



Evidence submitted by Chartered Institute of Housing Scotland: 8 July 2019

About CIH

The Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple – to provide housing professionals with the advice, support and knowledge they need to be brilliant. CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds the activities we carry out to support the housing sector. We have a diverse membership of people who work in both the public and private sectors, in 20 countries on five continents across the world including over 2,000 in Scotland.

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1. General comments

- 1.1 CIH Scotland welcomes the opportunity to respond to the Scottish Government's consultation on a new national public health body 'Public Health Scotland.' While we do not have detailed comments on the model or governance arrangements for the new body, this short submission focuses on the importance of recognising the role of housing in improving health and reducing inequalities. Housing and housing services contribute to all six of the public health proprieties highlighted in the consultation paper.
- 1.2 We agree that partnership working and prevention are key to improving people's health and wellbeing and that we need to take a new approach to the provision of services if we are going to be able to support a growing and ageing population within the context of ongoing funding constraints.
- 1.3 The number of people aged 75 or over is expected to increase by 85% by 2039 (<http://bit.ly/2NuhUgx>). Supporting more people to live well for longer is a great achievement but older people are also more likely to need specialist housing and support, to be more vulnerable to trips and falls and conditions such as dementia. It is estimated that there are currently 90,000 people living with dementia in Scotland (<http://bit.ly/2RPyJkp>) and this number is set to increase as the population ages.
- 1.4 We also have a greater understanding of the impact of homelessness on people's health and the need for more person centred, trauma informed support to help people with some of the most acute needs access housing and maintain a tenancy. The housing sector has a key role to play in this but the contribution of health and other partners is vital in tackling homelessness.

2. The role of the housing sector and partnership working

- 2.1 The consultation paper acknowledges the central role that the housing sector has to play in improving people's health and reducing inequalities. Recent research including the Health and Homelessness in Scotland research published by the Scottish Government (<http://bit.ly/2KSAexL>) has highlighted the significant impact that lack of secure, good quality housing can have on a person's immediate and longer term health prospects. The findings show that homeless households have significantly higher rates of interaction with accident and emergency services, acute hospital admissions, outpatient appointments, prescriptions and admissions to specialist mental health services than the general public.
- 2.2 This piece of research is an excellent example of partnership working, sharing of information and resources between health and housing organisations. We strongly agree that information sharing between organisations and sectors is beneficial and should be encouraged while being mindful of data protection issues.

- 2.3 The consultation paper proposes creating a greater role for Public Health Scotland within Community Planning Partnerships (CPPs) and Integration Joint Boards (IJBs). We agree that Public Health Scotland could make a valid contribution to each of these bodies. However, we must raise the fact that our members feel that housing is still not being adequately represented on some IJBs.

3. Other areas for consideration

- 3.1 The consultation mentions a range of factors which can contribute to poor health outcomes including mental health, obesity, alcohol and substance misuse. In addition to these, we would also like to see the issues of social isolation and the social security system being recognised here.
- 3.2 The Campaign to End Loneliness sets out a range of research demonstrating the impact of loneliness on physical and mental health including comparison with risk factors such as obesity and smoking and increased risk of developing dementia. It also suggests that people who experience loneliness are more likely to need to access health services, are at a higher risk of falls and may have to enter residential care earlier than they would have otherwise. These are poor outcomes for the individuals and expensive interventions that could be avoided (<http://bit.ly/2YtLbc7>). The importance of tackling social isolation and loneliness for all age groups has been recognised by the Scottish Government with the publication of strategy and actions (<http://bit.ly/2XEtSYL>).
- 3.3 Again, housing and housing support services have a central role to play in all of these areas, creating communities where people can remain active and engaged members of society.
- 3.4 If the main vision of Public Health Scotland is to create a 'culture of health' and support people to take responsibility for their own health care within an enabling environment, the role of social security must also be addressed. While the Scottish Government has taken steps to mitigate some of the worst aspects of UK Government welfare reform measures, reductions in benefits and restrictions on entitlement have increased poverty and reliance on emergency support such as food banks. We recognise that Public Health Scotland cannot directly influence social security but this must be recognised as a key driver of inequality that has a significant impact on people's health and the choices they can make.