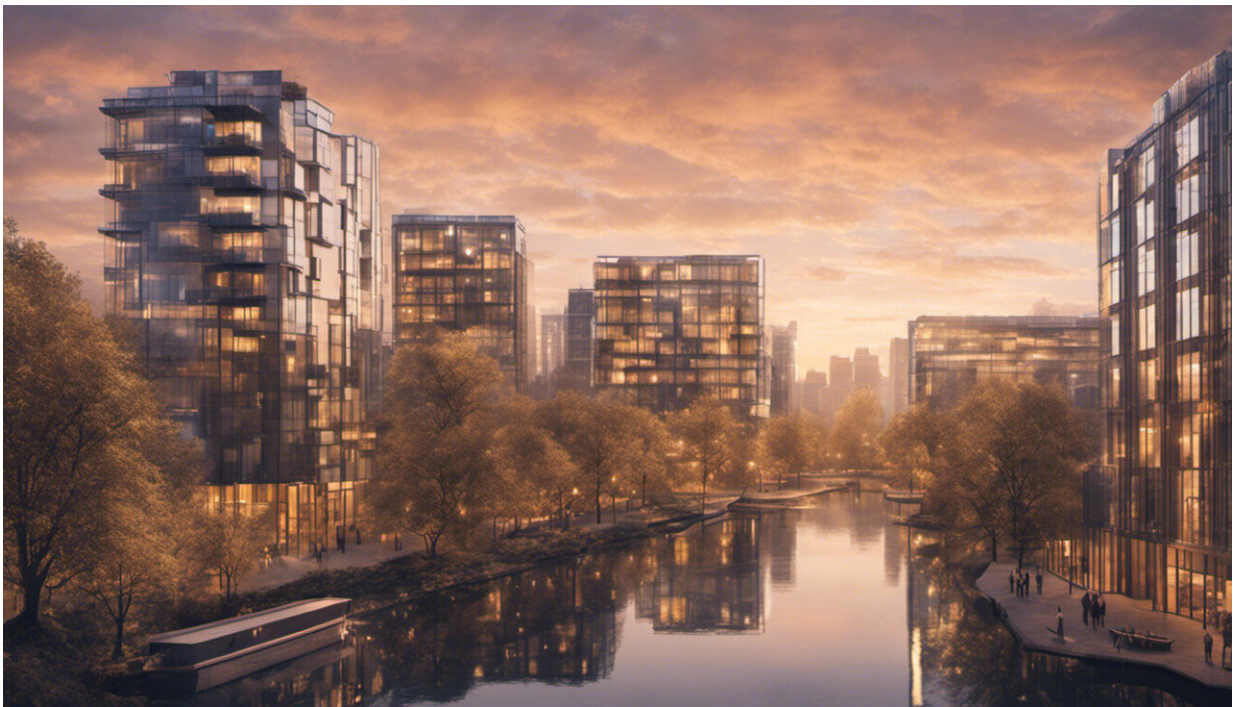


Investing in warmer housing could save the NHS billions

October 5 2017, by Dr Nathan Bray, Eira Winrow And Rhiannon Tudor Edwards



Credit: AI-generated image ([disclaimer](#))

British weather isn't much to write home about. The temperate maritime climate makes for summers which are relatively warm and winters which are relatively cold. But despite rarely experiencing [extremely cold weather](#), the UK has a problem with significantly more people dying

during the winter compared to the rest of the year. In fact, [2.6m excess winter deaths](#) have occurred since records began in 1950 – that's equivalent to the entire population of Manchester.

Although the government has been collecting data on excess winter deaths – that is, the difference between the number of deaths that occur from December to March compared to the rest of the year – for almost 70 years, the annual statistics are still shocking. In the winter of 2014/15, there were a staggering [43,900 excess deaths](#), the highest recorded figure since 1999/2000. In the last 10 years, there has only been one winter where less than 20,000 excess deaths occurred: 2013/14. Although excess winter deaths have been steadily declining since records began, in the winter of 2015/16 there were [still 24,300](#).

According to [official statistics](#), respiratory disease is the underlying cause for over a third of excess [winter](#) deaths, predominantly due to pneumonia and influenza. About three-quarters of these excess respiratory deaths occur in people aged 75 or over. Unsurprisingly, cold homes (particularly those below 16°C) cause a substantially increased risk of respiratory disease and older people are significantly more likely to have difficulty heating their homes.

Health and homes

The UK is currently in the midst of a housing crisis – and not just due to a lack of homes. According to a [2017 government report](#), a fifth of all homes in England fail to meet the [Decent Homes Standard](#) – which is aimed at bringing all council and housing association homes up to a minimum level. Despite the explicit guidelines, an astonishing 16% of private rented homes and 12% of housing association homes still have no form of central heating.

Even when people have adequate housing, the cost of energy and fuel

can be a major issue. Government schemes, such as the [affordable warmth grant](#), have been implemented to help low income households increase indoor warmth and energy efficiency. However, approximately [2.5m households in England](#) (about one in nine) are still in fuel poverty – struggling to keep their homes adequately warm due to the cost of energy and fuel – and this figure is rising.

Poor housing [costs](#) the NHS a whopping [£1.4 billion every year](#). Reports indicate that the health impact of poor housing is almost on a par with that of [smoking and alcohol](#). Clearly, significant public health gains could be made through high quality, cost-effective [home](#) improvements, particularly for [social housing](#). Take insulation, for example: [evidence shows](#) that properly fitted and safe insulation can increase indoor warmth, reduce damp, and improve respiratory health, which in turn reduces work and school absenteeism, and use of health services.

Warmth on prescription

In our [recent research](#), we examined whether warmer social housing could improve population health and reduce use of NHS services in the northeast of England. To do this, we analysed the costs and outcomes associated with retrofitting social housing with new combi-boilers and double glazed windows.

After the housing improvements had been installed, NHS service use costs reduced by 16% per household – equating to an estimated NHS cost reduction of over £20,000 in just six months for the full cohort of 228 households. This reduction was offset by the initial expense of the housing improvements (around £3,725 per household), but if these results could be replicated and sustained, the NHS could eventually save millions of pounds over the lifetime of the new boilers and windows.

The benefits were not confined to NHS savings. We also found that the

overall health status and financial satisfaction of main tenants significantly improved. Furthermore, over a third of households were no longer exhibiting signs of fuel poverty – households were subsequently able to heat all rooms in the home, where previously most had left one room unheated due to energy costs.

Perhaps it is time to think beyond medicines and surgery when we consider the remit of the NHS for improving health, and start looking into more projects like this. NHS-provided "[boilers on prescription](#)" have already been trialled in Sunderland with positive results. This sort of cross-government thinking promotes a nuanced approach to health and social care.

We don't need to assume that the NHS should foot the bill entirely for ill health related to housing, for instance the Treasury could establish a cross-government approach by investing in housing to simultaneously save NHS money. A £10 billion investment into better [housing](#) could [pay for itself in just seven years](#) through NHS cost savings. With a growing need to prevent ill health and avoidable [death](#), maybe it's time for the government to think creatively right across the public sector, and adopt a new slogan: improving [health](#) by any means necessary.

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