

# The Real costs of Poor Housing – A pilot study

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# Format

- **Overview of research project**
- **Findings**
- **Conclusions - Things to consider**



# Overview

## Housing conditions, health and society

- Showing clear measurable cause/effect relationship between resolving poor housing and health impacts has always been difficult;
- There is clear evidence to show how poor housing conditions affect health and safety;
- Study concentrated on the savings to the health sector, in financial terms. No savings were calculated in relation to society benefits;
- BRE Research<sup>1</sup> model provides a means to compare the cost of housing interventions with potential savings to the Health Service;

<sup>1</sup> 'The Real Cost of Poor Housing' Davidson, Roys, Ormandy, Ambrose

## 4 NW Study context

- Established to consider whether there was a direct link between housing interventions and health improvements;
- Commissioned by Regional Leaders Board for The North West of England to consider the impacts of the Decent Homes Programme in the Private Housing Sector (2009);
- Undertaken by Warwick Law School and BRE;
- Six LA's provided data: Rochdale, Blackpool, Manchester, St.Helens, Bristol and Derby. Four authorities were visited;
- Report published in February 2010.



# Cost benefit calculations - Bristol

- Two days of visits were undertaken by David Ormandy
- 156 inspection details were provided;
- The total annual benefit to the health service to reduce all hazards to an acceptable level was £59K against a one off cost to the LA of £212K;
- Average payback period was 3.6 years;
- The lowest single cost was £10 – ‘Falling on level surfaces’. Savings to the NHS from hazard rectification was £21 per year;

# Outcomes - Bristol

- Low cost mitigation works with the quickest payback periods included:
  - Falls associated with baths;
  - Falling on stairs;
  - Excess cold.
- Longest payback periods were for the following hazards:
  - Fire - 33 years;
  - Damp and mould growth - 17 years;
  - Food safety - 16 years.

# Discussion points from survey

- Low cost interventions give a very good return in terms of value for money (VFM);
- Largest savings are not delivered using traditional grants and loans but small interventions through 'handy-person' services;
- Largest impacts are associated with falls prevention hazards. Unintentional fall injuries are the most common home injuries treated by the health sector;
- However, other hazards should not be overlooked. These link to other local agendas ie energy conservation, homecare, crime reduction etc;
- Wider benefits can be achieved through other interventions ie Category 1&2 hazards

# Good Practice (1)

- Rochdale used Council Tax information to mail shot vulnerable households with housing advice and assistance;
- Accreditation schemes require minimum housing standards to be met ie Decent Homes, properties free of category 1&2 hazards;
- St.Helen's/Bristol adopted an area approach to target action on local priorities (deprivation, non-decency, vulnerable households, low SAP, crime prevention);
- Blackpool used a simple electronic survey programme for use on handheld devices for capturing data which is integrated with the LA systems for downloading data;
- Undertake a rating system assessment before and after intervention. Difference used to calculate savings.



## Good Practice (2)

- Manchester record and track decency. All teams use same inspection paperwork (enforcement, renewal and empty property work). Data stored on a citywide property database;
- Use GIS information to overlay information for various sources (PCT, Health and Social Care, Children's Services, Housing) to identify hotspots to target action across departmental and agency agendas.
- Use a wide range of information which is available to justify your proposed actions;

# Conclusion

- Survey did establish that housing interventions did produce financial savings to the health sector;
- Low cost interventions can make a significant impact on householders and society;
- Recording HHSRS information before and after intervention needs to be done to quantify benefits;
- With PSR funding being removed from April 2011, now is the time to evidence the link between poor housing, interventions and health savings.  
This it is not hard to do!



# Questions

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