

Nottinghamshire Health and Wellbeing Strategy

Housing & Health Commissioning Group

Housing Delivery Plan 2016

Background

The Nottinghamshire Housing and Health Commissioning Group was formed in 2014 to drive forward an integrated health and housing agenda in line with the Health and Wellbeing Strategy. The Group is accountable to the Nottinghamshire Health and Wellbeing Board via the Nottinghamshire Health and Wellbeing Implementation Group. A Terms of Reference for the Group is included in Appendix 1.

Housing forms 1 of 20 priority areas within the Nottinghamshire Health and Wellbeing Strategy:

Health & Wellbeing Priority Area:

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

Ambition: Coping well
Working together

Following the Health and Wellbeing Peer Challenge, the Board has approved a revised set of strategic priorities for 2015/16 onwards, which focus effort on targeted areas to maximise the Board's potential in delivering the Health and Wellbeing Strategy. Housing cuts across several of these strategic priorities including the following:

Health & Wellbeing Board Strategic Priorities

Objective	Rationale	Action
Ensure vulnerable people living in the community can access the housing support they need.	This supports the ' Coping Well ' and ' Working Together ' Ambitions. A joint approach will provide support to individuals in a streamlined way, and help people maintain independence.	Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency.

<p>Ensure crisis support (including housing) is available for people with mental health problems living in the community.</p>	<p>This supports the ‘Coping Well’ and ‘Working Together’ Ambitions. A joint approach will provide support to individuals in a streamlined way, and help people maintain independence.</p>	<p>Facilitate a joint approach to crisis support (including work around the crisis care concordat) to maximise resources to support individuals in the community.</p>
<p>Develop healthier environments to live and work in Nottinghamshire.</p>	<p>This supports all Ambitions. Environments that are planned to maximise health and wellbeing resources can have benefits for communities in the longer term, through encouraging physical activity, healthy eating or access to support /services.</p>	<p>Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments.</p>
<p>Improve Children and Young People’s Mental Health and Wellbeing across Nottinghamshire.</p>	<p>This supports the ‘Living Well’ and ‘Coping Well’ Ambitions. Enabling children of school age can improve health outcomes in later life.</p>	<p>Develop a partnership agreement to tackle child sexual exploitation in Nottinghamshire, in conjunction with the Nottinghamshire Safeguarding Children’s Board. Implement the Nottinghamshire Children’s Mental Health & Wellbeing Transformation Plan to develop a greater prevention and early intervention approach, such as the use of a single, unique brand identity for young people’s health, improved access to better information and novel delivery mechanism for support.</p>

Why is Housing 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 £1.4b 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

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.

The *'Memorandum of Understanding to support joint action on improving health through the home'* December 2014, between key health, social care and housing organisations galvanises the work of the Housing and Health Commissioning Group and supports its priorities.

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.

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 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 also links 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. The potential for having a dedicated resource to progress the delivery of actions and coordinate activity between partners should be explored.

Previous Health and Wellbeing wider stakeholder events have been well received and it would perhaps be beneficial if a Housing themed stakeholder/market place event is held to involve housing providers, the voluntary sector, members of the public etc. This will build on the Housing Scoping event held earlier in January 2016 with a wider reach for all those that contribute to the housing agenda.

PRIORITY 1 – POOR HOUSING CONDITIONS**Outcome 1: Homes in the private sector are warm and safe****Milestones:**

- **Milestone 1:** We will consider the expansion of the Nottinghamshire 'Warm Homes on Prescription' model and explore additional resources to support the pilot including the Better Care Fund Disabled Facility Grant allocation.
- **Milestone 2:** We will review means of gathering local intelligence on private sector housing condition including the Public Health England/CIEH Housing and Health Profiling Toolkit to inform targeted integrated working.
- **Milestone 3:** We will explore means of focussing integrated working on removing hazards from private sector homes (privately rented and owner occupied) in the most deprived areas to improve property condition, health outcomes, independence and quality of life. Experience can be drawn from 'Healthy Home' pilots elsewhere including the Derby 'Healthy Homes' hub and Liverpool's Housing Action Zones.
- **Milestone 4:** We will explore the feasibility of a single point of access for housing related referrals from health and social care and other partners alongside 'awareness raising' initiatives with health colleagues regarding poor private sector housing conditions and the housing offer.

- **Milestone 5:** Identify key priorities within NICE Guidance for implementation to address the needs of at risk groups, and develop a corresponding action plan.

Lead: Housing & Health 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

Milestones:

- **Milestone 1:** We will deliver, through the Better Care Fund DFG allocation, assistance and services that promote early intervention and prevention and independence at home by March 2017. This will include mandatory and discretionary disabled adaptations and a feasibility study of the Nottinghamshire Handyperson and Adaptation Service (HPAS).
- **Milestone 2:** We will remodel existing and develop new supported/specialist housing schemes to increase the range of housing on offer to people with health and care needs by March 2018.

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

Milestones:

- **Milestone 1:** We will explore options to deliver housing training with GP surgeries and other front line health staff across the County with a view to increasing awareness of housing, targeting homelessness prevention and housing support at hard to reach groups by March 2017.
- **Milestone 2:** Working in partnership with health and social care, further develop hospital discharge schemes and protocols to reduce unnecessary hospital admissions and ensure timely discharge by March 2017.

- **Milestone 3:** Undertake a mapping exercise to establish current approaches and relationships between mental health services and housing providers in order to identify gaps in provision and knowledge.
- **Milestone 4:** Working in partnership with the County Council, we will review homelessness prevention pathway service provision in the County following the closure of Homelessness Prevention Services delivered by Framework HA.

Lead: Housing & Health 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

- **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 2017.
- **Milestone 2:** We will ensure consistent approaches on the safeguarding and improvement of children and young people’s health and wellbeing through the Nottinghamshire District/Borough Safeguarding Group.

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.