Health Equalities Assessment of the Housing Strategy

Programme or project being assessed	Housing Strategy
Date completed	June 2022
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Main aims

Main aims of this assessment:

- To analyse health and housing evidence to inform the developing Housing Strategy, maximising the potential for positive health outcomes and tackling health inequalities by:
  - Understanding, identifying, and addressing key housing/health inequalities
  - Informing which health outcomes should provide the primary focus for joint housing and health initiatives

The emerging Housing strategy aims to reduce health inequalities by:

- Building Thriving Communities and Wellbeing
- Making Best Use of Existing Housing
- Tackling Climate Change
- Meeting the Housing Needs of Older People
- Helping People with Additional Support Needs
- Meeting Local Housing Needs Through New Development

Data and Evidence

Key sources of information include:

- Health Topic paper
- JSNA
- Housing and Economic Development Needs Assessment
- Latest Census
- Emerging Health SPD
- Emerging Housing SPD

Life Expectancy

Solihull has one of the largest gaps in the country between the Life Expectancy of those living in the most and least deprived neighbourhoods. This has increased over the last few years for both males and females.

On average males in the most deprived 10% of the Solihull population can expect to live for 12.3 years less than those in the least deprived, females in the most deprived 10% of the Solihull population have a life expectancy of 9.8 years less than those in the least deprived.

The inequality gap among males in Solihull is the 15th highest out of 149 upper tier Local authorities in England and the 14th highest among females. The extent of this inequality gap is largely due to very high levels of Life Expectancy among the least deprived 10% of the Solihull population. For example, the Life Expectancy of Solihull males in the least deprived 10% is the 10th highest in the country (out of 148 Local Authorities), while females have the 9th highest Life Expectancy in the country.

The gap in Life Expectancy at birth between those born in the most and least deprived 10% of the Solihull population increased for both males and females between 2010-12 and 2014-16, but has decreased in the two years to 2016-18.

Life expectancy has fallen for both men and women in England since last year, largely as a result of the pandemic.

The Life Expectancy of People who live in the most deprived neighbourhoods are disproportionate to those who live in least deprived neighbourhoods

Healthy Life Expectancy

Healthy life expectancy (HLE) is the years a person can expect to live in good health (rather than with a disability or in poor health). It measures the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

Both males and females born in the most deprived 10% of neighbourhoods in Solihull can expect nearly 18 years fewer healthy life expectancy than those born in the least deprived 10% of the population.

The inequality in Life Expectancy and Healthy Life Expectancy between the most and least deprived Solihull communities is mirrored by a range of key health, wellbeing, lifestyle and service demand measures. For example:

- Emergency hospital admissions in Chelmsley Wood are 53% above the England average, but 5% below average in St Alphege;
- Hospital stays for alcohol related harm in Chelmsley Wood are 40% above the England average, but 11% below average in St Alphege;
- The premature mortality ratio is three times higher in Chelmsley Wood than St Alphege;
- 21% of Solihull residents working in routine and manual occupations smoke compared to 6% in managerial or professional occupations.

The Healthy Life Expectancy of People who live in the most deprived neighbourhoods are disproportionate to those who live in least deprived neighbourhoods

Distribution of health

Which populations face the biggest health inequalities

1.0 Housing Affordability

Families paying excessive amounts of their income for housing often have insufficient resources remaining for other essential needs, including food and heating. Housing options for new and younger households seeking to live in the Borough remains a challenge, particularly for those who cannot afford buying a property. When affordable housing options are limited, households often end up living in substandard or poorly maintained housing, which can pose a variety of health risks.

A combination of deteriorating affordability, restricted access to mortgage products and a lack of social housing supply over the 2001-11 decade has resulted in fewer households being able to buy and therefore increased pressures on the existing affordable housing stock. These factors have also resulted in strong growth in the private rented sector as households are being forced to rent longer or cannot secure alternative accommodation.

15% of Solihull households rent their home from Solihull Council or a housing association. This is a lower proportion than the West Midlands (19%) or England (18%). On a national basis, social tenant households live in more deprived neighbourhoods and the self-reported health and wellbeing and limiting long-term conditions of social tenants are considerably worse compared to the general population

10% of Solihull households are housed in the private rented sector compared to 19% nationally. Nationally rent is nearly twice as high as the social rented sector, but it has higher levels of damp, one in five households are fuel poor and there are twice as many homes in poor condition

The first-time buyer market was noted to be very active with relatively cheaper properties selling quickly. However, Estate Agents highlight a lack of properties for first time buyers due to the fact that new developments in Solihull predominantly aim to cater for larger family homes and consequently the asking prices are out of the first-time buyers' budgets.

Engagement with local agents indicated that demand from first-time buyers and those wanting to rent in the private sector outstrip the available supply.

In Solihull, 29% of people in households in the private rented sector are spending more than a third of their income on housing costs, compared with 10% of social renters and 3% of owner-occupiers. Affordability for private renters deteriorated in the 2000s, while social renter affordability has worsened since 2010.

A quarter of those in the bottom 20% of the income distribution and 14% of 16–24-year-olds and 25–34-year-olds have high housing costs relative to income.

A higher proportion of all minority ethnic groups have higher relative housing costs (11–23%) than white British people (6%).

The residential land values are the highest in the West Midlands. The average (mean) house price in Solihull (2019) was £353,366 whilst the median price was less at £275,000. This indicates that there is a small concentration of very expensive properties in the Borough. When comparing median house prices in Solihull to regional and national figures, the mean and median house prices in Solihull are significantly higher. The median price in Solihull is £275,000 compared to £230,000 in England £190,000 in the West Midlands.

Local Estate Agents have indicated that the housing market in Solihull receives interest from a diverse range of people. It is notable that first-time buyers are particularly attracted to the Borough, however, agents noted that the first-time buyer are typically older in Solihull due to the higher price point when compared to the surrounding areas.

A clear pattern emerges for lower priced properties within the Castle Bromwich and North Solihull Sub-area. There is also a concentration of relatively lower housing values in the western edge of the Urban Sub-area in part this relates to proximity to the airport and other industrial uses.

Higher priced properties are more common in the Rural sub-area with a concentration of recent high price properties around Dorridge. Bentley Heath and Knowle. This in part reflects the stock with a greater number of sales of detached properties as well as the increased quality of place.

The average market rent for the Borough is around £898 per month for all dwelling types, which is notably higher than the regional average of £650.

Housing affordability disproportionally affects those on low incomes, people in the private rented sector, young people (16-24yr olds) 25-34yr olds and older people.

There is one age group where Solihull has a relatively low percentage of population, this being those in their early working age. This tends to be the case in locations which do not have a university. However, it is also indicative that Solihull appears to have a lower proportion of young working professionals which may reflect the type and cost of housing available.

The scale of growth across Solihull, places additional pressure on the supply and quality of housing. People have increasingly high expectations about where and how they live. In older age they will expect to maintain that freedom to choose their housing and any care and support services they may need.

The health inequalities arising from Housing affordability particularly affects those on low incomes, people living in private rented homes, people aged 16 – 34, people from minority ethnic groups, people with long term health conditions and specific housing needs, i.e. the elderly, and people with disabilities.

1.1 Fuel Poverty

Fuel poverty is the condition by which a household is unable to afford to heat their home to an adequate temperature. In England, the 'Low Income, Low Energy Efficiency' indictor is used to determine fuel poverty. Under this, a household is considered fuel poor if;

- ***They are living in a property with a fuel poverty energy efficiency rating of band D or below***
- ***When they spend the required amount to heat their home, they are left with a residual income below the official poverty line***

The latest fuel poverty figures published 30 April 2020 (for March 2018) suggest that there were 7,428 (8.2%) fuel poor households in Solihull, a reduction from 8,315 (9.2%) in March 2017. The average fuel poverty figure across the West Midlands authorities is 11.4% showing a reduction from 12.6% in 2017.

As many as four in 10 people in Britain could fall into fuel poverty when the price cap rises again this autumn with expected debts of customers to rise by 50%, or £800m. This will particularly affect families on low incomes, people with health conditions and disabilities and older people

In the 2 years to March 2021, an average of 12.6% of white households were in fuel poverty compared with 19.1% of households from all other ethnic groups combined

Those most vulnerable to fuel poverty and the impacts of cold, damp homes are:

- Older people; particularly those living on their own and/or in larger family homes. (Older people may be particularly vulnerable during cold periods.)
- Lone parents with dependent children.
- Families who are unemployed or on low incomes.
- Children and young people; cold homes and poor housing conditions have been linked with a range of health problems in children.
- Disabled people.
- People with existing illness and long term conditions (physical and mental).
- Single unemployed people.

The effects can be both physical and psychological and often impact the most vulnerable people in society more profoundly. The effects include:

- Increased chances of circulatory conditions such as blood pressure, heart attacks and stroke.
- Worsened respiratory conditions such as bronchitis or asthma.
- Exasperated conditions such as diabetes or ulcers.
- A higher risk of falls and accidents for elderly people.
- Depression.
- High levels of anxiety.
- Existing medical conditions can become worse.
- Children's cognitive development can be affected.

These effects create a significant burden on health services: the many preventable illnesses that result from under heated homes cost NHS England up to £1.36bn annually. Estimates suggest that 10% of excess winter deaths are due to fuel poverty, with 21.5% of excess winter deaths attributable to the coldest 25% of homes.

Older people are particularly prone to hypothermia, which is the main contributing factor in cause of death for more than 400 people in the over-65 age group each year

On average, over each of the last five years, there have been 27,000 excess winter deaths; more than 90% of these deaths occur in the over 60s age group and can be attributed to cold-related illnesses such as heart attacks, strokes, and respiratory conditions. The majority of these deaths occurred among those aged 75yrs; cold homes a significant causal factor

The health inequalities arising from fuel poverty particularly affects older people, lone parents with dependent children, families who are unemployed or on low incomes. children and young people, disabled people, people with existing illness and long-term conditions (physical and mental), single unemployed people and people living in private rented homes particularly those on a low income

2.0 Housing Quality

2.1 Poor housing

The causal relationships between tangible physical housing defects and poor health outcomes are widely accepted, with clear evidence of negative physical health effects of toxins within the home, damp and mould, cold indoor temperatures, overcrowding and safety factors.

The number of homes nationally classed as non-decent has fallen by 3.5 million, largely driven by improvements in owner-occupied housing. The number of non-decent private rented homes has not improved, although the tenure has grown considerably.

28% of private renters in non-decent homes rate their health as less than good, compared with 22% living in decent homes.

21% of people in the bottom 20% of the income distribution lived in non-decent housing in 2017/18, compared with 16% of those in the top 20% of the income distribution. Single adults, particularly those older than 60 years, were most likely to live in non-decent housing.

People living alone (particularly those older than 60 years) and those living in a multi-person household, where the adults are not related or in a relationship, were the most likely to be residing in a non-decent home.

Recent national estimates suggest that nearly half of all households in relative poverty are owner occupied, and of these 1 million are headed by someone aged

55 and over. Without the means to undertake vital repairs, these homes may become increasingly hazardous to the health of those living in them. And without the means to adapt their homes to their needs as they age, home owners may find their independence and quality of life seriously, and avoidably, limited.

Poor housing can result in up to 25% higher risk of serious ill-health or disability during childhood and early adulthood, increased risk of meningitis, asthma, slow growth, mental health problems, lower educational attainment and greater likelihood of unemployment and poverty.

The health inequalities arising from housing quality particularly affects people with long term health conditions, the elderly, people with disabilities, people living in private rented homes particularly those on a low income.

2.2 Indoor air pollution

Air pollution is a major cause of premature death and disease, Both short- and long-term exposure to air pollution can lead to a wide range of diseases, including stroke, chronic obstructive pulmonary disease, trachea, bronchus and lung cancers, aggravated asthma and lower respiratory infections. For many people, the health risks from exposure to indoor air pollution may be greater than those related to outdoor pollution depending on their pre-existing health conditions, the buildings they reside in, and especially those who spend up to 90% of their time indoors.

Between 28,000 - 36,000 early deaths each year are caused by air pollution in the UK.

The Index of Multiple Deprivation shows that 30% of the Solihull population live in the most deprived 20% of LSOAs in England from an air quality perspective, with just 13% living in the least deprived 50% of neighbourhoods. Clusters of poorer air quality exist in the North of the borough, particularly in Smith’s Wood and Castle Bromwich and in the West Solihull wards of Lyndon and Elmdon due to the proximity to the A45 and motorways.

Indoor air pollution is a mixture of pollutants generated inside a building from building materials, furniture and furnishings, or by activities such as cooking, heating, smoking and use of paints, varnishes, cleaning products, air fresheners, etc. and pollutants generated outside a building that migrate indoors through windows or other means of ventilation.

The health inequalities arising from poor air quality disproportionally affects people who live in more deprived and congested areas, and those who are more vulnerable to the effects such as children, older people, and those with existing medical conditions. Poor indoor air quality can be harmful to vulnerable groups such as children, young adults, the elderly, those suffering chronic respiratory and/or cardiovascular diseases.

3.0 Housing Suitability

3.1 Housing for older people

Decent, suitable housing for older people can reduce the costs of health care. It can decrease GP visits by older people with chronic conditions, enable timely hospital discharge, extend independence for patients with dementia and provide end of life care at home.

Warm, safe, well designed housing, effective delivery of home adaptations, the provision of supported specialist housing (across tenures), aids, equipment and assistive technologies all have quantifiable effects with regard to improved health, well-being and independent living, particularly for older people with chronic conditions.

Population projections based on the 2018 population estimates indicate the relative ageing of the Solihull population will continue and by 2036 those aged 65 and over will account for nearly one in four of the borough population, with those aged 85+ numbering over 10,200 (4% of total). The growth in the numbers of those aged 85 and over represents a significant and growing challenge in terms of additional pressures on the health and care system. In the Birmingham & Solihull CCG the 65+ age group account for 40% of hospital episodes in 2018/10, and the 65+ age group accounted for 79% of all new requests for Solihull Adult Social Care support in 2019/19.

The impact of an ageing population with poor health will impact not only on the individuals but on their families, our workplaces and result in increasing pressure on health services and social care. Between 2019 and 2035 it is estimated that:

- The number of Solihull residents aged 75+ unable to manage at least one mobility task will increase by 36% (+2,800 people);
- The number of Solihull residents aged 65+ with dementia will increase by 41% (+1,400 people);
- The number aged 75+ with a severely limiting long-term condition will increase by 40% (+3,000 people).

Demand for care and support services in Solihull is anticipated to increase significantly over the next decade and beyond. As people are living to advanced years, they are more likely to be living with health needs and conditions associated with an increased risk of disability and limited mobility, especially for those aged over 85.

The Solihull Housing and Economic Development Need Assessment predicts over the medium term significantly greater numbers of:

- People living alone with an increasing risk of social isolation, loneliness and depression.
- People with dementia, other long-term conditions, and with multiple and complex needs.
- Unpaid carers, looking after family members, friends and neighbours, many of whom will be older people who may have their own health or care needs.

In 2018/19 the number emergency admissions due to a fall among the 65+ population in Solihull was 12% higher than the England average (2,465 compared to 2,198 per 100,000) and at the upper end of the spectrum for the West Midlands. A breakdown of the data shows that:

- In Solihull, admissions were more common among women than men (2,822 compared to 2,002 per 100,000);
- In Solihull admissions are nearly six times higher among those over 80 years of age than among those aged 75-79 (6,422 compared to 1,100 per 100,000);
- Nationally, the admissions rate is 14% higher for people living in the most deprived communities than in the least deprived.

Projections suggest that the number of hospital admissions due to falls among Solihull people aged 65+ is predicted to increase by 37% between 2019 and 2035 (+571 individuals). The majority of this is due to an increase in emergency admissions among those 75 and over.

Vulnerable people over 75, particularly low-income older homeowners, are the group most likely to live in poor / unsuitable housing. Health inequalities are particularly prevalent for older people with chronic conditions

3.2 Overcrowded homes

Family relationships are known to be affected by overcrowding. Qualitative research (Shelter. 'Crowded house', 2004), revealed a link between overcrowding and:

- stress, tension, and sometimes family break-up
- anxiety and depression
- a lack of privacy, particularly for adolescents
- disrupted sleep patterns.

Studies have also shown that overcrowding can inhibit education and child development by causing:

- difficulties in studying and doing homework
- emotional problems leading to developmental delays for children.

Other studies that analyse data from various censuses and health surveys have linked overcrowding with the following health problems:

- respiratory and infectious diseases
- common mental health disorders
- accidents around the home
- tuberculosis

Overcrowding has been increasing in private rented and social rented tenures over the past two decades. A report by Shelter confirmed that overcrowding disproportionately effects black and minority ethnic (BME) communities and that overcrowded families from BME groups were twice as likely as white British families to be severely overcrowded. Overcrowding can result from several factors, such as

housing scarcity or affordability problems, as well as compositional factors, such as age.

The English Housing Survey Headline Report, 2018-19 reported that in 2018-19, 8% of social renters lived in overcrowded accommodation, up from 5% in 1998-99. Over the same period, the proportion of private renters living in overcrowded accommodation increased from 3% to 6%. This national trend in over-crowding has also manifested to a lesser extent in Solihull where the proportion of residents living in over-occupied properties increased by 21.9% between 2001 and 2011. This compares to an increase of 29.1% in the West Midlands and 32.3% nationally.

Conversely the number of under-occupied properties in Solihull (5.8%) has increased at a greater rate than the West Midlands (4.9%) and England (4.9%). As with the national trend this is in part linked to a growth in older population who tend to remain in their family homes after their children have left. Providing suitable and attractive accommodation for the older group would reduce the need for additional large properties across the area.

The health inequalities arising from overcrowding and underoccupancy particularly affects, the elderly, people living in private rented homes particularly those on a low income who are unable to move to more suitable accommodation.

3.3 Housing for people with specific needs

Offering people a better choice of accommodation to suit their specific and changing needs can help people live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems.

The provision of appropriate housing for people with specific needs, including specialist and supported housing, is crucial in helping people to live safe and independent lives. Unsuitable or unadapted housing can have a negative impact on people and their carers.

Data from the 2011 Census suggests that some 33% of households contain someone with a long-term health problem or disability LTHPD. This figure is similar to that seen in other areas (including a 33% figure for the whole of England). The figures for the population with a LTHPD again show a similar pattern in comparison with other areas (an estimated 18% of the population having a LTHPD). Analysis also shows some differences between different parts of the borough, with North Solihull seeing a notably higher proportion of the population with a LTHPD, and lower figures being seen in the Rural area.

Analysis clearly shows that people with a LTHPD are more likely to live in social rented housing or are also more likely to be outright owners (this will be linked to the age profile of the population with a disability). Given that typically the lowest incomes are found in the social rented sector, and to a lesser extent for outright owners (many of whom are retired), the analysis suggests that the population/households with a

disability are likely to be relatively disadvantaged when compared to the rest of the population in terms of income levels and therefore the ability to afford goods and services (as well as to access the housing market in many instances).

Data from the 2007/8 English Housing Survey showed around 7.1% of social tenants to be wheelchair uses, compared with 2.3% of owner-occupiers (there was insufficient data for private renting, suggesting that the number is low).

A national report by Habinteg Housing Association and London South Bank University identifies that around 84% of homes in England do not allow someone using a wheelchair to get to and through the front door without difficulty and that once inside, it gets even more restrictive. Furthermore, it is estimated, based on English House Condition Survey data, that just 0.5% of homes meet criteria for 'accessible and adaptable' Overall, the report estimates that there is an unmet need for wheelchair user dwellings equivalent to 3.5 per 1,000 households. Moving forward, the report estimates a wheelchair user need from around 3% of households.

Applying both figures to the demographic projections suggests a need for around 700 wheelchair user homes in Solihull in the period to 2036. Comparing the need for wheelchair dwellings shown to the local housing need, the need for wheelchair user dwellings equates to about 5% of the total housing need. The housing and economic assessment suggest that there is a clear need to increase the supply of accessible and adaptable dwellings and wheelchair user dwellings as well as providing specific provision of older persons housing.

One in five people experience mental health issues because of housing problems, according to a report by Shelter. Compared with the general population, people with mental health conditions are:

- one and a half times more likely to live in rented housing
- twice as likely to be unhappy with their home
- four times as likely to say that it makes their health worse.

The inability to provide appropriate, adaptable, housing for people with specific housing needs can have a negative impact on the most vulnerable people in our communities and their carers. Unsuitable or unadapted housing particularly affects people with long term health conditions, the elderly, people with disabilities and specific support needs (including mental health support).

4.0 Housing Stability and Security

Housing instability can cause and exacerbate health problems, erode communities, and drive health inequities. Families dealing with housing uncertainty experience poorer physical and mental health outcomes, including stress, depression, and suicide.

Insecure housing poses a risk to health, as it can undermine people's sense of control over their environment and act as a stressor. Research has found that

accumulating housing cost arrears, housing payment problems and imminent eviction/repossession can have a considerable impact on psychological wellbeing.

Rising claims would suggest potential increases in the number of households experiencing housing security and homelessness. Evictions were banned in the early stage of the coronavirus (COVID-19) pandemic and have slowed down subsequently. However, charities warn of rising housing arrears that point to a potential increase in evictions later in 2021 if no further policy measures are taken.

There is an association between frequent residential moves and poorer health, including mental health issues and other health conditions. This may be due to the factors that require moves, such as economic insecurity, as well as the moving process itself.

More residential moves are associated with poorer health outcomes for both adults and children. One explanation for this relationship is that moving involves interruptions in social, educational, and economic opportunities. Moving can also occur as a result of the family experiencing financial difficulties.

Being threatened with homelessness is a stressful experience and is linked to psychological distress and depression. 22% of all households in temporary accommodation were placed in unsuitable accommodation in March 2020. This can for some, mean living in damp and cold conditions that have a direct impact on physical health or overcrowding that creates a further risk of contracting infectious diseases. In addition those who lack stable housing are more likely to experience homelessness, unemployment, substance use, and food insecurity.

Younger adults, people from ethnic minority backgrounds and those on low incomes are more likely to experience multiple housing problems. For children, housing insecurity has been linked to lower weight, developmental risks and mental health concerns.

4.1 Homelessness

People who are chronically homeless face substantially higher morbidity in terms of both physical and mental health and of increased mortality. Many homeless people experience traumas on the streets or in shelters, which has long-standing adverse impacts on psychological well-being. These and other challenges can result in persistently high health care expenditures due to emergency department and inpatient hospital use.

People who are not chronically homeless but face housing instability (in the form of moving frequently, falling behind on rent, or sofa surfing) are more likely to experience poor health in comparison to their stably housed peers. Residential instability is associated with health problems among youth, including increased risks of teen pregnancy, early drug use, and depression. In contrast, providing access to stable housing can improve health and reduce health care costs.

It was determined that there is a higher overall rate (per 1,000 households) that are accepted as being homeless and in priority need in Solihull as compared to the West Midlands and England.

in the year ending 2009 approximately 3.1 households/persons were accepted as being homeless for every 1,000 households. By the year ending 2015 6.9 households per 1,000 whereas the West Midlands maintained between 3 and 4 households per 1,000 and England maintained between 1.9 and 2.5 households per 1,000. Since 2015 this figure dropped from 6.9 households to 4.6 households in the year ending in 2018

Typical needs of the main applicant or household members requesting homelessness assistance include history of mental health problems (28.2% of applicants), young people aged 18-25 requiring support to manage independently (19%) and those at risk of /has experienced domestic abuse (12.5%).

Other reasons cited are being physically ill in health and disability (7.8%) and drug dependency needs (5.5%). 21.5% are single females with dependent children, and another 33.6% are single adult women (It is likely that these are related to those who are at risk for domestic abuse).

The health inequalities arising from housing instability particularly affects people with long term health conditions, the elderly, people with disabilities, people living in private rented homes particularly those on a low income, and people with addictions.

Causes of inequality

What does the data and evidence indicate are the potential drivers for these inequalities?

Deprivation

The difference in deprivation between areas is a major determinant of health inequality. People living in the most deprived neighbourhoods are more exposed to issues and environmental conditions which negatively affect health.

Compared with other Local Authorities in England a relatively high proportion of Solihull's LSOAs are in the most deprived 10% in the country (ranked 77th out of 326, 24th percentile).

Among the individual domains Solihull has the highest number of LSOAs in the bottom 20% nationally in the crime domain (36), followed by employment (26), income and education, training & skills (both 24). The borough has at least 10 LSOAs in the most deprived 5% of neighbourhoods in England in each of the crime, employment and income domains.

Employment and pay

The employment rate in Solihull Borough is 78.1%. This is above the regional rate (73.8%) and national rate (75.9%). Unemployment within Solihull (2.7%) is slightly

lower with what seen in the West Midlands region and UK (3.6% and 3.2% respectively). The level of self-employment in Solihull (9%) is also in line with the comparators to the regional (9.6%) and national trends (11.0%).

Solihull workers in full-time employment earn a median gross annual pay of just over £34,100. This is higher than the median for West Midlands (£28,968) and England as a whole (£30,641 per annum). Figures show that overall men in Solihull are earning more than females, this pattern is seen in both the West Midlands and England.

Those living and working full-time in the Borough typically earn around £1,179 less than those who work outside the borough suggesting that higher paid jobs are being supplied outside of Solihull for residents – most likely in central Birmingham which is a major office and professional services centre.

Poverty

Poverty can lead to multiple disadvantages through unemployment, low income, poor housing, inadequate health care and barriers to learning, culture, sport, and recreation. Those in poverty are often excluded and marginalised from participating in activities (economic, social, and cultural) that are the norm for others and their access to fundamental rights may be restricted.

Fuel poverty is caused by low income, high fuel prices, poor energy efficiency, unaffordable housing prices and poor quality private rental housing. Fuel poverty and cold homes have a wide range of impacts on both physical and mental health. Fuel poverty can lead to social isolation of vulnerable groups and can reduce children's educational attainment. Households in fuel poverty often face the choice between living in a cold home or spending more than they can afford to heat their home to a healthy temperature. This can result in reduced spending on other necessities such as diet, hygiene or clothing.

Housing affordability

Housing affordability matters for health, both directly and indirectly. Difficulty paying the rent or mortgage can harm mental health, while spending more on housing leaves less income for other essentials that influence health, such as food and social participation.

Housing options for new and younger households seeking to live in the Borough remains a challenge, particularly for those who cannot afford buying a property. When affordable housing options are limited, households often end up living in substandard or poorly maintained housing, which can pose a variety of health risks.

It is known that there are many households in Solihull who are being excluded from the owner-occupied sector suggesting that a key issue in the Borough is about access to capital (e.g. for deposits, stamp duty, legal costs) as well as potentially mortgage restrictions (e.g. where employment is temporary) rather than simply the cost of housing to buy.

The ability to save enough for a house is a key factor affecting the ability of young households to purchase housing particularly in the current market context where a deposit of at least 10% is typically required for the more attractive mortgage deals. In many cases, households who do not have sufficient savings to purchase have sufficient income to rent housing privately without support, and thus the issue to do with households experiencing difficulties with raising a deposit has a limited impact on this element of affordable housing need i.e. affordable need to rent.

Families paying excessive amounts of their income for housing often have insufficient resources remaining for other essential needs, including food and heating. Housing options for new and younger households seeking to live in the Borough remains a challenge, particularly for those who cannot afford buying a property. When affordable housing options are limited, households often end up living in substandard or poorly maintained housing, which can pose a variety of health risks.

Housing Quality

Non-decent homes are those with a hazard of immediate threat to a person's health, not in reasonable state of repair, lacking modern facilities or not effectively insulated or heated. Non-decent housing can directly affect a person's health in several ways.

Tripping risks can cause injury, whereas poorly insulated homes can contribute to a cold environment which can contribute to respiratory problems. When looking at health by tenure, it is important to note that causality can run both ways: people with poorer health may have worse employment outcomes, leading to less income to acquire good quality housing.

Where people do not have the means to undertake vital repairs, homes may become increasingly hazardous to the health of those living in them. Without the means to adapt their homes to their needs as they age, homeowners may find their independence and quality of life seriously, and avoidably, limited.

Suitability of housing

Decent, suitable housing for older people can reduce the costs of health care. It can decrease GP visits by older people with chronic conditions, enable timely hospital discharge, extend independence for patients with dementia and provide end of life care at home.

Warm, safe, well-designed housing, effective delivery of home adaptations, the provision of supported specialist housing (across tenures), aids, equipment and assistive technologies all have quantifiable effects with regard to improved health, well-being and independent living, particularly for older people with chronic conditions.

Overcrowding and under occupancy

Overcrowding matters for health in several respects. It has been linked to psychological distress, resulting from lower levels of privacy and the risk of increased conflict in a household. It can also be linked to the spread of infection diseases, including coronavirus (COVID-19).

The number of people in their 80s and 90s living alone will dramatically increase. Because those living alone at older ages can have greater needs for support in the home as well as fewer resources than similarly-aged couples. Lower incomes make it more difficult to afford and maintain housing, mobility issues can lead to a higher risk of falls, loneliness and isolation are also contributory factors to poorer health outcomes

Housing stability and security

Housing instability can cause and exacerbate health problems, erode communities, and drive health inequities. Families dealing with housing uncertainty experience poorer physical and mental health outcomes, including stress, depression, and suicide.

Insecure housing poses a risk to health, as it can undermine people's sense of control over their environment and act as a stressor. Research has found that accumulating housing cost arrears, housing payment problems and imminent eviction/repossession can have a considerable impact on psychological wellbeing.

People who are chronically homeless face substantially higher morbidity in terms of both physical and mental health and of increased mortality. Many homeless people experience traumas on the streets or in shelters, which has long-standing adverse impacts on psychological well-being. These and other challenges can result in persistently high health care expenditures due to emergency department and inpatient hospital use.

People who are not chronically homeless but face housing instability (in the form of moving frequently, falling behind on rent, or sofa surfing) are more likely to experience poor health in comparison to their stably housed peers. Residential instability is associated with health problems among youth, including increased risks of teen pregnancy, early drug use, and depression. In contrast, providing access to stable housing can improve health and reduce health care costs.

Potential effects of the strategy
how can the strategy impact health inequalities?

Building Thriving Communities and Wellbeing

The difference in deprivation between areas is a major determinant of health inequality. Supporting people who live in the most deprived neighbourhoods is key to tackling inequalities and supporting thriving communities. The scope of the Housing Strategy must consider the health and social inequalities that negatively impact those in more deprived areas identifying what support can be targeted to improve life chances, social mobility outcomes and ensuring that those in deprived areas get a fair chance of success in life

Meeting Local Housing Needs Through New Development

Housing affordability matters for health, both directly and indirectly. It is known that there are many households in Solihull who are being excluded from the owner-occupied sector suggesting that a key issue in the Borough is about access to capital

(e.g. for deposits, stamp duty, legal costs) as well as potentially mortgage restrictions (e.g. where employment is temporary) rather than simply the cost of housing to buy. When affordable housing options are limited, households often end up living in substandard or poorly maintained housing, which can pose a variety of health risks.

The scale of growth across Solihull, places additional pressure on the supply and quality of housing. People have increasingly high expectations about where and how they live. In older age they will expect to maintain that freedom to choose their housing and any care and support services they may need.

Decent, suitable housing for older people and those with specific needs can reduce the costs of health care. It can decrease GP visits by people with chronic conditions, enable timely hospital discharge, extend independence for patients with dementia and provide end of life care at home.

Tackling Climate Change

Tackling fuel poverty and cold home-related health problems is important for improving health outcomes and reducing inequalities in health. Warmer homes help to tackle the effect of cold homes on poor respiratory, cardiovascular, mental health and child health.

Key interventions include:

- improving the energy efficiency of homes
- improving access to support mechanisms to tackle fuel poverty, low household incomes and protect against cold weather
- helping residents reduce fuel bills
- supporting residents who are vulnerable to cold weather

Poor housing is a major contributing factor to fuel poverty. Improving the energy efficiency of homes through 'retrofit' and building new homes to higher environmental standards is vital, insulating people from the cold as well helping to offset the effects of rising energy prices.

Air pollution is a major cause of premature death and disease, Both short- and long-term exposure to air pollution can lead to a wide range of diseases, including stroke, chronic obstructive pulmonary disease, trachea, bronchus and lung cancers, aggravated asthma and lower respiratory infections. For many people, the health risks from exposure to indoor air pollution may be greater than those related to outdoor pollution depending on their pre-existing health conditions, the buildings they reside in, and especially those who spend up to 90% of their time indoors.

Making Best Use of Existing Housing

Maintaining a sustainable, high standard and mix of existing housing is equally important as delivering new homes.

This may involve improving:

- How we bring empty homes back into use and supporting those who wish to downsize.
- The social housing allocations policy to ensure it takes into account the needs of the most vulnerable.
- Standards in the private rented sector reducing the inequalities faced by the vulnerable and disadvantaged, maximising the contribution of the private rented sector
- Standards and safety in housing whilst enhancing and coordinating the support available to those in need through social prescribing.
- The energy efficiency of the housing stock (across all tenures) and continue to address fuel poverty providing support to those in need and at risk
- The assistance available and use of adaptations (major and minor) to promote independent living by focussing upon housing quality and suitability.

Helping People with Additional Support Needs

Offering people a better choice of accommodation to suit their specific and changing needs can help people live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems.

The provision of appropriate housing for people with specific needs, including specialist and supported housing, is crucial in helping people to live safe and independent lives. Unsuitable or unadapted housing can have a negative impact on people and their carers.

Implementation Plan

What specific actions can the strategy take to maximise the potential for positive impacts and/or to mitigate the negative impacts on health inequalities?

Focussing the Housing Strategy and housing policies towards supporting the most vulnerable and disadvantaged may help reduce health inequality. Housing can be a large source of stress and mental health problems for many people across the UK. enhancing and coordinating the support available to those in need through social prescribing can provide support to those in need by developing programmes tailored to the needs of a community, whilst alleviating the impacts of health inequalities.

The number of people in their 80s and 90s living alone is set to dramatically increase. The housing strategy should focus upon supporting people to remain independent whilst supporting people with specific needs.

In addition, the strategy should focus upon developing support for those who are paying excessive amounts of their income for housing. Whilst housing options for

new and younger households seeking to live in the Borough remains a challenge, when affordable housing options are limited, households often end up living in substandard or poorly maintained housing, which can pose a variety of health risks.

Tackling fuel poverty and cold home-related health problems is important for improving health outcomes and reducing inequalities in health, enhancing the energy efficiency of both new and existing properties has a clear role to play in assisting these households, insulating them from the cold as well helping to offset the effects of rising energy prices.

Evaluation and monitoring

An annual review of the Housing Strategy and continued reporting and monitoring of the Housing Strategy Implementation Plan to ensure actions are delivered with consideration to Issues identified relating to inequalities.

Lessons learned