JSNA Gloucestershire 2022/23

Housing and Health

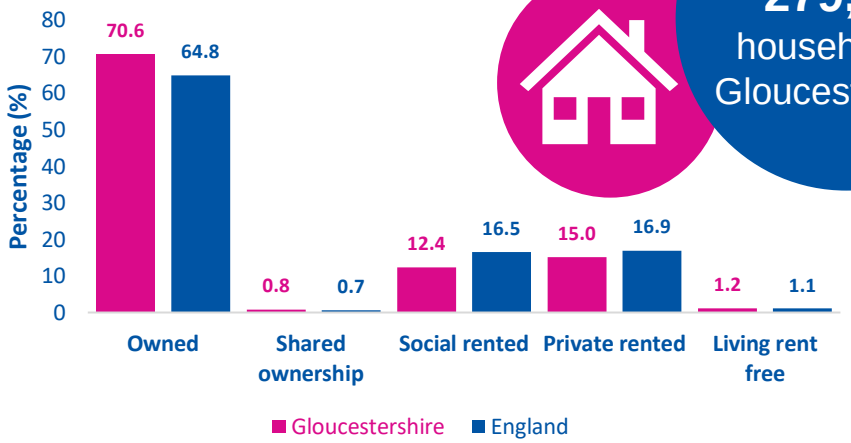
Health ◊ Care ◊ Wellbeing

In Gloucestershire…

70.6% **of people owned their home, either outright or with a mortgage or loan compared to 64.8% in England[1]**

12.4% **of people lived in social rented housing compared to16.5% in England[2]**

In 2021 there were **279,429** households in Gloucestershire[3]



Housing is a priority because we know that poor-quality housing increases the likelihood of respiratory, cardiovascular, and communicable diseases, and mortality. It leads to a higher risk of severe ill-health and disability during childhood, lower educational attainment, and greater likelihood of unemployment and poverty. It also decreases people's resilience to major shocks, like covid-19 and extreme weather.

> This grant will help us continue to deliver energy advocacy across Gloucestershire, but especially for Refugees and Asylum Seekers. These communities generally have little to no understanding of how energy supply works in the UK, as they have often come from countries where they don't have to pay for energy. Our service makes a big difference to their lives.
>
> - Jacqui Harris, a Project Manager working on the Warm and Well scheme

1.0 per 1,000 households were in **temporary accommodation** in Gloucestershire in 2020/21 which was significantly better than 4.0 per 1,000 in England[4]

Household size in Gloucestershire[5]

30.4% (30.1% in England)

37.1% (34% in England)

14.9% (16% in England)

12.4% (12.9% in England)

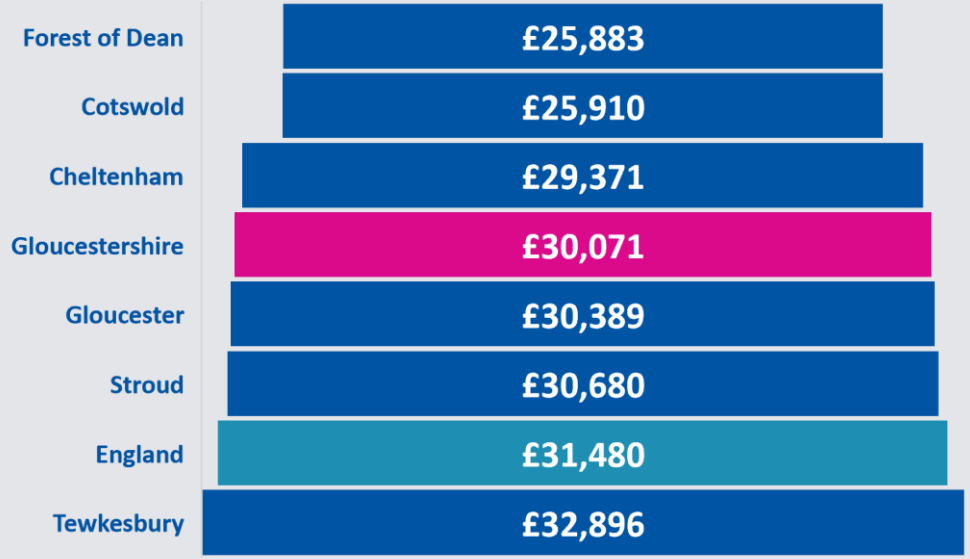
3.8% (4.5% in England)

1% (1.5% in England)

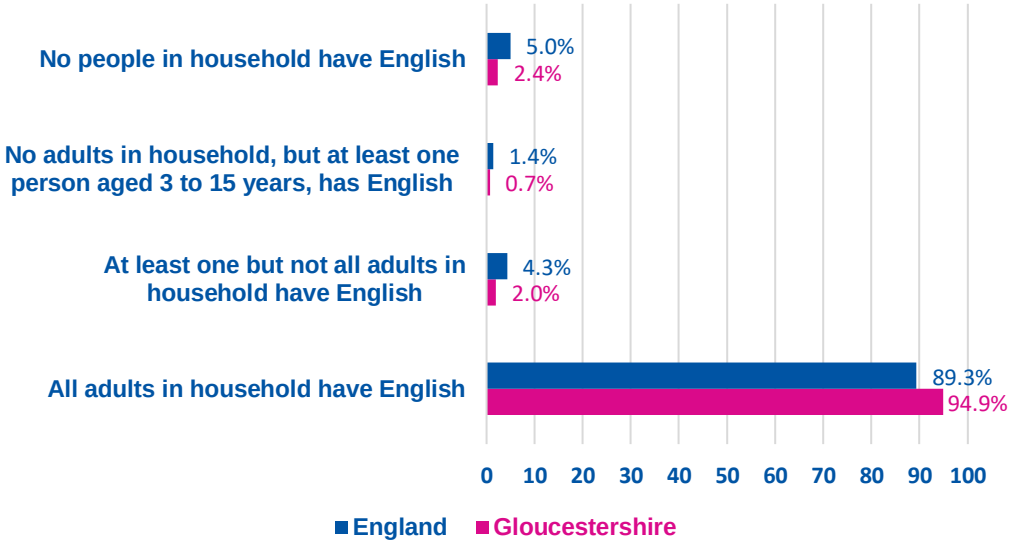
0.3% (0.5% in England)

+ **0.2%** (0.4% in England)

Median gross annual workplace based-earnings, 2021[6]

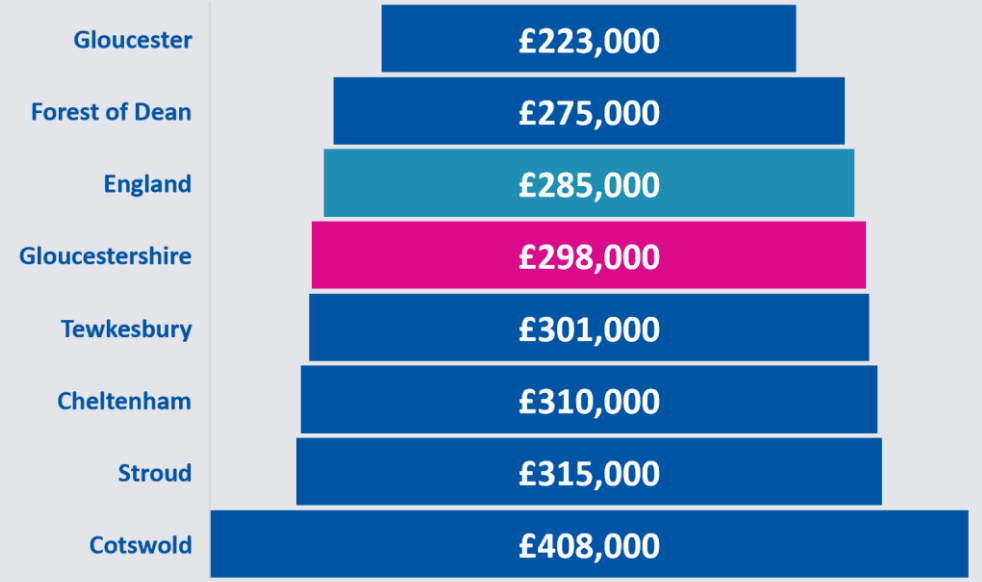


Household Language by percentage[7]

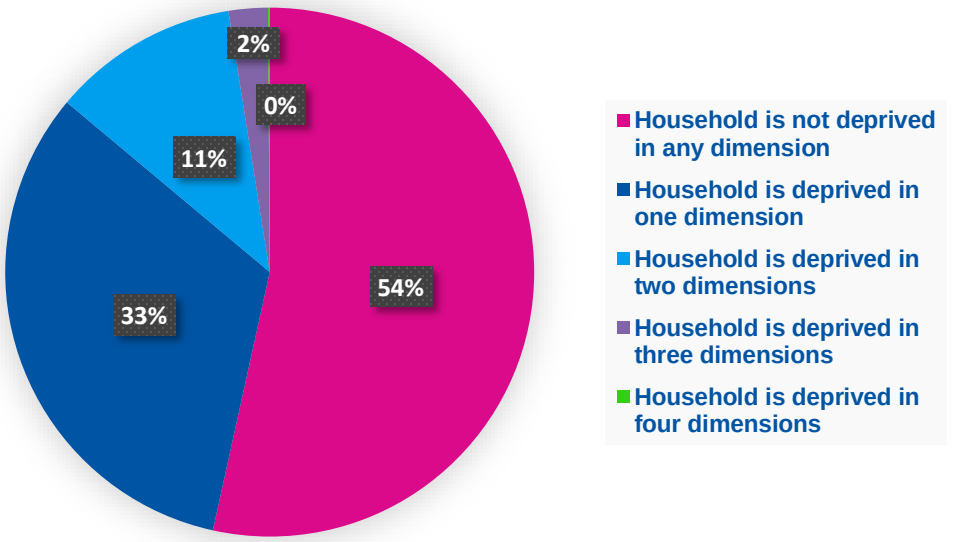


Households by combined economic activity status[8]

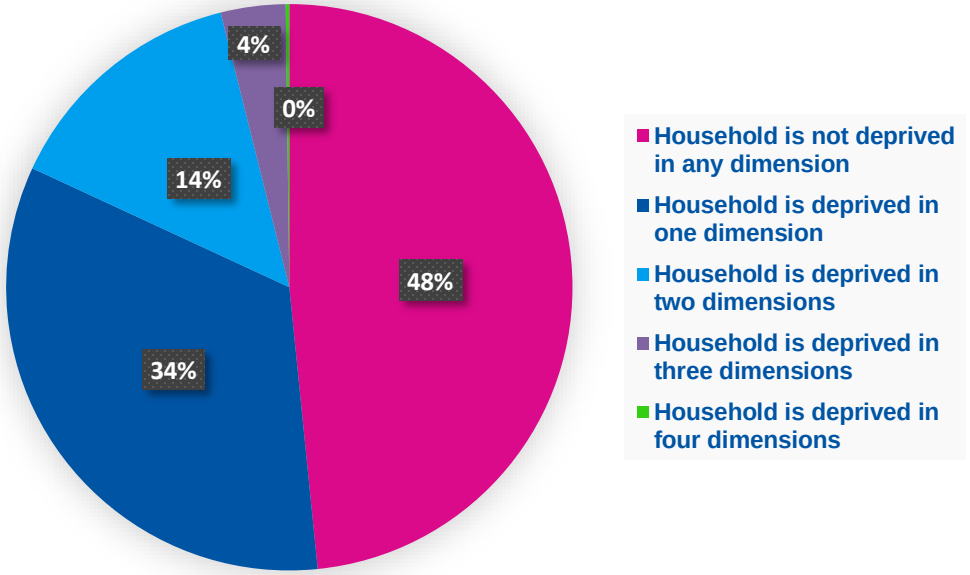
Median house prices in Gloucestershire, 2021[9]



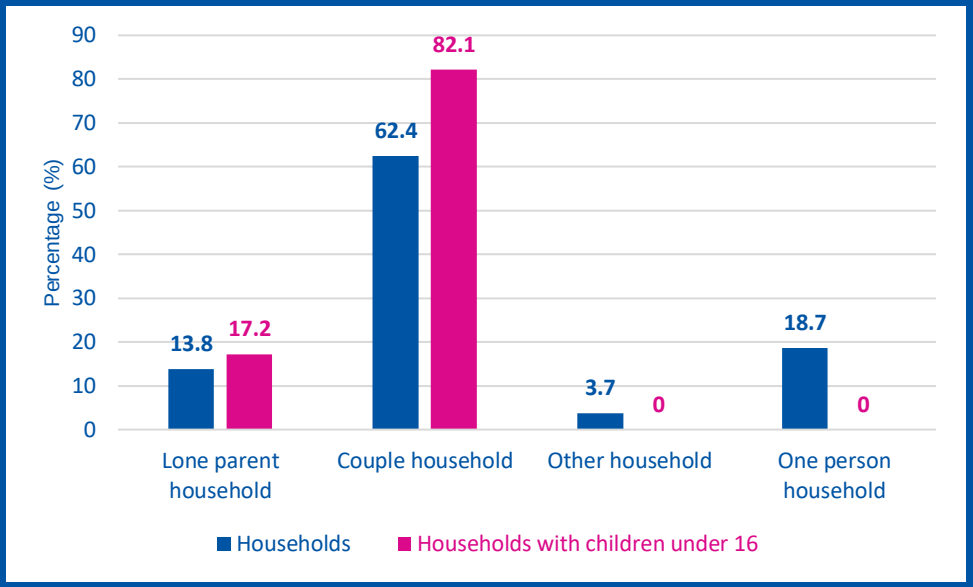
Households by deprivation dimensions in Gloucestershire, 2021[10]



Households by deprivation dimensions in England, 2021



Households with children under 16 by type in Gloucestershire, 2021[11]



19% of Gloucestershire residents lived in areas amongst the 20% most deprived nationally in terms of **Barriers to Housing and Services**[12]

Barriers to Housing and Services measures the physical and financial accessibility of housing and local services

14% of Gloucestershire residents lived in areas amongst the 20% most deprived nationally in terms of **Living Environment**[13]

Living Environment measures the quality of both the 'indoor' and 'outdoor' local environment

In 2021, **1.2%** of households had **no central heating** in Gloucestershire compared to 1.5% in England and Wales[14]

10.8% of households were **fuel poor** in Gloucestershire in 2020 compared to 13.2% in England[15]

Household composition in Gloucestershire[16]

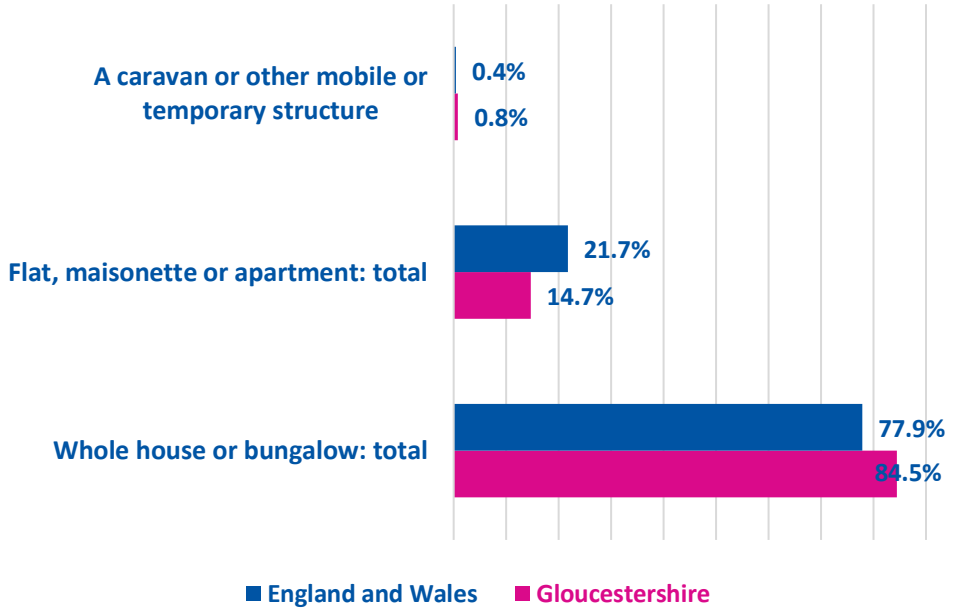
30.4% One-person household

64.7% Single family household

4.9% Other household types

98% of people in Gloucestershire **live in a household,** with **1.6% living in a communal establishment,** in line with the England rate[17]

Accommodation type in Gloucestershire, 2021[18]



Homeseekers 3 years housing list numbers in 2023, by district council*:[19]

Tewkesbury: 1739
Gloucester: 5076
Stroud: 3139
Cheltenham: 2765
Forest of Dean: 1852
Cotswold: 1527

Homeseekers 3 years homeless application figures in 2022, by district council*:[20]

Tewkesbury: 353
Gloucester: 2108
Stroud: 601
Cheltenham: 507
Forest of Dean: 610
Cotswold: 371

In Gloucestershire it was estimated there would need to be **19,036 affordable houses planned** for the period 2021-2041. **Cheltenham and Gloucester districts have the highest affordable housing need** compared to the other districts in the county.[21] More information can be found here: Gloucestershire Local Housing Needs Assessment 2019

The Warm and Well scheme aims to improve energy efficiency in the home and reduce the risk of fuel poverty and associated health problems

The Warm and Well Scheme's key achievements for 2021/22 include:

- The installation of **1,061 energy efficiency measures**
- Total lifetime **carbon savings of 22,714 tonnes** as a result of these installs, with 33% of savings coming from cavity wall insulation
- **915 home visits** carried out
- participation in a wide range of community and public events, **attending 71 partner events and holding 71 of their own drop ins**. We engaged a total of 2,725 people through community and partner activities this year
- We've accessed **£3.8 million in funding** for capital works. For every £1 invested from Warm and Well and Health top-up funding, we've levered £11.43 in external capital investment.
- **204 park homes received external insulation**

Warm Homes Fund is nearing completion. Since it began in December 2017, the project has funded 648 on-gas and 120 off-gas installs, **lifting 334 households out of fuel poverty** in the process.

There has been a significant increase in the number of enquiries from people reporting mental health issues this year, with **272 clients self-reporting a mental health concern**. With the anxiety produced by the ongoing energy crisis and price cap increases, this is a trend we expect to continue.

Principles for Healthy Housing

Improve quality of housing:

Evidence shows that living in a warm and energy efficient property can improve health outcomes, reduce respiratory conditions, improve mental health and reduce mortality.[22] Retrofitting modifications to improve housing warmth and energy efficiency may help to reduce health inequalities among those from low-income groups, notably older adults and those living with chronic pre-existing conditions.[23]

Good quality housing can also reduce the risk of unintentional injury or death. For example, improvements to residential lighting can reduce fall-related injuries among older adult.[24]

Housing refurbishment, including damp proofing, re-roofing, and new window installation is associated with improvements in general health outcomes and reduce health inequalities.[25]

Fuel poverty has been shown to be associated with excess winter deaths, increased prevalence of chronic conditions, and poorer mental health outcomes.[26]

Although a Spatial planning for health: evidence review did not identify any eligible evidence relating to daylight and ventilation and health outcomes, the linkages between poor indoor air quality and ill spatial planning health, (particularly CVD, respiratory symptoms, sensory irritation, lung cancer and other cancers), are well established.[27] Ventilation can help control air contaminants and humidity thereby improving indoor air quality.

Increase provision of affordable and diverse housing:

Provision of diverse forms and types of housing has been associated with increased physical activity.[28] The provision of mixed land use and affordable housing is strongly associated with improved safety perceptions in the neighbourhood, particularly among individuals from a low-income group.[29] However, the impact of such housing provision on improving health outcomes and reducing health inequalities is unclear.

Increase provision of affordable housing for groups with specific needs:

There is broad agreement that the provision of affordable housing for vulnerable groups (including adults with intellectual disability and adult substance users) can lead to improvements in social, behavioural and health-related outcomes[30]

Evidence shows that the provision of secure and affordable housing for those with some chronic medical conditions, such as HIV/AIDS, can increase engagement with healthcare services which has been shown to lead to improved health-related outcomes. Furthermore, provision of secure and affordable housing has also been shown to reduce engagement in risky health-related behaviours.[31]

The provision of affordable housing for the homeless has consistently been shown to increase engagement with healthcare services, improve quality of life and increase employment. It has also been shown to contribute to improvements in mental health status.[32]

Key evidence

NICE guidance on cold homes and indoor air quality.

The Marmot Review 10 Years On – Health Equity in England, recorded an expansion in research on the relationship between poor housing and health.

Data sources: **1.** ONS, 2011. **2.** ONS, 2011. **3.** ONS, 2011. **4.** Fingertips. **5**. ONS, 2021. **6.** ONS, 2021. **7.** ONS, 2021. **8.** ONS, 2021. Time period: Jan-Dec 2021. **9.** ONS, 2021. **10.** ONS, 2021. **11.** Annual population survey, ONS, Nomis. **12.** English Indices of deprivation. **13.** English Indices of deprivation. **14.** ONS, 2021. **15.** Fuel poverty statistics - GOV.UK (www.gov.uk) ,2020. **16.** ONS, 2021. **17.** ONS, 2021. **18.** ONS, 2021. **19.** Tewkesbury Borough Council. *Caveat: *Please note this indicates how many people have registered with Homeseekers and isn't a measure of housing need.* **20.** Tewkesbury Borough Council. *Caveat: *Please note this indicates how many people have registered with Homeseekers and isn't a measure of housing need.* 21. Gloucestershire Local Housing Needs Assessment 2019. **22.** Gibson et al., 2011; Krieger et al., 2014; Thomson et al., 2009; Thomson et al., 2013; WHO 2005. **23.** Gibson et al., 2011. **24.** Bambra et al., 2010; McClure et al., 2008. **25**. Clark et al., 2007; Gibson et al., 2011, Thomson et al., 2013, Gibson et al., 2011. **26.** Marmot Review Team, 2011. **27**. WHO, 2010; RCP & RCPCH, 2016. **28**. Durand, 2011. **29.** Bambra et al., 2010. **30.** Fitzpatrick-Lewis et al., 2011; Reif et al., 2014. **31.** Aidala et al., 2016; Fitzpatrick-Lewis et al., 2011; Leaver et al., 2007. **32**. Bassuk et al, 2014.