

4 March 2015**Agenda Item: 10****REPORT OF THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND
CULTURAL SERVICES****HEALTH AND WELLBEING IMPLEMENTATION GROUP****Purpose of the Report**

1. This report provides a summary of progress made by the Health and Wellbeing Implementation Group. It describes achievements made by a range of integrated commissioning groups and a review of the Joint Strategic Needs Assessment and delivery of the Health and Wellbeing Strategy.

Information and Advice

2. The Health and Wellbeing Implementation Group is responsible for managing the work programme on behalf of the Health and Wellbeing Board and assisting the Board to fulfil its statutory duties. It ensures the delivery of the Health and Wellbeing Strategy through monitoring and holding the integrated commissioning groups to account for progress against their delivery plans.
3. Since the last report of the Health and Wellbeing Implementation Group which was presented in July 2014 the group has met twice. The main items considered by the Group were:
 - Review of evidence relating to sexual abuse and domestic violence
 - Approval of the Housing needs assessment
 - Agreement of the Health & Wellbeing Strategy Delivery Plan
 - Housing Delivery Plan for the Health and Wellbeing Strategy
 - The role of the Group & support for the Board
 - Health & Wellbeing Board Stakeholder network programme

Key achievements**Joints Strategic Needs Assessment**

4. The Group has received and approved updated sections of the JSNA covering the following topics:
 - i. [Tobacco](#)
 - ii. [Carers](#)
 - iii. [Hepatitis](#)
 - iv. [Sexual Violence](#)

5. A further programme of activity is planned and is attached as Appendix 1.

Delivery of the Health and Wellbeing Strategy

6. The Group has been overseeing the delivery of the Health and Wellbeing Strategy. A baseline report was presented to the Health and Wellbeing Board in December 2014 which outlined current position and highlighted issues impacting on delivery.
7. This report gives an update on progress since December, which is limited given the short reporting period. There has been significant activity however in refining the delivery plans for each priority area. Integrated commissioning groups have been asked to refine plans to focus on partnership areas, outline key actions and to identify indicators to provide a measure of success. This report will give a brief outline of significant issues and changes since December 2014 based on the ambitions within the Strategy.

A Good Start

8. Within the priority to **work together to keep children and young people safe** the Nottinghamshire Safeguarding Children Board has prioritised the Initial Child Protection Conference (ICPC) repeat audit and the Children Sexual Exploitation audit and will undertake an audit to evidence the effectiveness of information sharing between children & adults services where there are mental health or substance misuse issues in the family. While the audit has been delayed this is still on track to be completed by March 2015.
9. A needs assessment of unplanned admissions and avoidable emergency department attendance by children and young people, to support the priority **to improve health outcomes through the integrated commissioning of children's health services** has been postponed from November 2014. It is now due to be completed by the end of February 2015 and will inform future commissioning linking integrated community children's and young people's healthcare priority on reducing hospital admissions.
10. The priority to **provide children and young people with the early help support that they need** is supported by a key action:
 - to review and refresh our common assessment approach for individual children, young people or families who need integrated early help support by developing a plan to migrate early help assessments onto Framework-i so that there is an integrated approach to case recording by December 2014.
11. There are 4 milestones for this key action, three of which are being progressed successfully including the introduction of the single assessment in Children's Social Care from April 2015, which will be based upon a consistent approach to assessment and planning across the department including early help assessments.
12. The milestone proposes to use the Framework-i system for early help case management at the point that the current version of the software is upgraded (to a version known as Mosaic). This will not take place during 2014/15; the current plan envisages the implementation by summer 2015, though further work is currently being undertaken to validate this. In the meantime, early help assessments will continue to be recording on existing systems.

Living Well

13. To support the ambition that Nottinghamshire residents live well, the strategy aims to **reduce numbers of people who are overweight or obese** as a priority and aspires that all children, young people and adults in Nottinghamshire are a healthy weight, meet the Chief Medical Officers recommendations for physical activity and adopt and maintain a healthy diet.
14. One action to support this milestone is to complete the procurement of and mobilise an integrated obesity prevention and weight management service by April 2015. This procurement exercise has now been undertaken and a preferred bidder identified. Mobilisation has been initiated and will be undertaken until the contract starts in April 2015.
15. Action has also been undertaken to sign up businesses to a Nottinghamshire healthier fast food takeaway scheme. This has now been completed in Rushcliffe and roll out to other areas was started in January 2015.
16. Participation rates for in the National Childhood Measurement Scheme were published in December 2014 for the financial year 2013/14. While participation for reception aged children has increased from 2012/13 from 91.3% to 92% it remains below the national average of 94% for that age group. Participation for Year 6 has declined over the same period from 91.9% during 2012/13 to 89% during 2013/14. The scheme is important because it increases understanding of weight issues in children, it offers an opportunity to engage with children and families about healthy lifestyles and weight issues and it also helps to plan and improve local services.
17. Following the Boards endorsement of the Nottinghamshire Declaration on **Tobacco Control** all district councils and CCGs are signed up in principle subject to formal agreement through their local governing bodies. As action plans are developed within partner organisations this should support referral into stop smoking services and further reductions in smoking rates.
18. Plans to re-commission Tobacco Control Services are on target to have a new service in place by April 2016.
19. Action has been undertaken to increase uptake of the **NHS Health Check** programme. Locally 8.19% of eligible people aged 40-74 have been offered a Healthcheck. The target is 20%. There is considerable variation between practices which is being addressed directly with low performers.
20. Of those people who were offered a health check, 44.06% have received a Health Check. Again there is considerable variation between practices which is being addressed by sharing national & local marketing insight and targeted social marketing planned in the last quarter of 2014/15.
21. Of those people who have had a NHS Health Check 4.44% are found to be at high risk of cardio vascular disease. The proportion of people expected to be found high risk is 9.5%. This may be low as a result of the success in finding high risk individuals in previous years.

Coping well

22. There has been good progress against the priority to **provide services which work together to support individuals with dementia and their carers** including the launch of a new local information website for carers Dementiacarers.net
23. Work to increase awareness of **Dementia** Friends continues across partners, including the County Councils new home care provider.
24. Dementia diagnosis rates are increasing across the county. NHS England is aiming to increase the rate of diagnosis so that two thirds of people with dementia will have a diagnosis and post diagnostic support by 2015. Three CCGs exceed this target (Bassetlaw, Mansfield and Ashfield and Nottingham West), one is almost at target (Rushcliffe) and Nottingham North and East and Newark and Sherwood are working to achieve the target by the end of March.
25. Specialist Compass Workers have been commissioned to support **carers** looking after people with dementia. During November and December 2014 73 carers received support from the newly commissioned Compass Workers in Nottinghamshire.
26. There has been progress to support the priority to **provide coordinated service for people with mental ill health**. A local crisis concordat steering group has been set up to develop a delivery plan to ensure local organisations work together to prevent crises happening where possible through prevention and early intervention.
27. NHS England has also commissioned a new city and countywide Mental Health Police and Custody Diversion and Liaison Service that will identify and treat early offenders with mental health problems. The Service will be delivered by Nottinghamshire Health Care Trust from 1 April 2015.

Working together

28. There has been significant progress to deliver the **housing** priority within the Strategy. A joint assessment of the [Impact of Housing on Health and Wellbeing in Nottinghamshire](#) has been produced jointly by the seven districts and will be summarised for inclusion in the JSNA. This was presented to the Health and Wellbeing Implementation Group in January 2015 along with a Delivery Plan for the priority within the Health and Wellbeing Strategy to **ensure that we have sufficient and suitable housing, including housing related support, particularly for vulnerable people**. The Housing Delivery Plan is attached as Appendix 2.
29. A Nottinghamshire Health & Wellbeing - Housing Commissioning Group, to be chaired by the Chief Executive of Mansfield District Council has also been established and met for the first time in February 2015. This group will have lead responsibility for delivery of the housing element of the Health and Wellbeing Strategy.
30. There has been some progress against the Housing Delivery Plan. However the milestone around delivering a Winter Warmth campaign has been delayed. The districts have met with colleagues from the Better Care Fund and public health during January 2015 for initial discussions around the potential for joint working on affordable warmth and fuel poverty. Provisional ideas for a longer term integrated affordable warmth model have been proposed and all partners are due to meet in March 2015 to take suggestions forward for a County

wide affordable warmth pilot project for 15/16 involving Local Authority Energy Partnership (LAEP), CCG's and districts.

Pharmaceutical Needs Assessment and Pharmacy Applications

31. The development and publication of a Pharmaceutical Needs Assessment (PNA) is one of the statutory responsibilities of the Health & Wellbeing Board. The Health and Wellbeing Implementation Group has maintained oversight of the Pharmaceutical Needs Assessment which is being presented to the Health and Wellbeing Board for approval in March 2015.
32. The commissioning of Pharmaceutical services is the responsibility of NHS England but local Health and Wellbeing Boards are consulted in order to gain views on local need. The Nottinghamshire Health and Wellbeing Board has delegated this function to the Health and Wellbeing Implementation Group.
33. During the period April to October 2014 NHS England consulted on ten applications:
 - Four distance selling pharmacy applications (no local comments submitted as no impact on local services)
 - Three community pharmacies, unforeseen benefits (Two were not supported locally & applications closed with NHS England or rejected. The decision on the third application is awaited from NHS England)
 - A community pharmacy, change of ownership (no objections made locally. A decision from NHS England awaited)
 - A community pharmacy, no significant change relocation (no objections made. A decision from NHS England is awaited)
 - A dispensing appliance contractor, change of ownership & no significant relocation (No response submitted locally as it would not impact on local people. A decision is awaited from NHS England).
34. Responses were submitted for applications where there was a potential significant change to local provision (particularly unforeseen benefits applications) and signed by the Chair of the Board. NHS England subsequently made the final decision through their Pharmaceutical Services Regulations Committee. Decisions have been notified to the Chair of the Board. None of the decisions have resulted in any significant change to local Pharmaceutical need.

Next steps

35. The Health and Wellbeing Implementation Group work programme is due for review and development.
36. The Local Government Association (LGA) Peer Challenge took place in February and the initial feedback made recommendations to review the number of priorities within the Health and Wellbeing Strategy and also to reconsider the governance and supporting structures of the Health and Wellbeing Board. A full report from the Panel is due during March 2015. A review of progress by the LGA will be undertaken within 6 months of the Peer Challenge.
37. Given the nature of the feedback from the Peer Challenge it would be timely to review the Strategy and the supporting structures of the Board, including the Health and Wellbeing Implementation Group prior to any further work being undertaken.

Statutory and Policy Implications

This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

1. That the progress made in delivering the Health and Wellbeing Strategy be noted.
2. That the remit, membership and work programme for the Health and Wellbeing Implementation Group should be reviewed in light of the recommendations made by the LGA Peer Challenge.
3. That the Board considers re-prioritising the delivery of the Health & Wellbeing Strategy in line with recommendations made by the LGA Peer Challenge Panel.

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Constitutional Comments (SMG 20/02/2015)

38. The proposals in this report fall within the remit of this Board.

Financial Comments (DG 20/02/2015)

39. There are no financial implications arising directly from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Approval of the Health and Wellbeing Strategy](#)

Health and Wellbeing Board 5 March 2014

[Health and Wellbeing Strategy Delivery Plan](#)

Health and Wellbeing Board 3 September 2014

[Health and Wellbeing Strategy Delivery Plan webpages](#)

[Delivery of the Health and Wellbeing Strategy](#)

Health and Wellbeing Board December 2014

Electoral Divisions and Members Affected

- All

Appendix 1

JSNA work programme

	JSNA section	Approval date
Cross cutting themes & summaries		
	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
Children and Young People		
	Early Years	May-15
	Avoidable injury	Jul-15
	Disability	Jul-15
	Looked after children	Jul-15
Adults		
	Sexual health	Mar-15
	Suicide	May-15
	Homeless people	Jul-15
	Disability: physical and sensory impairments	Jul-15
	Long Term Neurological Conditions	Jul-15
Older people		
	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 costs¹.
- The cost of not improving energy efficiency is at least £145 million per annumⁱ; locally, this figure is estimated to be over £20 millionⁱⁱ
- £2.5bn per annum is spent treating illnesses linked to poor housing²
- The cost of overcrowding is £21.8m per year³.
- The cost of single homeless people using inpatient, outpatient and accident and emergency services is £85m a year⁴

¹ Building Research Establishment

² National Housing Federation (2010) The Social Impact of Poor Housing

³ Building Research Establishment

⁴ DH (2010) Healthcare for single homeless people)

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.

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

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

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

ⁱⁱ 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.