

JSNA Blackpool

Joint Strategic Needs Assessment


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Housing and health



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Introduction

Understanding the housing and property landscape in Blackpool is key for many services. It can guide planning and development for many areas, including future housing, local services, transport, public health, and education/school demand. The [housing, populations and services](#) page provides additional information.

Access to decent and secure homes can have a positive impact on communities and areas. Housing is one of the ‘wider determinants’ of health, and it is accepted that good housing conditions directly promote better health in occupants. Conversely, poor housing has an adverse effect on physical and mental health for both adults and children as it can impact on the environment; increase crime and disorder; and affect community stability. This is more evident in the inner areas of Blackpool, where there are also higher levels of transience and homelessness, which all contribute to the burden of poor health.¹

The council and partners have been addressing these issues for a number of years, and significant progress has been made in planning major changes to the housing stock, particularly in inner Blackpool and on deprived council-owned housing estates, but inevitably there remains much more to be done to turn around long established issues. The [Blackpool Town Prospectus \(2024-2030\)](#) aims to build on these improvements.

Key facts and figures

- The NHS is estimated to spend at least £2.5 billion a year treating illnesses linked to cold, damp and dangerous homes
- The majority of private rented sector properties in Blackpool are estimated to have damp or mould
- In Blackpool 20.2% of homes are in fuel poverty (2021)
- 2.3% of households in Blackpool reported having no central heating (Census 2021)
- In Blackpool in the winter of 2018/19 there were 80 excess winter deaths. COVID-19 had a significant impact on excess winter deaths, and in Blackpool during the 2019/20 winter period there were 140 excess deaths, excluding COVID-19

Effects of housing on health

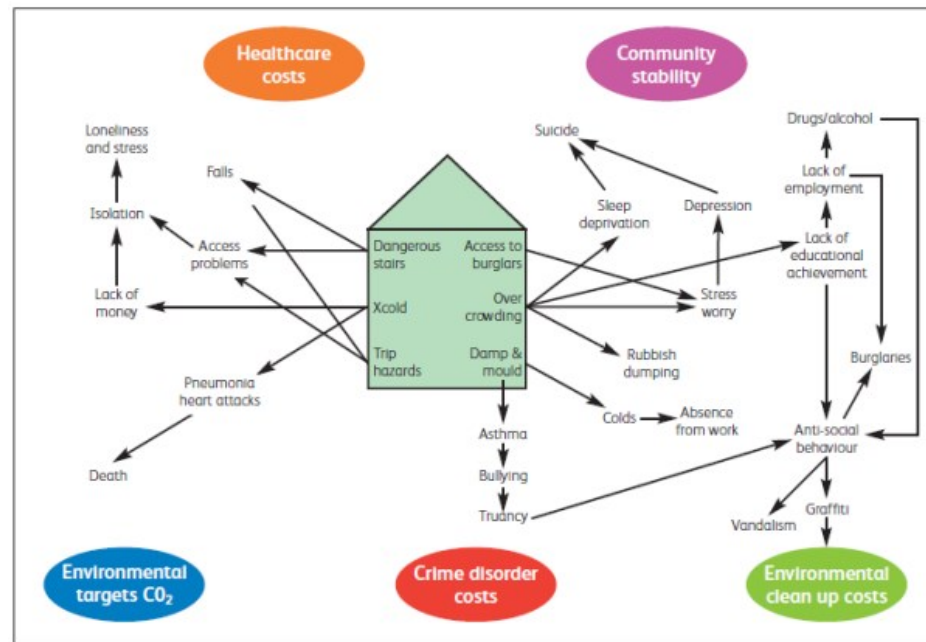
Housing is one of many personal, social and environmental impacts on health and health inequalities. The complex interaction of these factors means that it can be difficult to identify the specific impact of poor housing.

Housing is a key component of health and care, and is the foundation upon which people can achieve a positive quality of life. The impact of poor housing on health is huge, and in 2019 it was estimated the NHS spends at least £2.5 billion a year treating people with illnesses directly linked to living in cold, damp and dangerous homes.² The Building Research Establishment (BRE) has estimated that excess cold is the costliest of all the hazards in the Housing Health and Safety Rating System. In 2021 it estimated

the total cost to society through lost education and employment opportunities adds another £11 of social harm for each £1 of NHS costs. For cold homes, this represents an annual drain on the nation equivalent to around £11.3bn.³

As well as the physical impacts, poor housing can also lead to stress, worry, depression, isolation and other mental health issues.

Figure 1: links between poor housing conditions and public health



Source: CIEH, *Good housing leads to good health*, September 2008

The table below shows the main hazards and risks of poor housing

Table 1: physical and mental health effects of hazardous housing

Hazard	Physical/mental health/wellbeing effect
General substandard housing	Anxiety and depression; impact on emotional development; disruption to education and impact on academic achievement; trips, falls and accidents
Damp and mould	Mortality and morbidity; increased risk of respiratory diseases, including asthma, coughs, wheezing; exacerbation of existing respiratory conditions, such as bronchitis and COPD; worsening immune system; fungal infections; eye irritation; eczema; depression and anxiety; spread of diseases; exacerbation of mental health issues; destruction of property and inability to replace items (financial and emotional stress)
Excess cold	Hypothermia; respiratory conditions; cardiovascular risk increase, including heart attacks and strokes; infections; slower physical and cognitive growth/development in children; mortality
Excess heat	Thermal stress; cardiovascular strain and trauma; strokes; dehydration; mortality
Lead	Continual low-level exposure can cause impaired cognitive development and behavioural problems in children. Ingested lead has a toxic effect on the nervous system, cognitive development and blood production
Asbestos	Pleural plaques; fibrosis; lung cancer; mesothelioma
Carbon monoxide and fuel combustion products	High concentrations can lead to unconsciousness and death. Lower concentrations - headaches, dizziness, weakness, nausea, confusion, disorientation, fatigue
Poor air quality	Respiratory conditions
Overcrowding	Respiratory conditions, including tuberculosis; increased hygiene risks and spread of disease; increased risk of accidents; insufficient ventilation; disruption to education and impact on academic achievement; psychological distress and anxiety
Noise	Headaches; lack of concentration; stress, anxiety; sleep disorders; negative psychological impact

Cold, damp and mouldy homes

Some people may be at increased risk of the health impacts of cold, damp and mould exposure due to health-related or age-related vulnerabilities. They may be less able to report and act on guidance related to damp and mould, or are more likely to live in a home with damp and mould.

In 2019, the presence of damp and/or mould in English properties was estimated to be associated with approximately 5,000 cases of asthma and 8,500 lower respiratory infections among children and adults. In addition, damp and mould were estimated to contribute to 1 to 2% of new cases of allergic rhinitis.⁴ Alternative data sources suggest the percentage of dwellings affected by damp and/or mould be even higher than the estimates in this study.

Recent data estimates that 75% of private rented sector properties in Blackpool have damp and mould, with 25% of these having the most serious levels of damp and mould. These estimates are based on a sample of property inspections, along with local knowledge of the housing stock in Blackpool.⁵

The following are more likely than others to live in homes with damp and mould:

- those with a long-term illness or disability, or with a weakened immune system
- people/households who struggle to heat their homes and/or are experiencing fuel poverty
- people/households on low incomes
- those from ethnic minority backgrounds
- lone parent families and families with children under-five
- those in private rented housing/properties
- people living in homes built in the Edwardian era (pre-1919) and/or in terraced properties

At-risk populations in Blackpool

People living in energy inefficient homes and/or fuel poverty

One of the biggest issues and contributors to cold, damp homes and subsequent ill health is fuel poverty. A household is considered to be fuel poor if they are living in a property with an energy efficiency rating of band D or below and when the household is left with a residual income below the official poverty line after fuel costs. The energy required to have a warm, well-lit home with hot water and the running of appliances is also incorporated into the fuel poverty measure. This ensures that those households who have low energy bills through limiting energy use are not overlooked. In Blackpool 20.2% of homes are in fuel poverty (2021), higher than the North West (14.6%) and England (13.1%). The table below shows the households in fuel poverty in Blackpool.

Table 2: number of households in fuel poverty

Area	No. of households	Households in fuel poverty	% of households in fuel poverty
England	24,070,861	3,162,752	13.1
North West	3,219,948	468,802	14.6
Lancashire	536,423	78,472	14.6
Blackpool	66,217	13,404	20.2
Inner Blackpool	25,622	7,133	27.8
Outer Blackpool	40,595	6,271	15.4

Source: *Sub-regional fuel poverty data 2023 (2021 data)*

The [Institute of Health Equity](#) (Marmot Review Team) estimated that excess winter deaths in the coldest 25% of housing were almost three times as high as in the warmest 25%. It also found that children persistently living in accommodation with inadequate heating and poor conditions were more than twice as likely to suffer from chest and breathing problems. Housing interventions involving improvements to energy efficiency can positively affect health outcomes and may also help reduce unnecessary fuel consumption.

In Blackpool, the two most significant conditions contributing to excess [winter deaths](#) are falls, and diseases of the respiratory and cardiovascular systems, which are linked to cold housing. The indoor temperature in many dwellings falls below 16° Celsius during cold periods, with low indoor temperatures more likely if the dwelling is old, has no or inadequate central heating, is costly to heat,

or is occupied by a household with low income. Findings from the [Census 2021](#) show that 2.3% of households in Blackpool reported having no central heating, compared to 1.5% across England and the North West.

The health problems associated with cold homes are also experienced during 'normal' winter temperatures, not just extremely cold weather. In Blackpool during the period 2003/04 – 2018/19 there were 17.6% more deaths in winter than in summer (the excess winter mortality index). This is comparable with the England figure of 18.1%. In the winter of 2018/19 there were 80 excess winter deaths in Blackpool. COVID-19 had a significant impact on excess winter deaths, and in Blackpool during the 2019/20 winter period there were 140 excess deaths, excluding COVID-19 (including COVID-19 there were an estimated 70 excess winter deaths).

The recommendations section outlines ways to improve energy efficiency and reduce fuel poverty in Blackpool.

Homeless and/or rough sleepers

Those experiencing homelessness and/or are rough sleepers are more likely to have long-term physical and mental health problems, as well as an increased likelihood of issues with drugs, alcohol and smoking. The number of rough sleepers in Blackpool tends to range between 10 and 15 individuals, usually rising in the summer, with the last audit (2021) indicating 14 rough sleepers in the authority.⁶

People who are homeless or rough sleepers often have multiple and complex needs and are at very high risk of serious health issues. Cold, hunger and fear experienced by people sleeping rough disrupts sleep, which in turn damages both mental and physical health. Lack of basic facilities, such as for personal hygiene and for clothes washing/drying can cause issues with access to other services.

Findings from the Homeless Health Needs Assessment (2022) show:

- 63% of respondents have a long-term illness, disability or infirmity, compared to 22% of the general population
- 82% have been diagnosed with a mental health problem (12% of the general population)
- 45% are self-medicating with drugs or alcohol to help them cope with their mental health
- 54% have taken drugs in the previous month (8% of the general population)
- 76% are regular smokers (14% of the general population) and half of these want to quit
- people experiencing homelessness are less likely (20%) to be regularly drinking above low risk guidelines (24% general population)
- 29% report they have or are recovering from an alcohol problem
- People who are homeless are three times more likely to access acute/emergency services (using hospitals as a first choice for healthcare), compared to the general population (0.9 vs 0.3), although this figure is likely an underestimate
- 11% attended over three times in the previous 12 months.

People with mobility issues

A growing, older population will increase the number of people with acquired sensory impairments, frail older people and people whose mobility is impaired by physical disability/long-term conditions. This will have impacts on an individual's health, communities and wider social care. People's housing situation may lead to:

- increased risk of falls
- risk of isolation/poor mental health
- living in inappropriate homes because they can't sell/afford to move
- a high demand for adaptations, but with limited/reduced funding available
- difficulty in finding 'accessible' homes

Most people with mobility problems need some adaptations to their home to allow them to live comfortably and with dignity. The provision of adaptation and equipment that enables someone to move out of a residential placement produces direct saving, and home modifications can also help to prevent or defer entry into residential care for older people. The [housing, populations and services](#) page has further details around the 'care and repair' service in Blackpool, which completes adaptations for residents.

Local and national strategies

The [Blackpool Town Prospectus \(2024-2030\)](#) identifies nine 'principal asks' to build on improvements to the town. These include housing and health.

NICE guidance (NG6) [Excess winter deaths and illness and the health risks associated with cold homes](#) (March 2015) makes recommendations on how to reduce the risk of death and ill health associated with living in a cold home.

The Chartered Institute of Environmental Health [housing and health resource](#) equips local decision makers and practitioners to improve health and wellbeing and reduce health inequalities. It:

- informs a local shared understanding of the relationship between the home environment, physical and mental health and

wellbeing, and which part/s of the population may be most at risk

- Informs local discussions about the options to address housing issues as a means to improving health and wellbeing, and reducing health inequalities

Fuel poverty in the UK outlines national and devolved strategies for addressing the drivers of fuel poverty, including packages of support to help households.

Recommendations

- We need to develop a long-term sustainable solution for hard to treat (HTT) properties that cannot be insulated using traditional measures
- Promote alternative financial solutions to assist with expensive HTT measures and where grant assistance becomes scarce
- Explore new and innovative social tariff solutions able to provide reduced rates for vulnerable residents to purchase gas and electricity
- There is the need to work more with frontline health staff
- More coordination and links to the general carbon reduction agenda to achieve wider home energy efficiency improvements and maximum impact on fuel poverty (FP)
- Higher political profile of FP as an issue to assist with awareness raising and securing of resources
- Improved data sharing between agencies and organisations to assist with targeting and scheme delivery
- Better links with registered social landlords and private sector landlords to help stimulate energy efficiency improvements in the rented sectors
- More coordination and links into the broader housing agenda to enable greater integration of energy efficiency

[1] Blackpool Council **Financial Inclusion Strategy**, 2022-2027

[2] **The cost of unhealthy housing to the NHS**, House of Commons debate, 2019

[3] BRE, **The Cost of Poor Housing in England**, 2021

[4] GOV.UK, **Understanding and addressing the health risks of damp and mould in the home**, 2023

[5] GOV.UK, **Damp and mould in the private sector**, 2023

[6] Department for Levelling Up, Housing and Communities, **Annual Rough Sleeping Snapshot in England** (Autumn 2021)

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