

Slough Borough Council

Report To:	Slough Health and Well-being Board
Date:	17 th March 2026
Subject:	Improving Housing for Health – Embedding a Healthy Homes Approach
Responsible Officer:	Tessa Lindfield, Executive Director for Public Health and Public Protection
Contact Officer:	Vanita Dutta, Public Health Principal, Simon Beasley, Housing Regulation Manager
Ward(s):	All
Exempt:	NO
Appendices:	[List appendices and whether any exempt].

1. Summary and Recommendations

This report sets out the case for embedding a “Healthy Homes” approach in Slough, recognising housing quality as a fundamental determinant of health and health inequalities.

It summarises the local housing-related health challenges in Slough and outlines a whole-systems response across regulation, retrofit, prevention, and health integration.

The Health & Wellbeing Board is asked to endorse the strategic direction and support strengthened cross-system collaboration to improve population health outcomes.

Please indicate which priority in the Joint Local Health and Wellbeing Strategy, [Slough Wellbeing Strategy 2020 – 2025](#), your report links to:

Priority 1 – Starting Well	Priority 2 – Integration	Priority 3 – Strong, Health and Attractive Neighbourhoods	Priority 4 – Workplace Health
		X	

1.1 Consideration:

- Information
- Discussion
- Decision
- Endorsement

Recommendations:

The Health and Well-being Board is recommended to:

- (a) Note the evidence on housing-related health inequalities in Slough.
- (b) Endorse the “Healthy Homes” strategic priorities outlined in the report.
- (c) Support the adoption of Health in All Policies (HiAP) approach to housing quality and regulation.
- (d) Agree that officers return to the Board in 12 months with a progress report and updated outcome measures.

Reason: To strengthen prevention, reduce inequalities, and align housing and health system priorities across Slough.

2. Report

2.1 Introduction

Housing is one of the most significant determinants of both physical and mental health. Research consistently shows that people in high-income countries spend between 80–95% of their time indoors, primarily in their homes. For older people, children, carers, disabled residents and people with long-term conditions, the home represents their primary health environment.

The quality, safety, energy efficiency and affordability of housing shape daily exposures that influence health across the life course. Housing conditions affect children’s educational attainment, employment opportunities, mental wellbeing, healthy ageing and life expectancy.

In Slough, housing pressures are closely linked to deprivation, inequality and system demand. This report frames housing improvement as a core prevention intervention aligned to:

- The Council’s Corporate Plan “Doing Right by Slough”
- The Joint Local Health & Wellbeing Strategy
- Slough Health in All Policies Framework
- Slough’s Whole Systems approach to prevention (Prevention Workstream)

The Health & Wellbeing Board is therefore asked to provide strategic leadership in embedding “Healthy Homes” across the borough.

2.2 National Evidence

National evidence demonstrates strong and consistent causal links between housing conditions and health outcomes across the life course.

The scale of housing-related risk nationally is significant. [The Health Foundation](#) data shows that approximately one in three households (7.5 million households) experience at least one housing problem, and 12% of these households (around 895,000) experience

multiple housing problems. According to the **most recent English Housing Survey (2024/25)**:

- Around 2.3 million homes contain at least one Category 1 hazard under the Housing Health and Safety Rating System (HHSRS) [[English Housing Survey 2024 to 2025: headline findings on housing quality and energy efficiency - GOV.UK](#)].
- Poor housing costs the NHS approximately £1.4 billion per year in direct treatment costs.
- Wider societal costs are estimated at £18.5 billion annually [[cieh.org](#)].
- Approximately 15% of homes are classified as non-decent, rising to 22% in the private rented sector compared with 10% in social housing [[English Housing Survey 2024 to 2025: headline findings on housing quality and energy efficiency - GOV.UK](#)].

These figures illustrate that poor housing is not a marginal issue but a structural public health concern with substantial fiscal and societal implications.

Housing affects health through multiple, interacting pathways. The evidence base demonstrates clear associations between specific housing conditions and adverse health outcomes:

- **Damp and mould** are strongly associated with respiratory conditions including asthma and chronic obstructive pulmonary disease (COPD), particularly among children and older people.
- **Excess cold and poor thermal efficiency** contribute to cardiovascular strain, hypertension, excess winter illness and avoidable winter mortality.
- **Overcrowding** increases the risk of infectious disease transmission and is associated with sleep disruption, stress, and adverse impacts on child development and educational attainment.
- **Housing insecurity and affordability stress** are linked to anxiety, depression, and increased risk of harmful coping behaviours, including substance misuse.
- **Falls hazards and poor internal layout** increase the risk of injury and hip fractures, with significant consequences for independence and long-term care needs among older adults.

2.3 Housing and health inequalities

Evidence from the Health Foundation and other national bodies consistently demonstrates that housing-related health risks are not evenly distributed across the population. Poor housing conditions are disproportionately experienced by:

- Low-income households
- Minority ethnic communities
- Disabled residents
- Older people
- Households in the private rented sector

These disparities mirror and reinforce broader patterns of inequality across income, tenure, ethnicity and disability. Housing conditions therefore operate not only as a determinant of health, but as a mechanism through which health inequalities are sustained and reproduced.

Poor housing quality interacts with other structural disadvantages, including poverty, insecure employment, and limited access to services. This interaction compounds vulnerability and intensifies health risk. In particular, housing affordability pressures play a central role. Lower-income households are significantly more likely to spend between 30–50% (or more) of their income on housing costs. As a result, many families are forced to make difficult trade-offs between rent, heating, food and healthcare. These constrained choices directly undermine physical health, nutritional status, and mental wellbeing.

The unequal distribution of housing risk contributes to unequal health outcomes through several reinforcing pathways:

- **Exposure to substandard conditions** is more common among households with fewer financial resources or limited bargaining power within the housing market.
- **Energy costs and affordability pressures** disproportionately affect those on lower incomes, increasing vulnerability to cold-related illness and financial stress.
- **Tenure insecurity** is more prevalent in certain sectors of the housing market, contributing to chronic anxiety and reduced stability for families and children.
- **Physical housing risks**, when combined with pre-existing health conditions or disability, increase the likelihood of preventable harm.

The cumulative effect is that housing inequality functions as structural health inequality. Individuals and communities already facing socioeconomic disadvantage are more likely to experience unhealthy housing environments, and consequently higher rates of preventable illness and premature mortality.

2.4 Housing and health in Slough (Local evidence)

While some housing indicators in Slough perform in line with or marginally better than regional and national averages, the borough faces significant housing-related health risks concentrated within particular tenures, neighbourhoods and population groups.

Slough has approximately **58,450 residential properties**, within a housing market characterised by high demand, affordability pressures and a comparatively large private rented sector [2]. Key indicators from the draft Housing Strategy and supporting intelligence highlight the scale and distribution of housing risk:

- **Overcrowding affects 15.8–16% of households**, compared with 4.4% nationally. This represents the fourth highest rate in England and the highest outside London. Overcrowding has increased by 29% since 2011 [1].
- **14.1% of homes fail the Decent Homes Standard**, indicating the presence of hazards or inadequate conditions [1].
- **36.5% of homes are EPC band D or below**, exposing households to excess cold and elevated energy costs [1].

- **Approximately 9.8% of households experience fuel poverty**, increasing vulnerability to cold-related illness and winter mortality [2].
- **28.6% of households live in the private rented sector**, significantly above the South East (19.3%) and England (20.6%), with some wards exceeding 50% private renting [1].
- The **average monthly rent is £1,552 (December 2025)**, placing sustained pressure on household incomes [1].
- **2,743 private rented properties contain at least one serious hazard (Category 1 or high Category 2)**, representing 16.4% of the private rented stock — substantially higher than the national average of 10% [2].
- The stock condition survey estimates **2,024 HMOs (licensed and unlicensed)** across the borough [2].
- **176 properties attract an Empty Homes Premium**, reflecting underutilised housing capacity within a high-demand market [1].

These pressures are not evenly distributed. The burden of substandard, overcrowded or energy-inefficient housing disproportionately affects:

- Low-income and multi-generational households
- Minority ethnic communities
- Families with dependent children
- Older people and disabled residents
- Residents living in deprived wards

The health implications of these housing conditions are evident in local population data. Slough has a high prevalence of long-term conditions associated with poor housing environments:

- **14% of residents are affected by respiratory disease**, and
- **26% by cardiovascular disease**, both of which are strongly linked to cold, damp and poor thermal efficiency [3].

Winter vulnerability further illustrates the interaction between housing and health. Mortality among residents aged 85 and over is **7.1% higher during winter months** compared with non-winter periods, reflecting sensitivity to cold-related harm, although this remains below the national average of 11.3% [3].

Housing conditions also contribute to falls risk and loss of independence among older residents. Hip fractures have substantial consequences: nationally, only one in three individuals fully recovers, and a further one in three requires long-term care following injury. In Slough:

- **130 residents aged 65 and over experienced a hip fracture** in 2023/24.
- **The admission rate (450 per 100,000) is lower** than the national average (547 per 100,000), yet the absolute number of cases represents a significant and largely **preventable** burden on individuals, families and the health and care system.

In addition, mental health inequalities intersect with housing vulnerability. Premature mortality among people with severe mental illness in Slough is significantly higher than the national average (136.2 per 100,000 in 2021–23). Individuals with severe mental illness die 15–20 years earlier than the general population and are 3.7 times more likely to die before the age of 75 [3]. Housing instability, poor-quality environments and affordability stress are recognised contributory factors within this wider inequality profile.

2.5 Strategic Response – Slough Healthy Homes Framework

The draft Housing Strategy (2025–2030) proposes four interconnected priorities.

This section reframes them explicitly as a Prevention Model:

2.5.1 Strengthening Regulation and Enforcement

The Council has previously operated selective licensing scheme to tackle anti-social behaviour and poor property conditions in the PRS and additional licensing scheme for smaller HMOs to address poor conditions and management standards.

A selective licensing scheme would cover single household dwellings and may be implemented if the area to which it relates satisfies one or more of six conditions detailed in the Housing Act 2004. These are that the area has:

- Low housing demand (or is likely to become such an area)
- A significant and persistent problem caused by anti-social behaviour attributable to the Private Rented Sector
- Poor property conditions
- High levels of migration
- High level of deprivation
- High levels of crime

Licensing remains an important regulatory tool where there is evidence of risks to health and safety. Discretionary licensing will also support the delivery of Slough's existing Health and Wellbeing Strategy 2021-2026, and the draft Joint Local Health and Wellbeing Strategy 2026-2036. These strategies are collaborative plans led by the Slough Wellbeing Board, a partnership of local public, private, and voluntary organisations, aiming to improve residents' health, and are guided by priorities including starting well, integration, strong neighbourhoods, and workplace health, to tackle inequalities and create a healthier community.

The causal link between poor housing conditions and poor health outcomes is long established. The independent Marmot Review (2010) said housing is a 'social determinant of health' meaning it can affect physical and mental health inequalities throughout life. By addressing poor housing conditions and raising property management standards, the proposed licensing schemes will contribute towards improving the health and wellbeing of the Borough's private rented sector housing residents.

To inform future interventions, a Private Rented Sector Stock Condition Survey has been done. This provides robust evidence on property condition, hazards, energy efficiency, overcrowding, and landlord practices. The survey supports:

- Mapping the location, activity, and performance of PRS housing stock
- Assessing property conditions and the spread of harms.

Findings guide targeted licensing and enforcement actions to reduce health risks and address inequalities, recognising that low-income households, multi-generational families, minority ethnic groups, and households with children are disproportionately affected. Public consultation will be undertaken where new licensing is proposed.

Licensing enforcement will ensure landlords, both social and private, comply with the **Energy Act 2011**, including **Minimum Energy Efficiency Standards**, supporting healthier, more energy-efficient homes.

In line with new national supported housing licensing arrangements expected by early 2027, the Council will align its **supported housing strategy** to strengthen oversight and protect vulnerable residents. A **Triage Service** will be introduced to enable professionals across social care, health, public health, and police services to report, discuss, and resolve housing concerns collaboratively with Council officers. Subject to Cabinet approval, the Council will undertake a 10-week consultation on proposals for additional and selective licensing schemes covering all wards, with any future schemes approved being implemented in late 26/27.

2.5.2. Warm Homes and retrofit programme

Every year many households in Slough will struggle to keep warm at home. An estimated 5,180 households (10.1%) lived in fuel poverty in Slough in 2020 [1] and each year fuel poverty rates are rising across England. Cold and energy-inefficient housing is strongly associated with respiratory illness, cardiovascular strain, stress and poor mental health, and contributes to excess winter mortality. These risks are not evenly distributed and disproportionately affect older residents, young children, disabled people and low-income households.

Slough's current Warm Homes Local Grant retrofit programme has been designed not solely as an environmental or housing improvement initiative, but as a preventative public health intervention jointly delivered by Sustainability and Public health teams. It sets out key objectives with the aim of helping people out of fuel poverty and into affordable warmth that has positive health outcomes.

The programme delivers energy efficiency and heating improvements through national funding streams, which included past schemes such as the Home Upgrade Grant (HUG) [4], Local Authority Delivery (LAD), ECO4 and the Social Housing Decarbonisation Fund.

Measures include insulation, heating system upgrades, low-carbon technologies and solar photovoltaic installation. Within council housing, a clear re-letting standard prevents properties below EPC band C from being re-let, and retrofit activity is aligned with PAS 2035 standards and planned maintenance through the Asset Housing Management Plan. New developments are built to EPC band A, supporting long-term carbon reduction and fuel poverty mitigation.

Health is systematically embedded within the delivery through a structured eligibility and prioritisation framework. Applications are not processed on a first-come, first-served basis. Instead, a transparent, auditable model distinguishes between eligibility and prioritisation and incorporates both household-level vulnerability and geographic health risk.

Eligibility checks verify income thresholds (including households earning under £36,000 or in receipt of qualifying benefits), tenure status, and property condition. Crucially, the assessment also captures vulnerability to cold and health risk, including:

- Cardiovascular and respiratory conditions
- Disability or mobility-limiting conditions
- Older age (65+)
- Young children and pregnancy
- Recent winter hospital discharge
- Persistent mould or off-gas heating

Following eligibility confirmation, households are entered into a weighted prioritisation matrix that considers:

- Health vulnerability
- Severity of housing condition (e.g., EPC D to G, damp, off-gas homes)
- Fuel poverty and affordability stress
- Crisis or escalation risk (including safeguarding or referral from NHS or social care)

This approach ensures that limited capital funding is directed to households where intervention will prevent the greatest harm and reduce inequalities.

In parallel, a place-based targeting approach overlays the Index of Multiple Deprivation with housing stock characteristics, respiratory prevalence and older population profiles. This geographic lens reflects the principle of proportionate universalism (universal access with intensity scaled according to need) and supports a defensible, equity-focused allocation of resources.

The health rationale underpinning delivery is clear. Warm, energy-efficient homes contribute to:

- Reduced asthma and COPD exacerbations
- Lower cold-related cardiovascular events
- Reduced excess winter mortality
- Improved mental wellbeing through reduced financial stress
- Lower risk of damp-related childhood respiratory illness

From a system perspective, effective targeting is expected to support reductions in winter NHS admissions, GP demand and adult social care pressure, while improving independence among older residents.

Governance arrangements include documented scoring thresholds, audit trails, and alignment with national government fuel poverty guidance. This provides transparency and protects the Council where demand exceeds available funding.

Warm Homes and retrofit programme address the upstream determinants of respiratory disease, cardiovascular morbidity, winter mortality and fuel poverty. By integrating housing intelligence, deprivation data and health vulnerability into delivery decisions, Slough is embedding prevention within asset management and climate action, ensuring that retrofit investment maximises health gain, reduces inequalities, and contributes to sustainable system demand management.

2.5.3 Prevention focused housing quality

Improving housing quality is a core preventative public health intervention in Slough. Damp, mould and Category 1 and 2 hazards disproportionately affect residents with pre-existing health conditions and contribute to widening health inequalities. Within the council housing stock, damp and mould affect approximately 17% of homes, representing a significant and avoidable risk to respiratory health, mental wellbeing and overall living conditions [1].

The Council is shifting from a reactive repairs model to a proactive, prevention-led asset management approach. A renewed Asset Housing Management Plan, informed by a full stock condition survey and supported by enhanced asset management software, will enable earlier identification of risk, targeted investment, and systematic upgrading of homes. This approach aims to improve safety, energy efficiency and fuel poverty outcomes, while reducing costly emergency repairs through planned intervention.

A dedicated damp and mould taskforce is being established to strengthen oversight and accelerate response. This includes:

- A specialist response team for high-risk cases
- Rapid action protocols where health vulnerability is identified
- Use of property performance sensors to monitor environmental conditions
- Targeted investment in ventilation, heating and insulation improvements

Alongside this, a broader prevention plan will focus on early identification of risk, proactive resident engagement and education to reduce recurrence and improve long-term housing resilience.

The expiry of the current Repairs, Maintenance and Improvement contract in March 2027 provides an opportunity to co-design a new service model with residents. The future contract will prioritise:

- A stronger preventative maintenance framework
- Improved customer satisfaction and communication
- Faster turnaround of void properties
- Integration of health and safety risk monitoring

2.5.4 Public Health Integration and Health in All Policies

The Public Health team plays an ongoing strategic leadership and assurance role in embedding health considerations across housing policy, regulation and service delivery. Through a Health in All Policies (HiAP) framework, Public Health is working cross-organisationally to ensure that housing decisions systematically consider health impact, inequality reduction and prevention outcomes.

This approach recognises that housing is a critical wider determinant of health and that improvements in housing quality, affordability and security have direct implications for respiratory disease, cardiovascular risk, mental wellbeing and healthy ageing. Public Health is actively supporting housing colleagues by:

- Providing epidemiological analysis on respiratory illness, cardiovascular disease, winter vulnerability and deprivation patterns
- Advising on the integration of health indicators within prioritisation and delivery models, including the Warm Homes programme
- Supporting the development of health-led targeting approaches to ensure resources are directed towards the most vulnerable households
- Aligning housing activity with neighbourhood health and wider determinants programmes

Further embedding health within Local Plans will ensure that future housing growth actively promotes healthy design, thermal efficiency and equitable access to green space and community infrastructure. Public Health is also working closely with Planning colleagues on current major developments to strengthen the use of Health Impact Assessment and ensure that health and inequality considerations are integrated at the earliest stages of the planning process.

Public Health is also supporting workforce development to strengthen prevention at the point of contact. Plans are in place to train Housing officers in Making Every Contact Count (MECC) principles so that routine interactions with residents are used as opportunities to identify and respond to wider health and wellbeing needs. This will include:

- Signposting to smoking cessation services
- Referral to mental health and wellbeing support
- Identification of fuel poverty and debt advice needs
- Promotion of healthy lifestyles
- Safeguarding escalation where risk is identified

Embedding MECC within housing services will strengthen engagement with vulnerable residents who may not routinely access health services and supports earlier intervention before issues escalate into crisis.

A Health Impact Assessment (HIA) of the Housing Strategy will be conducted to provide a structured assessment of the Strategy's potential impact on health and health inequalities. The HIA will identify both positive and unintended impacts, recommend mitigation where necessary, and strengthen the evidence base linking housing interventions to measurable health outcomes.

3. Summary:

Housing quality is closely linked to wider pressures in Slough's housing market. Overcrowding affects 15.8–16% of households, the fourth highest rate in the UK and the highest outside London, representing a 29% increase since 2011. Alongside this, 14% of homes fail the Decent Homes Standard, around 36.5% are EPC band D or below, and approximately 9% of households experience fuel poverty [1]. These conditions have clear impacts on physical and mental health, child development, and healthy ageing, with the greatest burden falling on deprived wards, private renters, minority ethnic households, and older or disabled residents.

The Council's ambition is that every home in Slough supports good health and reduces health inequalities. To achieve this, **“Healthy Homes” will be embedded as a cross-cutting principle**, aligned with the Slough Wellbeing Strategy and wider place-based planning objectives.

While progress is being made, significant system pressures remain, including rising temporary accommodation demand, cost-of-living impacts, non-compliant landlords, and resource constraints. This reinforces the importance of sustained **multi-agency collaboration** and positioning housing quality as a key component of the borough's prevention and health improvement agenda.

4. References:

1. Draft Slough Housing Strategy (2025–2030)
2. Private Rented and Houses in Multiple Occupation Stock Condition and Stressors Report 2025
3. Slough's Joint Strategic Needs Assessment (JSNA)
4. Warm Homes: Local Grant, Policy Guidance for Local Authorities, Updated 8th April 2025.