informing national policy** (e.g. LHS Guidance, JHPDG, HIIA 50,000 new homes)
- **Networking and coordination** (e.g. faculty of homelessness and inclusion health, Scottish Health Promotion Managers Group)
- **Reconnecting housing and public health** (e.g. ScotPHN work, series of regional events)
- **Facilitating access to relevant data** (e.g. ScotPHO)
- **Continuing to build and disseminate the evidence linking housing and health** (e.g. homelessness, housing and health inequality briefings)
- **Training and developing staff** (e.g. learning programme for front line NHS staff)



To summarise

- Public health in Scotland is reforming and place and communities will be at the heart of that.
- High quality evidence that housing is fundamental to health and wellbeing
- Housing and homelessness are significant public health issues
- The housing sector have a hugely significant part to play



Thank you

Dr Matt Lowther
Head of Place and Equity
NHS Health Scotland

07500 854568 / 0141 414 2747
matthew.lowther@nhs.net

@NHS_HS www.healthscotland.scot
Working for a fairer healthier Scotland