

Project summary

Optimising the use of administrative data on housing and health inequalities to reduce local health and care inequalities

Jessica Sheringham, Marcella Ucci and Lizzie Ingram

June 2022

Background: Housing is recognised as an important determinant of health and health inequalities, but it is not always clear what action could and should be taken locally. There are now more opportunities for learning about the links between housing and health – for example, via linked up NHS and council data - that could be useful to guide local action.

Aims

- To understand the levers for addressing health inequalities with respect to local housing policy and strategy
- To identify what administrative data are available within/to local authorities relevant to housing and inequalities, and how these may vary between areas
- To identify ways of using data better to further understanding of housing and health inequalities and inform action at local levels

Methods

We worked with two London boroughs - Islington and Barking and Dagenham. Interviews (n=20) were conducted with council staff in both boroughs spanning five teams – housing, public health, environmental health, social care and central insights and intelligence – and five individuals who could represent residents with personal experiences of navigating local housing problems.

We asked participants to describe how problems related to housing affected health in their borough, and where local levers and data might be able to address any problems. We also invited participants to share any photos and/or documents (for example correspondence, policies, strategies) that could add further detail to their interview.

Interviews were conducted in March and April 2022 and supplemented by two discussions with representatives from two other London boroughs.

Following interviews, we ran a group discussion with council staff from both boroughs with expertise in collating and using local administrative health and/or council data (n=5) to inform local action. The purposes of the group discussion were to:

- Share and discuss our preliminary findings from the interviews
- Explore together some possible strategies for enhancing data collection or access locally that could optimise councils' responses to housing issues affecting health inequalities
- Explore appetite for collaborating further to take forward ideas discussed

Whilst interview participants raised broad ways in which housing affected health in their area, we chose to focus the group discussion on issues where local levers existed to them.

Whilst interview participants suggested broad ways in which housing affected health in their area, we chose to focus the group discussion on issues where there were local levers that could address issues.

Interview and group discussion transcripts were analysed using descriptive thematic analysis to pull out key themes and ideas.

Findings

Interview participants raised a range of interrelated housing problems affecting health, which fell into five broad themes:

1. Identifying, mapping, responding to overcrowding
2. Housing conditions (hazards, damp, suitability, particularly related to residents with long term conditions)
3. Affordability (e.g., housing prices and fuel poverty)
4. Housing stability, including homelessness
5. Wider environment (access to safe and well-maintained green space, community services and assets, crime and disorder, traffic and air pollution)

Interviews indicated that local levers were already used or considered for the following themes: *Identifying, mapping, responding to overcrowding* and the *Council responses to social housing residents with LTCs*. In addition, there were suggestions that improving the collection or access to data may improve the effectiveness of local levers. These were the focus of discussion with data experts, and we now report on these two aspects in detail.

Discussion point 1: Council responses to social housing residents with long-term conditions

Interviews with council professionals and lived experience representatives heavily focused on repairs and suitability of housing stock, particularly on the suitability of processes for undertaking repairs/inspections for people with existing long-term conditions (LTCs).

Whilst lived experience representatives were positive in some ways about councils, problems arose where a LTC was not known about or considered by the council. Processes followed by councils when responding to repairs were therefore sometimes inappropriate or ineffective if an individual had existing long-term conditions:

“Repair people come round, move it around for blind people, and then they bump into furniture, because they’ve moved it out of the way... Somebody came and did repairs and removed the wheelchair” ID019

Interviews suggested there may be opportunities to review how health information for council tenants is collected, stored, shared, and used within the council, particularly for staff that deal with repairs and/or are resident facing to improve and streamline responses to repairs using data:

"The discussion came up about making sure that, first of all when you phone up the council and they bring up your notes on the council system, that it records people's disability or access or barrier requirements. Why wasn't that looked at?" ID019

Group discussion participants identified four ways that medical information on council tenants could be better collected, stored, shared, and used within the council to improve responses to social housing residents with existing health conditions:

1. **Creating a "Vulnerability Index"** which could enable council housing staff managing repairs to get an understanding of the degree of vulnerability in a household and plan for this appropriately without requiring sharing of GP data
2. **Ensuring that relevant council housing staff have access to health information already recorded in the system and in an easily viewable format** e.g., ensure that pdf documents or scanned papers that record health circumstances are inputted into systems in a useable and accessible way
3. **Collecting, correcting and updating health data for residents when they contact the council** to request repairs in their property: e.g., *"Why don't we instigate something where people call in for their repairs and we use it as an opportunity to update the system, so we just say, "While I've got you on the phone, is there anything you need to tell us about any condition you might have that might affect how we help you." PAR4*
4. **Using and linking specific council data sources to identify and better respond** to specific vulnerabilities and health circumstances: e.g., *"We have a platform which brings together social care data, adults' social care, children's social care, housing data, rents data, council tax, council tax debt and a whole range of factors, [temporary accommodation] information, and it is brought into a household level and individual level so you can see right across the whole playing field of all the various different services coming together. " PAR6*

Discussion point 2: Identifying, mapping, responding to household overcrowding

In interviews, overcrowding featured prominently, particularly for council staff. Council staff discussed various aspects of this issue affecting both privately rented and social housing though in different ways. These included:

- **Illegal/excessive overcrowding** (unlicensed houses in multiple occupation; HMOs):
 - o *"There are a lot of overcrowding in housing, lots of illegal houses of multiple occupation" ID001*
- Instances where family sizes had grown resulting in residents in **dwelling too small for the number of occupants**
- Problems at borough level of having **limited housing stock**:
 - o *"[They] are unlikely to be taken out of that overcrowding because of the lack of housing stock" ID004*

There was recognition the overcrowding was harmful to psychological health, worsened damp, mould, and affected wider determinants of health. For example, one participant stated that:

"[Overcrowding leads to] developmental issues for younger children, both physical and mental. If children can't move as much as they might in other bigger situations, that impacts on their physical

development. Then in an overcrowded house, their mental development as well, not having space to learn in a way that they would normally do. Then just the family dynamic, the stress of being in an overcrowded situation. With overcrowding often comes damp, not damp per se, but condensation, which feels damp to families and does exacerbate health issues, respiratory issues.” ID004

Some participants in interviews and discussions felt there were few levers available to them in the short term, for example to address overcrowding might require building more affordable houses. However, others identified a **range of possible levers that might mitigate the health effects of overcrowding**. For example:

- Identifying/improving community assets for residents’ use outside of the home: e.g., *“we’re looking at things like you know organising plays to get the kids out of the overcrowded accommodation for a period of time” ID006*
- Prioritising/preventing potentially harmful housing issues (e.g., damp) that that may develop as a result of overcrowding: e.g., *“we can carry out that, to some extent, quite peripheral work like repairs, and trying to make the home as liveable as possible” ID003*
- Using space better e.g., storage solutions/renovating existing spaces: e.g., *“In blocks like this they’re all one beds. You turn all 15 flats into two beds and as people move out or as they’re renovating or whatever, it’s just a different way of thinking about the stock.” PAR4*

Interviews suggested scope **to better use data sources** collected by each council to:

- identify current or future hot spots of overcrowding
- build a better understanding of overcrowding in social housing and the private rental sector in order to identify problems with the dwelling itself e.g., damp or mould
- tailor and/or target strategies to mitigate impacts of overcrowding even if it is not possible to change the built environment

Group discussion participants suggested there are two ways in which councils could use data to better identify, map and respond to overcrowding:

1. **Better using council data, in particular Energy Performance Certificate data and council tax data, to identify currently overcrowded households:** e.g., *“we use many different factors, one of which is the EPC ...- The number of bedrooms was one of the most predictive factors, which totally makes sense. It doesn’t identify whether the property’s overcrowded, but it does say that it’s a large household with other factors, hold potentially quite a few people with cross-references across to electoral registration and things like that, it can become a little bit more powerful. So, it definitely could be used, I think, as a proxy somehow for overcrowding, so long as there’s other useful data to add to it. ...We also use the council tax banding to get an idea, because property in B and A compared to E, it’s actually the size of the property that we’re trying to identify.” PAR6*
2. **Leverage community resources e.g., community centres to mitigate impacts of overcrowding:** e.g., *“I’d be quite keen on the overcrowding thing- To do a bit of a learning pilot or something by identifying a hotspot area where there’s both current high overcrowding and potential future overcrowding or sustained overcrowding” PAR1*

Next steps

Councils were interested to take forward ideas to improve the collection/collation/use of social housing residents' health information to improve council response to housing repairs.

There was collective interest in collaborating on an idea to use routinely collected and publicly available data to identify areas where overcrowding is likely. In particular, there was interest to focus this on households with children and where overcrowding could be harmful to health. Councils might then be able to inform levers, e.g., target where to mobilise community spaces to improve residents' wellbeing.

Acknowledgements: *This project was a collaboration between London Boroughs of Barking and Islington, Care City and Health Watch Islington. We wish to thank all those that generously gave their time to be interviewed, source lived experiences or take part in discussions.*

Funding: *This report is independent research funded by the UCL Health of the Public Small Grants Scheme and supported by the National Institute for Health and Care Research ARC North Thames. The views expressed in this publication are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.*