

## Appendix 1

### JSNA work programme

	JSNA section	Approval date
<b>Cross cutting themes &amp; summaries</b>		
	Exec summary	May-15
	Housing (summary)	May-15
	Health care associated infections in community settings	May-15
	Diet and nutrition	May-15
	Obesity	May-15
	Physical activity	May-15
	Health Impacts of Air Quality	Jul-15
	Substance misuse: alcohol and drugs	Jul-15
<b>Children and Young People</b>		
	Early Years	May-15
	Avoidable injury	Jul-15
	Disability	Jul-15
	Looked after children	Jul-15
<b>Adults</b>		
	Sexual health	Mar-15
	Suicide	May-15
	Homeless people	Jul-15
	Disability: physical and sensory impairments	Jul-15
	Long Term Neurological Conditions	Jul-15
<b>Older people</b>		
	Mobility and falls	Mar-15

**Nottinghamshire Health and Wellbeing Strategy**  
**Housing Commissioning Group**  
**Delivery Plan 2014 - 2016**

**Health & Wellbeing Priority Area:**

**Ensuring we have sufficient and suitable housing, including housing related support, particularly for vulnerable people.**

**Ambition:**   Coping well  
                  Working together

**Why is this a priority?**

The home is a wider determinant of our health and wellbeing, throughout our life. Ensuring the population has appropriate housing will prevent many problems well in advance of the need for clinical intervention.

Affordable and suitable, warm, safe and secure homes are essential to a good quality of life yet almost 90,000 homes in Nottinghamshire do not meet these criteria. In 2012/13 over 3,000 households reported being at risk of losing their home, or homeless, and this trend is increasing. These experiences place a burden on mental health and wellbeing in particular, and can exacerbate existing health conditions.

There is insufficient affordable and good quality housing in the county to meet the needs and demands from existing and new households. The combined effects of the economy and welfare reform on reducing household income means that some people may have no choice but to live in poor quality and/or unsuitable housing; to not heat their home; to have insufficient space for healthy living; to move away from support networks and the services they need and may face homelessness.

Available estimates of the cost of the impact of poor housing conditions and homelessness on the NHS include:

- At least £600m a year; this research was based on 2001 healthcare costs<sup>1</sup>.
- The cost of not improving energy efficiency is at least £145 million per annum<sup>i</sup>; locally, this figure is estimated to be over £20 million<sup>ii</sup>
- £2.5bn per annum is spent treating illnesses linked to poor housing<sup>2</sup>
- The cost of overcrowding is £21.8m per year<sup>3</sup>.
- The cost of single homeless people using inpatient, outpatient and accident and emergency services is £85m a year<sup>4</sup>

The wider costs to society of this poor housing are estimated at some 2.5 times the NHS costs. These additional costs include: lack of educational attainment, lost income, higher insurance premiums, higher policing and emergency services costs.

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<sup>1</sup> Building Research Establishment

<sup>2</sup> National Housing Federation (2010) The Social Impact of Poor Housing

<sup>3</sup> Building Research Establishment

<sup>4</sup> DH (2010) Healthcare for single homeless people)

## What works?

Co-ordinated partnership working between local housing authorities, health and social care providers and other key stakeholders is essential, along with the need to share resources.

The priority areas that focus on the relationship between Housing and Health within the County are:

**Priority 1 - Poor housing conditions** – particularly the impact of falls in the home, cold and damp homes and fuel poverty, fire in the home and inadequate home security.

**Priority 2 - Insufficient suitable housing** – including the impact of overcrowding and lack of housing that enables people e.g. older or disabled people, to live independently.

**Priority 3 - Homelessness and housing support** – including the impact of homelessness on families and other crisis that may result in the loss of a home and an individual's ability to live independently.

**Priority 4 - Children and young people** – ensuring they have the best home in which to start and develop well. This is an emerging housing priority.

Underpinning all of the above key housing issues is the need for timely and appropriate information and advice to enable people to make informed choices on housing matters and access the services they require.

The focus of housing related activity should be on:

- Children, particularly if they are disabled; are part of the Gypsy and Traveller community; live in poverty; live in the private rented sector; live in a deprived area.
- Older people, particularly if they are disabled; have a limiting long term condition; have a mental health issue and live in the private rented sector; live in poverty; live in a rural area or a deprived neighbourhood.
- Disabled people and people with a limiting long term condition, particularly if they live in poverty; live in the private rented sector; live in a rural area or a deprived neighbourhood.
- Particular communities i.e. rural communities and BME communities living in the private rented sector, and Gypsies and Travellers.

This delivery plan should be read in conjunction with the supporting document '*An Assessment of the Impact of Housing on Health and Wellbeing in Nottinghamshire*' which can be viewed at <http://www.nottinghaminsight.org.uk/d/112956>. The delivery plan includes references to the most appropriate indicators from the Public Health Outcome Framework (<http://www.phoutcomes.info/public-health-outcomes-framework>). Some of these health indicators have a direct correlation to the housing outcomes within this plan e.g. fuel poverty, and provide direct measures of success. However, it is more difficult to show a direct link between some of the housing outcomes e.g. homelessness, and the health indicators in existence. Where this is the case, other appropriate indicators have been referenced as a means of measuring success.

## Where will the Health and Wellbeing Board add value:

Local housing authorities are ideally placed to lead on housing related activities with detailed understanding of their local communities. Close working relationships already exist between

housing authorities and adult social care and health. The Health and Wellbeing Board can however facilitate the development of new working relationships with Children's Services, Health and Clinical Commissioning Groups in particular. This will in turn raise the profile of county-wide housing activity and its integration with services for children, older people, disabled people and specific communities.

The responsibility for this delivery plan lies with a wide range of partners including the local housing authority, the County Council, health and social care as well as community and voluntary organisations. The success of the delivery plan and completion of the agreed actions will require closer, more integrated ways of working between these partners, including the integration of resources.

## **PRIORITY 1 – POOR HOUSING CONDITIONS**

### **Outcome 1: Homes in the private sector are warm and safe**

**Indicator 1a: Fuel poverty (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** Nottinghamshire is statistically worse than the national average – 12.1% in Nottinghamshire compared to national average of 10.4% (2012)

**Target:** Aim is to reach the national average.

**Indicator 1b: Excess winter deaths (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** The ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths is higher in Nottinghamshire than nationally (16.9 compared to 16.5 respectively – 4.15iii) (Aug 2009 - Jul 2012)

**Target:** Aim is to reach the national average.

### **Milestones:**

- **Milestone 1:** We will deliver a Nottinghamshire 'Winter Warmth' campaign in partnership with health, social care and housing for the period November 2014 – March 2015.
- **Milestone 2:** We will review the process of completing a Nottinghamshire Private Sector Stock Condition survey by September 2015 to determine how a new cost effective study can be completed.
- **Milestone 3:** We will deliver an integrated Nottinghamshire 'Healthy Homes' affordable warmth model in partnership with Public Health by December 2015. This will include the development of information sharing agreements and referral pathways with a view to piloting targeted assistance at the most vulnerable.

**Lead:** Housing Commissioning Group

### **Links to other plans:**

Nottinghamshire Affordable Warmth Strategy

Local Affordable Warmth Strategies and Private Sector Housing Renewal Strategies

## **PRIORITY 2 – INSUFFICIENT SUITABLE HOUSING**

### **Outcome 2: People are aware of their housing options and are able to live independently in a home suitable for their needs**

**Indicator 2a: Falls and injuries in the over 65s** (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)

**Baseline:** Nottinghamshire rate of emergency hospital admissions for falls injuries in persons aged 65 and over, per 100,000, is higher than the regional average (1,940 compared to 1,865)

**Target:** Aim is to reach the regional average

**Indicator 2b: Emergency Readmissions within 30 days of discharge from hospital** (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)

**Baseline:** Nottinghamshire percentage of emergency readmissions within 30 days of previous hospital discharge is lower than national average (11.4% compared to 11.6%).

**Target:** Aim is to reduce the Nottinghamshire average

**Indicator 2c: Health Related quality of life for older people** (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)

**Baseline:** This is a new indicator – no baseline available. To be reviewed. **Target:** To be confirmed

- **Milestone 1:** We will work with County, health and social care to develop integrated information and advice provision to enable people to consider suitable housing options by April 2015.
- **Milestone 2:** We will introduce a consistent approach to access, assessment, and delivery of home adaptations across the County by December 2015.
- **Milestone 3:** We will remodel existing and develop new supported housing schemes to increase the range of housing on offer to people with health and care needs by March 2016.

**Lead:** Housing Commissioning Group

**Links to other plans:** Older Persons Delivery Plan, Care Act 2014 implementation

## **PRIORITY 3 – HOMELESSNESS AND HOUSING SUPPORT**

### **Outcome 3: People live in stable accommodation and homelessness is prevented as far as possible**

**Indicator 3a: Statutory homelessness** (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)

**Baseline:** The number of homeless acceptances per 1,000 households compares well to the region and nationally (1.5 compared to 1.8 and 2.4 respectively) but this may be difficult to maintain.

**Target:** Aim is to maintain or improve the number of households

**Indicator 3b: Statutory homelessness – households in temporary accommodation** (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)

**Baseline:** The number of households living in temporary accommodation per 1,000 households in Nottinghamshire compares well to the region and nationally (0.3 compared to 0.4 and 2.4).

**Target:** Aim is to maintain or reduce the number of households.

**Indicator 3c: Rough sleeping (as defined in DCLG's annual report - <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2013>)**

**Baseline:** The estimated number of rough sleepers in Nottinghamshire totalled 39 as stated in the DCLG statistical analysis report February 2013.

**Target:** Aim is to reduce the local rough sleeper count.

**Indicator 3d: Domestic abuse (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** The rate of domestic abuse incidents recorded by the police per 1000 population in Nottinghamshire is higher than regional and national rates (24.3 compared to 20.9 and 18.8 respectively).

**Target:** Aim is to reach the national average

**Indicator 3e: People beginning drug or alcohol treatment with a housing problem (National Drug Treatment Monitoring System)**

**Baseline:** Public Health to provide

**Target:** Public Health to provide

**Milestones:**

- **Milestone 1:** In partnership with CCG's and GP surgeries, we will carry out housing training with front line surgery staff with a view to targeting homelessness prevention and housing support at hard to reach groups by December 2015.
- **Milestone 2:** We will work with private landlords to develop private rented sector offers to enable households at risk of homelessness to access alternative settled housing by December 2015
- **Milestone 3:** Working in partnership with health and social care, develop hospital discharge schemes and protocols to reduce unnecessary hospital admissions and ensure timely discharge by December 2015.

**Lead:** Housing Commissioning Group (homeless families)

**Links to other plans:** 'Assessment of the health needs of single homeless people', Nottinghamshire County Council July 2013

**PRIORITY 4 – CHILDREN AND YOUNG PEOPLE**

**Outcome 4: Children and young people have the best home in which to start and develop well**

**Indicator 4a: Child poverty (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** The percentage of all dependent children living in relative poverty in Nottinghamshire compares well to the region and nationally (17% compared to 18.4% and 20% nationally)

**Target:** Aim is to maintain or reduce the local percentage.

**Indicator 4b: School readiness (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** The percentage of all eligible children to achieve school readiness in Nottinghamshire compares well to the region and nationally (56.6% compared to 49.8% and 51.7% respectively).

**Target:** Aim is to increase this percentage locally.

**Indicator 4c: Hospital admissions injuries in children (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** The rate of hospital admissions of children per 10,000 resident population in Nottinghamshire compares well with the region and nationally (85.2 compared to 86.8 and 103.8 respectively)

**Target:** Aim is to reduce the rate of admissions locally

**Indicator 4d: Child development at 2-2.5 years (as defined in Public Health Outcome Framework - <http://www.phoutcomes.info/public-health-outcomes-framework>)**

**Baseline:** To be confirmed

**Target:** To be confirmed

- **Milestone 1:** We will carry out County-wide review of baseline research to identify the scale of impact of the home and housing circumstances (including overcrowding) on the health and wellbeing of children and young people, and child poverty by March 2016.

**Lead:** Housing Commissioning Group

**Links to other plans:** The Children, Young People and Families Plan 2014-2016

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<sup>i</sup> The 'Real Cost of Poor Housing' [Building Research Establishment](#)

<sup>ii</sup> Estimated Figures produced by Richard Davies from Marches Energy Action. A 2012 AgeUK report calculated the cost of cold related ill-health to the NHS across England as £1.36 billion. This was pro-rata'd based on numbers of households in each local authority district to give an estimate of the local costs.