Leicestershire District Councils

Housing Offer for Health and Wellbeing

Report

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CIH

About the Chartered Institute of Housing

The Chartered Institute of Housing (CIH) is the professional body for the housing industry; we work with the whole sector and with key partners to increase housing supply, improve standards of housing delivery and extend housing choices particularly for vulnerable and marginalised people in communities. We work with government to develop more effective ways to provide housing and support services that respond to and meet the needs of communities. CIH has 22,000 members who work in housing in this country and abroad. Surpluses made from our consultancy services are reinvested back into the sector through the CIH.

Introduction

This report describes the 'Housing Offer' that Leicestershire's district councils can deliver to support the delivery of the local Health and Wellbeing Strategy's objectives. It sets out how the district councils' housing services can support and promote the health and wellbeing of residents across Leicestershire. The work was commissioned by the district councils, with support from Leicestershire County Council, and has been steered by a project board made up of representatives from housing, health, public health and social care.

The aims of the report are to:

- Provide the national policy context around the links between health and housing;
- Show the links between health and housing demonstrated through national research;
- Establish the current position for Leicestershire based on local research, including interviews with key staff from district council housing services, health and social care;
- Develop the Leicestershire 'Housing Offer for Health and Wellbeing'.

The links between housing and health, the costs of poor housing to health and the savings and wider benefits that can be delivered through housing based interventions for health and social care have been well documented. The current national policy context around health and housing is set out in Appendix 1 and national research findings demonstrating the impact that housing interventions make are set out in Appendix 2. See also: CIH publication ***Developing your local housing offer for health and care: targeting outcomes***

In summary, access to a settled, secure home that is fit for living, combined with timely, appropriate housing support and interventions can help to address a range of issues that adversely impact on individual and community health and wellbeing. These include the following housing interventions:

- providing good quality homes and tackling cold homes and fuel poverty;
- preventing and reducing homelessness;
- providing an efficient aids and adaptations service to existing homes;
- providing new adapted housing and where possible building for Lifetime Homes;
- offering supported housing and floating support for vulnerable groups including those with mental health, drug and alcohol misuse and learning disabilities;
- helping older and vulnerable people remain independent through the use of support services and assistive technology;
- providing specialist housing and support for people with dementia and their carers;
- tackling isolation and loneliness; and
- improving community safety and cohesion.

The Health and Social Care Act 2012, and Care Bill, when considered with the transfer of public health responsibilities to upper tier local authorities, provide new opportunities for health, care and housing to work together to jointly commission and deliver integrated local services that contribute to improved health and wellbeing and make more effective use of public resources.

The Leicestershire district councils' 'Housing Offer' is based around the four strategic outcomes in the Leicestershire Health and Wellbeing Strategy and reflects the one cross cutting theme:

Outcome 1: Getting it right from childhood;

Outcome 2: Managing the shift to early intervention and prevention;

Outcome 3: Supporting the ageing population;

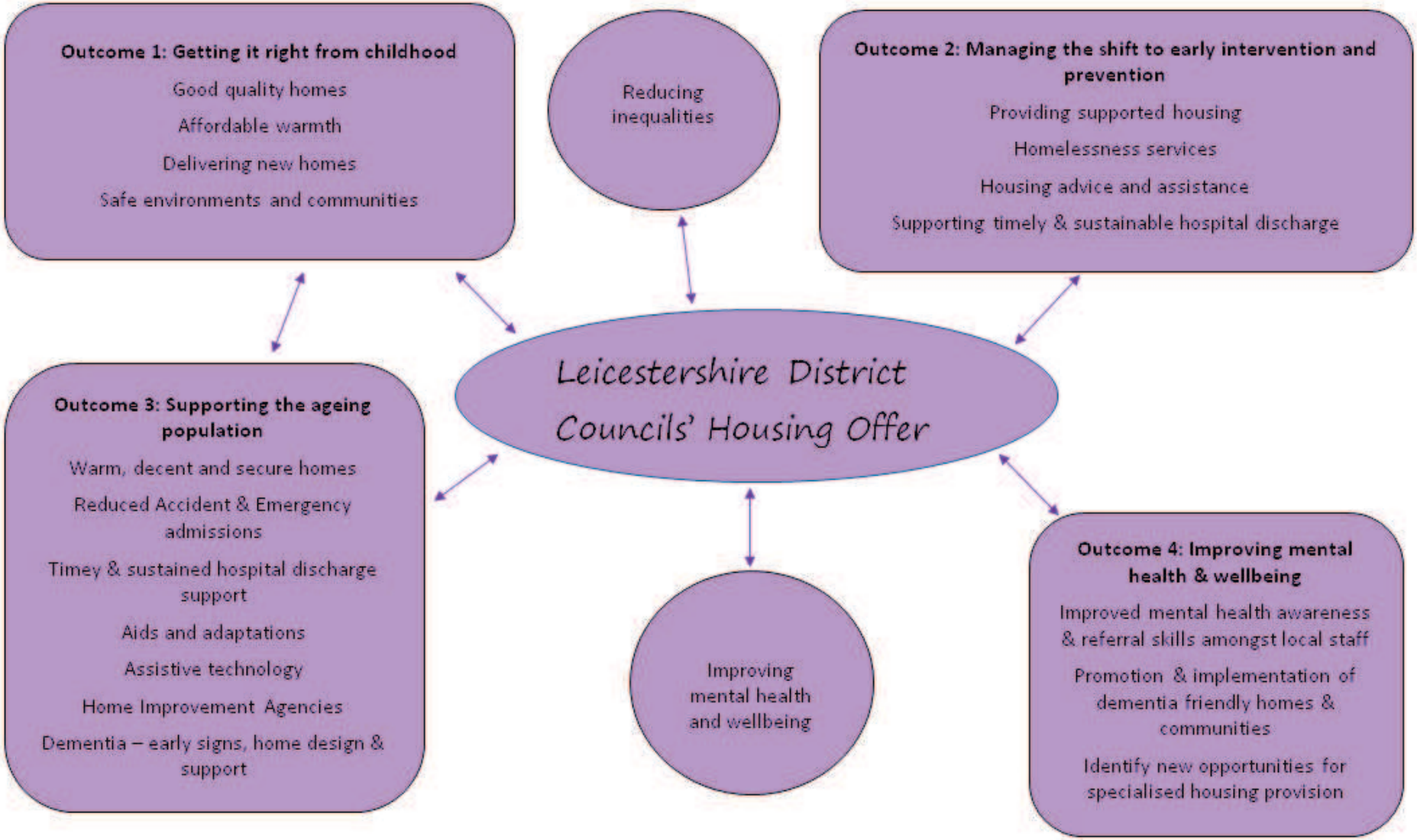
Outcome 4: Improving mental wellbeing; and

Cross cutting theme: Reducing inequalities.

The Housing Offer draws upon a range of sources to develop options and housing interventions that prevent, reduce or minimise the demands made on health and social care services and deliver better outcomes for the residents. These sources include:

- the outcomes in the Health and Wellbeing Strategy;
- the eight key priorities in the Joint Strategic Needs Assessment (JSNA);
- the Public Health Outcomes Framework Indicators; and
- the Integrated Commissioning Board priorities.

The Leicestershire Housing Offer



This model is predicated on the need for some joint funding to deliver shared outcomes and reduce whole system costs

The housing offer is ambitious given the current financial climate but the district councils will seek to work with partners to share expertise, capacity and resources to ensure that housing plays a significant part in contributing to the health and wellbeing of the people of Leicestershire. To deliver the offer, the district councils will work with partners to identify the actions needed and develop these into a resourced improvement plan with a shared commitment across social care, health and housing. We recommend that you read the CIH/HousingLIN publications that align the health, public health and social care outcomes with housing. *http://www.cih.org/policy/display/vpathDCR/templatedata/cih/policy/data/Health_and_care_-_the_role_of_housing*

Outcome 1: Getting it right from childhood

We will take actions to provide decent and healthy homes and an environment to support children grow and develop by:

- ensuring that all social and affordable homes across the county meet the decent homes standard as a minimum;
- continuing our work to deliver affordable warmth initiatives across the county seeking external funding to support the most vulnerable households;
- making best use of the limited resources for tackling poor quality house conditions in the private sector to target the most vulnerable households;
- helping households to access decent, secure and affordable housing through enabling new affordable homes in communities where people want to live; and
- providing safe places and environments through effective partnership working around community safety.

Outcome 2: Managing the shift to early intervention and prevention

We will provide advice, support and early intervention to improve outcomes for residents in Leicestershire by:

- continuing our focus on preventing people from becoming homeless and minimising the use of temporary accommodation. Working with social care to ensure positive outcomes for young people at risk of homelessness;
- developing, with partners, effective hospital discharge policies and procedures to help those patient groups which the health service regards as being vulnerable and/or having complex needs. We will aim to help reduce the significant costs to the health services of the high levels of delayed discharges and to offer patients an appropriate return to their own home, minimise the risk of re-admission and help to avoid the use residential and nursing care placements;
- working with health and social care to meet the needs of vulnerable people through supported housing provision including the expansion of reablement services;
- providing housing support to help vulnerable households maintain their homes and tenancies regardless of tenure – social housing, private rented sector and owner occupiers;
- working with a range of statutory and voluntary agencies so that residents can easily access welfare, money and debt advice and other advice services;
- initiating and supporting training and employment initiatives to support residents gain the skills needed to progress in their lives;
- sharing and implementing positive practice initiatives across the districts, in partnership with social care and the health service, to encourage and improve healthy living and preventative health care such as falls prevention, exercise and healthy eating; and
- supporting safeguarding of vulnerable adults and child protection using the 'Everybody's Business' principles.

Outcome 3: Supporting the ageing population

We will support the ageing population by enabling independent living and minimising demands on health and social care by:

- working with partners to develop and improve the aids and adaptations service across the county so that people requiring adaptations to their homes receive these quickly and effectively, regardless of their tenure. We will monitor the service and measure the outcomes we are achieving;
- offering older and vulnerable owner occupiers access to a quick, reliable and cost effective service for minor repairs and adaptations to help them maintain their homes;
- increasing the use of community alarm services linked to assistive technology to help older and vulnerable people feel safe and secure in their homes;
- providing homes suitable for older people as part of new developments, and sheltered housing provision with support and extra care schemes for frail elderly;
- ensuring access to a range of advice services to support older people to live independently in their homes, including welfare benefit and money advice;
- promoting initiatives to tackle loneliness and isolation through community involvement activities and improving digital inclusion for older people;
- helping to ensure that homes and where possible communities are fit for living for people with dementia in terms of design, access and security;
- exploring and promoting innovation in the design and delivery of a wide range of assistive technology – telecare and telehealth – and promote the use of this technology in people's homes to support them to live and age well; and
- developing and promoting county-wide opportunities for older people based on local knowledge. This will include volunteering, training, paid work, education and leisure opportunities to be captured in a prospectus.

Outcome 4: Improving mental health and wellbeing

We will contribute to improving mental health and wellbeing through the following actions:

- ensuring district council staff are able to recognise the signs of mental ill health, including dementia, and are able to support people to seek help appropriately;
- working with our colleagues to promote dementia friendly communities, with an offer of housing that whenever possible maximises the use of appropriate technology and dementia friendly design principles;
- working with partners to develop more supported housing opportunities either as partners in the supported living programme or as landlords; and
- working with partners to develop community based programmes to support mental health.

Assessment of current position against the four Health & Wellbeing Outcomes

The table below shows the current position in relation to the housing contribution to the four strategic outcomes in the health and wellbeing strategy. It identifies the housing activities that are taking place, where the key gaps are and the impact on health. The information has been drawn from the district councils and summarised to present a county wide picture.

Outcome 1: Getting it right from childhood			
Descriptor	**Current position**	**Key gaps/issues**	**Impact on health**
Good quality homes.	Most social housing stock meets the Government's decent homes standard.	Action to tackle poorer quality house conditions in the private sector is limited – reactive rather than pro-active due to lack of resources. Limited input from health to identify where housing conditions impact on health.	Addressing child poverty – 12,890 (10.5%) of children under the age of 16 in Leicestershire were classed as living in poverty in 2011. Minimising accidents and injuries to children in the home. Helping children with disabilities remain in their own homes.
Affordable warmth.	Range of affordable warmth initiatives funded through DECC, 4 Ways to Warmth and other energy agencies, targeted at vulnerable households.	Largely reliant on external funding. Limited input from health to identify vulnerable households. Impact made and outcomes achieved not measured and assessed.	Tackling childhood illnesses – asthma and other respiratory diseases. Preventing excess Winter Deaths.

Delivering new affordable homes .	New homes are being delivered but in limited numbers and largely reliant on funding through S106 agreements.	Significant funding challenges to deliver new affordable homes (possible use of NHS land). Impact of welfare reform in determining new type of provision needed.	Tackle the underlying causes of ill health that are exacerbated by the lack of a home and where existing homes are failing to meet the needs of households due to cold, damp, lack of affordability and access issues.
Safe environments and communities.	Good partnership working around community safety.	Limited joint working and initiatives to encourage and support healthy living.	Minimising accidents and improving safety outside the home. Provide safe, secure environments to minimise the stress caused by poor neighbourhoods, anti-social behaviour and harassment. Encouraging healthy lifestyles through play and exercise. Improved mental wellbeing.

Outcome 2: Managing the shift to early intervention and prevention			
Descriptor	**Current position**	**Key gaps/issues**	**Impact on health**
Providing supported housing.	A number of supported housing schemes for different client groups, including sheltered and extra care schemes. Floating support for vulnerable and homeless households provided countywide by the Bridge and supplemented by most of the councils. The vulnerable persons group and the Extra Care Board identify future supported housing schemes.	No overall picture of supported housing provision across the county (a team at the County Council is currently mapping provision to inform commissioning). District councils are not all engaged in determining supported housing provision - concerns about bringing capital and revenue expenditure together to deliver viable schemes. Some sheltered schemes across the county are not fit for purpose and are awaiting option appraisals. Demand for supported housing and floating support for vulnerable client groups outstrips supply, especially for low to medium mental health needs.	By supporting vulnerable households to live successfully in the community by: • reducing demand on health services; • reducing admissions to A & E; • contributing to timely and sustainable hospital discharge – acute & psychiatric; • preventing hospital admissions; • providing supportive living environments for older people that reduce social isolation & loneliness and reduce visits to GPs; and • providing alternative housing solutions that reduce the need for care home places.

Homelessness	The strong focus on homelessness prevention is generally maintaining low levels of homelessness across the county. The number of households in temporary accommodation and in bed and breakfast varies significantly across the county .	Homelessness likely to increase as welfare reform impact on households. Partnership working around young 16/17 year olds is not working well county-wide due to ineffective protocol and limited information sharing .	Demands on the health service from homeless households are significantly higher than average: • A & E visits; • hospital admissions; • ambulance journeys; • mental health issues; and • alcohol and drug misuse.
Advice and assistance	Positive approach across the county with district councils working with a range of statutory and voluntary agencies so that residents can access services such as money and debt advice. First Contact acts as a central information and referral hub with 4,150 referrals for support to vulnerable people made during 2011/12. Monitoring information is collected and shared. There is a county/city wide project hosted by Blaby to develop a home finder scheme for the private sector. A variety of training and employment initiatives in place to	Potential to expand the role of the First Contact service in Primary Care to maximise the advice and assistance services available and reduce demand on GPs . Limited sharing of positive practice and initiatives across the County.	Reducing demand on health by tackling the potential causes of ill health and reducing stress through debt and welfare benefit advice, housing options and family support.

	support residents. The Supporting Leicestershire Families project is now working with troubled families.		
Hospital discharge	Some patients remain in hospital because there is no appropriate housing to return to. Tenants often return from hospital without any support arrangements in place leaving councils to help in a re-active way. Some clients present as homeless upon hospital discharge, sometimes out of hours.	No arrangements or protocols with housing governing hospital discharge. Poor outcomes for clients resulting in longer stays in hospitals and avoidable re-admissions.	Reducing delayed discharges from hospital – in 2012/13 delayed discharge accounted for over 8000 bed spaces at an estimated cost of £260 a day. Minimising re-admission to hospital through planned and appropriate discharge.

Outcome 3: Supporting the ageing population			
Warm, decent and secure homes.	Most social housing stock meets the Government's Decent Home Standard. Range of affordable warmth programmes.	Many older owner occupiers are asset rich and revenue poor. Action to deal with poor quality homes in the Private Sector very limited. Affordable warmth programmes dependant on external funds.	2012 Leicestershire Health profile shows: • 354 excess winter deaths; • 416 early deaths due to heart disease and strokes; • 596 hip fractures in the over 65s a year.
Aids and adaptations.	Reduced waiting lists at the district councils for aids and adaptations (DFGs) due to one off additional health funding 2012/13. Backlog now present in some localities. Delays occur due to the pressures on occupational therapy services. Monitoring information for District Council DFG work is now being collected and collated for benchmarking at a county wide level.	Future funding likely to be insufficient to meet demand. Social housing adaptations funded in different ways depending on ownership of the homes and not a joined up approach across all tenures. Long and variable waiting times of up to one year for adaptations, excluding OT times despite improvements to delivery arrangements. Pathway for aid and adaptations through social care but not tenure neutral and outcomes not clear.	Maintains independent living in own home. Prevention of accidents and injuries in the first instance Minimises delayed hospital discharges Improved quality of life and health outcomes Improved value for money

Handy person scheme.	Low level support available in some **areas to provide a rapid response to urgent needs amongst vulnerable households including:- Minor repairs to remove hazards and assist with mobility; Rearrangement of furniture to assist access and mobility; Minor aids and adaptations; Home security measures; Access to warmth work.**	Handyperson Service is not part of the contract with Papworth Trust for the Home Improvement Agency (HIA). Handyperson Service not available in some localities.	Helps maintain independent living. Reduces stress and anxiety in managing the home. Assists Hospital discharge process. Reduces accidents and falls in the home. Identifies and manages risk.
Assistive technology.	Various community alarm services operating across the county.	Limited use of assistive technology to help people maintain independence and live confidently in their own homes. Lack of shared understanding of the role and contribution of telehealth and telecare.	Supports independent living. Minimises dependence on health and social care interventions, ambulance call outs and emergency hospital admissions. Helps address specific conditions such as dementia.
Partnership working**.**	A number of good examples of effective partnership working and initiatives have been identified.	Inconsistent partnership working between the district councils, social care and the health service around healthy living and preventative health care such as falls prevention, exercise, healthy eating, digital inclusion and community activities.	Minimises demands on health services. Tackles isolation and loneliness. Improved value for money. Shared health, housing and social

			care pathways will lead to improved outcomes for the people of Leicestershire.

Outcome 4: Mental Health and Wellbeing			
Supported living project.	Countywide supported living project which aims to connect vulnerable people with the right property and support .	Temporary funding with no assurances that this will continue beyond the current contract.	Reduction in the number of hospital and residential care admissions .
Supported and specialist housing.	Limited supported and specialist housing is available across the county to meet the needs of people with mental ill health including those with dementia.	Some work is in progress in parts of the county to identify and develop sites for extra care housing. Many of these developments will be small scale and will not keep abreast with the need for specialist and supported housing. 94% of older people live in general needs housing, 77% of these are owner occupiers and a rising number need support and care in their own homes. These homes need to be fit for living and ageing. Further work is needed across all the agencies to further develop a Leicestershire Housing Strategy for an Ageing Population .	Specialist and supported housing that provides independence with care and support would have a significant impact on the quality of life and health outcomes for people with mental ill health. Housing designed and adapted to meet the needs of people with dementia has been proven to have a significant impact on the management of the disease and wellbeing of sufferers and their carers. Improved levels of supported, specialist and adapted housing can reduce hospital admissions, bed days, visits to GPs and levels of medication.

Identify and signpost.	Housing staff across a range of disciplines identify, support and signpost those experiencing mental health and wellbeing issues.	There are currently insufficient housing officers with the right range of skills and in the right locations to provide the specialist advice and support.	Homelessness and insecurity of accommodation is a critical issue for people experiencing mental ill health. Early identification reduces costs and improves outcomes for people Access to affordable, secure and supported housing is a critical element in the management of mental health conditions and recovery.
Training provision.	Available in some localities to improve awareness of a range of mental ill health issues.	Limited scope with no provision in some parts of the county. The needs of people presenting for housing advice and support are increasingly complex and additional training is needed.	Housing advice and information staff could provide timely and cost effective advice to people with mental ill health and prevent the loss of housing at times of crisis.

Partnership working

The successful delivery of the Housing Offer is dependent upon strong and effective partnership working across a range of organisations. These include social care, health services, registered providers, the police and the voluntary sector. This will require commitment to delivering shared objectives and outcomes so that resources, expertise and capacity can be maximised for the benefit of Leicestershire residents. It will need a greater recognition and acknowledgement of the contribution of housing as a key determinant of health and wellbeing.

There are some effective operational officer groups working across the county, such as the Choice Based Lettings and Allocations Scheme Project Group and the Homeless Delivery Group. There is also strong partnership working around community safety. These present potential models for wider partnership working to achieve the Housing Offer outcomes.

The Health and Housing Project Board recognises that it will need robust partnership arrangements and an effective delivery mechanism to take forward the Housing Offer. It is also important that any partnerships work at both strategic and operational levels. The Board will work with partners to establish an approach which is capable of driving forward and delivering the key outcomes that are required.

There are a number of positive practice examples around housing, health and social care working well together to improve the health and wellbeing of residents. These are captured in Appendix 4 as a useful tool to help inform improvement in Leicestershire.

Next steps

The Health and Housing Project Board recognises that, to be effective, the work to deliver the Housing Offer needs to be a prioritised and delivered using a staged approach. Priorities need to be agreed through the wider housing partnership and the Health and Wellbeing Board.

Based on the evidence presented in this report the Health and Housing Project Board suggest that initially a theme around 'keeping well at home' is developed with areas for action targeted at older and vulnerable households across Leicestershire. These six areas are:

- **Involve housing options in the hospital discharge pathway so that housing barriers/solutions are actioned quickly;**
- **Establish a handy persons support service;**
- **Take the First Contact Scheme into GP surgeries to signpost people to advice and services;**
- **Secure money to deliver a targeted affordable warmth programme;**
- **Develop model for joined up holistic services for older people's support and care, and**
- **Promote an appropriate Equity Release Scheme for owner occupiers to release funding for improvements and adaptions.**

Appendix 1 – National Overview

Introduction

This section is concerned with the national policy context in which housing, health and social care organisations are operating. This context and the new structures in local areas provide the forums in which a more strategic approach to planning and developing services that support health and wellbeing can operate.

It explores the existing evidence at the national level of how housing and community based solutions for health and care issues can provide alternative and cost effective options. Housing and related support services are a critical part of the preventative agenda and the evidence also explores that. The report then focuses on a series of case studies that demonstrate how housing organisations are working with health and care partners to develop services that address key priorities for health and care. The aim is that this contextual report will demonstrate the 'art of the possible' in developing housing and related services that:

- address the rising demand for costly health and care services;
- deliver key outcomes for health and care;
- provide better outcomes for individuals; and
- support a shift in focus to prevention, re-ablement and short term interventions.

Policy context

Localism Act 2011

The Act brought in legislation to devolve decision making and funding to the lowest appropriate level on issues that particularly impact on local communities – in particular housing and planning. Although this will largely sit with local authorities, there are flexibilities for greater devolution to neighbourhoods and parishes, for example; with Neighbourhood Plans (driving what can be developed and where in a local area).

Key to the localism agenda is the ability for local people to drive priorities and shape the services they want locally. Clearly there is a need for effective leadership in this approach to ensure that all voices in local communities are heard and to navigate through conflicting priorities. This may be a particular area for shared approaches across health and care with housing, in terms of enabling the provision of housing based solutions where it may require the development of new supported accommodation or remodelling of existing stock. The shared local assessments and strategies across housing, care and health should inform and influence the strategic plans for housing and new development across a locality.

The networks and services of local housing and support providers can be a route to ensuring that all within local communities engage with the decisions that affect them.

Other flexibilities that may provide scope for how housing and related services are developed in partnership with health and care might include:

- local flexibilities in allocations – reasonable preference groups remain but there are some opportunities to reflect other factors (or example people in work, carers or people adopting or fostering);
- social housing reform – the opportunity to offer fixed term tenancies as appropriate. These must be set out in housing providers' tenancy policies and have regard to local authorities' tenancy strategies. This enables providers, if they wish, to offer fixed term tenancies to some households, perhaps in relation to addressing under-occupation or to make best use of existing adapted stock, for example.

Welfare Reform Act 2012

This Act brought in changes to housing benefit and the framework for universal credit. The changes to the local housing allowance covering private sector rents, and the restrictions to housing benefit for working age households who are under-occupying (the latter also applying to working age tenants in social housing), will put pressure on the finance of some households, many such households will either have to make up any shortfall or look at relocating to smaller and/or cheaper accommodation. For social housing tenants, universal credit will also bring in direct payments to tenants rather than landlords, posing a risk to income streams and potentially additional stress to tenants.

In the short term there is confusion amongst tenants as to how these changes apply to them, with households of working age with disabled members being worried by the implications of the spare room subsidy or 'bedroom tax' as it has been dubbed. In the long term it will involve providers looking at who they house and where, and what policies to apply to tenancy reviews if using the flexibilities of social housing reform. The options that prospective future tenants will face make the provision of clear, accessible information and advice of increasing significance and services that build up tenants' financial capability as well as maximising their income will be important to support local tenants and residents.

The implications are potentially for increased stress and anxiety that may be reflected in additional demands on medical resources. Shared approaches across housing providers and local housing authorities to advise and support their residents can provide help to identify and target assistance and initiatives such as co-location of housing officers, or those who can give benefits and other support within GP surgeries, may provide more targeted support, including for those in the private rented sector). The development of information, advice and advocacy services locally around options for care and support (included in the draft and support bill, provide the opportunity for health, care and housing options and solutions to be considered together where local services are joined up and inclusive.

Health and Social Care Act 2012

The Act brought in significant changes to the structure and operation of the NHS, nationally and locally. Specifically, most of the funding and commissioning of services now lies with Clinical Commissioning Groups (CCGs) comprising of GPs and other clinicians. From April 2013, these have replaced PCTs, with the goal that services will now be commissioned by those most directly in contact with, and aware of, the needs of their patients and localities.

Commissioning decisions are shaped by Joint Strategic Needs Assessments and Health and Wellbeing Strategies which are the responsibility of local Health and Wellbeing Boards. These Boards bring together health and care commissioners in a local area and elected councillors, with representatives of CCGs and local Healthwatch. The Boards also include the local Director of Public Health (DPH), now resituated within the local authority, in unitary and county councils. Other bodies' representatives can be included as considered appropriate in local areas.

The importance of housing as a wider social determinant of health and wellbeing may be reinforced by embedding DPHs back within local authorities, enabling them to look at the standard and quality of housing and its impacts on health. In two tier areas, the public health function will be in the county, whilst the local housing authority and its regulatory function on standards will be with districts. Therefore the Health and Wellbeing Boards can use the flexibility of membership to make stronger connections with districts as local housing authorities.

In addition, finding ways to connect to the wider housing sector (for example housing associations through a sub group) will enable Health and Wellbeing Boards to draw on the wide experience of local community. This will allow the Board to maximise connections to community and residents' groups to engage with the agenda and to the development/ maintenance of housing and related support services that directly contribute to health and wellbeing.

[This briefing focuses on local structures; more information on national structures established by the Act can be found here.]

Care Bill

The Bill will be a significant piece of legislation, replacing many previous Acts to make a person's entitlement to support easier to understand and navigate.

It establishes a right to assessment for carers. It sets out a definition of wellbeing which is to be the principle around which care and support is developed, and which includes safe and settled accommodation. It also seeks to widen the scope of support, in relation to providing more information and advice to help self-funders find care solutions.

The Bill has been issued at a time of increased focus on the demands of an ageing population with greater numbers living with long term limiting conditions and therefore higher use of care services. The bill is intended to address this by driving forward more integrated services and shifting focus and investment onto services that prevent, delay or reduce the need for higher cost care and health interventions.

The new duty of cooperation between statutory partners will extend to district authorities in two tier areas, providing a potential opportunity for more integration with housing; however the drive to include housing within the larger integration agenda, as set out strongly in the white paper, 'Caring for our Future' (below), is significantly scaled back within the Bill. Housing provision is not included in the clause on promoting integration of care and support with health services. This was one of several recommendations from the Joint Select Committee's pre-scrutiny report . The Committee recommended strengthening the involvement of housing through:

- the inclusion of housing options in the information and advice that people can access to find solutions for their care and support needs;
- assessment of the adequacy of housing provision within plans for hospital discharge;
- the inclusion of housing in care and support assessments and the requirement for referral to relevant authorities when this identifies a housing need; and
- the involvement of housing as named partners for Safeguarding Adult Boards.

Local partners in Health and Wellbeing Boards may consider how the flexibilities offered by the Bill could be extended to include housing (authorities and providers) and to realise the benefits demonstrated by housing and support services to help the shift towards greater prevention of the need for care, more effective reablement and delivery of better outcomes for health and wellbeing.

Caring for our future: reforming care and support

The Government's white paper focused on meeting the needs of people with long term conditions, built around key elements that capture the recipient's perspective:

- maintaining independence;
- understanding how care and support works, rights and entitlements;
- quality of care and support;

- dignity and respect; and
- control.

The increasing demand for care and health services means a shift to preventative services which can reduce dependence on care or enable people to recover their independence more quickly, is stressed in the paper and in the responsibilities of local authorities and health partners in the future.

Housing and community services were explicitly recognised as contributing to helping to maintain independence and reduce/ delay the need for care, in particular with an investment of £300million to develop new schemes of housing with care. Greater take up of assistive technology can also play a role in supporting people to live at home safely.

Nationally, the Department of Health committed to working with Foundations (the national umbrella body for Home Improvement Agencies and handyperson services), to increase the reach of these services, notably to people who would self-fund their care and support services.

The paper also addressed the need to look at assets of households and communities in providing support; the communal facilities on housing estates and in sheltered/ extra care schemes, coupled with the networks of and support to local voluntary groups provided within the housing sector can play an integral role in this and in addressing isolation and exclusion. The housing sector's role in wider programmes of support within communities, such as help for people out of work, active engagement with young people, healthy eating schemes etc., all contribute to wellbeing and healthier communities, and networks of informal help and support.

Homelessness

Housing Act 1996, Homelessness Act 2002, the Homelessness (Priority Need for Accommodation)(England) Order 2002

Local housing authorities have duties towards households that are homeless. In most cases this involves providing information and advice on the housing options available to them; particularly for single homeless people. Where households are vulnerable, unintentionally homeless and in priority need the main duty is to help with accommodation. This largely applies to households with children, although vulnerability for childless households can include coming out of an institution (including care) or mental health problems. Temporary accommodation is frequently provided whilst the case for a statutory need is assessed.

The Localism Act now enables local authorities to discharge the homeless duty into the private rented sector with certain conditions (length of tenancy and suitability).

Whilst the main duty is for rehousing, the need for support to help people address problems that could lead to repeat patterns of homelessness, and the impact on health long term, means many access housing support services provided by the housing association/voluntary sector. The severe constraint on finances for local authorities has put such services at risk; this can be particularly difficult in two tier areas where funding for housing support lies with administering authorities at the county but the statutory homeless duty and many of the additional support services lie with the local housing authorities. The ability to use the private rented sector effectively to discharge the main duty is also likely to be impacted by decreased support to ensure that households are successful at maintaining the tenancy and meeting its conditions, such as timely and full payment of rent. In relation to care and health needs, apart from the impact on physical and mental health from homelessness and tenancy insecurity, additional costs come from reassessments if households move frequently, increased risk for vulnerable individuals, loss of informal care networks increasing dependency on formal care, etc.

No second night out

Homelessness, and in particular rough sleeping, has significant impacts on health and wellbeing and increases need for,and cost of, care and health interventions. The average lifespan of a homeless man is 47 years and a homeless woman is 43 years, compared to average life expectancy of 77 (Crisis 2011).

Recognising the importance of fast intervention to get people off the streets and into housing, accessing appropriate support to prevent a cycle of homelessness and high costs, has led to the development of the initiative No Second Night Out. Initially focused on the high level of problems in London, the principles of delivering information, advice and help to find accommodation has been rolled out in major cities nationally. It centres around the development of a hub to provide assessments, connect to alternatives to sleeping on the streets, prevent a return to the street and where possible, help reconnect people to their original location and help locally.

Affordable warmth and energy efficiency Acts 2010 and 2011

The foundation for Government action on fuel poverty was set in the *Warm Homes and Energy Conservation Act 2000* which established a target for government to ensure, as far as reasonably practical, that no household should be in fuel poverty by 2016. Evidence below demonstrates the impacts of a cold home on health and wellbeing; an impact that is increased for those who are much older or young children, people with disabilities or long term limiting illnesses, all of whom are often in the home for longer periods of time, further increasing the negative health impacts.

Previous warm home initiatives have been replaced by a series of other measures aimed to:

- incentivise households and businesses to improve the energy efficiency of their properties; and
- target additional help at some of the most vulnerable households or those homes hardest to treat.

The Green Deal, established through the Energy Act 2011, funds improvements in energy efficiency measures through ongoing savings made on fuel bills. The Energy Company Obligation (ECO), under the same Act, provides additional assistance to more vulnerable households or homes that are harder to improve, running to 2015.

The Energy Act 2010 set out the Warm Homes Discount – a four year programme (up to 2014) of additional funding and assistance by energy companies for those households considered most vulnerable, including older people, those with young children and people with disabilities or long term limiting illness meeting eligibility criteria.

Being aware of the initiatives, who qualifies and the information and advice from energy companies, will enable health and housing partners to ensure the widest access of vulnerable groups with health and wellbeing needs.

Spending Round 2013

The impacts of the ageing population on public services and costs has been brought sharply into focus recently, including through the report from the House of Lords' Committee on Public Service and Demographic Change,

Ready for Ageing?, which found that, whilst longer life expectancy brings many advantages, potential risks came from the collective failure to address the implications for public services and to shape these to support active, healthy and independent ageing. In particular there are high cost impacts for health and care services, and potentially a significant role for a range of housing and related support services to support a shift to prevention or reduction/ delay of dependency on high cost health and care interventions.

The need to address the impacts of an ageing population, and addressing long term conditions, have been reflected in recent revenue and capital decisions announced in the Spending Round 2013, notably:

- £3.8billion for joint commissioned services by NHS and local authorities, with a focus on developing integrated services that reduce hospital admissions for older people;
- £220million for disabled facilities grants; and
- £40million for hostel accommodation for rough sleepers, aimed at reducing use of Accident and Emergency facilities and improving mental health outcomes.

Appendix 2 – National Overview of Research & Evidence

This section considers the research and evidence of linkages between housing and health, and impacts on costs for public services.

Developing your local housing offer for health and care: targeting outcomes

This paper from CIH and Housing LIN is a tool to help housing professionals to identify and articulate how their housing and support services contribute to the delivery of outcomes required of public health, health and social care partners. It provides signposts and links to the major national reports demonstrating the evidence and evaluating the impacts of housing and related support in addition to all identified below. It also signposts to tools that can help housing organisations to evaluate and quantify the benefits and impacts of their local services for health and care partners.

Social determinants of health

Professor Sir Michael Marmot's review of the social determinants of health, Fair Society, Healthy Lives, reinforced previous studies that evidenced the impacts of housing, neighbourhoods and environments on the health and wellbeing of individuals and communities. The report sets out six policy objectives, one of which explicitly focuses on sustainable places and communities. For all of the objectives, the contribution of the places in which people live can be significant.

Marmot's policy objectives are:

- giving every child the best start in life;
- enabling all children, young people and adults to maximise their capabilities and have control over their lives;
- creating fair employment and good work for all;
- creating and developing sustainable places and communities; and
- strengthening the role and impact of ill-health prevention.

The approach that Marmot recommends to address inequalities is one of 'universal proportionality'; improving the situation of all in society with a greater weighting for those most disadvantaged, rather than programmes targeted solely at the poorest – (eg improving energy efficiency in all housing as well as addressing the poorest households and housing).

The approach of universal proportionality fits with opportunities from recent legislation and changes in the policy framework across housing and health and flexibilities to tailor services for local priorities.

Improving cold homes

The health impacts of cold homes and fuel poverty report (2011), produced by the Health Inequalities team for Friends of the Earth, illustrated the impacts of cold housing and poor energy efficiency on health, including:

- the relationship between low thermal efficiency and low temperatures with excess winter deaths (of which there are still approximately 40,000 per year);
- that excess winter deaths are almost three times higher in the coldest quarter of housing;
- the strong relationship between cold temperatures and cardio-vascular disease (the cause of 40% of excess winter deaths) and respiratory problems (33% of excess winter deaths);
- children in cold homes twice as likely to have respiratory problems;
- the negative impact of cold homes on mental health across the age ranges;
- more than one in four adolescents in cold homes at risk of multiple mental health issues, compared to one in twenty who have always lived in warm housing; and
- the increase in falls, accidents and injuries.

Research by BRE for CIEH aimed to identify the costs to the NHS of the negative impacts on health of cold homes, in The health costs of cold dwellings (2011). The work looked at the lowest energy efficiency ratings (F and G) and also at the incidence of category one hazards identified through the Housing, Health and Safety Rating System (HHSRS). A particular concern was to identify the costs from the private rented sector as this often includes the oldest stock in the worst condition. The BRE calculator estimated costs to the NHS of £145 million if the worst homes in the private rented sector were not improved to the average Standard Assessment Procedure (SAP). For the East Midlands region the figures were 67,000 homes at a cost of over £12million.

Professor John Hills evaluated the effectiveness of the fuel poverty measure (households paying more than 10% of income on energy) and its influence on policy interventions. His final report, Getting the measure of fuel poverty, recommended a change in the previous measure but also highlighted the huge task in addressing the issue for the most vulnerable in hard to treat homes. 34% of fuel poor households include someone with a disability or long term limiting illness - 20% include a child aged 5 or under and 5% include a person aged 75 or older.

District Action on Public Health, a publication from the District Councils network, explored the role of districts in addressing the wider determinants of health. Districts are a central and significant partner to support better health outcomes through:

- planning to development and sustain healthy communities - green spaces, connected transport systems and well linked facilities;
- the provision of the full range of housing (of the right size, type, tenure and cost) to meet local needs and aspirations across the life course;
- addressing homelessness and providing effective housing options;
- delivering aids and adaptations to support safe independent living; and
- provision of housing support, and adaptation, to help people to live independently within the community and connect to other services, education, training and employment opportunities.

Accessible and well adapted homes

Better outcomes, lower costs (2007) illustrated the significant savings that could be delivered by timely adaptations that enabled on-going independence which delayed or reduced the need for personal care services. The report considered the impact for health and wellbeing in relations to:

- reducing or removing an existing outlay (eg enabling someone to come out of residential care or reducing the hours of care in the home);
- preventing an outlay that would otherwise be needed (eg a hip fracture averaging over £28,000 compared to a major adaptation that reduces the risk of falls costing £6,500. Where the adaptation required to reduce the risk are some well sited grab rails, savings are considerably increased;
- preventing other health costs in terms of, for example pain management, delayed discharge from hospital, care support, coping without the help of adequate adaptations, etc;

- saving through prevention of waste. Adequately resourced and effective procedures to access adaptations can prevent conditions worsening and increased costs occurring. Although Government has recently increased funding for Disabled Facilities Grants (a major funding stream for adaptations) home improvement agencies are closing due to lack of revenue funding (often previously provided through Supporting People/ housing related support funding; and
- savings through better outcomes for the same investment where improved quality of life, supporting ongoing engagement with society, independence and better health and wellbeing outcomes can be delivered by ensuring maximum return on current investment.

Specialist homes

Specialist housing, such as supported housing or extra care housing, helps people with additional needs to live more independently. It brings particular benefits (outcomes and savings) where it delivers a housing based solution that enables people to live safely and well out of residential or other institutionalised settings.

Research for the Homes and Communities Agency by Frontier Economics (2010) looked at the economic benefits resulting from specialist housing, taking into account the additional costs of these types of provision, focused on capital investment. Costs and savings were compared to a counter-factual experience identified and overall found a net benefit of £640million (savings of £1.6bn delivered for £990m investment). The research evaluated which groups benefit most and by what amount, which reveals particular savings accrued for health and social care:

- older people - savings of £444 per person per year (and the largest savings overall due to numbers involved) relating particularly to health and care services;
- people with mental health needs – savings of £4,671 per person per year, much of it relating to health services;
- people with learning difficulties – savings of £6,764 per person per year, much of it relating to social care services;
- people with physical or sensory disabilities – savings of £1,386 per person per year;
- single people with support needs – savings of £1,655 per person per year; and
- offenders/ those at risk of offending – savings of £356 per person per year.

Groups of younger people – those at risk, those leaving care and teenage parents – did not demonstrate savings but the evaluation was based only on the period in specialist housing rather than a longitudinal analysis of benefits that were potentially realised in years after.

Establishing the extra in extracare, a report by the International Longevity Centre involving three private extra care providers looked at the impacts of extra care housing on the health and wellbeing of residents in comparison with matched groups in general housing in receipt of domiciliary care. The benefits for residents, as well a health and care services, were found to be:

- residents of extra care housing were less likely to go into institutional accommodation than those in general needs housing (10% compared to 19%);
- about a quarter entering extra care housing with a social care need experienced a reduction in needs and longer periods of stability;
- there was a lower likelihood of residents from extra care housing being admitted to hospital for an overnight stay; when admitted they remained for longer, perhaps reflecting admittance for more serious issues;

- residents in extra care housing experienced fewer falls; and
- extra care housing supports some of the frailest and oldest of the population, with people entering in their 70s and 80s. Proportions living in extra care housing with dementia, after strokes and with Parkinsons disease was higher than in the general population.

Housing support

Accessible housing and appropriate support provides an effective way to help people to gain or maintain independent living in a community for longer. Addressing issues with appropriate housing support has been demonstrated to enable people to manage their homes and lives effectively without escalation into greater dependency and use of more intensive public services, such as hospital admissions, residential care or other institutional measures.

An evaluation (2009) of the cost benefit arising from investment in revenue funded housing support demonstrated net savings of £3.4bn for an investment of £1.6bn; with £315.2million benefits to health services. Significant savings came from delaying/ preventing the use of residential care.

Particular savings accrued in relation to people with long term conditions, notably for:

- people with learning difficulties - net benefit of £711m;
- people with mental health needs - net benefit of £559m;
- older people in sheltered housing - net benefit of £647m;
- older people in extra care housing - net benefit of £123.4m; and
- older people receiving floating support - net benefit of £628m.

Additional benefits were recognised but not evaluated in the research, notably quality of life and social inclusion, reduced burdens for carers and greater access to other appropriate services.

The report encompassed housing related services delivered through supported accommodation and floating support. More recently, research on the impacts of social exclusion for health and wellbeing demonstrates the value of services which enable people to be engaged with communities and society.

Support for social inclusion

Loneliness impacts on increased blood pressure and is associated with depression and higher mortality rates. The influence of social isolation has comparable impact on risk of death as smoking and alcohol and exceeds obesity and lack of physical activity (evidence usefully collated in SCIE research briefing 39). The assets (communal facilities) in supported accommodation that facilitate social activities and enable people living in localities to gather in local venues can therefore bring significant further benefits for local public services when well used for social and community health activities.

Homelessness

Homelessness has major impacts on mental and physical health, including significant limits on a homeless person's life expectancy. Homelessness is both a cause and consequence of depression and other mental health issues. Research for Crisis found 42% of homeless people accessing services had mental health problems.

Drug and alcohol misuse is high amongst the homeless population where approximately 52% of people accessing hostels had alcohol problem and 47% a drugs problem. Between 10-20% of homeless people experience both mental health and substance misuse issues. Increased smoking and lack of access to adequate and healthy food compound the poor health of homeless people and its long term effects.

The impact of homelessness on physical health is extensive, including increased experience of infections, respiratory and cardiovascular conditions, cancer and liver damage. It significantly increases the risk of experiencing violence and injury. The impacts are exacerbated by the difficulties homeless people experience in accessing health care services, which means they access more high cost, emergency and crisis interventions. Homeless people are 40% times more likely not to be registered with a GP than the housed population and consequently have increased use of A&E services.

Appendix 3 – Positive Practice

The following studies focus on how integrated working and joint funding of programmes are already being developed across health, social care and housing. These generally centre on particular health issues or client groups, and/or specific housing solutions; however all provide ideas of what solutions housing can provide, and how closer working and planning for services across the sectors can deliver better outcomes for individuals, communities and public services.

Norfolk's integrated commissioning service

Norfolk is covered by a county council, seven district councils, six clinical commissioning groups and three acute hospitals. Over seven years the Supporting People programme provided a catalyst for developing a more integrated commissioning service focused on services that helped to maintain/regain independence, health and wellbeing through community, housing-based solutions, including:

- reablement;
- social care; and
- housing related support.

The service has four locality teams based on the CCG boundaries. To date it largely covers services for older people and those with long term conditions, but not those with learning difficulties, mental health or drug/alcohol problems or acute services.

It provides:

- a 'one stop shop' for community commissioning (a framework that can support CCGs as they take on the majority of NHS funding);
- expertise in commissioning across housing, health and care;
- new ways of addressing old problems (increasingly demonstrating the delivery of non-medical/non clinical solutions);
- networks that can develop solutions;

- person centred and evidence based approaches; and
- resources to deliver local solutions.

Blackpool: health investment in housing improvement and shared training of front line staff

Blackpool has a history of close strategic working between senior officers of public services including health, social care, housing and police, helped by coterminous boundaries and co-location of officers. The high levels of deprivation in the locality, large numbers of older people in the population and the poor condition of much of the housing all meant that interventions on housing would be a clear factor for improving health and wellbeing.

This led to a joint training programme for front line workers across the sectors, based on the effect of the environment on health to identify signs of poor housing condition. It developed shared expertise and understanding and resulted in a shared referral process.

Recognising the higher level of engagement by older and socially excluded people with GPs and community health professionals, the then PCT and the Home Improvement Agency (HIA) were keen to connect with GPs to increase the awareness of housing as a factor in health and to increase the 'reach' of the HIA service to those who might otherwise be missed.

The result was a project to develop a referral system through GPs' IT system, which triggers housing related questions when a person presents with cold related illnesses. Referrals are directed to the HIA, which coordinates interventions using the shared referral process previously developed across partners. The project was promoted to GPs by addressing their concerns for their patients: providing a means of tackling respiratory problems, reducing the need for medication and repeat visits to the GP.

Liverpool's healthy homes programme

Housing conditions are a significant factor in ill health and health inequalities in Liverpool. Surveys of the condition of housing revealed approximately 7.5% of homes were fuel poor and roughly the same were without central heating. The city experienced 242 excess winter deaths and 77 deaths per year due to accidents in the home.

A partnership between Liverpool City Council and the PCT was established to address the social determinants of ill health and improve access to health services across the city. In particular it aimed to identify 25,000 homes to assess needs and to undertake health and housing safety rating assessments (identifying hazards to health and safety, and actions for improvement according to level of risk).

The ambition was to reduce premature deaths by over 100 and reduce GP consultations/acute admissions by over 1000 cases over four years by identifying needs and referrals to appropriate services/partners for interventions. It developed a single assessment process and included a number of health awareness campaigns.

Actions included door knocking in areas of greatest vulnerability, as identified by

- indices of Multiple Deprivation;
- housing distribution by type;
- rates of years of potential life lost;
- emergency hospital admissions;
- residence for hospital admissions for falls;
- residential burglary figures;
- Housing Benefit rate; and
- fuel poverty indicators.

Mid-way through the term (2011) the programme had:

- engaged with nearly 30,000 occupants, including 21% of non white ethnic origin (8% of the population);
- made over 17,600 referrals to partners, including over 3,000 in relation to fuel poverty and energy efficiency;

- carried out over 3,000 HHSRS inspections and identified over 2000 category one hazards;
- run 89 health promotion events; and
- levered in over £3m of private investment.

Housing inspections had addressed:

- 626 cases of excess cold;
- 408 fire hazards;
- 318 falls;
- 288 cases of mould and damp;
- 161 risks to hygiene;
- 23 cases of overcrowding;
- 58 cases with insecure housing and risk of entry by intruders; and
- 169 other hazards.

BRE's evaluation of the first year estimated that over a ten year period savings to NHS would be £4.4m and wider societal savings of £11m.

Helena Partnership's healthy home award

Helena Partnership was the first housing organisation to be recognised by CIH for the contribution its housing and related interventions have made to the health and wellbeing of its tenants. Its own investment and initiatives are delivering significant impacts for its local communities, in respect of improving the safety, accessibility and warmth of housing, and better local neighbourhoods. In addition, it has developed a number of initiatives in partnership with the local PCT to address key priorities and tackle health inequalities, including:

- Shoots Food Club – begun in 2006 with PCT investment and is now a thriving social enterprise which helps local people to source affordable healthy food and to make better nutrition and lifestyle choices;

- men's health checks and 'Get Checked' campaign – a proactive outreach campaign that targeted men who did not access GPs by, among other means, going into local pubs and bookies, resulting in significant increased rates of referrals for major health issues including bowel and prostate cancer; and
- 'Going Home' from hospital project – working with NHS and other partners to develop a service that supports older people to be safely and quickly discharged from hospital by providing support in the home or finding more appropriate housing.

One Housing Group's partnership for mental health

One Housing Group has taken a strategic approach to develop housing and community based solutions for people with mental health problems that delivers a reduction in need for hospital beds. They have formed a strategic partnership with a Foundation Trust and embedded themselves in the supply chain.

Building on the Trust's land, One Housing Group has developed an extra care scheme for people with mental ill health. Technology is integral to the design and operation of the scheme, with CCTV and telecare underpinning the support services offered. The scheme provides a very attractive and safe place to live, as well as delivering a better and more effective pathway to support people with mental health problems. As a result only those requiring clinical interventions need to go into hospital. Service users generally stay for approximately 14 months and are supported to move on to settled accommodation.

Savings for the foundation trust come from the 60% reduction to date in acute admissions. It provides a better experience for individuals with much better outcomes as more move on successfully and fewer relapse.

Home Group: A Good Death and other health projects

A pilot project funded by North East Health Innovation Cluster and Science City (Newcastle University) enabled Home Group to develop ' A Good Death' – a scheme to support people with terminal illness in the last few years of life. The scheme helps to tackle practical issues that can help tenants and ideally keep them at home to die, providing a better outcome in line with most people's preferences (of the 65% of people who want to remain at home to die, only 20% achieve this). This scheme also provides savings on the cost of emergency admissions/death in hospital.

The project works with a number of partners including Marie Cure Cancer Care, Age UK and Public Health North East and volunteers, to provide the practical support that can help maintain people at home.

Support can include:

- organising aids and adaptations;
- sourcing new equipment;
- applying for benefits;
- providing help to connect with family and friends;
- giving people someone to talk to; and
- help in putting affairs in order.

In other regions, Home Group is developing other services with health partners including:

- co-location of housing officers in three GP surgeries in Norfolk. The officers are there to provide help with housing, benefits and related support issues. The project identifies solutions that help to reduce visits and medication where related to respiratory problems, anxiety and depression etc. Currently the service is supporting approximately 80 clients; and
- development of housing solutions to support and care for people with long term conditions (mental health) and people with learning disabilities, enabling reduced use of more intensive hospital or out of area residential services, and providing a more personalised housing based solution for care and support needs.

Wakefield District Housing's health inequality workers

A significant partnership developed between Wakefield District Housing (WDH) group and the local PCT to address the level of health inequalities and the needs of vulnerable groups in the local area. The joint working was facilitated by the involvement of both housing and health representatives on the local partnership board.

WDH, having its foundation in the large scale voluntary transfer of the local authority's housing stock, was involved in estates where health inequalities were clearly evidenced. As the landlord, its officers were often aware of what households' care and health needs were before they presented with a crisis

in health and wellbeing. WDH was then seen as a vital partner for the PCT to communicate key health messages to households and to support them to access help with their health and wellbeing.

Funding for three years led to the employment by WDH of a small team of health inequality workers, to support households and to refer them for help on health, care, financial and other matters.

Most referrals to the team come from WDH's other staff including debt advisors and estate staff, although self-referrals and referrals from other providers are accepted.

[More evidence of the impact available in CIH's report, p13]

Creating housing choices for life

CIH and Housing LIN have a programme of work that will explore what effective retirement housing choices can be developed to support older people in the future. This will look at how to deliver more attractive housing options for older people, what services will be important within it to support health and wellbeing and how this can contribute to more effective local housing markets, as well as better outcomes for health, wellbeing and quality of life. The initial report sets out what we have currently, what we know older people want and how we might build on this in new models. The second report will look at how to deliver this in respect of funding, planning and strategic planning for services across housing, health and social care.