

Requests for rehousing on Medical Grounds from one block of low rise flats in Leeds.

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Since the early 1980s requests for rehousing on medical grounds in Leeds have been channelled through the Medical Officer for Environmental Health. There are approximately 250 requests for rehousing on medical grounds each month.

The City Council is the largest landlord in Leeds with some 80,000 homes under its control. The stock is reducing both in quality and in quantity through a process of council house sales to individuals and Housing Action Trusts and the declaration of some houses as unfit for habitation.

The recent changes in health authorities with a separation of the purchaser and provider role have raised issues of the future Public Health Medicine input into the provision of advice on medical aspects of housing to the city council. The focus of Public Health Medicine involvement with housing is shifting from attention to the problems of individuals and their households to an examination of patterns of health, or illness, in relation to different housing situations. In Leeds the responsibility for the advice offered to the Housing Department of the City Council rests with the Medical Officer for Environmental Health, although the day to day work is now undertaken by five full time Medical Rehousing Visitors and a few sessions of clinical assistant time supported by one clerical officer. The clerical officer is based within the Medical Officer for Environmental Health's office. The information collected by the Medical Rehousing Visitors in the course of their work is a rich source of data for studies on the medical aspects of housing.

Applicants for priority rehousing on medical grounds collect a form, called HO/30, from any of the 38 housing management offices. This form can be

completed by the individual on their own or with help from the staff of the housing management office. Once completed the form is sent in a pre addressed envelope to the Medical Officer for Environmental Health. This system seeks to ensure confidentiality for applicants, details on their application form will only be revealed to the Housing Department with specific consent. The Clerical Officer maintains her files in street order, a process that enables multiple applications from one property or one street to be recognized.

A health visitor sought help in the urgent rehousing of one family on her list. The child was suffering from recurrent chest infections. Inspection of the files showed that there had been nine other applications for rehousing from the same block of 24 flats in recent years. Inspection of the individual applications showed other applications for priority rehousing on medical grounds based on respiratory difficulties often associated with complaints that the flats were damp. (Table 1)

A visit to the block of flats (MGG) drew attention to the proximity of another block of 30 flats of the same style of construction. The second block (SC) is a little larger but is otherwise of the same type and vintage, both blocks were built in the early 1950s. The second block is located a little lower down the hill and is less exposed to the wind and weather.

The internal steps in both blocks are very steep, individual treads are narrow and slippery when wet. The difficulties faced by those with respiratory or cardiac problems can be easily understood. Pregnant women also find the steps difficult. Struggling up or down the steps with a push chair is also challenging.

Review of the files identified a total of 3 applications for rehousing on

medical grounds from the second block of flats since 1982. (Table 2)

Applications for rehousing from MGG are predominantly from younger people and in over half the cases are directly related to the dampness experienced within the property. Applications from SC were from older residents suffering from conditions primarily affecting their capacity to cope with stairs.

Discussion with the Housing Manager of the relevant Housing Management Office, confirmed that requests for rehousing on any grounds are more frequently made by the residents of MGG than by the residents of SC which has a much more stable population.

An Environmental Health Officer was asked in January 1990 for a report on one flat in MGG, a quote from his report reads as follows:

"The complaint of dampness relates to the bedrooms, kitchen and bathroom. The dampness in the above mentioned rooms was found to be due to condensation on the external walls. At the time of the inspection extensive mould growth was evident. The walls themselves were very cold to the touch. A contributing factor to the condensation problem appears to be the construction of the walls. The external walls appear to be constructed of concrete which has poor insulation qualities. There was no space heating provided to either bedroom."

Inspection of the files available at the Housing Management Office show that the original coal fired heating in the flats was replaced by gas in the mid 1960s. It is apparent from the files that the average duration of residency decreased after this in MGG but not in SC.

A simple health survey was carried out by means of a postal questionnaire in August 1991. The return rates from both blocks was very poor, although almost all those who did return the questionnaire expressed interest in

seeing the results.

Even though the return rate was too low to allow firm conclusions to be drawn they do show a significant difference in the ages of the respondents in the 2 blocks, the mean age of the youngest resident in MGG being 11.9 years compared to 46.6 years in SC. (see Table 3)

Other differences between the blocks appear to be a higher incidence of mental health problems in MGG, more home visits by general practitioners to the residents of SC, the residents of MGG being more likely to get a home visit from the Health visitor. Hospital visits by MGG residents are to Accident & Emergency departments while the residents of SC will visit the Out - Patients departments. Visits to the dentist were few from either block.(see Table 4)

Concerns expressed by MGG residents included the need for better heating, more safe play space for children, excessive noise, nearby traffic, dogs, the generally untidy nature of the area around the flats. Some residents expressed a wish that the flats be demolished. The residents of SC commented on scattered refuse, dog fouling in the area and the lack of street cleaning.

Suggestions for making homes healthier were almost all aimed at the damp problems in MGG. There was one suggestion for developing better sound proofing. The residents in SC also made suggestions about improving heating systems, but also felt that showers would make the flats better as would windows that can be cleaned from the inside.

Residents were also asked about their awareness of health promotion campaigns. Apart from Road Safety there appeared to be a high level of awareness of all the campaigns mentioned. Suggestions for improving the campaigns were mostly about stronger health education in schools or

introducing legislation. (see Table 5)

The information gathered in this study is being shared with the Leeds City Council Department of Housing Services. It is the hope of the Medical Officer for Environmental Health that resources will be found to either address the damp problems within MGG or to replace the block with more modern housing.

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TABLE 1

Applications for rehousing on Medical Grounds from MGG.

<u>Sl No</u>	<u>Date</u>	<u>Age</u>	<u>Sex</u>	<u>Medical problem</u>	<u>Other factor</u>	<u>Action</u>
1	Dec'84	20	M	Asthma Chest infection	Damp home	"DAMP" (II)
2	Feb'86	21	F	Depressed Pregnant(2)	Single parent	"SOCIAL"
3	Feb'86	48	M	Heart attack	Stairs	Rehoused Single level
4	May'88	20	F	Stress	Neighbour dispute	Renovations (III)
5	Dec'88	20	F	Backache Depressed Pregnant (2)	Stairs	Few stairs only (III)
6	May'89	23	F	Asthma	Pregnant (3)	Dry property (II)
7	Jul'89	63	M	Chr Bronchitis	Cold Stairs	Dry property (II)
8	Jan'90	1	M	Asthma	Cold Damp	Dry, warm home (I)
9	Feb'91	1	F	Chest infections	Damp No playspace	"DAMP"

TABLE 2

Applications for Rehousing on Medical Grounds from SC

<u>Sl</u>	<u>Date</u>	<u>Age</u>	<u>Sex</u>	<u>Medical Problem</u>	<u>Other problem</u>	<u>Action</u>
1	Jan'82	51	F	Arthritis Stress	Stairs Traffic noise	Single level (II)
2	Sep'90	83	F	Stroke	Stairs	Sheltered G.F.
3	Oct'90	68	F	Heart disease	Stairs	Sheltered G.F.

TABLE 3

Health survey. Health Profile

	M.G.G. (n=6).		S.C. (n=8)	
	Youngest	Oldest	Youngest	Oldest
Mean age in household (years)	11.9	27.6	46.6	53.2
Ill in past year	3	2	2	3
Breathing problems	1	1	2	0
Heart problems	0	0	2	0
Painful limbs or joints	1	3	2	2
Skin problems	0	2	1	0
Mental health	1	4	0	0
Serious injuries	0	0	0	0

TABLE 4

Health survey. Use of Health Services

	M.G.G. (n=6).		S.C. (n=8)	
	Youngest	Oldest	Youngest	Oldest
Visit to G.P.	5	5	6	7
Home visit by G.P.	2	2	3	5
Visit to A&E Dept	2	3	1	1
Visit Hosp O.P.D.	2	3	3	4
Hosp admission	1	1	1	1
Visit by E.H.O.	2	1	1	0
Visit by Health Visitor	2	2	1	0
Visit by other nurse	1	0	0	0
Visit to dentist	0	2	0	1
Medical waste collection	0	0	0	0

TABLE 5

Health Survey Awareness of Health Promotion Campaigns

	M.G.G. (n = 6)	S.C. (n = 8)
Road safety	2	6
Alcohol	5	6
HIV/AIDS	6	7
Smoking	6	8
Screening of cervix	5	7