

Derbyshire Private Sector Housing High Peak Stock Condition Report 2019



Acknowledgements

The Derbyshire Housing and Health Systems Group wishes to sincerely thank Rebecca Jones, Public Health Support Officer, who, with support from John Parnham, Public Health Intelligence Analyst, both Derby City Council, have produced a most comprehensive report into the housing stock condition of the Derby and Derbyshire area.

The group also wishes to thank Andrew Muirhead, Senior Public Health Manager (Epidemiology), Derby City Council, and Jane Horton, Health Improvement Practitioner – Planning and Housing, Derbyshire County Council, for their oversight, guidance and steer of this project.

Finally we wish to thank our Derby City, Derbyshire District and Borough Housing colleagues for their support in providing the data required to provide us with such a robust assessment.

This series of reports and associated database provide long-awaited evidence of the state of private sector housing in our area, and a means to consider how we may effectively target and address issues associated with poor quality homes.

Foreword

Houses are much more than just bricks and mortar that provide physical shelter, they are homes where we bring up our families, socialise, unwind and lock the world outside, it is the place where we will spend most of our time. The quality of housing and the home environment is a key determinant of our health and wellbeing, this makes housing a public health priority.

Public Health as a discipline is focused on protecting and improving health and wellbeing at the population level, in order to achieve this working in partnership is vital. The development of this Derbyshire wide housing stock condition survey is testament to the strong partnership working that has evolved within Derby and Derbyshire in relation to housing and health.

In 2018 Derbyshire County Council, Districts and Boroughs identified a partnership development opportunity with the Derbyshire Housing and Health Systems Group, to work collaboratively to produce a Derbyshire wide Housing Stock Condition Survey, for each Local Authority area. As part of the partnership Derby City Council developed a desktop model to identify the condition of private sector housing across the area, including the use of enhanced health data, not usually provided in similar surveys.

This model utilised a broadly similar methodology to the approach taken by one of the market leaders in this field of research. However crucially by developing and delivering this project within Derbyshire it offers significant advantages including:-

- Reduced costs
- · Standardised approach across Derbyshire
- The potential to be updated at minimal expense.

This project offered a significant opportunity to enhance the work of the partnership across the housing and health agenda. It has enabled Derbyshire County Council and Derby City Council the opportunity to develop a sustainable business model and offers a cost effective package to all Borough and District Councils within Derbyshire.

The Housing Stock Condition Survey has provided a comprehensive, statistically reliable picture across Derbyshire. This document will inform a range of strategies and areas of work, covering Local Authorities, the local NHS, Adults and Childrens Social Care and cross system work to support the prevention agenda.

I am delighted to have had the opportunity to support the development of this Strategy and look forward to the future Health Impact Assessment and the continual development of the Strategy with existing and future partners.

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Executive Summary

A safe, settled home is the cornerstone on which individuals and families build a better quality of life, access services they need and gain greater independence¹.

Local Authorities have a legal duty under the 2004 housing act to keep the conditions of homes in their areas under review with a view to identifying any action that may need to be taken². The last Housing Stock Condition Survey in High Peak was conducted in 2009, since this time there have been considerable changes in the use and condition of private sector housing.

There is growing evidence of the costs of poor housing to the NHS with estimates put forward by the Building Research Establishment in 2015 suggesting that the cost of HHSRS hazards in the homes cost the NHS £1.4billion per year⁵. Public Health England estimated in 2019 that unaddressed hazards for falls in the home cost the NHS £435million annually⁴⁴.

Derby City Council on behalf of each borough and district in Derbyshire, have developed a desktop survey approach to identify and asses the condition of private sector housing in Derbyshire. Address level modelling has been undertaken to estimate the likelihood of each private sector dwelling in the county to be non decent and the likelihood of each dwelling to posses a Housing Health and Safety Rating System (HHSRS) category 1 hazard has been calculated.

Key Findings

Type and Tenure of Homes in High Peak



Age of Homes in High Peak





Cost to Improve Homes

The median cost per property to bring it up to meet the decent homes standard is

£3,894

The total cost to bring every private sector home in High Peak up to the decent homes standard would be

£43.1 million

Living in a Non Decent Home



Approx. 3 in 10 families living in the private sector in High Peak are living in a non decent home

11,070

Homes in High Peak do not meet the decent homes standard.



Cold and Damp Homes

2,830

Approximately 2,830 private sector homes in High Peak have a HHSRS category 1 hazard for cold and or damp.







Negative impact on circulatory disease which can lead to increased risk of heart attack and stroke.



Living in a cold home can have a significant impact on mental health. People may also become socially isolated



Children living in cold homes are more susceptible to respiratory conditions and are more likely to have poor mental health.



Trips and Falls in the Home

4,993

Approximately 4,993 private sector homes in High Peak have a HHSRS category 1 hazard for falls in the home



Unaddressed falls in the home are estimated to cost the NHS £435 million annually.



Older people are most vulnerable to accidents in the home. 30% of people age 65+ and 50% of people aged 80+ fall at least ones per year.



Everyday 45 children in England are admitted to hospital following a fall. Children are most at risk from falls between level for example a fall from a window or balcony.



Private Rent

Owner Occupied





% of homes not meeting the decent homes standard for thermal comfort.

Approximately 3,460 (9.1%) homes in High Peak fail the decent homes standard for thermal comfort.

8.5







% of homes not meeting the decent homes standard for modern facilities

Approximately 657 (1.7%) homes in High Peak fail the decent homes standard for modern facilities

1.6







% of homes not meeting the decent homes standard for disrepair

Approximately 2,904 (7.7%) homes in High Peak fail the decent homes standard for disrepair

7.7





23.3

% of homes not meeting the decent homes standard for HHSRS category 1 hazard

Approximately 7,548 (20.0%) homes in High Peak fail the decent homes standard for HHSRS category 1 hazard

19.5



Introduction

The importance of safe and decent homes

A safe, settled home is the cornerstone on which individuals and families build a better quality of life, access services they need and gain greater independence.

Local Authorities have a legal duty to understand the condition of private sector housing in their area, and to develop strategies to address areas of concern.

The Housing Act 2004 states that 'a local authority must keep the housing conditions in their area under review with a view to identifying any action that may need to be taken by them'. The last Housing Stock Condition Survey in High Peak was conducted in 2009. Since this time there have been many changes in the condition and use of private sector housing stock.

Good quality, well managed housing is essential to health and wellbeing. It enhances the quality of life of adults and the life chances of children, not only providing shelter but promoting stability and a sense of identity. It has recently been suggested that the wider determinants of health, such as employment opportunities, housing quality and availability, social cohesion and access to good quality education, may have a greater effect on health in localities than National Health Service (NHS) spending.

Poor housing conditions such as damp, cold, overcrowding and pollutants have all been shown to have an impact on physical illnesses such as eczema, asthma, heart disease and respiratory health in both adults and children. Physical features of the home can lead to injuries such as falls, trips, burns, scalds and electrocutions. Poor housing can also have an impact on mental health, often due to living in poor conditions but also due to the insecurity of living in poor housing with threats such as entry by intruders and the need to move more frequently.

There is growing evidence of the costs of poor housing to the NHS. In particular in 2015 the Building Research Establishment (BRE) estimated that HHSRS (Housing Health and Safety Rating System) Category 1 Hazards cost the NHS £1.4 billion per year in first year of treatment costs. Furthermore the Kings Fund (2014) estimates that every £1 spent on improving homes saves the NHS £70 over 10 years.

In 2018 an, All Party Parliamentary Group (APPG) white paper "Building our Future: Laying the Foundations for Healthy Homes and Buildings", suggested that the true cost of poor housing lies in human misery and lives lost. The impact of poor housing is perhaps more apparent during different times of the year. The 2017 – 2018 winter saw 50,100 excess winter deaths in England and Wales, the highest number recorded since winter 1975-1976. Excess Winter Deaths caused by respiratory diseases accounted for 34.7% of all Excess Winter Deaths⁷. It has been estimated that during the 2017 - 2018 winter 9,700 winter deaths nationally were attributable to the avoidable circumstance of living in a cold home¹⁵.

Derby City Council on behalf of each borough and district in Derbyshire has developed a desktop modelling approach to identify the condition of private sector homes. Good quality data on the condition of housing stock can help to quantify the needs plus the costs and benefits of housing interventions.

The desktop model intends to:

- estimate the number of non-decent homes
- estimate the number of homes with a category
 1 hazard
- provide an estimate of the cost to make decent
- estimate the number of homes falling into each of the EPC (Energy Performance Certificate) Energy Bands
- estimate the number of homes in fuel poverty
- assess a range of health data.

What Constitutes Poor Housing?

The Decent Homes Standard is the current statutory minimum standard for housing and applies to all social housing, however it is widely recognised that there is a need for all homes to also meet this standard.

The Decent Homes Standard states that a home must:

- be free from any hazard that poses a serious threat to your health or safety
- be in a reasonable state of repair
- have reasonably modern facilities
- have efficient heating and insulation to provide a reasonable level of thermal comfort.

The 10-year Decent Homes Programme to 2010 was successful in tackling many problems of housing conditions in the social rented sector but similar progress has not been made in the owner-occupied and private rented sectors. The problems associated with poor housing are widely known, however the Housing Crisis is more often than not focused on housing shortage, insufficient land supply and 'planning constraints' than on addressing the inequalities in the existing housing stock.

The 2016 Good Housing: Better Health paper⁸ puts forward the case for a more balanced

approach to housing policy and sets out the case for increasing focus on the quality and use made of the current housing stock. Building new housing will not address the inadequacies in the existing housing stock.

Overall the proportion of non-decent homes nationally stood at 19% of the total housing stock. The levels of non-decency vary with tenure, nationally 13% of dwellings in the social rented sector failed to meet the Decent Homes Standard compared to 25% of private rented homes and 19% of owner occupied homes⁹.

Building new housing will not address the inadequacies in the existing housing stock⁸.



Policy Overview

The findings of this report will inform the Council's Housing Strategy and, the Health and supporting documents such as private rented plan and Housing Renewal Policy. It will support the development of Joined Up Care Derbyshire the local Sustainability and Transform Partnership.

Housing Act 2004

The Housing Act 2004² requires all local authorities to keep the housing conditions in their area under review with a view to identifying any action that may need to be taken. The requirements of the Act are wide ranging and covers:

- dwellings that fail to meet the minimum standards for housing.
- houses in Multiple Occupation (HMO's).
- the need for provision of assistance with housing renewal.
- the need to assist with adaptation of dwellings for disabled persons.

The Housing Act introduced a system for assessing housing conditions and enforcing housing standards. This assessment identified the existence of category 1 hazards assessed within the HHSRS (Housing Health and Safety Rating System).

Housing Strategies

The National Housing Strategy, 'Laying the Foundations, a Housing Strategy for England' was published in 2011¹¹ and sets out a package of measures addressing the need for an increase in the supply of housing, social housing reform, the private rented sector, empty homes and the quality of design for housing.

Private Sector Housing Policy

Private sector housing (owner occupied and private rented) represents the largest form of tenure nationally, this is also true for High Peak.

The Private Sector Housing Renewal Policy¹² sets out the structure of assistance, grants, loans, works and initiatives that the council will undertake to promote the improvements to the quality and choice of housing within the private sector.

The Homes (Fitness for Human Habitation) Act 2018¹³ came into force on 20th March 2019 and requires that any property let by a landlord private or social is fit for human habitation when a tenancy is granted and remains so for the duration of the tenancy.

Climate Change Policy

The UK is committed under the 2008 Climate Change Act¹⁴ to an 80% reduction in emissions by 2050. This survey will inform the development of these plan given the link between thermal comfort, excess cold and energy efficiency.

Energy Company Obligation (ECO) and Green Deal

The Energy Company Obligation (ECO) scheme was introduced in 2013 with the aim to reduce carbon emissions and tackle fuel poverty. Energy efficiency measures such as insulation and new boilers are installed through energy suppliers and paid for by a levy on consumer bills.

The Green Deal was a scheme introduced in 2013 to help home owners and landlords improve the energy efficiency of their homes by installing a range of energy improvement measures. These were then paid for though the savings made on energy bills.

Health

Sustainability and Transformation Partnerships (STP) were introduced in England following publication of an NHS Five Year Forward View in 2014. The STP brings together leaders from within the NHS, local authorities and the voluntary and community sector to jointly plan and develop proposals to improve health and care. Joined Up Care Derbyshire (JUCD) is the local partnership for care across Derbyshire.

The King's Find published a report in 2018¹⁵ (Housing and Health: Opportunities for Sustainability and Transformation Partnerships) which highlights the need for STP's and emerging Integrated Care Systems (ICS's) to work more closely with local partners including the local housing sector. The report

emphasised that although this is happening in some areas it is not at the scale and depth needed.

It is widely recognised that a well housed population helps to reduce and delay the demand for NHS services and allows patients to go home when they are clinically fit to do so. However STPs and ICSs need to take advantage of the contribution housing can make to the health and wellbeing of local populations across the life course.

Joint Strategic Needs Assessment (JSNA)

Derbyshire County Council's Joint Strategic Needs Assessment (JSNA) assesses the health needs of the local population in order to improve the physical and mental health and well-being of individuals and communities. It is produced and implemented by Derbyshire County Council and NHS Derby and Derbyshire Clinical Commissioning Group (CCG) through the Health and Wellbeing Boards.

Methodology

A 4 step methodology has been utilised to model the private sector housing stock conditions in the local area. Address level modelling has been used to estimate the likelihood of each dwelling to be decent / non decent and the likelihood of each dwelling to have a HHSRS category 1 hazard. The modelling for this analysis refers only to private sector homes. All social homes have been removed from the analysis.

Stage 1. Creation of a property characteristics database.

A number of local and national data sources have been utilised in the creation of a complete address level property database. The availability of local administrative data allows an accurate picture to be compiled of the characteristics of individual properties within the local area. This local administrative data has been supplemented with nationally available data sets where local data is unavailable. The use of multiple data sets allows the probable characteristics to be identified with a higher degree of accuracy allowing for natural errors within the data sources, by triangulating property

characteristics across several data sources.

Information Sharing Agreements were drafted and signed off where necessary before work was carried out.

All data has been through an address matching process with the aim to match each piece of address data to the correct address in Ordnance Survey Addressbase and the UPRN (Unique Property Reference Number) to be assigned to each address. This allows data from different sources to be combined using the UPRN into a single property database.

Any unmatched addresses have been investigated and where possible these have been manually matched to a UPRN. In some instances unmatched properties are the result of inaccurate data in the datasets and as such have not been included in the analysis.

This property level database has been referenced through this report as 2019 Derbyshire stock condition property level database.

Results of Address Matching

Dataset	Total Addresses	Matched	Unmatched	Matched %
Experian Mosaic (Derbyshire)	42,498	42,200	298	99.2
Council Tax	42,498	42,138	360	99.2
Energy Performance Certificates	18,250	17,897	353	98.1
Housing Benefit	2,032	1,890	142	93.0
Price Paid (to end Feb 2019)	20,386	18,792	1,594	92.1
National Register of Social Housing	5,259	5,166	93	98.2
HIMO Register	69	69	0	100
Tenancy Deposit Scheme	3,081	2,886	195	93.7
Social Housing Register	3,920	3,761	159	95.9

All data extracted January - April 2019 unless otherwise stated.

Stage 2. Analysis of the English Housing Survey (2015 - 2017)

The 2015 - 2017 English Housing Survey has been used to identify the propensity for different property types, ages and tenures to be decent or non-decent and the likelihood of these properties to have a HHSRS category 1 hazard.

Stage 3. Application of propensities identified in stage 2 to the local property characteristics database created in stage 1

The propensities for different types, ages and tenures of homes to be decent or non-decent and their likelihood of possessing a HHSRS category 1 hazard have been applied at an individual property level to the local property level database created in stage 1. This gives each individual home a likelihood to be decent or non-decent and the likelihood of each home to possess a HHSRS category 1 hazard

Stage 4. Analysis of health related data

Hospital Episode Statistics (HES) is the national repository of admissions to hospital, A & E attendances and outpatient appointments at NHS hospitals in England. When combined with data and intelligence surrounding housing it offers insight into areas where there is a correlation between poor housing and poor health. For example areas of poor housing in terms of thermal comfort, excess cold and damp can be examined in conjunction with HES data surrounding respiratory problems which are known to be exacerbated by living in cold damp homes.

The English Housing Survey

The English Housing Survey is a continuous national survey commissioned by the Ministry of Housing, Communities and Local Government (MHCLG). It collects information about people's housing circumstances and the condition and energy efficiency of housing in England. The survey has 2 components, a household interview and a physical inspection of properties.

Each year around 13,300 households take part in the face to face household interview and around 6,000 of the participating households also take part in the physical survey. The physical surveys are carried out by a qualified surveyor and involve a visual inspection of the property. Physical surveys are also carried out on around 200 vacant properties.

Each year a sample of addresses are drawn at random from a list of private addresses held by the Royal Mail covering all housing tenures.

The 2015 - 2017 English Housing Survey has been used for the modelling of the Derbyshire Housing Stock Condition Survey. Special License Access was granted for this project and allowed access to the derived variables within the English Housing Survey and also the raw data collected as part of the main English Housing Survey. The 2015-2017 data was the most up to date data available at the commencement of the project however a further update has now been released, which could form part of future modelling of local housing conditions.

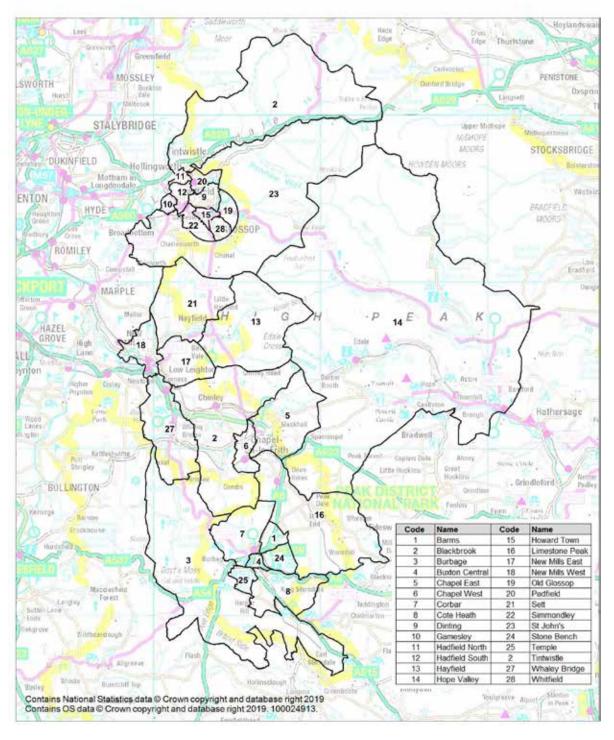
The Local Housing Picture

Types of Homes in High Peak

What does the local picture of homes in High Peak look like?

High Peak is made up of 28 electoral wards which are further broken down into 59 Lower Super Output Areas (LSOA) each of which contain approximately 500 – 1,000 households

High Peak Wards



There are a total of 42,135¹⁶ properties in High Peak as of July 2019. The majority of these 97.1% are currently occupied, and the remaining 2.9% of properties are vacant.

High Peak is comprised primarily of houses and bungalows (88.6%) with the remainder made up of flats and apartments (10.7%) and other property types (0.7%). High Peak has fewer flats and apartments than the England average whilst having a greater proportion of both semi-detached and detached properties¹⁷.

The distribution of property types throughout the borough varies from ward to ward.

The wards with the greatest proportions of detached dwellings are the wards of Simmondley (51.8%), Temple (46.2%), and Dinting (41.7%).

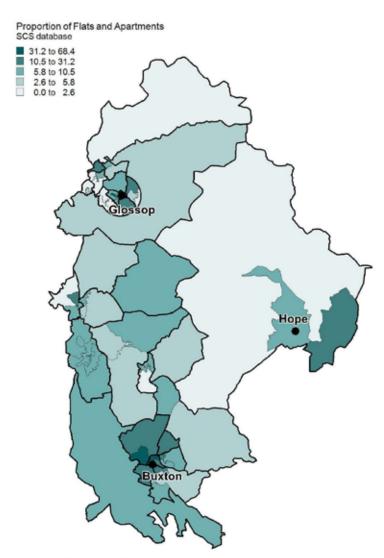
The greatest concentrations of terrace homes are found in the wards of Gamesley (90.9%), Howard Town (68.5%) and Hadfield North (61.2%).

Buxton Central has the greatest proportion of flats and apartments (41.7%) followed by Corbar (33.0%) and Barms (22.1%).

Proportion of Homes by Type and Ward

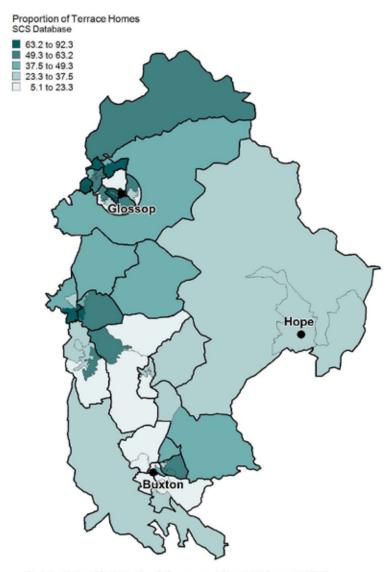
Ward	Detached	Semi-De- tached	Terrace	Flat	Other and Unknown	Total
Barms	8.2%	22.9%	45.9%	22.1%	0.9%	926
Blackbrook	38.5%	27.3%	28.8%	5.0%	0.4%	2,017
Burbage	22.2%	42.5%	27.7%	7.2%	0.3%	877
Buxton Central	5.5%	10.0%	40.9%	41.7%	1.8%	2,144
Chapel East	29.6%	30.4%	34.5%	5.2%	0.2%	1,019
Chapel West	25.8%	43.5%	23.6%	5.5%	1.7%	2,178
Corbar	29.7%	20.9%	14.3%	33.0%	2.0%	1,994
Cote Heath	14.9%	57.3%	21.0%	6.6%	0.2%	1,754
Dinting	41.7%	29.1%	21.6%	7.2%	0.5%	1,048
Gamesley	0.7%	5.5%	90.9%	2.9%	0.0%	1,056
Hadfield North	7.8%	17.8%	61.2%	12.6%	0.5%	1,045
Hadfield South	18.1%	25.8%	51.9%	4.0%	0.2%	1,869
Hayfield	29.6%	22.0%	39.4%	7.9%	1.0%	982
Hope Valley	34.5%	28.4%	28.4%	7.4%	1.2%	1,790
Howard Town	2.7%	9.6%	68.5%	18.5%	0.6%	2,370
Limestone Peak	21.1%	33.0%	40.1%	5.2%	0.7%	983
New Mills East	7.1%	36.2%	50.9%	5.5%	0.3%	1,866
New Mills West	21.1%	22.4%	46.6%	9.3%	0.6%	2,019
Old Glossop	40.9%	23.8%	29.3%	5.7%	0.3%	1,993
Padfield	15.2%	25.0%	54.4%	5.1%	0.4%	1,022
Sett	28.0%	21.1%	46.0%	4.3%	0.6%	843
Simmondley	51.8%	19.3%	28.5%	0.1%	0.3%	1,630
St John's	32.0%	23.6%	37.6%	4.6%	2.3%	878
Stone Bench	2.7%	43.4%	44.9%	8.8%	0.1%	1,929
Temple	46.2%	27.7%	9.4%	15.5%	1.2%	852
Tintwistle	14.3%	29.1%	54.9%	1.2%	0.5%	986
Whaley Bridge	32.4%	24.9%	35.4%	6.8%	0.6%	2,917
Whitfield	6.8%	16.2%	56.9%	19.8%	0.3%	1,148
Total	22.4%	26.5%	39.7%	10.7%	0.7%	42,135

Proportion of Flats and Apartments

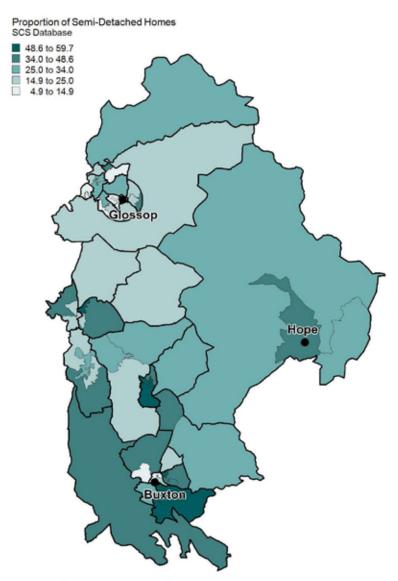


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Proportion of Terraced Homes

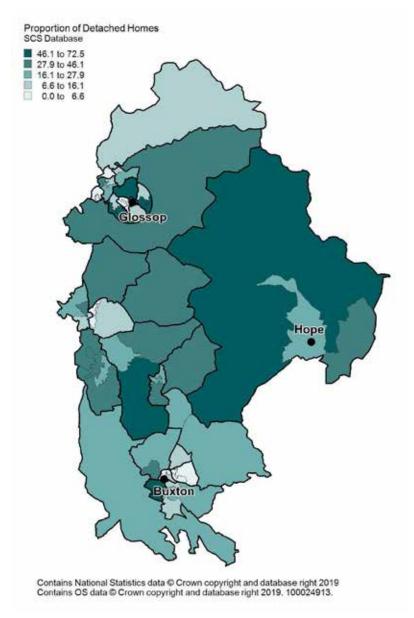


Proportion of Semi-detached Homes



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Proportion of Detached Homes



Build Period of Homes in High Peak

The build period of a property is a key determinant of its likelihood to be decent. Nationally older properties are more likely to be non-decent than newer homes.

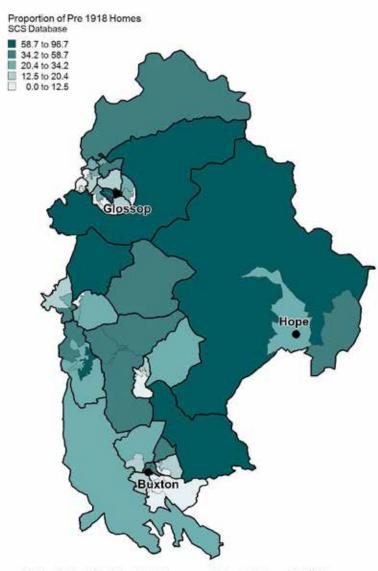
Data surrounding the build period of properties from different datasets, including, Land Registry, Energy Performance Certificates, and Experian has been triangulated to produce a probable build period for each address. This allows detailed analysis surrounding the age of properties to be carried out.

The greatest proportions of older homes built before 1918 can be found in the wards of St John's (75.1%), Limestone Peak (74.8%) and Sett (66.1%). Newer homes constructed after 2002 are concentrated in Old Glossop and Dinting where 21.4% and 15.0% of homes respectively have been built since 2002.

Proportion of Homes by Age and Ward

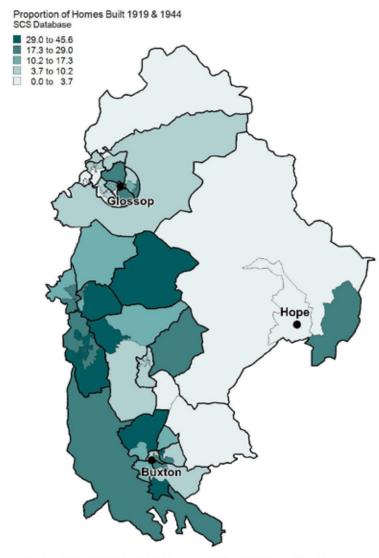
Ward	Pre 1918	1919 - 1944	1945 - 1980	1981 - 2002	Post 2002	Unknown	Total
Barms	44.2%	10.6%	31.3%	10.2%	2.6%	1.2%	926
Blackbrook	44.6%	16.0%	11.0%	15.1%	13.1%	0.3%	2,017
Burbage	21.3%	25.9%	25.4%	12.8%	13.2%	1.4%	877
Buxton Central	53.1%	7.5%	11.5%	14.4%	3.3%	10.2%	2,144
Chapel East	25.9%	21.4%	31.3%	14.7%	6.6%	0.1%	1,019
Chapel West	8.2%	5.4%	54.5%	15.8%	14.9%	1.1%	2,178
Corbar	19.9%	18.6%	23.9%	23.2%	12.5%	1.9%	1,994
Cote Heath	4.2%	18.7%	59.0%	9.9%	7.2%	1.0%	1,754
Dinting	26.5%	18.1%	35.3%	5.0%	15.0%	0.1%	1,048
Gamesley	0.3%	0.9%	94.8%	4.0%	0.0%	0.0%	1,056
Hadfield North	34.4%	6.5%	44.3%	6.9%	7.6%	0.3%	1,045
Hadfield South	17.0%	5.1%	63.8%	11.1%	2.6%	0.3%	1,869
Hayfield	51.7%	29.0%	7.1%	6.6%	5.0%	0.5%	982
Hope Valley	55.9%	10.1%	27.3%	4.2%	1.5%	1.0%	1,790
Howard Town	59.7%	8.6%	15.3%	5.0%	10.8%	0.8%	2,370
Limestone Peak	74.8%	0.7%	13.2%	8.6%	2.3%	0.3%	983
New Mills East	16.5%	27.2%	43.6%	7.2%	4.6%	0.9%	1,866
New Mills West	24.6%	17.0%	44.6%	6.0%	5.5%	2.2%	2,019
Old Glossop	16.7%	11.9%	19.6%	30.0%	21.4%	0.4%	1,993
Padfield	35.5%	4.0%	32.0%	14.6%	13.5%	0.4%	1,022
Sett	66.1%	13.2%	18.3%	1.7%	0.6%	0.2%	843
Simmondley	6.3%	4.4%	52.8%	22.6%	13.8%	0.2%	1,630
St John's	75.1%	4.2%	16.5%	3.8%	0.5%	0.0%	878
Stone Bench	11.0%	24.2%	55.2%	4.5%	5.0%	0.1%	1,929
Temple	14.7%	11.0%	43.7%	22.1%	4.3%	4.2%	852
Tintwistle	37.5%	2.1%	40.3%	18.1%	1.5%	0.5%	986
Whaley Bridge	38.1%	29.7%	13.4%	12.2%	6.1%	0.5%	2,917
Whitfield	15.2%	18.4%	54.3%	3.7%	8.1%	0.4%	1,148
Total	30.8%	14.0%	34.4%	11.7%	7.8%	1.2%	42,135

Proportion of Homes Built Before 1918

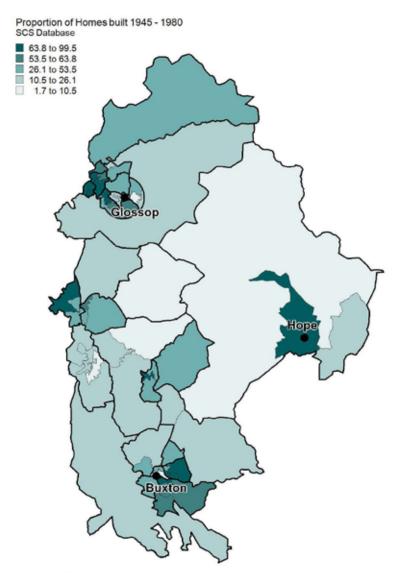


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Proportion of Homes Built Between 1919 and 1944

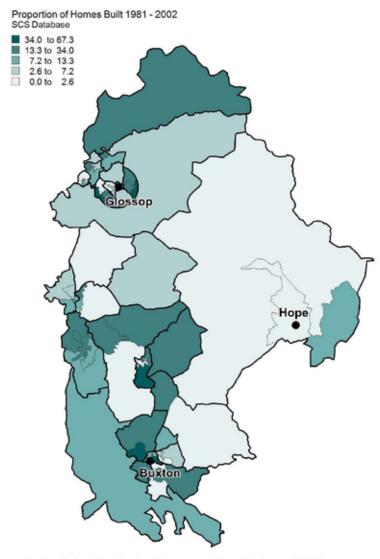


Proportion of Homes Built Between 1945 and 1980

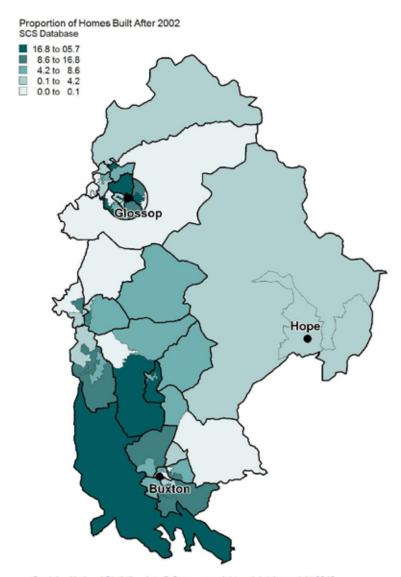


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Proportion of Homes Built Between 1981 and 2002



Proportion of Homes Built After 2002



Tenure of Homes in High Peak

The tenure of a property plays a key role in the analysis of it's propensity to be non-decent. Data was obtained from the Tenancy Deposit Scheme providers which provides address details of every private rented property against which a tenancy deposit has been secured.

Overall, 79.0% of homes in High Peak are owner occupied, 10.8% are privately rented and 10.2% of homes are social rented. High Peak has a greater proportion of owner occupiers than both the England average

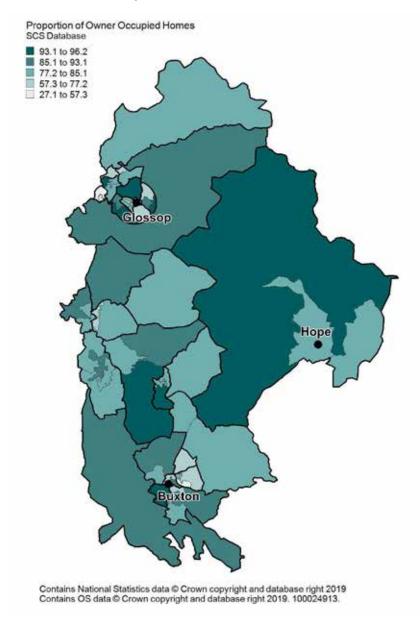
(62.9%) and the East Midlands (65.8%). Conversely the proportion of private rented properties is below both the England average (19.9%) and East Midlands average (18.8%).

It should be noted that a property can change from owner occupation to private rent and vice versa relatively easily. Therefore, the tenure breakdown figures contained in this report should be used as an estimate of the tenure split as of February 2019 rather than absolute figures.

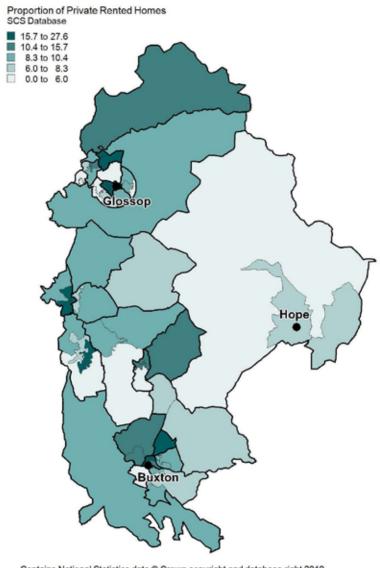
Tenure of Homes in High Peak

Ward	Owner Occupied	Private Rent	Social Rent	Grand Total
Barms	69.7%	20.4%	9.9%	926
Blackbrook	89.1%	7.6%	3.3%	2,017
Burbage	89.4%	9.6%	1.0%	877
Buxton Central	69.8%	23.5%	6.7%	2,144
Chapel East	78.4%	11.1%	10.5%	1,019
Chapel West	85.1%	9.2%	5.7%	2,178
Corbar	83.1%	12.0%	4.8%	1,994
Cote Heath	77.9%	8.9%	13.2%	1,754
Dinting	94.6%	3.2%	2.2%	1,048
Gamesley	32.5%	4.7%	62.8%	1,056
Hadfield North	63.0%	14.2%	22.9%	1,045
Hadfield South	82.8%	8.9%	8.3%	1,869
Hayfield	82.3%	6.5%	11.2%	982
Hope Valley	84.5%	6.4%	9.1%	1,790
Howard Town	73.5%	22.4%	4.1%	2,370
Limestone Peak	83.7%	7.3%	9.0%	983
New Mills East	70.0%	8.1%	21.9%	1,866
New Mills West	82.9%	16.3%	0.7%	2,019
Old Glossop	85.0%	8.5%	6.4%	1,993
Padfield	80.6%	12.5%	6.8%	1,022
Sett	89.8%	9.3%	0.9%	843
Simmondley	94.4%	4.0%	1.7%	1,630
St John's	88.0%	8.5%	3.4%	878
Stone Bench	63.6%	9.0%	27.4%	1,929
Temple	94.2%	5.5%	0.2%	852
Tintwistle	78.0%	10.8%	11.3%	986
Whaley Bridge	82.0%	9.7%	8.3%	2,917
Whitfield	61.4%	9.1%	29.5%	1,148
Total	79.0%	10.8%	10.2%	42,135

Proportion of Owner Occupied Homes



Proportion of Private Rented Homes



Type and Age of Homes in High Peak

There are variations in the property types and ages between the tenure groups across the district.

Owner occupied properties tend to be biased towards terrace (37.6%), semi-detached (27.6%) and detached (27.6%) homes. Only 6.9% of owner occupiers in High Peak live in a flat or apartment, this contrasts with 22.4% of private renters who live in flats and apartments in the district.

Private rented homes are biased towards terraced (53.4%) and flats and apartments (22.4%) homes. Only 8.6% of private rented homes are detached compared to 21.7% of owner occupiers who live in detached homes.

Private rented homes are often much older than owner occupied homes, 43.6% of private rented homes were built before 1918 compared to 32.1% of owner occupied homes built before 1918.

These findings for High Peak mirror the national patterns of tenure and property type identified by the English Housing Survey 2016 - 2017¹⁸, in which privately rented properties are predominantly older terraced homes and flats contrasting with owner occupied properties which tend to be newer semi-detached and detached homes.

Owner occupied homes tend to be newer semi-detached and detached homes whereas private rented homes tend to be older terraced homes, flats and apartments

Age and Type of Home by Tenure

	Owner O	ccupied	ed Private Rented		Social Rented	
	Number	%	Number	%	Number	%
Property Type						
Flat	2,282	6.9%	1,014	22.4%	1,198	27.7%
Terrace	12,501	37.6%	2,419	53.4%	1,822	42.2%
Semi-detached	9,203	27.6%	708	15.6%	1,256	29.1%
Detached	9,014	27.1%	389	8.6%	23	0.5%
Other	285	0.9%	2	0.0%	19	0.4%
Property Age						
Pre 1918	10,684	32.1%	1,978	43.6%	312	7.2%
1919 - 1944	4,755	14.3%	559	12.3%	579	13.4%
1945 - 1980	10,333	31.0%	1,063	23.5%	3,116	72.2%
1981 - 2002	4,254	12.8%	399	8.8%	284	6.6%
Post 2002	2,747	8.3%	522	11.5%	27	0.6%
Unknown	512	1.5%	11	0.2%		0.0%
Total	33,285		4,532		4,318	

The National Picture

What is happening to private sector housing nationally?

Decline in the proportion of non-decent private sector homes from 34.4% in 2008 to 20.1% in 2017

Since the English Housing Survey (EHS) came into being in 2008 the proportion of dwellings failing to meet the decent homes standard has steadily decreased across all tenures. In 2008, 34.4% of private sector homes failed to meet the decent homes standard, but this has since reduced to 20.1% of private sector homes in 2017.

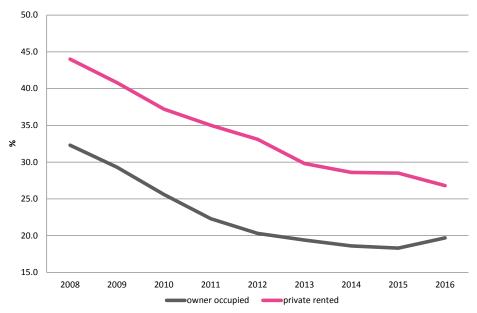
This steady decline has been seen in both owner occupied and private rented homes. Overall, proportions of owner occupied homes failing to meet the decent homes standard has decreased from a high of 32.3% in 2008 to 19.7% in 2016.

Private rented properties have followed a similar trend with the proportions not meeting the decent homes standard decreasing from 44.0% in 2008 to 26.8% in 2016. Despite this decrease, nationally 1 in 5 households in the private sector are living in a non-decent home.

Further analysis into the decrease in the proportion of dwellings failing the decent home standard reveals that the largest decline is in the proportion of dwellings failing the decent homes standard for thermal comfort, which has declined amongst all private sector properties from 13.7% in 2008 to a low of 6.2% in 2015. This decrease could, in part, be due to both the Green Deal and Energy Company Obligation (ECO) schemes which were established to encourage home owners and landlords to improve the energy efficiency of their properties by installing double glazing, energy efficient boilers and improved insulation.

1 in 5 households in the private sector nationally are living in a non-decent home.

The Proportion of Non Decent Private Sector Homes Nationally



Decent Homes

How many private sector homes do not meet the decent homes standard?

29.3% of families living in the private sector in High Peak are living in a home that does not meet the decent homes standard.

The Decent Homes Standard is the current standard for social housing which was updated in 2006 to reflect the Housing Health and Safety Rating System (HHSRS)¹⁹ and states that for a dwelling to be considered decent it must

- be free from any hazard that poses a serious risk to health and safety
- be in a reasonable state of repair
- · have reasonably modern facilities
- provide a reasonable degree of thermal comfort.

The English Housing Survey 2015-2017 has been analysed looking at the propensity of each type of property to be decent taking into account individual property characteristics (age, type and tenure) together with the IMD quintile for each property. This analysis produced a propensity score for each individual address, identifying the likelihood of the home to be non-decent. The analysis looks at each of the 4 criteria under which a home can fail to meet the Decent Homes Standard. An overall decency score has also been calculated using the English Housing Survey variable overall standard (26 hazard) model.

In High Peak the number of private sector homes not meeting the Decent Homes Standard is estimated to be approximately 11,070 (29.3% of all private sector homes). This greater than the national figure of 21.6% and the figure for the East Midlands (19.4%).

The distribution of non-decent homes throughout the district, as might be

expected is not uniform, instead being more concentrated in the wards of Limestone Peak (43.1%), Sett (39.6%), St John's (39.4%) and Buxton Central (38.8%). This are also the wards with the greatest proportion of older homes built before 1918.

The most likely reason for a home in High Peak to fail the Decent Homes Standard is for possessing a HHSRS Category 1 Hazard (20.0%). Followed by thermal comfort (9.1%), disrepair (7.7%) and modern facilities (1.7%).

Compared to national and regional figures High Peak has a greater proportion of private sector homes failing the Decent Homes criteria thermal comfort, disrepair and HHSRS Category 1 hazards than both the East Midlands and England as a whole.

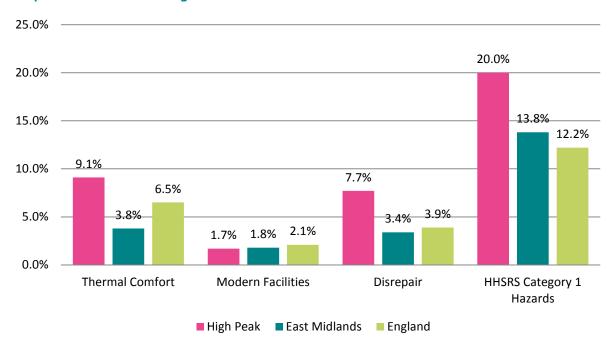
High Peak has slightly fewer homes failing the Decent Homes Standard modern facilities than England and the East Midlands.

11.070 (29.3%) private sector homes in High Peak do not meet the Decent Home Standard.

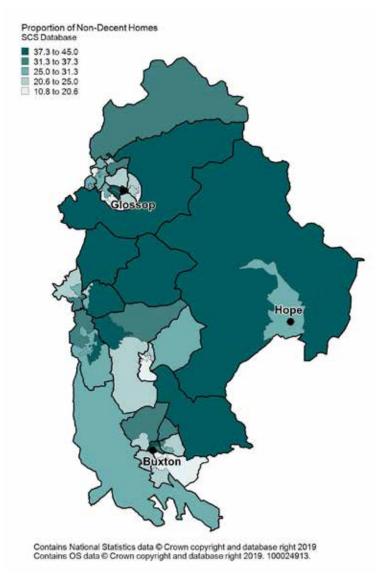
Proportion of Non-Decent Homes

Ward	Private Sector Homes	Overall Non-Decent	Proportion Non-Decent
Limestone Peak	895	386	43.1%
Sett	835	331	39.6%
St John's	848	334	39.4%
Buxton Central	2,000	776	38.8%
Hayfield	872	330	37.8%
Howard Town	2,273	859	37.8%
Hope Valley	1,627	591	36.3%
Whaley Bridge	2,675	916	34.2%
Barms	834	275	33.0%
Tintwistle	875	284	32.4%
Blackbrook	1,950	632	32.4%
New Mills East	1,458	449	30.8%
New Mills West	2,004	585	29.2%
Padfield	952	268	28.2%
Stone Bench	1,400	393	28.0%
Hadfield North	806	226	28.0%
Burbage	868	238	27.5%
Dinting	1,025	276	27.0%
Chapel East	912	241	26.4%
Corbar	1,898	484	25.5%
Whitfield	809	204	25.2%
Gamesley	393	99	25.2%
Hadfield South	1,713	424	24.7%
Temple	850	192	22.5%
Old Glossop	1,865	382	20.5%
Cote Heath	1,523	289	19.0%
Chapel West	2,054	364	17.7%
Simmondley	1,603	242	15.1%
Total	37,817	11,070	29.3%
Derby			21.4%
England			21.6%

Proportion of Homes failing Each of the Decent Homes Criteria



Proportion of Non-Decent Private Sector Homes



Tenure of Non-Decent Homes

The tenure breakdown of non-decent homes within High Peak shows that there are more private rented homes that are failing to meet the decent homes standard (33.7%) compared to the proportion of owner occupied homes (28.7%).

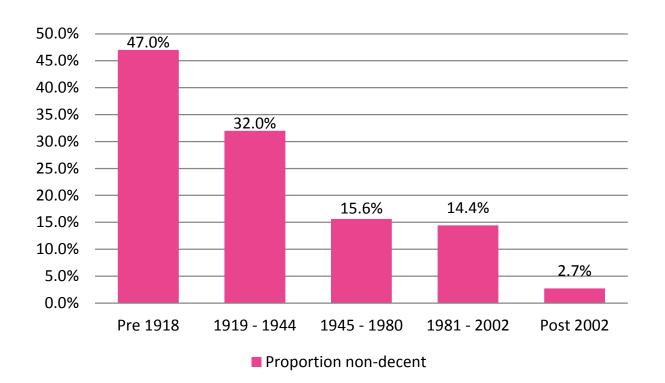
This pattern of non-decent homes mirrors the national picture where levels of non-decency are greater in the private rented sector (26.8%) than owner occupied (19.7%)²⁰.

The wards of Limestone Peak (43.8%) and Howard Top (41.1%) are the areas of the district with the greatest percentage of non-decent owner occupied homes where as the wards of St John's (56.5%) and Sett (51.0%) have the greatest percentage of non-decent private rented properties.

As might be expected, a greater proportion of older properties do not meet the Decent Homes Standard. 49.3% % of homes built pre 1918 in High Peak are non decent 39.4% of homes built between 1919 and 1945 are classed as non decent compared to 14.4% of homes built between 1981 and 2002 and 3.3% of homes built since 2002.

33.7% of homes in the private rented sector fail the Decent Homes Standard compared to 28.7% of owner occupied homes.

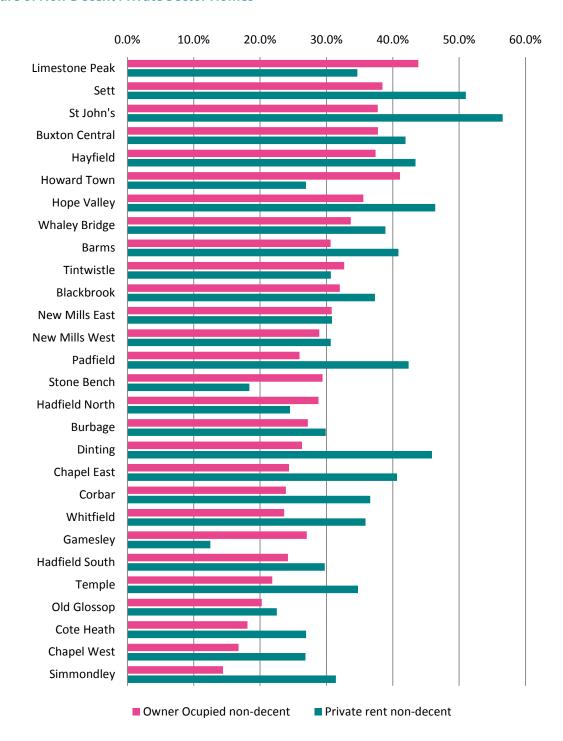
Proportion of Non-Decent Homes by Age of Home



Proportion of Non-Decent Homes by Tenure and Ward

Ward	Owner Occupied non-decent		Private Rent non-decent		Total non-decent	
	Number	%	Number	%	Number	%
Limestone Peak	361	43.8%	25	34.7%	386	43.1%
Sett	291	38.4%	40	51.0%	331	39.6%
St John's	292	37.7%	42	56.5%	334	39.4%
Buxton Central	565	37.8%	211	41.9%	776	38.8%
Hayfield	302	37.4%	28	43.4%	330	37.8%
Howard Town	716	41.1%	143	26.9%	859	37.8%
Hope Valley	538	35.6%	53	46.4%	591	36.3%
Whaley Bridge	806	33.7%	110	38.9%	916	34.2%
Barms	198	30.6%	77	40.9%	275	33.0%
Tintwistle	251	32.7%	33	30.7%	284	32.4%
Blackbrook	575	32.0%	57	37.3%	632	32.4%
New Mills East	402	30.8%	47	30.8%	449	30.8%
New Mills West	484	28.9%	101	30.6%	585	29.2%
Padfield	214	26.0%	54	42.4%	268	28.2%
Stone Bench	361	29.4%	32	18.4%	393	28.0%
Hadfield North	190	28.8%	36	24.5%	226	28.0%
Burbage	213	27.2%	25	29.9%	238	27.5%
Dinting	261	26.3%	16	45.9%	276	27.0%
Chapel East	195	24.4%	46	40.6%	241	26.4%
Corbar	396	23.9%	88	36.6%	484	25.5%
Whitfield	167	23.6%	37	35.9%	204	25.2%
Gamesley	93	27.0%	6	12.5%	99	25.2%
Hadfield South	374	24.2%	49	29.8%	424	24.7%
Temple	175	21.8%	16	34.8%	192	22.5%
Old Glossop	343	20.3%	38	22.5%	382	20.5%
Cote Heath	247	18.1%	42	26.9%	289	19.0%
Chapel West	311	16.8%	54	26.8%	364	17.7%
Simmondley	222	14.4%	20	31.4%	242	15.1%
Total	9,542	28.7%	1,528	33.7%	11,070	29.3%

Tenure of Non-Decent Private Sector Homes



Thermal Comfort

How many homes fail the Decent Homes Criteria thermal comfort?

Approximately 3,460 homes in High Peak fail the Decent Homes Standard for thermal comfort.

The Decent Homes Standard requires a home to have both efficient heating and effective insulation. Homes can fail the Decent Homes Standard by not providing a reasonable degree of thermal comfort.

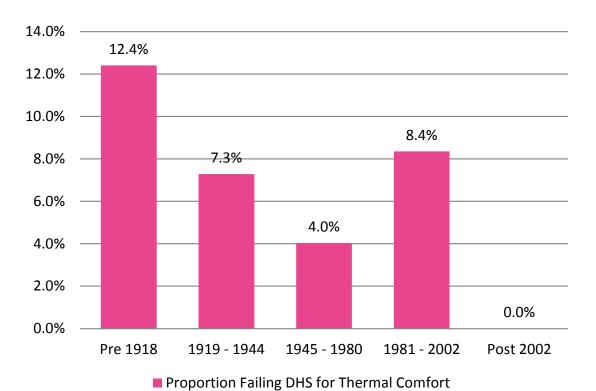
In High Peak approximately 3,460 private sector homes fail the Decent Homes Standard on thermal comfort. A greater proportion of private rented homes do not meet the required standard for thermal comfort (14.0%) than owner occupied homes (8.5%).

Overall, the greatest proportion of private

sector homes failing the Decent Homes Standard for thermal comfort are the wards of Buxton Central (20.0%), Barms (13.3%) and Sett (12.7%).

The proportions of private sector homes failing the Decent Homes Standard for thermal comfort is greatest in homes constructed before 1918 (14.9%). There is a slight increase in the proportion of homes built between 1981 and 2002, that do not meet the Decent Homes Criteria for Thermal Comfort. This may be due to now aging components such as windows and boilers

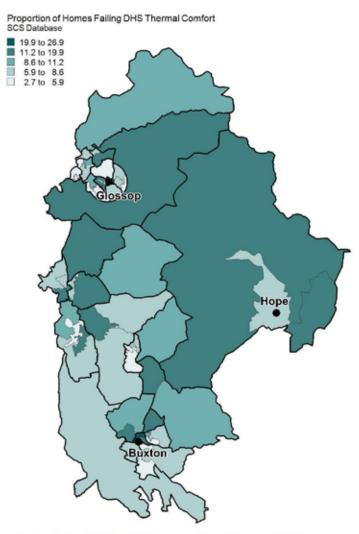
Proportion of Homes Failing the Decent Homes Criteria Thermal Comfort by age of Home



Proportion of Homes Failing the Decent Homes Criteria Thermal Comfort

Ward	Owner Occupied non-decent		Private Rent non-decent		Total non-decent	
	Number	%	Number	%	Number	%
Buxton Central	288	19.3%	112	22.3%	400	20.0%
Barms	66	10.2%	45	23.8%	111	13.3%
Sett	97	12.8%	9	12.1%	106	12.7%
St John's	85	11.0%	11	15.1%	96	11.4%
Hayfield	88	10.9%	7	11.2%	95	10.9%
Limestone Peak	86	10.4%	11	15.3%	97	10.8%
Howard Town	190	10.9%	53	10.0%	243	10.7%
Hope Valley	155	10.3%	18	15.8%	173	10.7%
New Mills East	134	10.2%	16	10.7%	150	10.3%
Corbar	160	9.6%	34	14.2%	194	10.2%
Chapel East	68	8.5%	24	21.0%	92	10.1%
Tintwistle	74	9.6%	12	11.0%	86	9.8%
New Mills West	150	9.0%	41	12.3%	191	9.5%
Whaley Bridge	220	9.2%	34	12.0%	254	9.5%
Padfield	72	8.8%	18	13.9%	90	9.4%
Blackbrook	132	7.3%	29	19.0%	161	8.2%
Hadfield North	49	7.5%	16	10.8%	65	8.1%
Temple	58	7.2%	10	21.8%	68	8.0%
Stone Bench	95	7.8%	11	6.5%	107	7.6%
Burbage	53	6.7%	13	15.6%	66	7.6%
Whitfield	48	6.8%	11	10.3%	58	7.2%
Hadfield South	102	6.6%	20	12.3%	122	7.1%
Old Glossop	94	5.6%	15	8.6%	109	5.8%
Cote Heath	57	4.2%	24	15.6%	82	5.4%
Chapel West	84	4.5%	24	12.1%	108	5.3%
Dinting	47	4.7%	6	16.8%	53	5.1%
Gamesley	19	5.6%	0	1.0%	20	5.0%
Simmondley	52	3.4%	11	16.7%	63	3.9%
Total Source: 2019 Derbyshire stock cor	2,823	8.5%	637	14.0%	3,460	9.1%

Proportion of Homes Failing the Decent Homes Criteria Thermal Comfort



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Modern Facilities

How many homes fail the Decent Homes Criteria modern facilities?

Approximately 657 homes in High Peak fail the Decent Homes Standard for modern facilities.

The Decent Homes Standard requires a home to have reasonably modern facilities and services which includes relatively modern kitchen and bathrooms.

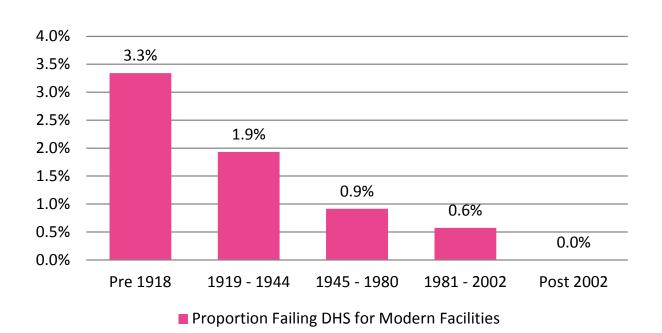
There are approximately 657 private sector homes in High Peak that fail the Decent Homes Standard for reasonably modern facilities.

The wards of Gamesley (4.7%)Limestone Peak (3.0%) and Howard Town (2.9%) have the greatest proportion of private sector homes

not meeting the Decent Homes Standard for reasonably modern facilities.

Older homes are more likely to lack modern facilities, 3.3% of homes built before 1918 and 1.9% of homes built between 1919 and 1944 fail the Decent Homes Standard for modern facilities compared to 0.9% of homes built between 1945 and 1980 and 0.6% of homes built between 1981 and 2002.

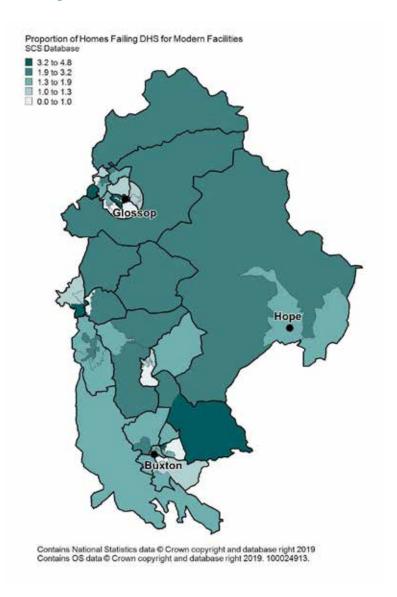
Proportion of Homes Failing the Decent Homes Criteria Modern Facilities by age of Home



Proportion of Homes Failing the Decent Homes Criteria Modern Facilities

Ward	Owner O non-de		Private non-de		Total non-decent	
	Number	%	Number	%	Number	%
Gamesley	19	5.4%	0	0.1%	19	4.7%
Limestone Peak	25	3.0%	2	2.5%	26	3.0%
Howard Town	48	2.7%	17	3.3%	65	2.9%
Sett	22	2.9%	0	0.2%	22	2.6%
Tintwistle	14	1.8%	7	6.8%	21	2.4%
Stone Bench	31	2.5%	3	1.8%	34	2.4%
St John's	19	2.5%	0	0.4%	19	2.3%
Hope Valley	32	2.1%	2	1.3%	33	2.0%
Hayfield	17	2.1%	0	0.4%	18	2.0%
New Mills West	27	1.6%	11	3.4%	39	1.9%
Hadfield North	10	1.6%	5	3.3%	15	1.9%
Blackbrook	34	1.9%	3	1.8%	37	1.9%
Corbar	19	1.1%	16	6.7%	35	1.8%
Whaley Bridge	44	1.9%	3	1.1%	48	1.8%
Chapel East	13	1.7%	0	0.3%	14	1.5%
Buxton Central	19	1.3%	10	2.1%	30	1.5%
New Mills East	20	1.5%	2	1.0%	21	1.5%
Barms	7	1.0%	5	2.9%	12	1.5%
Burbage	12	1.6%	0	0.1%	13	1.4%
Temple	10	1.2%	2	5.1%	12	1.4%
Padfield	13	1.5%	1	0.8%	14	1.4%
Hadfield South	15	1.0%	9	5.2%	24	1.4%
Dinting	14	1.4%	1	1.8%	14	1.4%
Old Glossop	15	0.9%	7	3.8%	21	1.1%
Cote Heath	15	1.1%	1	0.7%	16	1.1%
Chapel West	15	0.8%	5	2.7%	20	1.0%
Simmondley	11	0.7%	1	1.5%	12	0.8%
Whitfield	2	0.3%	1	1.3%	4	0.5%
Total	541	1.6%	116	2.6%	657	1.7%

Proportion of Homes Failing the Decent Homes Criteria Modern Facilities



Disrepair

How many homes fail the Decent Homes Criteria reasonable state of repair?

Approximately 2,904 homes in High Peak fail the Decent Homes Standard for reasonable state of repair.

The Decent Homes Standard requires a home to be in a reasonable state of repair. A home may fail this criteria if it has one or more key building components that are old, and because of their condition need replacing or major repair.

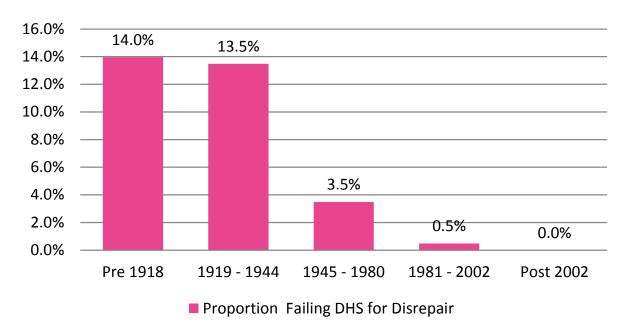
There are approximately 2,904 private sector homes in High Peak that fail the Decent Homes Standard for Disrepair.

The greatest levels of disrepair can be found in the wards of Hayfield (14.5%), Sett (13.2%), St John's (13.0%) and Limestone Peak (11.2%).

Levels of disrepair are comparable between private rented (7.3%) and owner occupied homes (7.7%)

Older homes are more likely to fail the Decent Homes Standard repair component in High Peak. In homes built before 1918 14.0% fail the Decent Homes Standard for disrepair compared in 0.5% of homes built after 1981.

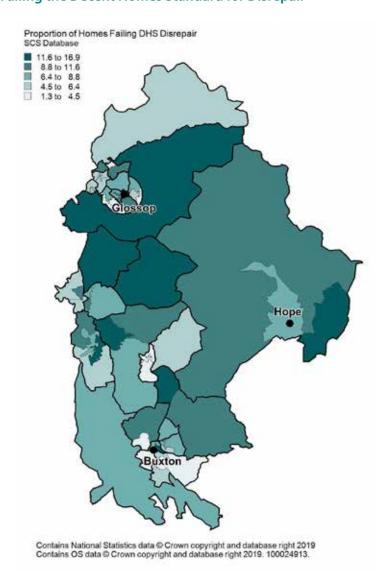
Proportion of Homes Failing the Decent Homes Criteria Disrepair by Age of Home



Proportion of Homes Failing the Decent Homes Criteria Disrepair

Ward	Owner Occupied non-decent		Private non-d		Total non-decent	
	Number	%	Number	%	Number	%
Hayfield	119	14.7%	8	12.7%	127	14.5%
Sett	100	13.2%	10	13.4%	110	13.2%
St John's	101	13.1%	9	12.2%	110	13.0%
Limestone Peak	95	11.5%	5	7.6%	100	11.2%
Blackbrook	198	11.0%	12	7.8%	210	10.8%
Whaley Bridge	259	10.8%	24	8.6%	284	10.6%
Hope Valley	158	10.5%	13	11.0%	171	10.5%
Buxton Central	133	8.9%	57	11.4%	190	9.5%
Howard Town	182	10.5%	33	6.3%	216	9.5%
Whitfield	50	7.1%	22	21.5%	72	9.0%
Burbage	71	9.1%	3	3.1%	74	8.5%
Barms	47	7.4%	23	12.3%	71	8.5%
Hadfield North	59	9.0%	8	5.3%	67	8.3%
New Mills East	92	7.0%	25	16.7%	117	8.0%
Stone Bench	93	7.6%	10	5.7%	103	7.3%
Dinting	72	7.3%	3	8.6%	75	7.3%
Padfield	59	7.2%	7	5.5%	66	7.0%
New Mills West	122	7.3%	13	3.9%	134	6.7%
Tintwistle	49	6.4%	3	3.0%	52	6.0%
Gamesley	18	5.2%	4	8.5%	22	5.6%
Chapel East	46	5.7%	5	4.4%	51	5.6%
Corbar	86	5.2%	11	4.6%	97	5.1%
Hadfield South	83	5.3%	2	1.3%	85	5.0%
Old Glossop	79	4.7%	5	3.2%	85	4.5%
Cote Heath	62	4.5%	5	2.9%	67	4.4%
Temple	30	3.8%	2	5.0%	32	3.8%
Simmondley	51	3.3%	1	1.6%	52	3.2%
Chapel West	57	3.1%	5	2.6%	63	3.1%
Total	2,573	7.7%	331	7.3%	2,904	7.7%

Proportion of Homes Failing the Decent Homes Standard for Disrepair



HHSRS Hazards

How many homes fail the Decent Homes Criteria of being free from HHSRS category 1 hazards?

Approximately 7,548 homes in High Peak contain a HHSRS category 1 hazard.

The Housing Health and Safety Rating System¹⁹ (HHSRS) was introduced under the Housing Act 2004. It is a risk based assessment tool which is used by housing and environmental officers to assess the risk (the likelihood and severity) of a hazard in residential housing to the health and safety of occupants or visitors. The HHSRS is tenure neutral; it can be used to assess hazards in private and social rented housing and also in owner occupied housing.

The HHSRS assesses 26 categories of hazard with each hazard being assigned a weighting which will determine whether the property is rated as having a category 1 hazard. A property is classified as having a category 1 hazard if it possesses a hazard falling within HHSRS band A , B or C and accruing hazard scores of 1,000 points or more.

Using the 2016 - 2017 English Housing Survey to model the likelihood of each type, age and tenure of property to possess a category 1 HHSRS hazard, it has been possible to estimate that around 7,584 (20.0%) private sector homes in High Peak have at least one HHSRS category 1 hazard and therefore also fail to meet the Decent Homes Standard.

The English Housing Survey carries out a physical inspection of each property together with a household interview. This physical survey looks at each home and identifies those homes that fail the HHSRS for each of the 26 hazards. These results have been used to model the propensity of each type of home in High Peak to posses each of the HHSRS hazards

High Peak has a greater proportion of private sector homes with a HHSRS category 1 hazard than both the East Midlands (13.8%) and England (12.2%). This could be due to the nature of the housing stock in High Peak where in 21 of 28 wards more than 1/3 of homes were built before 1944. In four wards (HayField, St John's, Sett and Limestone Peak) over 3/4 of homes were constructed before 1944.

High Peak has a much greater proportion of private sector homes with a HHSRS category 1 hazard for cold (6.2%) than both the East Midlands (3.4%) and England (4.0%) averages. The proportion of private sector homes with a HHSRS hazard for damp and mould is also greater in High Peak (1.3%) than the East Midlands (0.3%) and England (0.4%) averages.

High Peak has a greater proportion of homes with a HHSRS category 1 hazard for falls on the stairs (8.2%) and Falls on the level (3.1%) than the East Midlands and England averages.

The types of hazard present in homes also varies by tenure. Private Rented homes are more likely to have a HHSRS hazard for cold (7.4%) and Damp (4.0%) than Owner Occupied Properties (cold, 6.0% and damp, 0.9%).

Private rented homes have a greater proportion of hazards for falls on the level (5.2%) than owner occupied homes (2.8%). However owner occupied homes have a greater proportion of homes with a HHSRS category 1 hazard for falls on the stairs (8.2%) than private rented homes (8.0%).

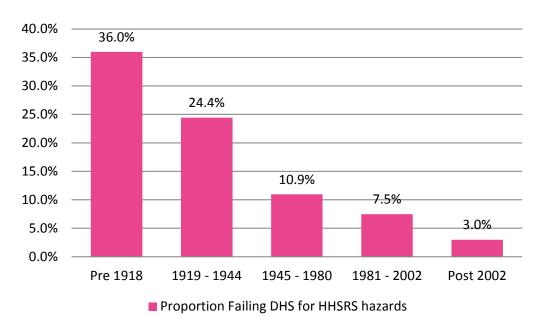
HHSRS Category 1 Hazards in High Peak

Hazards	High Peak (Count)	High Peak (%)	EHS East Midlands (%)	EHS England (%)
Number of private sector homes	37,817			
All Hazards	7,548	20.0%	13.8%	12.2%
Cold Homes	2,345	6.2%	3.4%	4.0%
Falls on Stairs	3,102	8.2%	6.8%	5.8%
Falls on the level	1,155	3.1%	2.5%	2.2%
Falls between levels	736	1.9%	2.7%	1.2%
Damp and Mold	485	1.3%	0.3%	0.4%
Entry by intruders	818	2.2%		0.1%
Risk of Fire	586	1.6%	0.5%	0.5%
Hot Surfaces	170	0.4%		0.3%
Overcrowding	6	0.0%	0.2%	0.1%
Lead	445	1.2%		0.5%
Falls associated with the bath	0	0.0%		
Noise	26	0.1%	0.1%	
Collision and Entrapment	105	0.3%		0.1%
Excess Heat	0	0.0%		
Sanitation	62	0.2%		0.1%
Food Safety	65	0.2%		0.1%
Carbon Monoxide	3	0.0%		
Electrical Hazards	40	0.1%		0.1%
Structural Collapse	89	0.2%		
Hygiene	0	0.0%		0.1%

Source: 2019 Derbyshire Stock Condition Database and EHS 2015-2017.

Blank spaces represent areas where no hazards were identified

Proportion of Homes Failing the Decent Homes Criteria HHSRS Category 1 Hazards by Age of



The greatest proportions of homes within the borough failing the Decent Homes Criteria for HHSRS category 1 hazards are located in the wards of Limestone Peak (33.1%), Howard Town (27.9%), St John's (27.1%) and Hope Valley (27.0%).

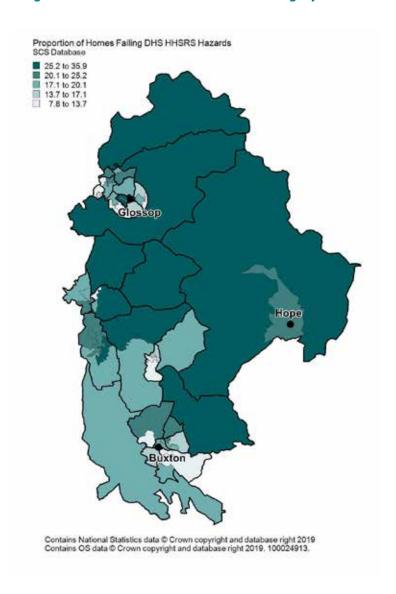
Private rented homes are more likely to posses a HHSRS category 1 hazard than homes which are owner occupied (23.3% private rented, 19.5% owner occupied).

Older homes in High Peak are more likely to posses a HHSRS category 1 hazard. 36.0% of homes built before 1918 and 24.4% of homes built between 1919 and 1944 posses a HHSRS category 1 hazard compared to 7.5% of homes built 1981 - 2002 and 3.0% of homes built after 2002

Proportion of Homes Failing the Decent Homes Criteria HHSRS category 1 Hazards

Ward	Owner O non-d		Private non-d		Tot non-d	
	Number	%	Number	%	Number	%
Limestone Peak	276	33.5%	21	29.1%	297	33.1%
Howard Town	539	30.9%	95	18.0%	634	27.9%
St John's	196	25.3%	34	45.2%	230	27.1%
Hope Valley	397	26.2%	42	36.6%	439	27.0%
Sett	193	25.5%	31	39.2%	223	26.7%
Tintwistle	204	26.5%	26	24.9%	230	26.3%
Hayfield	198	24.5%	22	35.2%	220	25.2%
Blackbrook	422	23.5%	39	25.2%	461	23.6%
Whaley Bridge	533	22.3%	82	29.0%	615	23.0%
Buxton Central	277	18.5%	141	28.0%	418	20.9%
Hadfield North	142	21.6%	26	17.7%	168	20.9%
New Mills West	333	19.9%	75	22.7%	408	20.4%
Barms	121	18.7%	49	25.8%	169	20.3%
New Mills East	273	20.9%	22	14.4%	295	20.2%
Padfield	146	17.7%	42	33.0%	188	19.7%
Dinting	189	19.1%	12	34.0%	200	19.6%
Chapel East	139	17.4%	32	28.1%	171	18.7%
Burbage	141	18.0%	19	22.8%	160	18.5%
Stone Bench	223	18.2%	23	13.5%	246	17.6%
Hadfield South	264	17.1%	36	21.9%	301	17.5%
Whitfield	122	17.3%	15	14.1%	136	16.9%
Corbar	241	14.5%	49	20.4%	290	15.3%
Old Glossop	235	13.9%	30	17.5%	265	14.2%
Temple	107	13.4%	10	20.4%	117	13.8%
Cote Heath	172	12.6%	27	17.1%	199	13.0%
Chapel West	211	11.4%	43	21.2%	254	12.3%
Gamesley	45	13.2%	2	3.1%	47	11.9%
Simmondley	154	10.0%	12	18.6%	166	10.4%
Total Source: 2019 Derbyshire stock cor	6,492	19.5%	1,056	23.3%	7,548	20.0%

Proportion of Homes Failing the Decent Homes Criteria HHSRS Category 1 Hazards



Cost to Make Decent

How much would it cost to make homes decent?

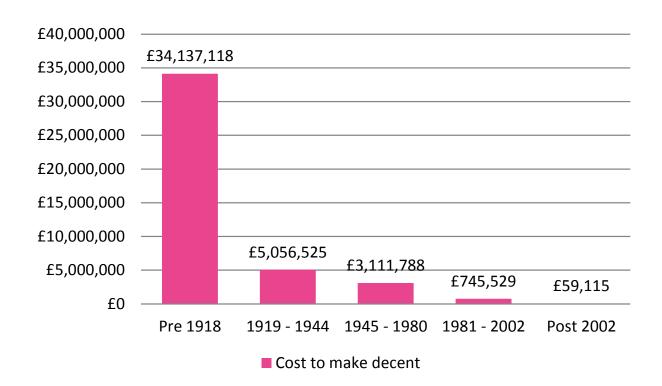
It is estimated that the median cost per home to make all current non-decent homes decent in High Peak would be £3,894

Analysis of the English Housing Survey allows the cost to make all non-decent homes decent to be estimated. The median cost to make decent each type and age of property has been estimated using the English Housing Survey figures for properties in the Government Office Regions most comparable to High Peak. This cost has been applied to the database of private sector properties in High Peak to give an approximate cost to make each property decent.

The results show that to bring every private sector property in High Peak up to the Decent Homes Standard would cost £3,894 per property a total of £431 Million.

The cost to make non-decent homes decent is the greatest in older properties. The total cost make decent all private sector homes built before 1918 is estimated to be around £34million. This compares to £8.9 million for all private sector homes built since 1945.

Cost to Make Decent by Age of Home



Cost to make Homes Decent

Ward	Owner Occupied	Private Rent	Total
Barms	£4,314	£3,852	£4,184
Blackbrook	£4,571	£4,100	£4,529
Burbage	£3,132	£3,864	£3,209
Buxton Central	£4,483	£4,505	£4,489
Chapel East	£3,952	£3,418	£3,850
Chapel West	£2,558	£2,773	£2,590
Corbar	£3,089	£4,181	£3,287
Cote Heath	£1,999	£2,465	£2,067
Dinting	£4,189	£4,774	£4,222
Gamesley	£1,310	£985	£1,289
Hadfield North	£4,069	£4,120	£4,077
Hadfield South	£3,150	£2,327	£3,054
Hayfield	£4,206	£4,955	£4,269
Hope Valley	£4,916	£5,467	£4,965
Howard Town	£4,822	£4,119	£4,705
Limestone Peak	£5,282	£4,413	£5,226
New Mills East	£3,258	£2,808	£3,211
New Mills West	£3,311	£3,358	£3,319
Old Glossop	£3,127	£3,323	£3,147
Padfield	£3,852	£4,439	£3,971
Sett	£4,619	£5,315	£4,702
Simmondley	£2,535	£2,288	£2,515
St John's	£5,290	£6,257	£5,412
Stone Bench	£2,516	£2,854	£2,544
Temple	£3,236	£2,917	£3,209
Tintwistle	£4,003	£3,542	£3,950
Whaley Bridge	£4,166	£4,820	£4,245
Whitfield	£3,200	£2,694	£3,107
Total	£3,881	£3,977	£3,894

Cost to Make Safe

How much would it cost to make with HHSRS category 1 hazard safe?

It is estimated that the median cost to make all private sector homes with a HHSRS category 1 hazard safe is £2,075.

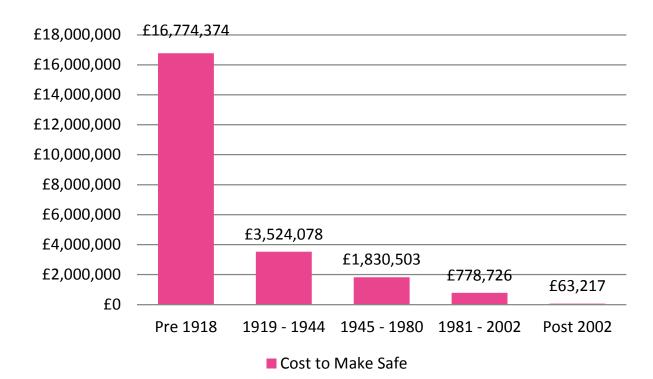
Analysis of the English Housing Survey allows the cost to mitigate HHSRS category 1 hazards to be estimated. The median cost to make safe each type and age of property has been estimated using the English Housing Survey figures for properties in the Government Office Regions most comparable to High Peak. This cost has been applied to the database of private sector properties in High Peak to give an approximate cost to make each property safe.

The results show that to mitigate all HHSRS category 1 hazards in private sector homes in

High Peak would cost £22.9 Million or £2,075 per property.

The cost to mitigate all HHSRS category 1 hazards in a property is the greatest in older homes. The total cost to mitigate all HHSRS category 1 hazards in all private sector homes built before1918 is estimated to be around £16.7 million with a further £6.1 million for homes built between after 1945.

Cost to Make Safe by Age of Home



Cost to make Homes Safe

Ward	Owner Occupied	Private Rent	Total
Barms	£1,865	£1,616	£1,795
Blackbrook	£3,369	£2,540	£3,294
Burbage	£1,862	£1,711	£1,846
Buxton Central	£1,757	£1,712	£1,745
Chapel East	£2,624	£1,657	£2,439
Chapel West	£1,711	£1,524	£1,684
Corbar	£2,137	£2,103	£2,131
Cote Heath	£1,234	£1,507	£1,274
Dinting	£2,797	£2,062	£2,755
Gamesley	£751	£568	£740
Hadfield North	£1,815	£1,758	£1,806
Hadfield South	£1,521	£1,097	£1,472
Hayfield	£2,310	£3,066	£2,374
Hope Valley	£3,313	£3,491	£3,329
Howard Town	£1,694	£1,538	£1,668
Limestone Peak	£2,979	£2,012	£2,916
New Mills East	£1,735	£1,447	£1,705
New Mills West	£1,671	£1,722	£1,680
Old Glossop	£1,675	£1,299	£1,638
Padfield	£1,615	£1,690	£1,630
Sett	£2,440	£2,638	£2,464
Simmondley	£1,507	£1,380	£1,496
St John's	£2,918	£3,431	£2,983
Stone Bench	£1,250	£1,377	£1,260
Temple	£1,970	£1,847	£1,959
Tintwistle	£1,854	£2,029	£1,874
Whaley Bridge	£2,347	£2,397	£2,353
Whitfield	£1,410	£1,284	£1,386
Total	£2,105	£1,891	£2,075

Housing and Health

How does housing affect health?

A home is more than a physical structure to provide shelter, it is where we grow and flourish

Housing and health is a complex relationship between many personal social and environmental conditions, the impacts of which can have positive or detrimental impact on health outcomes. In Europe we spend an average of 90% of our time indoors and 65% of this time is spent at home²¹. Older and vulnerable people in particular spend a greater proportion of their time indoors at home and are therefore more susceptible to the health impact arising from the positive and negative aspects of their home environment.

Housing is important for many aspects of health and wellbeing, A house is more than a physical structure to provide shelter, they are homes where we bring up families, socialise and our own space where we can take refuge from the world around us. Shelter is one of the most basic of human physiological needs together with air, food, drink and warmth. Maslow suggested that individuals basic needs must be met before other personal needs can be met²².

Housing quality and suitability are major determinants of health and wellbeing. There is a link between housing and many of the most prevalent long term health conditions whilst risk of falls, a major cause of injury and hospital admission amongst older people, is significantly affected by housing conditions²⁴.

Early Years and Children

Housing is particularly important for ensuring a healthy start in life. Poor housing can have a significant detrimental impact on children's health and wellbeing. Children living in poor housing are more susceptible to respiratory infections, at a greater risk of poor health and more likely to have mental health problems. Poor housing can also threaten children's physical safety.

Growing up in poor housing has a lasting impact on children's life chances. Poor housing has been shown to have a negative impact on a child's educational attainment, due to more frequent absence and lack of suitable environment to study at home²³. The impact of living in poor housing is known to have a negative impact on the mental health of young people.

Working age people

Living in poor quality housing has been shown to increase the risk of many long term health conditions among working age people. There is clear evidence linking cold and damp homes to respiratory illness, asthma and COPD (Chronic Obstructive Pulmonary Disease). Circulatory problems can also be affected by the cold which can, in turn, increase the risk of strokes and heart attacks.

People living in poor housing are also more likely to suffer from poor mental health. Living in poor housing can lead to social isolation among both adults and children²⁴.

Older people

Older people are especially susceptible to the effects of living in a cold home. This can have a significant impact on their health and wellbeing. Respiratory disease, asthma, COPD, heart disease and mental health problems can all be exacerbated by living in a cold and damp home. Older people are particularly vulnerable to accidents in the home and the impact of these can be most severe in this age group. Falls have a significant cost to the NHS and bring with them loss of independence, pain, injury and mortality. The financial impacts on Adult Social Care Services for people who are living in unsuitable and unsafe housing is significant. Improving the housing conditions of older people can lead to significant savings.

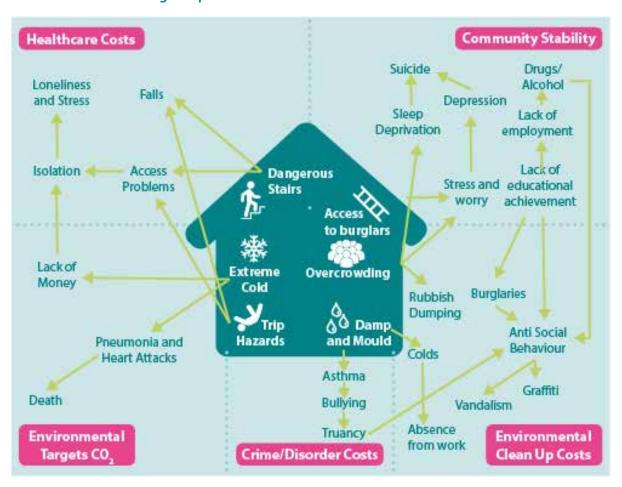
Vulnerable Households

It has widely been recognised that social housing exists to provide stable and affordable homes to those in housing need. However, in recent times, the demand for social housing has outstripped supply meaning that people who most need security, affordability and protection have no alternative than to live in the private rented sector.

Vulnerable people are perhaps most susceptible to the impacts of living in unsuitable housing. Vulnerable households living in the private rented sector are most likely to fall victim to poor property management practices of some private sector landlords. Research by the University of York into the vulnerability of households in the private rented sector concluded that those already struggling have to struggle even harder living in the private rented sector^{27.}

The impact of living in a home with a HHSRS category 1 hazard for falls for someone with mobility, balance or sight problems is significant. The same also applies to homes with HHSRS category 1hazards for excess cold for which older people, those with mobility problems or those with circulatory problems are most likely to suffer the health consequences.

The links between housing and public health²⁵



Cold and Damp Homes

How does living in a cold home impact health?

2,830 private sector homes in High Peak have a hazard for excess cold or damp

There have been many studies linking cold and damp homes to poor health outcomes²⁸. In High Peak, approximately 6.2% of all private sector homes contain a HHSRS category 1 hazard for excess cold and 1.3% contain a hazard for damp and mould, in addition to this approximately 3,460 families in High Peak live in a home that does not meet the decent homes standard for thermal comfort.

There is clear evidence linking cold indoor air temperatures and respiratory problems including Asthma and Chronic Obstructive Pulmonary Disease (COPD). Cold indoor air temperatures can also lead to Coronary Heart Disease and Strokes^{30,31,38,39,40}.

The high prevalence of cold, damp and poorly energy efficient homes in the UK is considered one of the main reasons why the UK continues to have higher excess deaths over winter compared with other European countries³¹. It has been estimated that during the 2017 - 2018 winter, 9,700 winter deaths nationally were attributable to the avoidable circumstance of living in a cold home. This figure is around the same as the number of people who die from breast or prostate cancer each year³².

Respiratory diseases remained the most prominent underlying cause of excess winter deaths with 84.9% more respiratory deaths in the winter months compared with the non-winter months in 2017 to 2018³³.

In the winter of 2017 to 2018, there were 28.0% more winter deaths from circulatory diseases compared with non-winter months. Living in cold and or damp homes is known to significantly impact upon circulatory disease³⁴.

There is clear evidence linking home temperatures and mental heath. Studies have shown that an increase in room temperature has been associated with a reduced likelihood of experiencing depression and anxiety³⁵.

Living in a cold home is particularly detrimental for vulnerable households who typically spend the greatest proportion of their time in the home. This combined with their greater likelihood of reduced or immobility increases their vulnerability to the effects of living in a cold home.

A review of the impact of living in a cold home on children's health and wellbeing carried out by Shelter identified the impacts that living in poor housing can have on a child's physical and mental health. Children living in poor housing are more likely to have respiratory problems, they are also more likely to suffer with mental health problems. Cold homes have also been linked to poor education performance among children due to higher rates of sickness and absence from school³⁶.

How cold homes affect health...

Increased Respiratory Problems

Worsening asthma and COPD (Chronic Obstructive Pulmonary Disease)



Increased risk of falls and accidents due to loss of strength and dexterity in the hands, and due to open or free-standing heating

Adverse Effects

Homes in fuel poverty have a choice between keeping warm and spending money on other essentials

紫

Impact on Children

In many cold homes only one room is heated, which causes difficulties for children doing homework

Increased Social Isolation

People may become more socially isolated due to economising and reluctance to invite friends into a cold home

Increased Blood Pressure - Risk of Heart Attacks and Strokes

Blood pressure rises in older people with exposure to temperatures <12°C

Worsening Arthritis

Symptoms of arthritis, particularly pain, become worse in cold

Impaired Mental Health

Cold housing is associated with increased mental health problems

Source: Adapted from Press.V, Fuel poverty+health: A guide for primary care organisations, and public health and primary care professionals, National Heart Forum, the Eaga Partnership Charitable Trust, the Faculty of Public Health Medicine, Help the Aged and the Met Office, 2003)

The English Housing Survey identifies the specific HHSRS category 1 hazards within each property surveyed. Using this data, the likelihood of properties in High Peak to contain a HHSRS category 1 hazard for cold or damp can be modelled.

The HHSRS category 1 hazards for excess cold and damp and mould have been combined in this analysis as many homes which have a hazard for cold also have a hazard for damp and mould and vice versa. 7.5% of private sector homes in High Peak contain a HHSRS category 1 hazard for cold and or damp, this figure is significantly greater than the figure for England (3.7%) and the East Midlands (4.4%)

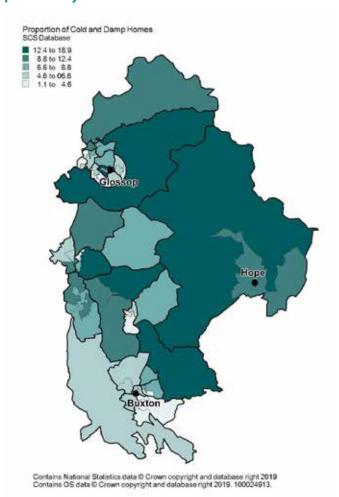
The proportion of private sector homes with a HHSRS category 1 hazard for cold and / or damp varies across the district. The ward of Limestone Peak has the greatest proportion of homes with a HHSRS hazard for cold and or damp (15.8%) followed by Hope Valley (13.0%) and St John's (13.0%), these are among the

wards with the greatest proportions of older homes built before 1944.

The proportion of private rented homes in High Peak which have a HHSRS category 1 hazard for cold and / or damp is greater in the private rented sector overall (11.4%) compared to the owner occupied sector (7.0%). Analysis has shown that private rented properties in High Peak tend to be concentrated towards older homes, 43.6% of private rented homes were built before 1918. These homes generally have a greater incidence of cold and damp due to the nature of the construction and building techniques used.

The figures for High Peak show that older homes have a greater proportion of homes with a HHSRS category 1 hazard for cold and / or damp. 17.5% of private sector homes built before 1918 contain a HHSRS category 1 hazard for excess cold or damp compared to 5.1% of homes built since 1945.

Proportion of Cold and Damp Homes by Ward



Cold and or Damp Homes by Ward

Ward	Owner C non-d		Private non-d		Total non-decent		
	Number	%	Number	%	Number	%	
Limestone Peak	130	15.8%	11	15.2%	141	15.8%	
Hope Valley	187	12.4%	24	21.2%	212	13.0%	
St John's	86	11.1%	24	32.4%	110	13.0%	
Tintwistle	89	11.6%	12	11.1%	101	11.5%	
Blackbrook	198	11.0%	21	13.6%	219	11.2%	
Howard Town	202	11.6%	40	7.6%	242	10.6%	
Sett	67	8.9%	19	24.0%	86	10.3%	
Hadfield North	66	10.0%	12	8.2%	78	9.7%	
Dinting	80	8.1%	9	26.1%	89	8.7%	
Whaley Bridge	185	7.7%	47	16.5%	231	8.7%	
New Mills East	110	8.4%	10	6.6%	120	8.3%	
Hayfield	59	7.2%	11	18.0%	70	8.0%	
New Mills West	110	6.6%	35	10.7%	146	7.3%	
Padfield	39	4.7%	27	20.7%	65	6.9%	
Chapel East	44	5.5%	18	16.1%	62	6.8%	
Barms	35	5.4%	22	11.6%	57	6.8%	
Stone Bench	77	6.3%	9	5.3%	86	6.2%	
Buxton Central	63	4.2%	60	11.9%	122	6.1%	
Corbar	88	5.3%	28	11.6%	116	6.1%	
Burbage	36	4.6%	14	16.4%	50	5.8%	
Whitfield	44	6.2%	3	2.9%	47	5.8%	
Hadfield South	81	5.2%	11	6.9%	93	5.4%	
Temple	36	4.5%	3	6.6%	39	4.6%	
Old Glossop	73	4.3%	7	4.3%	81	4.3%	
Chapel West	59	3.2%	21	10.5%	80	3.9%	
Cote Heath	37	2.7%	13	8.1%	49	3.2%	
Simmondley	28	1.8%	4	5.5%	32	2.0%	
Gamesley	5	1.5%	0	0.4%	5	1.4%	
Total Source : 2019 Derbyshire stock co	2,315	7.0%	515	11.4%	2,830	7.5%	

Analysis of Hospital Episode Statistics (HES), for conditions which are known to be affected by living in a cold or damp home, allows comparisons to be made between the areas of the borough with higher proportions of housing with cold and damp hazards and those areas with higher rates of hospital admissions.

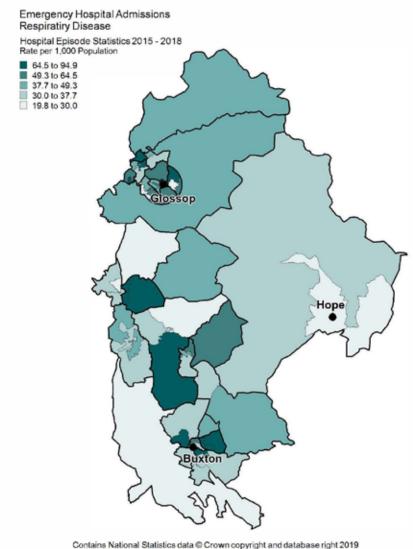
Gamesley ward has the highest rate of emergency hospital admission for respiratory diseases (77.79 per 1,000 population). This compares to a low rate of 25.34 per 1,000 population in Temple.

Further investigation would be required to fully assess the impact of cold and damp homes on the health outcomes of those with respiratory

disease.

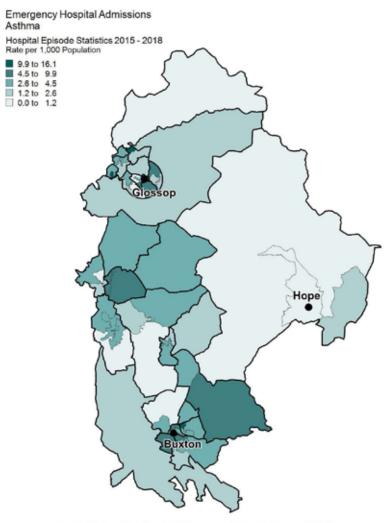
It should be acknowledged that these figures represent emergency hospital admissions for respiratory disease and therefore represents the tip of the iceberg with regard to those diagnosed with a respiratory condition. The causes of respiratory disease are far broader than the condition of the home in which you live, although it is widely acknowledged that this is a significant factor. Further analysis of the proportions of people diagnosed with respiratory disease living in poor housing compared to levels of diagnosed cases in those not living in poor housing would add to our understanding of the true impact living in unsuitable housing has on the health of people living in High Peak.

Emergency Hospital Admissions for Respiratory Diseases



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Emergency Hospital Admissions for Asthma



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Research has found that people with asthma were two to three times more likely to live in cold and damp households than non-asthmatics. The evidence that living in a home with damp and mould can lead to respiratory infections, allergies and asthma is clear.

Stone Bench ward is the area of the District with the highest rate of emergency hospital admissions due to asthma (7.22 per 1,000 population) followed by Padfield (7.05 per 1,000 population). This compares to a low rate of 0.8 per 1,000 population in Hope Valley and 0.95 per 1,000 population in Tintwistle.

Asthma has many causes, however cold and damp homes can be a contributing factor and can make the treatment of the condition more complicated. Further investigation

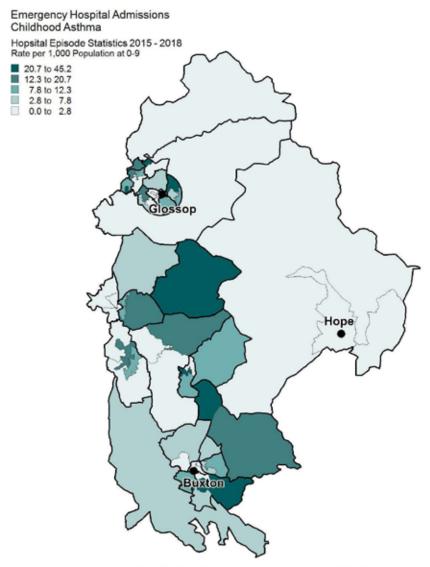
into the proportion of people living in cold damp homes who are diagnosed with Asthma compared to those who are not living in cold and damp homes is needed to truly assess the impact that living in a cold and damp home has on the health of the population in High Peak.

Children living in damp, mouldy homes are between one and a half and three times more prone to symptoms of asthma and other respiratory conditions than children in dry homes³⁴.

Children are especially vulnerable to the health impacts of living in cold and or damp homes. Reviews of the evidence in the UK and other countries have concluded that children living in damp, mouldy homes are between one and a half and three times more prone to symptoms of asthma and other respiratory conditions than children in dry homes. Such symptoms can lead to sleep loss, restrictions on children's daily activities, and absence from school, all of which have long-term implications for a child's personal and social development³⁷.

Limestone Peak has a rate of emergency hospital admission for childhood asthma of 21.39 per 1,000 population age 0-9, this area is also has the greatest proportion of cold and or damp homes (15.8%).

Emergency Hospital Admissions for Childhood Asthma.



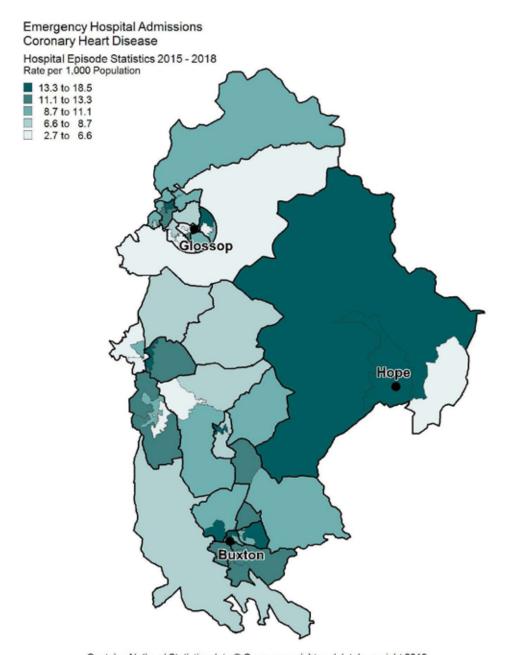
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It is known that living in a cold home can have a negative impact on people who are susceptible to heart disease. The British Heart Foundation estimates that 650 excess winter deaths each week were caused nationally by heart and circulatory diseases, between December 2017 and March 2018.

The rate of emergency hospital admissions for Coronary Heart Disease are relatively evenly spread across the borough, with the wards of New Mills East (15.71 per 1,000 population), Hope Valley (12.83 per 1,000 population) and Barms (12.11 per 1,000 population) having the highest rates.

The lowest rates of Coronary Heart Disease are found in Dinting (6.12 per 1,000 population), Simmondley (5.38per 1,000 population) and St John's (4.03 per 1,000 population).

Emergency Hospital Admissions for Coronary Heart Disease



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Mosaic Segmentation of Cold and Damp Homes

Mosaic Public Sector from Experian is a market segmentation tool for the geodemographic classification of households and populations into 15 distinct groups. The combination of the Mosaic group for each address in the property level Housing Stock Condition Database allows for the analysis of data surrounding HHSRS hazards by population segment.

The number of homes with a HHSRS category 1 hazard for excess cold can be broken down into Mosaic groups.

Mosaic Segmentation of Cold Homes in High Peak

Analysis of Mosaic Groups allows for patterns to be identified between those groups with the greatest saturation of homes with HHSRS category 1hazards and self diagnosed medical conditions.

In High Peak the Mosaic groups with the greatest proportion of cold homes are Group A- Country Living (19.8%), Group G- Rural Reality (15.9%) and, H Aspiring Homemakers (13.4%).

Mosaic Group	Cold Homes	%	Private Sector Homes	%	Proportion	Index
A Country Living	456	19.8%	3050	8.3%	15.0%	239
B Prestige Positions	174	7.6%	3505	9.5%	5.0%	79
D Domestic Success	122	5.3%	3908	10.6%	3.1%	50
E Suburban Stability	204	8.8%	4095	11.1%	5.0%	79
Senior Security	87	3.8%	2031	5.5%	4.3%	69
G Rural Reality	366	15.9%	4851	13.2%	7.5%	120
Aspiring Homemakers	309	13.4%	5155	14.0%	6.0%	96
Urban Cohesion	13	0.5%	198	0.5%	6.4%	102
Rental Hubs	82	3.6%	1518	4.1%	5.4%	87
Modest Traditions	135	5.8%	1922	5.2%	7.0%	112
Transient Renters	243	10.6%	3358	9.1%	7.2%	116
Family Basics	61	2.6%	1397	3.8%	4.4%	70
Vintage Value	42	1.8%	1375	3.7%	3.0%	48
Municipal Challenge	10	0.4%	407	1.1%	2.5%	40
Grand Total	2304	100.0%	36770	100.0%	6.3%	100

A- Country Living

Country Living consists of affluent people who can afford to live in pleasant rural locations surrounded by agricultural landscapes. This population is divided between those still in work and retired people.

These people live in attractive, spacious detached homes that are often period properties or named buildings, and the majority are owned.

G - Rural Reality

Rural Reality are a mix of families, mature couples and older singles living in rural locations in lower cost housing.

These tend not to be picture-postcard country properties, but more affordable two or three bedroom bungalows, semis or terraces often built post-war or more recently. Seventy per cent of this group own their own homes, while others rent from social landlords.

There is a disproportionate amount of damp homes in areas of the district where often poorer, less affluent populations live.

Transient Renters and Rural Reality groups have the highest proportion of damp homes in the district (21.7% and 18.4% respectively). This group typically live in older Victorian terraces and semi-detached homes, living on modest incomes. The majority of homes in High Peak with a HHSRS category 1 hazard for damp were built before 1918 (8.3%).

Further analysis of Mosaic data surrounding self reported conditions including Asthma, Bronchitis, and COPD suggests that it is these same mosaic groups living in housing with a HHSRS hazard for cold and damp also have the greatest levels of self reporting for these health conditions.

Mosaic Segmentation of Damp Homes in High Peak

Mosaic Group	Damp Homes	%	Private Sector Homes	%	Proportion	Index	
A Country Living	64	13.4%	3050	8.3%	2.1%	162	
B Prestige Positions	9	1.9%	3505	9.5%	0.3%	20	
D Domestic Success	15	3.2%	3908	10.6%	0.4%	30	
E Suburban Stability	42	8.8%	4095	11.1%	1.0%	79	
F Senior Security	7	1.4%	2031	5.5%	0.3%	26	
G Rural Reality	88	18.4%	4851	13.2%	1.8%	139	
H Aspiring Homemakers	77	16.0%	5155	14.0%	1.5%	114	
I Urban Cohesion	3	0.6%	198	0.5%	1.4%	107	
J Rental Hubs	16	3.2%	1518	4.1%	1.0%	79	
K Modest Traditions	42	8.8%	1922	5.2%	2.2%	169	
L Transient Renters	104	21.7%	3358	9.1%	3.1%	238	
M Family Basics	6	1.2%	1397	3.8%	0.4%	31	
N Vintage Value	5	1.0%	1375	3.7%	0.4%	27	
O Municipal Challenge	2	0.3%	407	1.1%	0.4%	30	
Grand Total	479	100.0%	36770	100.0%	1.3%	100	

H - Aspiring Homemakers

Aspiring Homemakers are typically younger families, couples who are yet to have children, and singles in their 20s and 30s. A good number are setting up homes for the first time. Couples can be married or more likely cohabiting, and where there are children they are usually of nursery or primary school age.

Homes are likely to be semidetached and terraced properties, modest in size but with three bedrooms and mostly owned.

L - Transient Renters

Households in this group are typically aged in their 20s and 30s and are either living alone or homesharing. Very few people are married and there are few children.

Properties are often older terraced properties, primarily rented from private landlords with a few social landlords. They include some of the lowest value houses of all, and with tenants moving on quickly and paying low rents, private landlords are often not inclined to invest in improvements.

Fuel Poverty

8.5% of households in High Peak are in fuel poverty.

The fuel poverty status of a household depends on the interaction of three key drivers: household incomes, household energy efficiency and fuel prices. In addition, a property's size, age and type of heating system are important in determining whether or not a household is fuel-poor. Older homes tend to be much less energy efficient than newly built homes. The relatively low standard of energy efficiency across older housing stock means that heating the home can be difficult and/or costly, particularly for those on low incomes.

The 2017 fuel poverty data highlights that one in ten households (10.9%) nationally are living in fuel poverty, this rises to 12.0% of vulnerable households, which, are defined as those containing children, the elderly and /or someone with a long-term illness or disability. The East Midlands has a lower proportion of households living in fuel poverty than the national average with 9.3% of households in fuel poverty. In High Peak 8.5% of households are living in fuel poverty.

Nationally those living in homes built before 1918 have a higher than average incidence of being in fuel poverty, in 2017 18.6% of those living in homes built before 1918 were classed as in fuel poverty compared to 4.1% of those living in homes built after 1990.

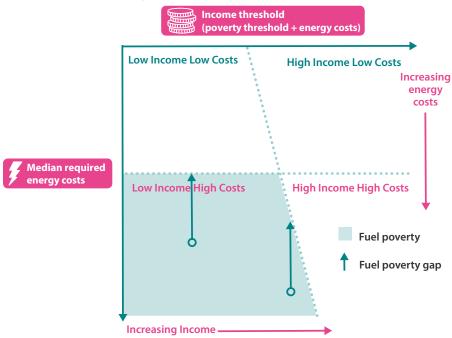
Fuel poverty is also highest in the private rented sector, where 19.4% of households are in fuel poverty compared to 8.0% of owner occupied households⁴¹.

Fuel poverty can to lead to a lower temperature in a property than might otherwise be healthy.

Fuel poverty in England is measured using the Low Income High Cost (LIHC) indicator. Under the Low Income High Costs definition of fuel poverty, a household is deemed to be in fuel poverty if

- They have fuel costs that are above average (the national median level)
- Were they to spend that much they would be left with a residual income below the official poverty line.

Low Income High Costs Fuel Poverty Matrix

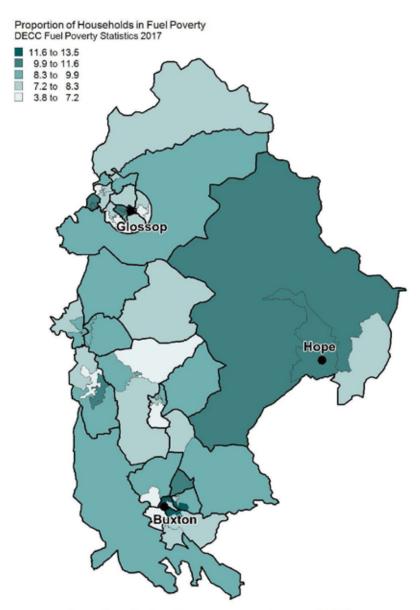


Fuel poor households include some households who may not traditionally be considered to be poor but are pushed into fuel poverty by their high energy requirements.

There were estimated to be 3,465 (8.5%) households in High Peak classified as being in fuel poverty in 2017. This is below the figure for the East Midlands (9.3%) and England as a whole (10.9%).

The areas of the district with the highest proportions of households in fuel poverty are Buxton Central (11.4%), Barms (10.7%), Gamesley (10.4%) and Howard Town (10.2%). The lowest levels of Fuel Poverty are found in the wards of Temple (6.7%), Old Glossop (6.0%) and Simmondley (5.9%).

Proportion of High Peak Households in Fuel Poverty



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Energy Performance

30.4% of private sector homes in High Peak have an EPC rating below band E.

An Energy Performance Certificate (EPC) rating is a review of a homes energy efficiency and is rated from A to G with A representing the best performance.

The EPC for a property will provide a current and potential rating to give an indication of the rating the property could achieve if energy performance measures are carried out. The average property in England has a EPC rating of D.

The 2018 Homes Fitness for Habitation Act¹³ requires all landlords to ensure that properties let under a new tenancy have an EPC band of E or above to ensure a reasonable level of thermal comfort for tenants.

The government introduced a statutory fuel poverty target in 2014 to move as many as practicably possible homes to an EPC band C

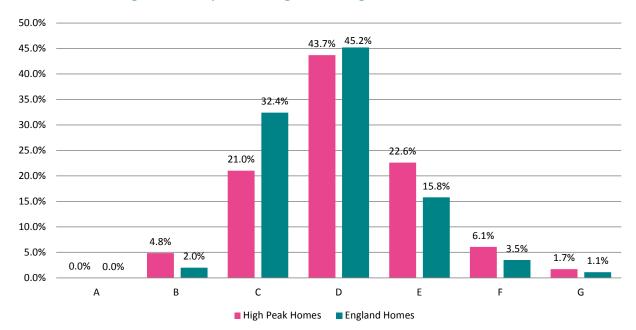
by 2030 with an interim target of band E by 2020.

30.4% of all homes in High Peak have an EPC rating of E, F or G this compares to 20.4% of all homes in England who have and EPC below band E

In 2017 34.1% of all fuel poor families nationally were living in a home with an EPC band of E, F or G^{41} .

29.4% of all private sector homes in High Peak have an EPC rating of E, F or G this compares to a 20.4% of all homes in England who have an EPC band E or below.

EPC of Homes in High Peak compared to England averages



The proportions of homes with an EPC rating band E or below in owner occupied homes in High Peak is slightly greater than the proportion of private rented properties with an EPC below band E (30.8% and 27.3% respectively).

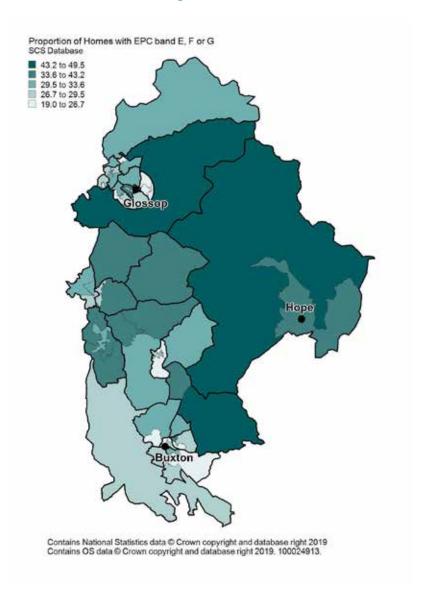
The distribution of properties with an EPC below E is not even within the district. The wards of Whaley Bridge (24.1%), Blackbrook (20.9%), and Hope Valley (20.1%) have the

highest proportion of homes with EPC bands below E.

EPC Rating of Homes in High Peak

Tenure	Owner C	Owner Occupied		e Rent	Total		
	Count	%	Count	%	Count	%	
Α	13	0.0%	2	0.0%	14	0.0%	
В	1,502	4.6%	299	6.6%	1,801	4.8%	
C	6,732	20.6%	1,073	23.7%	7,806	21.0%	
D	14,321	43.9%	1,911	42.3%	16,232	43.7%	
E	7,474	22.9%	920	20.4%	8,394	22.6%	
F	2,013	6.2%	242	5.4%	2,255	6.1%	
G	563	1.7%	73	1.6%	636	1.7%	
Below E	10,051	30.8%	1,235	27.3%	11,285	30.4%	

High Peak Private Sector Homes Below EPC Rating E



Summary of Cold and Damp Homes, Fuel Poverty and Health Conditions.

Ward	Num- ber of Private Sector Homes	Pro- portion Fuel Poor	HHSRS Cate- gory 1 Hazard Cold and/or Damp	Respi- ratory Disease *	Asthma *	Child- hood Asth- ma*	CHD*	Stroke *
Barms	834	10.7%	6.8%	37.79	2.91	5.26	12.11	5.33
Blackbrook	1,950	7.5%	11.2%	40.11	2.04	5.39	7.66	6.39
Burbage	868	8.6%	5.8%	28.98	1.84	3.83	9.20	2.76
Buxton Central	2,000	11.4%	6.1%	47.59	3.28	3.29	11.25	5.86
Chapel East	912	8.4%	6.8%	49.50	1.89	10.58	9.90	7.54
Chapel West	2,054	7.8%	3.9%	45.23	2.34	8.15	9.13	4.03
Corbar	1,898	7.6%	6.1%	54.51	1.91	3.64	11.72	5.18
Cote Heath	1,523	8.8%	3.2%	44.23	3.40	9.80	11.42	5.83
Dinting	1,025	7.3%	8.7%	43.86	1.53	6.10	6.12	10.20
Gamesley	393	10.4%	1.4%	77.79	6.97	17.41	7.74	2.32
Hadfield North	806	9.1%	9.7%	52.73	2.73	11.56	7.42	4.30
Hadfield South	1,713	7.0%	5.4%	57.41	2.88	8.20	11.53	9.85
Hayfield	872	7.9%	8.0%	38.39	3.44	21.98	8.37	1.97
Hope Valley	1,627	9.4%	13.0%	26.19	0.80		12.83	9.62
Howard Town	2,273	10.2%	10.6%	45.61	3.40		6.35	7.26
Limestone Peak	895	8.4%	15.8%	41.10	4.25	21.39	10.86	4.72
New Mills East	1,458	8.8%	8.3%	75.01	6.08	10.96	15.71	5.32
New Mills West	2,004	8.7%	7.3%	31.40	1.40		6.51	2.09
Old Glossop	1,865	6.0%	4.3%	47.74	2.76	11.01	8.27	4.24
Padfield	952	8.5%	6.9%	44.78	7.05	29.09	11.61	2.90
Sett	835	8.4%	10.3%	27.56	2.95	6.33	6.89	2.46
Simmondley	1,603	5.9%	2.0%	42.53	2.10	6.40	5.38	5.38
St John's	848	8.8%	13.0%	39.72	1.73		4.03	5.76
Stone Bench	1,400	9.8%	6.2%	70.21	7.22	7.04	10.72	3.72
Temple	850	6.7%	4.6%	25.34	3.80	4.85	8.87	3.38
Tintwistle	875	7.6%	11.5%	45.17	0.95		9.99	3.33
Whaley Bridge	2,675	8.5%	8.7%	38.71	3.04	6.46	9.71	5.77
Whitfield	809	8.1%	5.8%	49.69	5.38	10.10	8.28	2.48
Total	37,817	8.5%	7.5%	46.14	3.23	9.51	9.43	5.17

Falls In The Home

4,993 homes in High Peak have a HHSRS category 1 hazard for falls.

Falls are estimated to cost the NHS more than £2.3 billion each year⁴³. Older people are more vulnerable to accidents in the home. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year⁴⁴. Falls account for 40% of all ambulance call-outs to the homes of over 65's⁴³.

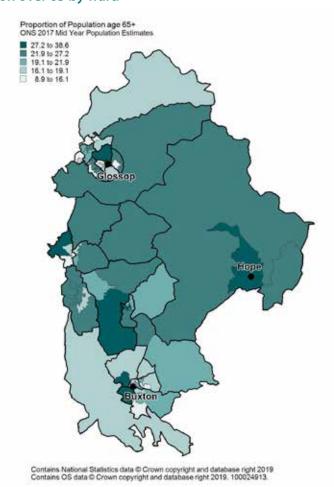
Public Health England (2019) estimates that unaddressed falls hazards in the home cost the NHS £435million annually⁴⁴. NICE recommends that older people who receive

treatment in hospital following a fall should be offered a home hazard assessment and safety interventions and modification⁴².

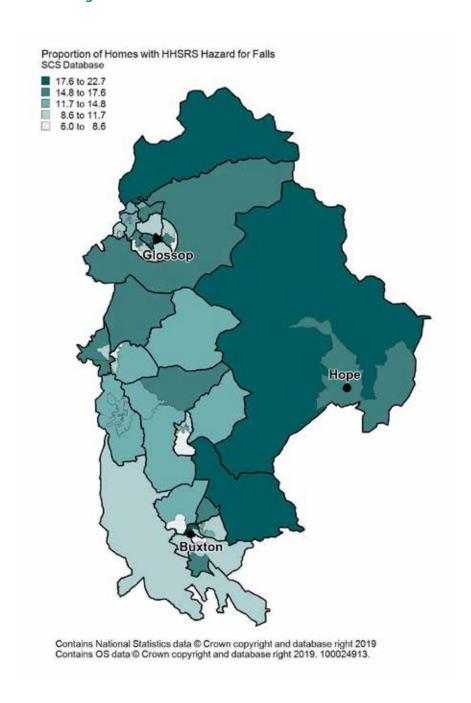
Falls contribute significantly to hip fractures in older people, many of which are preventable, and they have serious consequences for older people. Falls are the most common cause of injury related deaths in people over the age of 75⁴⁵.

2,327 per 100,000 population aged 65 and over received an emergency hospital admission due to a fall in 2017/18⁴⁶ in High Peak.

Proportion of Population over 65 by ward



Proportion of Homes in High Peak with a Hazard for Falls.



HHSRS Category 1 Hazards for Falls

Ward	Private Sector Homes	HHSRS F tween		HHSRS the I	Falls on _evel		Falls on airs	All	Falls
	n	n	%	n	%	n	%	n	%
Limestone Peak	895	18	2.0%	41	4.6%	108	12.1%	167	18.7%
Tintwistle	875	19	2.2%	30	3.4%	106	12.1%	155	17.7%
Buxton Central	2,000	53	2.7%	112	5.6%	184	9.2%	349	17.4%
Howard Town	2,273	48	2.1%	102	4.5%	242	10.6%	392	17.3%
Hope Valley	1,627	38	2.3%	47	2.9%	189	11.6%	274	16.9%
St John's	848	13	1.6%	20	2.3%	100	11.8%	133	15.7%
Sett	835	11	1.3%	19	2.2%	97	11.7%	127	15.2%
Barms	834	18	2.1%	36	4.3%	73	8.8%	127	15.2%
Hadfield North	806	15	1.8%	26	3.2%	71	8.8%	112	13.9%
Hayfield	872	8	0.9%	20	2.2%	93	10.6%	120	13.8%
Chapel East	912	14	1.5%	32	3.5%	80	8.8%	126	13.8%
New Mills West	2,004	36	1.8%	70	3.5%	166	8.3%	272	13.6%
Padfield	952	14	1.5%	29	3.1%	86	9.0%	129	13.6%
Blackbrook	1,950	34	1.7%	61	3.1%	169	8.6%	263	13.5%
Hadfield South	1,713	43	2.5%	43	2.5%	135	7.9%	221	12.9%
Whaley Bridge	2,675	47	1.8%	72	2.7%	225	8.4%	344	12.9%
Old Glossop	1,865	58	3.1%	47	2.5%	120	6.4%	225	12.1%
Dinting	1,025	32	3.1%	30	2.9%	60	5.9%	122	11.9%
Burbage	868	10	1.1%	28	3.2%	63	7.2%	100	11.6%
Stone Bench	1,400	19	1.3%	33	2.3%	110	7.9%	162	11.5%
Cote Heath	1,523	22	1.5%	48	3.1%	94	6.2%	164	10.8%
Chapel West	2,054	40	2.0%	55	2.7%	120	5.8%	215	10.5%
Gamesley	393	1	0.3%	6	1.6%	34	8.6%	41	10.4%
Whitfield	809	15	1.9%	18	2.2%	50	6.2%	84	10.3%
Temple	850	25	3.0%	16	1.8%	46	5.4%	87	10.2%
Simmondley	1,603	49	3.0%	33	2.1%	81	5.1%	163	10.2%
New Mills East	1,458	18	1.2%	37	2.6%	90	6.1%	145	9.9%
Corbar	1,898	19	1.0%	46	2.4%	110	5.8%	175	9.2%
Total	37,817	736	1.9%	1,155	3.1%	3,102	8.2%	4,993	13.2%

Source: 2019 Derbyshire stock condition property level database

Falls Between Levels

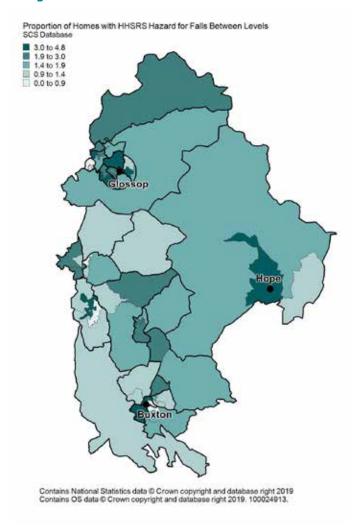
A HHSRS category 1 hazard for falls between levels can include falls such as falling out of windows, falls from landings where banisters are not suitable and falls from walls.

Falls are the most common cause of accidental injury to children. Everyday 45 children in England are admitted to hospital after a fall⁴⁷. Children are most susceptible to harm resulting from a fall between levels for example falls out of windows, falls from landings, falls from accessible roofs and over garden retaining walls.

The Child and Adolescent Accident Prevention Trust (CAPT) identifies that windows and balconies post a particular threat to children and advises safety lock and catches be fitted to all windows and other safety measures such as keeping furniture away from windows to prevent children climbing up. Evaluation, by Ripplez Family Nurse Partnership (FNP) 2018-2019, of the impacts of the Child Home Safety Equipment Programme that was piloted in Derby reported: The Child Safety Equipment Programme has produced very positive results: A&E admission because of an injury or ingestion for young children on the FNP case loads now sits at 2.4%, reduced from 20% the previous year: with all of this year's attendances being for young children of 6-12 months and zero for babies under 6 months⁴⁸.

There are approximately 736 homes in High Peak with a HHSRS category 1 hazard for a fall between levels. Old Glossop (3.1%), Dinting (3.1%), Simmondley(3.0%) and Temple (3.0%) have the greatest proportion of homes with a HHSRS hazard for a fall between levels.

Proportion of Homes in High Peak with a Hazard for Falls Between Levels



Falls On The Stairs

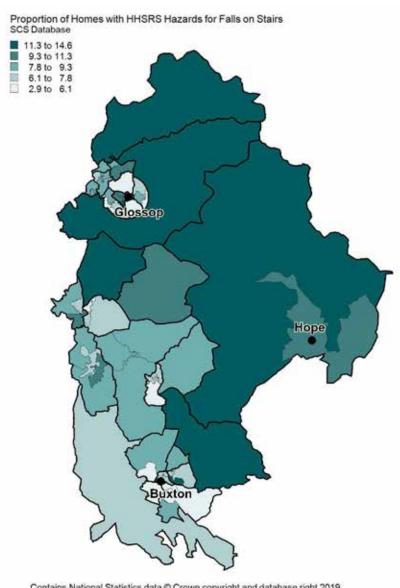
The HHSRS identifies two different hazards for falls where older people are more vulnerable to harm:

- falls on the Level falls on any level surface such as floors, yards and paths.
- falls associated with stairs and steps Including falls on stars and ramps internally
 and externally to home. It also includes
 falls over a step or ramp

In High Peak the number of homes with a HHSRS category 1 hazard for a fall on the stairs is approximately 3,102.

The number of homes with the greatest proportions of HHSRS category 1 hazards for falls on the stairs are Limestone Peak (12.1%), Tintwistle (12.1%) and St John's (11.8%).

Proportion of Homes in High Peak with a Hazard for Falls on Stairs



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Mosaic Segmentation for Homes with a Hazard for Falls on Stairs

Mosaic Group	Falls on Stairs	%	Private Sector Homes	%	Proportion	Index	
A Country Living	383	12.5%	3050	8.3%	12.6%	151	<u> </u>
B Prestige Positions	172	5.6%	3505	9.5%	4.9%	59	H
D Domestic Success	226	7.4%	3908	10.6%	5.8%	69	H
E Suburban Stability	323	10.6%	4095	11.1%	7.9%	95	1
F Senior Security	132	4.3%	2031	5.5%	6.5%	78	H
G Rural Reality	472	15.4%	4851	13.2%	9.7%	117	⊢
H Aspiring Homemakers	410	13.4%	5155	14.0%	8.0%	96	1
I Urban Cohesion	19	0.6%	198	0.5%	9.7%	116	
J Rental Hubs	121	3.9%	1518	4.1%	8.0%	96	H
K Modest Traditions	216	7.1%	1922	5.2%	11.3%	135	H
L Transient Renters	400	13.1%	3358	9.1%	11.9%	143	1 →
M Family Basics	101	3.3%	1397	3.8%	7.2%	87	H
N Vintage Value	59	1.9%	1375	3.7%	4.3%	51	H
O Municipal Challenge	27	0.9%	407	1.1%	6.5%	78	H
Grand Total	3061	100.0%	36770	100.0%	8.3%	100	

Segmentation analysis of Mosaic data indicates that the proportion of homes with a HHSRS category 1 hazard for falls on the stairs is greatest among Mosaic Groups G - Rural Reality (15.4%),H - Aspiring Homemakers (13.4%) and L - Transient Renters (13.1%).

These groups are those that are often living in older, poorer quality housing with a limited income. They are often of working age with or without children. These low cost properties are often rented and therefore remedial works to rectify the hazard will fall to the landlord.

H - Aspiring Homemakers

Aspiring Homemakers are typically younger families, couples who are yet to have children, and singles in their 20s and 30s. A good number are setting up homes for the first time. Couples can be married or more likely cohabiting, and where there are children they are usually of nursery or primary school age.

Homes are likely to be semidetached and terraced properties, modest in size but with three bedrooms and mostly owned.

K - Modest Traditions

Modest Traditions consists of people aged mostly between 46 and 65 who have worked hard to buy their own homes and are now benefiting from that decision. They live in older two or three bedroom terraced or semi-detached homes, some bought from the local council.

They are a combination of single people, married couples and families with grown-up children still living at home.

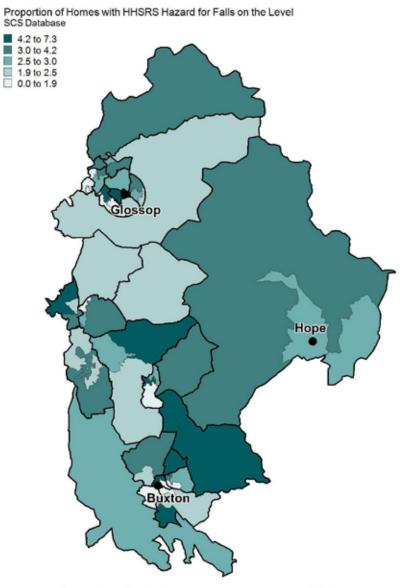
Falls on the Level

HHSRS hazards for falls on the level can be defined as a risk of a fall on any level surface in the home or garden, including garden paths and yards.

There are approximately 1,155 homes in High Peak which have a HHSRS category 1 hazard for falls on the level. The areas of the district with a high proportion of homes with a hazard for falls on the level are Buxton Central (5.6%), Limestone Peak (4.6%), Howard Town (4.5%) and Barms (4.3%)

The consequences of falling on the level can range from uncomplicated cuts and bruises through to broken bones. Therefore the consequences from these falls can be significant both to the individual and to the NHS through significant treatment costs .

Proportion of Homes in High Peak with a Hazard for falls on the level



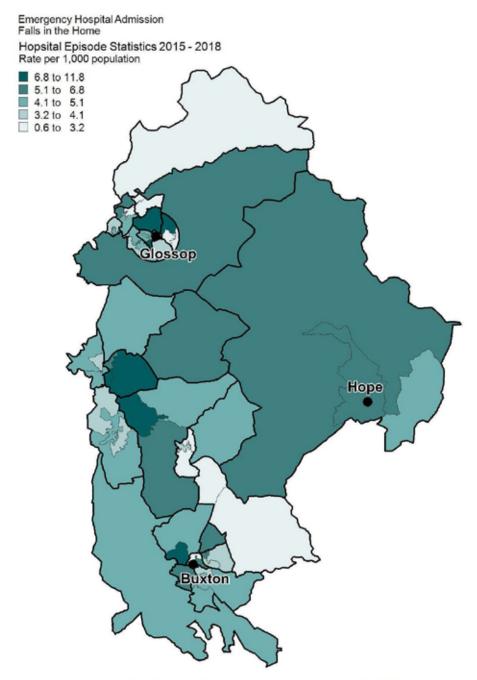
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Hospital Admissions for all Falls

Analysis of Hospital Episode Statistics for falls in the home clearly shows that there is a strong correlation between areas of the borough where there is a greater proportion of older people living, and the proportion of emergency hospital admissions for falls in the home.

The greatest overall rate of hospital admissions for falls in the home are found in New Mills East (6.84 per 1,000 population), Dinting (6.63 per 1,000 population) and Blackbrook (6.13 per 1,000 population).

Emergency Hospital Admissions for falls in the home



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Vulnerable Households

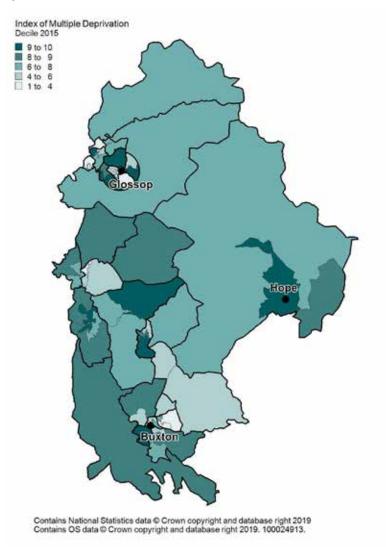
What is the impact on vulnerable households living in non decent homes?

High Peak ranks 192nd out of 326 English local authority areas in the 2015 Index of Multiple Deprivation (1 is the most deprived). 3 of the 59 Lower Super Output Areas fall within the 20% most deprived areas in England ⁵⁰.

homes are in the most deprived 40% of LSOAs (IMD score 1-4), this compares to just 31.8% of owner occupied properties.

The English Housing Survey shows that nationally 53.3% of non decent private rented

Index of Multiple Deprivation



Tenure of Non Decent Homes by IMD Score in High Peak



Nationally, 32.7% of households living in a non decent private sector home are currently in receipt of means tested benefits or tax credits with a relevant income below the threshold. Using this as an estimate, in High Peak there are approximately 3,620 households living in non decent private sector homes which do not meet the Decent Home Standard that are also eligible to claim means tested benefits and tax credits.

There is little difference in the proportion of households living in a non-decent home in receipt of means tested benefits between the private rented sector (33.7%) and owner occupied sector (32.2%).

One in five people (22%) in the UK are classed as living below the poverty line, where a family has an income of less than 60% of the median income for their family type after housing costs.

The English Housing Survey identified that 22.7% of families in the private sector are living below the poverty line and also living in a non-decent home. People living in poverty are much less likely to be able to build up savings to cover unexpected expenses or to invest in improvements to their homes. This is perhaps

most problematic for people who own their own homes, which do not meet the Decent Homes Standard.

The English Housing Survey contains a variable that looks to model vulnerable households. These are those households for which one of the following apply

- In receipt of means tested benefits or tax credits with a relevant income below the threshold
- Attendance allowance
- Disability Living Allowance
- Personal Independence Payment
- Industrial injuries disablement benefit or
- War disablement

Nationally 35.9% of people who can be classed as vulnerable live in a home that does not meet the decent homes standard.

3,620 families in High Peak are eligible to claim means tested benefits are living in a non decent private sector home.

Discussion

Local Authorities have a legal duty to understand and monitor the condition of private sector housing in their area, and to develop strategies to address areas of concern. The last private sector housing survey in High Peak was carried out in 2010, since this time there have been significant changes both nationally and locally, in the condition and use of private sector housing.

A desktop modelling approach has been developed and undertaken to identify the condition of private sector homes in Derbyshire. Data surrounding the age, type and tenure of each home in High Peak has been analysed in detail to provide an accurate estimate of the housing stock in High Peak.

The English Housing Survey, a continuous national survey surrounding peoples housing circumstances and the condition and energy efficiency of housing in England, has been analysed to identify the propensity of each home within High Peak to meet the Decent Homes Standard. Analysis of related health data has been carried out to establish the wider health implications of living in poor housing. This study is focused on the condition of private sector homes; as such social housing has been excluded from the figures for decency.

Housing and its central and often overlooked role in the health and wellbeing is beginning to take a more central role in health and housing policy. The Marmot Review (2010) concluded that housing is a 'social determinant of health' which means that it can affect physical and mental health inequalities throughout life⁵². There is growing evidence of the need to more deeply embed housing into health policy. The Kings Fund (2018) highlighted the need for Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to work more closely and constructively with the housing sector to prevent ill health if they are to successfully improve population health²⁵.

Public Health England list housing as a positive protective factor across the life course together with having a healthy balanced diet, access to physical activity, good education and stable employment⁵³. The need for housing and health practitioners and policy makers to work more effectively and collaboratively is clear in order to make a positive difference to population health.

There is growing evidence of the cost of poor housing to the NHS. The Building Research Establishment (2015) estimated that HHSRS (Housing, Health and Safety Rating System) category 1 hazards cost the NHS £1.4 billion per year in first year treatment costs⁴. Furthermore the Kings Fund (2014) estimated that every £1 spent on improving homes saves the NHS £70 over 10 years⁵. It is imperative in terms of limited budgets that practitioners increase awareness of the impact poor housing has on the health and wellbeing of populations.

Too often housing policy is focused on the supply of new housing whilst failing to address the inequalities in the existing housing stock. Good quality housing is essential throughout the life course with well designed, appropriate and well maintained housing allowing people of all ages to enhance their long term health and wellbeing. The 2016 Good Housing: Better Health paper puts forward the case for a more balanced approach to housing policy and sets out the case for increasing the focus on the quality and use made of the current housing stock, and argues the case that building new homes will not address the inadequacies in the existing housing stock.

The Housing Health and Safety Rating System (HHSRS) is a risk based assessment tool used to assess the likelihood and severity of hazards in the home. A category 1 Hazard represents the most serious hazard and a home containing a category 1 hazard will also fail the decent homes standard. In High Peak this is the most likely reason that a home will fail the decent homes standard.

The Decent Homes Standard is the current standard for housing based upon the HHSRS and sets out the minimum standard for housing. It states that for a home to be considered decent it must;

- be free from any hazard that poses a serious threat to health and safety
- be in a reasonable state of repair
- have reasonably modern facilities
- provide a reasonable degree of thermal comfort.

The 10 year decent homes programme to 2010 was successful in tackling many problems of housing conditions in the social rented sector, however the same progress has not been made in the private rented and owner occupied sectors.

There are approximately11,070 homes in the private sector in High Peak that do not currently meet the Decent Homes Standard. In real terms this means that approximately 29.3% of families who are living in the private sector in High Peak are living in a home that is not suitable for their needs and will likely be having a detrimental impact on their health and wellbeing.

High Peak is comprised of around 42,135 homes; 44.8% were built before 1944, 34.4% were built between 1945 and 1980 and 19.5% built since 1981. Nationally research has shown that the likelihood of a home not meeting the Decent Homes Standard increases with property age. Older homes built before modern building techniques and standards for ensuring thermal comfort and safety in the home are less likely to be of a condition that meets the decent homes standard. In High Peak 49.3% of homes built before 1918 and 39.4% of homes built between 1919 - 1944 do not pass the Decent Homes Standard compared to 14.4% of homes built between 1981 – 2002 and 3.3% built after 2002.

The private rented sector is growing rapidly nationally with the proportion of private rented homes almost doubling since 2006 when just 11.0% of homes were privately rented. In High Peak 10.8% of homes are privately rented. However there may be some under-representation of the number of private rented homes as there are known to be some

landlords who do not record deposits received with a recognised tenancy deposit scheme.

There is growing evidence that nationally the private rented sector has a greater proportion of non-decent homes than the owner occupied sector. This is certainly the case in High Peak where 33.7% of private rented homes do not meet the Decent Homes Standard compared to 28.7% of owner occupied homes. This difference may in part be due to the nature of private rented homes which tend to be older terraced and semi-detached properties built before 1944; whereas owner occupied homes tend to be newer semi-detached and detached properties.

There are approximately 3,460 private sector homes in High Peak which fail the decent homes standard for thermal comfort. The proportion of homes that fail the decent homes standard for thermal comfort is greater in the private rented sector (14.0%) than among owner occupied homes (8.5%).

Too often housing policy is focused on the supply of new housing whilst failing to address the inequalities in the existing housing stock. Good quality housing is essential throughout the life course with well designed, appropriate and well maintained housing allowing people of all ages to enhance their long term health and wellbeing.

Families living in homes lacking thermal comfort are more likely to be living in a home with an EPC rating below a band E. Nationally 34.1% of fuel poor families are living in a home with the lowest EPC ratings; band E, F or G.

In High Peak 30.4% off all homes have an EPC rating band of E, F or G this is greater than the national average of 20.4% of homes. High Peak has a slightly smaller proportion of the population living in fuel poverty (8.5%) than the proportion nationally (9.3%).

The 2018 Home Fitness for Human Habitation Act¹³ requires landlords to ensure that properties that are let on new lettings have an EPC band E or above. This is to ensure that homes provide a reasonable level of energy efficiency and thermal comfort for tenants. There are currently approximately 1,235 privately rented homes in High Peak that have an EPC below band E.

The UK is committed under the 2008 Climate Change Act¹⁴ to an 80% reduction in emissions reduction by 2050. High Peak has signed a motion declaring a climate emergency and there is an emerging policy including reduction in domestic carbon emissions.

Nationally the proportion of private sector homes failing the thermal comfort element of the decent homes standard has significantly decreased from 13.2% in 2008 to 6.9% in 2016. This decrease has been in part due to the success of the national Green Deal and ECO (Energy Company Obligation)scheme which provided grants and loans for home owners and landlords to install insulation and new boilers, amongst other energy efficiency measures, to improve the energy efficiency of their homes. Despite this decrease however, there are still a significant number of families in High Peak living in a home that does not provide a decent level of thermal comfort.

The Decent Homes Standard also assesses whether a home has reasonably modern facilities. In High Peak approximately657 homes do not meet the Decent Homes Standard criteria for modern facilities. As might be expected these homes were generally built before 1944.

There are approximately 2,904 private sector homes in High Peak that fail the Decent Homes Standard for disrepair. This includes homes where one of more key building components are old and need replacing. As might be expected older homes are more likely to fail the Decent Homes Standard for disrepair than newer built homes.14.0% of homes in High Peak built before 1918 fail the Decent Homes Standard for disrepair compared to 0.5% of homes built after 1981.

Approximately 7,548 private sector homes in High Peak contain at least one category 1 HHSRS hazard and therefore also fail the Decent Homes Standard. A greater proportion private rented sector homes fail the Decent Homes Standard HHSRS category 1 hazards than owner occupied homes (23.3% and 19.5% respectively). As might be expected, older homes are more likely to possess a HHSRS category 1 hazard. In High Peak 36.0% of homes built before 1918 possess a category 1 hazard compared to just 10.5% of homes built after 2002.

Research has shown that housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Research by the Kings Fund (2014) found that for every £1 spent on improving homes saves the NHS £70 over 10 year⁵.

Analysis of the English Housing Survey has allowed for the median costs to make homes decent to be calculated. The average cost per property to bring all non-decent homes up to the Decent Homes Standard would be £3,894. The total cost for the district to improve all private sector homes to meet the Decent Homes Standard would be in the region of £43.1million. The cost to make safe all homes with a HHSRS category 1 hazard has been estimated at £2,075 per property, giving a total for the borough of £22.9 million.

The cost benefit of improving the existing housing stock is well known and understood, and housing is beginning to form a central role in health related policy. The King's Fund suggested in 2018 that the potential impact of housing on improving health and the resulting cost benefits for the NHS in terms of moderating demands and financial savings are so large that STPs have to do more to engage with the housing sector²⁵.

A house is more than a physical structure to provide shelter, they are our homes where we bring up our families, socialise, and our own space where we can seek refuge from the world around us. Shelter is one of the most basic of human physiological needs together with air, food, drink and warmth. Maslow (1954) suggested that these basic human needs must be met before other personal needs can be achieved²². The interconnected nature of housing, health and wellbeing must be recognised, and the negative impact their living in poor housing has upon populations taken into account when developing health and housing policy.

There is clear evidence linking cold indoor air temperatures and respiratory and circulatory conditions including Asthma, Chronic Obstructive Pulmonary Disease (COPD), Coronary Heart Disease and Strokes^{28, 29, 30}. Respiratory diseases remain the most prominent cause of excess winter deaths with 84.9% more respiratory deaths in the winter months compared with the non-winter months in 2017 – 2018³¹.

There is clear evidence also linking home temperatures with mental and emotional health. Evaluation of the Government's Warm Front scheme found increases in room temperature were associated with reduced likelihood of

experiencing depression and anxiety³⁵. Research published by Shelter UK found that children living in a cold home were more likely to suffer with mental health problems than children not living in cold homes³⁴. Mental ill health will in turn have implications for educational attainment and opportunities in adulthood.

Many population groups are particularly at risk from cold temperatures, including older people, children and those with chronic illnesses. It is these most vulnerable groups, who spend the majority of their times indoors, who are most susceptible to the effects of living in cold homes²¹. This combined with their greater likelihood of reduced mobility or immobility increases their vulnerability to the effects of living in a cold home.

In High Peak approximately 2,830 families are residing in private sector homes which contain a HHSRS category 1 hazard for excess cold or damp. Furthermore 3,460 private sector homes in High Peak do not meet the minimum standard required under the Decent Homes Standard for thermal comfort. There is a greater proportion of private rented homes (11.4%) that contain a HHSRS category 1 hazard for cold and damp than owner occupied homes (7.0%). However, research by the University of York (2018) into vulnerability of low income families concluded that vulnerable families, who are already struggling, have to struggle harder in the private rented sector²⁷. Figures for High Peak show that homes built before 1944 have a greater likelihood of containing a HHSRS category 1 hazard for cold and or damp compared to homes built after 1981.

The average cost per property to bring all non-decent homes up to the Decent Homes Standard would be £3,894. The total cost for the borough to improve all private sector homes to meet the Decent Homes Standard would be in the region of £43.1 million.

Analysis of Hospital Episode Statistics reveals that in High Peak there is some overlap between areas of the borough with a greater proportion of homes with a HHSRS category 1 hazard for cold and damp and increased rates of hospital admission for respiratory disease, asthma and coronary heart disease. Hospital Episode Statistics (HES) represent only the most serious of cases where an emergency hospital admission was made. Further investigation and analysis of the prevalence of respiratory conditions in the wider population would be necessary to draw conclusions around the impact of living in a cold and damp home has on health and wellbeing of the population in High Peak.

The risk posed by living in an unsafe home in terms of trips and falls is significant and poses a significant cost to the NHS. Public Health England estimates that unaddressed fall hazards in the home cost the NHS in England £435 million⁴⁴. Falls are estimated to cost the NHS more than £2.3 billion per yea per year⁴³. It is the most vulnerable in our society that are at the most risk of accidents due to trips and falls. Older people age 65 and older have the highest risk of falling with 30% of people over 65 and 50% of people older than 80 falling once a year⁴². Falls account for 40% of all ambulance call-outs to the homes of the over 65s annually⁴³.

Falls and fractures in older people are a costly and often preventable health issue. Reducing falls and fractures is important for maintaining health, wellbeing and independence amongst older people. Hip fractures are perhaps the most serious fragility fracture affecting older people, with one cause of such fractures being living in a home with a serious hazard with potential to lead to a fall. Short and long term outlooks for patients are generally poor following a hip fracture, with an increased one year mortality of between 18% and 33%44. Public Health England estimate that Hip Fractures alone account for 1.8 million hospital bed days and £1.9 billion of hospital costs every year, excluding the cost of social care⁴⁴.

In High Peak approximately 4,993 families are living in a private sector home that has a HHSRS category 1 hazard for a fall. In High Peak 2,327 per 100,000 population aged 65 and over received an emergency hospital admission due to a fall in 2017/18⁴⁶ however it is not known how many of these are a specific fall in the home.

Falls are also the most common cause of accidental injury to children; every day in England 45 children under age 5 are admitted to hospital following a serious fall⁴⁷. Falls are also a serious risk to older children, each year around 27,000 children ages 5-14 in England are admitted to hospital after a fall⁴⁷. Children and young people are most susceptible to harm resulting from a fall between levels in a home, for example a fall out of windows, from landings and falls from accessible roofs and garden walls. An evaluation of the Child Safety Equipment programme that was piloted by the Ripples Family Nurse Partnership in 2018/19 reported very positive results in reducing A&E admissions due to an injury or ingestion for your children⁴⁸.

The interconnection between health, wellbeing and the homes in which we live are clear. Investment into current housing stock in addition to building new homes is essential if we are to mitigate health inequalities due to the home in which we live. Measures to ensure that those living in the private rented sector are not further disadvantaged due to the often poorer housing conditions in this sector are essential to ensure real improvements to the health and wellbeing of those who rent their home privately. An holistic approach to housing and health policy and practice is necessary to ensure that limited resources are targeted to those most in need in society.

Recommendations

1. Maintenance of property level database.

A key benefit of developing an in house desktop modelling approach for monitoring the Housing Stock Condition for Derby and Derbyshire has been the creation of an address level database of property characteristics, with the ability to update the database and model the data on a regular basis, as and when new data and information become available. In order to preserve and improve the accuracy of the database and ensure that it remains current, it is recommended that officer time is allocated to maintaining the property level database and to apply updated propensities from future English Housing Survey results. The cost benefit of maintaining the database to allow for future updates to housing stock condition, as opposed to creating a new database each time an updated survey is required, should not be underestimated.

2. Access to information

The creation of a property level database for Derby and Derbyshire was the crucial first stage of the Housing Stock Condition Survey. The process relied heavily upon a combination of local and national data sources relating to the age, type and tenure of properties. The precision of the model relies upon accurate data at the database creation phase. The Valuation Office holds information on the age and type of every address in the country, however they are unable to release this to local authorities without an act of parliament. It is strongly advised that a letter to the Minister for Housing is written to allow this data to be released, enabling local authorities to complete stock condition surveys using our inhouse methodology. This could realise potential cost savings to individual local authorities of circa £40 - £80k, against the cost of traditionally outsourced surveys. The increased data accuracy would also improve the overall precision of the model and streamline the modelling process, creating further efficiencies in the development of the database.

3. Adoption of findings

The findings from the Derby Stock Condition Survey and accompanying database enable accurate estimates of the levels of non-decency and HHSRS Category 1 hazards in the private sector, to be generated at an individual address level. Intelligence at this most granular level allows for enhanced targeting of resources into areas most at need, to support improvements in the standard of local housing and improve overall levels of decency. The potential for such targeted improvements to improve the health and wellbeing of the local population is considerable and offers a cost effective solution for use of existing finances

4. Ensure housing is central to health policy

This report and wider literature highlight the importance for health and wellbeing of living in a decent, safe and warm home. It is essential that decent, safe and warm housing is a key consideration for both housing and health policies. It is recommended that organisationally, the Stock Condition Survey report be presented to the Health & Wellbeing Board with a view to incorporating the findings and priorities for action into the refreshed Health & Wellbeing Strategy At the system level, it is recommended that the Housing & Health Systems Group present the findings to the Joined Up Care Derbyshire Board and associated Place Board with a view to incorporating the findings and priorities for action into delivery plans at Place. Housing as a wider determinant of health calls for a more holistic approach to health care, looking at the home in which a person lives in combination with their care and support needs. It is further recommended that this research is expanded to include a Health Impact Assessment of housing as demonstrated by the model across Derby and Derbyshire, to increase our understanding of the impact of housing upon local health and wellbeing and its wider cost to the local health and care economy.

5. Explore opportunities to raise the standard of decency of local housing stock .

The cost of poor housing to both the NHS and wider society is well known. It requires a significant investment into private sector homes to bring non decent homes up to a decent standard, in order to mitigate the costs of living in poor housing. Opportunities should be explored to bring in funds that can be used to improve the housing of residents in Derby. An example could be to apply for funding for a pilot study to improve a sample of homes and undertake a robust evaluation of the impact of this for residents' health and wellbeing, including the use and reliance on health and social care services. We will have the Information Sharing Agreements in place for this and, with consent from residents, this could prove to be a valuable piece of evidence and means of securing greater funding in the future for similar housing improvement programmes at scale. There is limited literature and data surrounding the success of home improvement schemes on the health of residents. It is therefore further recommended that evaluations and monitoring of any improvements to homes be robust in order to deepen our understanding and widen the evidence base of the true benefits of improvements to people's homes and lives.

Appendix

Appendix 1 Creation of Stock Condition Survey Database

The property type of each dwelling has been determined through the analysis of a number of data sources including the OS Addressbase classification of dwellings, Experian Mosaic, Land Registry and EPC (Energy Performance Certificate) data. The final probable property type (terrace, end terrace, semi-detached, detached and flats) has been validated against the 2018 VOA (Valuations Office Agency) figures for property types within High Peak

The figures obtained for the Derbyshire Housing Stock Condition database vary slightly to the 2018 VOA figures; this is primarily due to the difficulties in obtaining dwelling level data about property type combined with the inaccuracy of data sources in accurately

identifying the property type. The VOA 2018 figures identify 770 bungalows and 3,530 properties of unknown property types within the district.

Bungalows have been identified in the database as their built characteristics (terrace, semi-detached, detached). This explains the over representation of semi-detached and detached dwellings in the database, since some of the dwellings will be characterised as bungalows in the VOA 2018 figures.

Types of homes in High Peak



Data regarding the age or build period of individual properties is limited in the data available.

Three main data sources have been combined to infer an individual build date for each property in the borough. The Land Registry releases some limited information on the date of first sale for properties that have been sold since 1995, this combined with the Council Tax band from date (post April 1993) has been used to identify property build periods where possible. Where this has not been possible,

and the band from figure held in council tax is equal to April 1993, the build period has been taken from Experian data.

The age bands within the available data did not form a direct match to those within the English Housing Survey. As such it was necessary to reclassify some age bands

Reclassification of Age Bands in Database

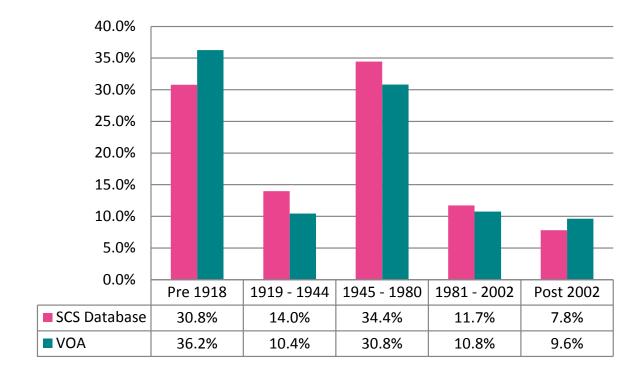
Final Age band	EHS Age Bands	Experian Age Band
Pre 1818	Pre 1850	Pre 1870
	1850 - 1899	1871 - 1919
	1900 - 1918	
1919 – 1944	1919 – 1944	1920 – 1945
1945 – 1980	1945 – 1964	1946 – 1954
	1965 – 1974	1956 - 1979
	1975 - 1980	
1981 – 2002	1981 – 1990	1980 - 1999
	1991 – 1995	
	1996 – 2002	
Post 2002	2002+	2000 – 2009
		2010+

Comparison figures for property ages released by the VOA for High Peak allow for a comparison between the two datasets. Pre-1918 properties are under-represented in the High Peak Housing Stock Database whereas inter war 1919 – 1944 and post war 1945 - 2980properties are over represented.

Data sources to identity a properties age are

Ages of homes in High Peak

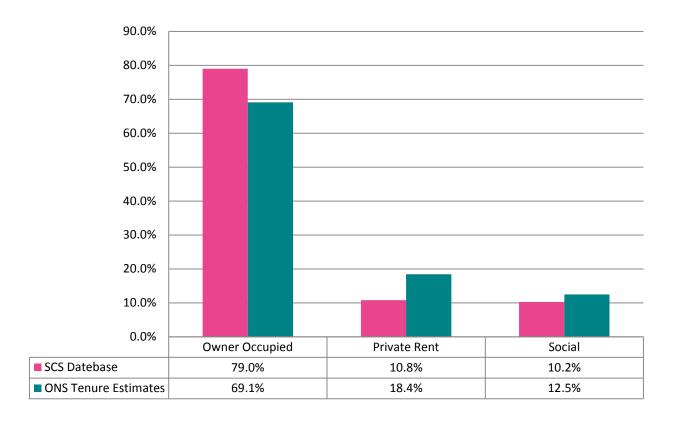
limited to Experian Data, further investigation suggests that many of the older properties (pre 1981) have been incorrectly classified into age band by Experian. Manual adjustment of age bands was carried out thorough a systematic analysis using Google Street View to identify the correct build period of each property.



Total housing stock can be broken down into private sector (which consists of both owner occupation and private rented) and social housing. The Tenure of each property has been derived from the analysis of several data sets including data around membership of the three Tenancy Deposit Schemes for Private Rents, NROSH (National Register of Social Housing), known Council owned housing stock including those properties which have been purchased through the RTB (Right to Buy) scheme. Since a private sector property can change from owner occupation to private rented relatively quickly these figures should be taken as indicative figures representing a single point in time.

The figures obtained through the analysis and creation of the housing stock database have been compared to and validated against the latest OS tenure estimates for 2017¹. The database figures for each tenure type are broadly comparable to the 2017 tenure estimates. Slightly fewer owner occupied properties have been identified; however more private rented properties have been identified, given the relative ease that a property may change from owner occupation to private rent this is to be expected.

Tenure of Homes in High Peak Comparison to OS Tenure Estimates



¹ https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/subnationaldwellingstockbytenureestimates data for Private Rent from https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants

Appendix 2 Calculation of Decent Homes Propensity

The English Housing Survey (EHS) covers the whole of England and consists of a physical property survey and face to face interview. The results of this have been provided under a special licence to allow propensity modelling to be carried out against a local property database.

Propensity modelling of properties based on their physical characteristics was carried out to calculate the likelihood of each individual home to be decent or non-decent using the EHS variable for decency. This variable takes into account the 4 elements that a property is required to meet in order to be classified and decent or non decent.

The EHS covers the whole of England and, as such, results from the survey can be broken down into the Government Office regions at individual case level which is the lowest geographical identifier. An analysis of the CIFPA Nearest neighbours was carried out to identify the Government Office regions with Local Authorities most similar to those in Derbyshire. Based on this analysis, the modelling was carried out using the results from the East Midlands, West Midlands and North West Government Office regions in the first instance.

Properties from the local database were grouped by their build period, property type, tenure and their IMD quintile. These individual characteristics were each assigned a propensity to be decent / non-decent based upon corresponding results within the EHS. In cases where it was not possible to identify a propensity score, the Government Office regions were widened to include Derbyshire's wider comparators based on CIFPA nearest neighbours analysis (all Government Office Regions excluding London, South East and North East). Should a propensity still not be identified the Government Office regions were widened further to include the whole of England.

Known empty properties were removed from the modelling process since it is known that these properties have a higher propensity to be non-decent. The modelling was then repeated using the EHS identifying the propensity of an empty property to be nondecent based upon it's build period and age.

The results from this propensity modelling have been used in the analysis of non decent homes within this report.

This methodology has been used to model the cost to make non-decent properties decent using the costs to make decent variable in the English Housing Survey dataset.

Table 1 Non decency and age of property

Ward	Pre 1918	1919 - 1944	1945 - 1980	1981 - 2002	Post 2002	Total
Barms	67.1%	11.0%	13.6%	7.7%	0.6%	275
Blackbrook	64.6%	20.5%	5.6%	8.3%	1.0%	632
Burbage	38.7%	38.5%	16.2%	5.5%	1.0%	238
Buxton Central	80.5%	8.9%	4.0%	6.3%	0.2%	776
Chapel East	47.4%	23.1%	19.2%	9.5%	0.9%	241
Chapel West	25.2%	11.4%	47.8%	14.6%	1.0%	364
Corbar	37.1%	31.2%	14.3%	15.7%	1.7%	484
Cote Heath	12.8%	32.9%	43.6%	8.9%	1.8%	289
Dinting	55.3%	22.3%	18.7%	2.0%	1.7%	276
Gamesley	1.5%	2.2%	94.7%	1.7%	0.0%	99
Hadfield North	66.8%	6.8%	20.4%	5.7%	0.3%	226
Hadfield South	38.1%	10.8%	44.0%	6.4%	0.8%	424
Hayfield	63.7%	31.2%	3.4%	1.0%	0.7%	330
Hope Valley	75.6%	12.1%	10.7%	1.3%	0.2%	591
Howard Town	79.7%	11.2%	6.5%	1.8%	0.8%	859
Limestone Peak	90.9%	0.5%	3.8%	4.7%	0.0%	386
New Mills East	36.3%	39.2%	19.3%	5.0%	0.2%	449
New Mills West	42.1%	27.4%	27.5%	2.8%	0.3%	585
Old Glossop	42.8%	18.6%	12.6%	19.2%	6.7%	382
Padfield	66.3%	5.2%	21.9%	6.2%	0.5%	268
Sett	79.3%	13.6%	6.6%	0.4%	0.1%	331
Simmondley	23.2%	9.6%	50.7%	10.6%	5.8%	242
St John's	90.4%	3.7%	5.3%	0.6%	0.0%	334
Stone Bench	25.4%	38.0%	33.7%	2.2%	0.7%	393
Temple	37.7%	15.7%	35.3%	10.5%	0.9%	192
Tintwistle	67.3%	3.1%	18.5%	11.1%	0.0%	284
Whaley Bridge	59.1%	30.7%	5.2%	4.0%	0.9%	916
Whitfield	35.6%	29.2%	29.2%	5.2%	0.9%	204
Total	6,239	2,093	1,959	670	109	11,070

Source: 2019 Derbyshire stock condition property level database

Appendix 3 Calculation of HHSRS Hazards

The EHS contains variables that cover the 26 main HHSRS hazards. Using the same propensity modelling technique used to identify the propensity of homes to be decent it has been possible to calculate the propensity for each property type to possess a category 1 hazard.

The results from this modelling have been used to identify the properties that are most likely to contain a HHSRS category 1 hazard. The results do not show which properties do contain each hazard but rather the likelihood of them to possess a hazard.

Table 3 Hazards by tenure

Values	Owner O	ccupied	Private	e Rent	Tot	tal
	Count	%	Count	%	Count	%
HHSRS Falls Between Levels	634	1.9%	103	2.3%	736	1.9%
HHSRS Falls on the Level	919	2.8%	236	5.2%	1,155	3.1%
HHSRS Falls on Stairs	2,741	8.2%	361	8.0%	3,102	8.2%
HHSRS Cold	2,010	6.0%	335	7.4%	2,345	6.2%
HHSRS Damp and Mould	305	0.9%	180	4.0%	485	1.3%
HHSRS Fire	486	1.5%	100	2.2%	586	1.6%
HHSRS Hot Surfaces	138	0.4%	32	0.7%	170	0.4%
HHSRS Lead	373	1.1%	72	1.6%	445	1.2%
Total Homes	33,285		4,532		37,817	

Appendix 4 Hospital Episode Statistics

Analysis of Hospital Episode Statistics (HES) has been carried to identify any patterns between areas of poor housing and hospital episode statistics for conditions for which poor housing is known to exacerbate the condition. The HES data used in this report dates from 2015 - 2018 (3 years) and covers emergency hospital admissions. This data does not give a full picture of disease prevalence and its links to the home in which people live. However it does provide a snapshot of perhaps the most serious impacts of the conditions.

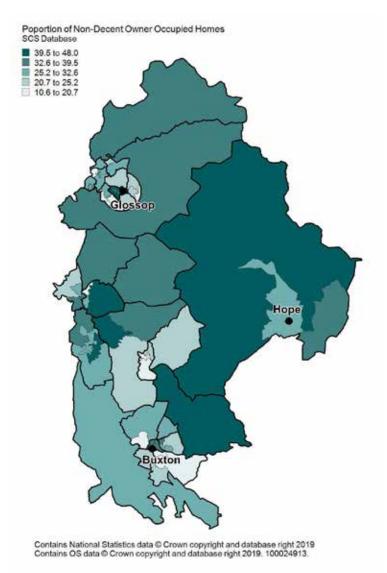
Emergency Hospital Admissions 2015/16 - 2017/18

Ward	Private Sector Homes	HHSRS F tween			Falls on Level		Falls on airs	All l	Falls
	n	n	%	n	%	n	%	n	%
Limestone Peak	895	18	2.0%	41	4.6%	108	12.1%	167	18.7%
Tintwistle	875	19	2.2%	30	3.4%	106	12.1%	155	17.7%
Buxton Central	2,000	53	2.7%	112	5.6%	184	9.2%	349	17.4%
Howard Town	2,273	48	2.1%	102	4.5%	242	10.6%	392	17.3%
Hope Valley	1,627	38	2.3%	47	2.9%	189	11.6%	274	16.9%
St John's	848	13	1.6%	20	2.3%	100	11.8%	133	15.7%
Sett	835	11	1.3%	19	2.2%	97	11.7%	127	15.2%
Barms	834	18	2.1%	36	4.3%	73	8.8%	127	15.2%
Hadfield North	806	15	1.8%	26	3.2%	71	8.8%	112	13.9%
Hayfield	872	8	0.9%	20	2.2%	93	10.6%	120	13.8%
Chapel East	912	14	1.5%	32	3.5%	80	8.8%	126	13.8%
New Mills West	2,004	36	1.8%	70	3.5%	166	8.3%	272	13.6%
Padfield	952	14	1.5%	29	3.1%	86	9.0%	129	13.6%
Blackbrook	1,950	34	1.7%	61	3.1%	169	8.6%	263	13.5%
Hadfield South	1,713	43	2.5%	43	2.5%	135	7.9%	221	12.9%
Whaley Bridge	2,675	47	1.8%	72	2.7%	225	8.4%	344	12.9%
Old Glossop	1,865	58	3.1%	47	2.5%	120	6.4%	225	12.1%
Dinting	1,025	32	3.1%	30	2.9%	60	5.9%	122	11.9%
Burbage	868	10	1.1%	28	3.2%	63	7.2%	100	11.6%
Stone Bench	1,400	19	1.3%	33	2.3%	110	7.9%	162	11.5%
Cote Heath	1,523	22	1.5%	48	3.1%	94	6.2%	164	10.8%
Chapel West	2,054	40	2.0%	55	2.7%	120	5.8%	215	10.5%
Gamesley	393	1	0.3%	6	1.6%	34	8.6%	41	10.4%
Whitfield	809	15	1.9%	18	2.2%	50	6.2%	84	10.3%
Temple	850	25	3.0%	16	1.8%	46	5.4%	87	10.2%
Simmondley	1,603	49	3.0%	33	2.1%	81	5.1%	163	10.2%
New Mills East	1,458	18	1.2%	37	2.6%	90	6.1%	145	9.9%
Corbar	1,898	19	1.0%	46	2.4%	110	5.8%	175	9.2%
Total	37,817	736	1.9%	1,155	3.1%	3,102	8.2%	4,993	13.2%

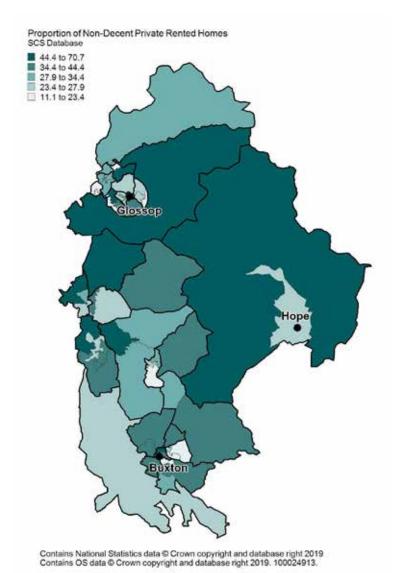
Source: 2019 Derbyshire stock condition property level database

Appendix 4 LSOA Level Maps

Proportion of Non-Decent Owner Occupied Homes

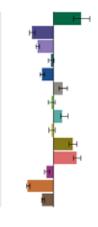


Proportion of Non-Decent Private Rented Homes



Appendix 5 Mosaic Segmentation of Hazards

Mosaic Group	Falls on Stairs	%	Private Sector Homes	%	Proportion	Index
A Country Living	383	12.5%	3050	8.3%	12.6%	151
B Prestige Positions	172	5.6%	3505	9.5%	4.9%	59
D Domestic Success	226	7.4%	3908	10.6%	5.8%	69
E Suburban Stability	323	10.6%	4095	11.1%	7.9%	95
F Senior Security	132	4.3%	2031	5.5%	6.5%	78
G Rural Reality	472	15.4%	4851	13.2%	9.7%	117
H Aspiring Homemakers	410	13.4%	5155	14.0%	8.0%	96
I Urban Cohesion	19	0.6%	198	0.5%	9.7%	116
J Rental Hubs	121	3.9%	1518	4.1%	8.0%	96
K Modest Traditions	216	7.1%	1922	5.2%	11.3%	135
L Transient Renters	400	13.1%	3358	9.1%	11.9%	143
M Family Basics	101	3.3%	1397	3.8%	7.2%	87
N Vintage Value	59	1.9%	1375	3.7%	4.3%	51
O Municipal Challenge	27	0.9%	407	1.1%	6.5%	78
Grand Total	3061	100.0%	36770	100.0%	8.3%	100



Mosaic Group	Falls on Level	%	Private Sector Homes	%	Penetration	Index
A Country Living	106	9.3%	3050	8.3%	3.5%	112
B Prestige Positions	61	5.4%	3505	9.5%	1.7%	56
D Domestic Success	74	6.5%	3908	10.6%	1.9%	61
E Suburban Stability	128	11.2%	4095	11.1%	3.1%	101
F Senior Security	57	5.0%	2031	5.5%	2.8%	90
G Rural Reality	163	14.3%	4851	13.2%	3.4%	108
H Aspiring Homemakers	173	15.2%	5155	14.0%	3.4%	108
I Urban Cohesion	22	1.9%	198	0.5%	11.0%	354
J Rental Hubs	83	7.3%	1518	4.1%	5.5%	177
K Modest Traditions	71	6.2%	1922	5.2%	3.7%	119
L Transient Renters	149	13.1%	3358	9.1%	4.4%	143
M Family Basics	22	2.0%	1397	3.8%	1.6%	52
N Vintage Value	24	2.1%	1375	3.7%	1.8%	57
O Municipal Challenge	7	0.6%	407	1.1%	1.7%	56
Grand Total	1141	100.0%	36770	100.0%	3.1%	100



Mosaic Group	Falls Between Levels	%	Private Sector Homes	%	Penetration	Index
A Country Living	66	9.1%	3050	8.3%	2.2%	109
B Prestige Positions	84	11.5%	3505	9.5%	2.4%	121
D Domestic Success	93	12.9%	3908	10.6%	2.4%	121
E Suburban Stability	80	11.0%	4095	11.1%	2.0%	99
F Senior Security	47	6.4%	2031	5.5%	2.3%	116
G Rural Reality	72	9.9%	4851	13.2%	1.5%	75
H Aspiring Homemakers	95	13.1%	5155	14.0%	1.8%	93
I Urban Cohesion	10	1.4%	198	0.5%	5.0%	251
J Rental Hubs	48	6.6%	1518	4.1%	3.2%	160
K Modest Traditions	35	4.8%	1922	5.2%	1.8%	91
L Transient Renters	64	8.8%	3358	9.1%	1.9%	97
M Family Basics	17	2.3%	1397	3.8%	1.2%	60
N Vintage Value	14	1.9%	1375	3.7%	1.0%	51
O Municipal Challenge	2	0.3%	407	1.1%	0.6%	30
Grand Total	727	100.0%	36770	100.0%	2.0%	100



HHSRS Hazards and Health Effects

HHSRS Hazard	Health Effects
Damp and mould growth	
Health threats due to dust mites, mould or fungal including mental and social wellbeing health threats associated with damp, humid and mouldy conditions	Allergies, asthma, effects of toxins from mould and fungal infections
Excess cold	
Threats to health from cold indoor temperatures. A healthy indoor temperature is 18oC to 21oC	Respiratory conditions: flu, pneumonia and bronchitis Cardiovascular conditions: heart attacks and strokes
Excess heat	Dehydration, trauma, stroke, cardiovascular and respira-
Threats due to high indoor temperatures	tory
Carbon Monoxide and fuel combustion products Excess levels of carbon monoxide, nitrogen dioxide, sulphur dioxide and smoke	Dizziness, nausea, headaches, disorientation, unconsciousness and breathing problems
Lead	Lead poisoning causing nervous disorders, mental health
Threats to health from lead ingestion from paint, water pipes, soil and fumes from leaded petrol	and blood production issues
Radiation	
Health threats from radon gas and its daughters, primarily airborne but also radon dissolved in water	Lung cancer caused by exposure, which increases amount and length of exposure
Uncombusted fuel gas	
Threat from fuel gas escaping into the atmosphere within a property	Suffocation
Crowding and space	Psychological distress and mental disorders, increased
Hazards associated with lack of space for living, sleeping and normal household or family life	risk of hygiene issues, accidents and personal space and privacy compromised
Entry by intruders	
Problems keeping a property secure against unauthorised entry and maintaining defensible space	Fear of burglary occurring, stress and anguish caused by burglary and injuries caused by the intruder
Lighting	
Threats to physical and mental health associated with inadequate natural or artificial light, including the psychological effects associated with the view from the property through glazing	20.5% Depression and psychological effects due to lack of natural light. Eye strain from glare and inadequate light
Noise	
Threats to physical and mental health due to exposure to noise within the property or within its curtilage	Psychological and physiological changes resulting from lack of sleep, poor concentration, headaches and anxiety
Domestic hygiene, pests and refuse	
Health hazards due to poor design, layout and construction making it hard to keep clean and hygienic, attracting pests and inadequate and unhygienic provision for storing household waste	Stomach and intestinal disease, infection, asthma, allergies, disease from rats and physical hazards

Food safety	
Threats of infection from poor provision and facilities to store, prepare and cook food	Stomach and intestinal disease, diarrhea, vomiting, stomach upset and dehydration
Personal hygiene, sanitation and drainage	
Threats of infections and threat to mental health associated with personal hygiene, including personal and clothes washing facilities, sanitation and drainage	Stomach and intestinal disease, skin infections and depression
Water supply	
Threats to health from contamination by bacteria, parasites, viruses and chemical pollutants due to the quality of water supply for drinking household use such as cooking, washing and sanitation	Dehydration, fatigue, headaches, dry skin, bladder infections and legionnaires disease
Falls on the level surfaces	
Falls on any level surface such as floor, yards and paths, including falls associated with trip steps, thresholds or ramps where the change in level is less than 300mm	Physical injuries: bruising, fractures, head, brain and spinal injuries
Falls associated with stairs and steps	
Falls associated with stairs and ramps where the change in level is greater than 300mm. It includes internal stairs or ramps within a property, external steps or ramps associated with the property, access to the property and to shared facilities or means of escape from fire and falls over stairs, ramp or step guarding	Physical injuries: bruising, fractures, head, brain and spinal injuries
Falls between levels	
Falls between levels Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows	Physical injuries
Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Includ-	
Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows Electrical hazards	Physical injuries Electric shock and burns
Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows	
Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows Electrical hazards Hazards from electric shock and electricity burns	
Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows Electrical hazards Hazards from electric shock and electricity burns Fire Threats to health from exposure to uncontrolled fire and associated smoke. It includes injuries from clothing catching fire, a common injuring when trying to put a	Electric shock and burns
Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows Electrical hazards Hazards from electric shock and electricity burns Fire Threats to health from exposure to uncontrolled fire and associated smoke. It includes injuries from clothing catching fire, a common injuring when trying to put a fire out.	Electric shock and burns
Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows Electrical hazards Hazards from electric shock and electricity burns Fire Threats to health from exposure to uncontrolled fire and associated smoke. It includes injuries from clothing catching fire, a common injuring when trying to put a fire out. Flames, hot surfaces and materials Burns or injuries caused by contact with a hot flame or fire, hot objects and non-water based liquids. Scalds	Electric shock and burns Burns, being overcome by smoke or death
Falls from one level to another, inside or outside a dwelling where the difference is more than 300mm. Including falls from balconies, landings or out of windows Electrical hazards Hazards from electric shock and electricity burns Fire Threats to health from exposure to uncontrolled fire and associated smoke. It includes injuries from clothing catching fire, a common injuring when trying to put a fire out. Flames, hot surfaces and materials Burns or injuries caused by contact with a hot flame or fire, hot objects and non-water based liquids. Scalds caused by contact with hot liquids and vapors.	Electric shock and burns Burns, being overcome by smoke or death

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