

Agenda item 6

DERBYSHIRE HEALTH AND WELLBEING BOARD

22 September 2016

Report of the Director of Public Health

CHAMPIONING HOUSING AND HEALTH

1. Purpose of the report

To seek agreement from the Health and Wellbeing Board as to how it can support actions related to strengthening the housing and health agenda for Derbyshire.

2. Information and analysis

This report considers both the national and local context, drawing on policy guidance and evidence to provide an overview of specific areas of work the Board may wish to take forward in relation to the housing and health agenda.

a) National policy context

Nationally, Public Health England suggests that poor housing costs the NHS £1.4 billion every year. There is an increasing range of evidence which links the importance of good standard and appropriate housing with positive health and wellbeing. The direct health implications of the home environment have been highlighted by Public Health England and can be summarised as:

Unhealthy	Noise, temperature, damp, air quality, light, ventilation, sanitation
Unsuitable	Disability and age, families and children, overcrowding
Unsafe	Stairs, windows, hazards, intruders
Insecure	Temporary accommodation, gypsies and travellers, insecure tenancies and social networks

A range of national housing, health and local government organisations, including Public Health England, have signed a national memorandum of understanding (MOU) which recognises that the right home environment is essential to health and wellbeing and contributes to the requirements of the:

- Health and Social Care Act (2012) in relation to integration of health and social care and the integration of health into the wider determinants that impact on health such as housing.

- Care Act (2014) regarding improving quality of life and delaying the onset of more severe disease progression and reducing the need for care

The MOU recognises that health and wellbeing boards should consider how housing and housing circumstance impacts on health and wellbeing in their Joint Strategic Needs Assessments (JSNA).

Housing is also a key element of a population health system, and recent work by the King's Fund has acknowledged the importance of including local housing provider organisations in order to:

- improve health and wellbeing and prevent ill-health;
- enable people to manage their own health and care needs; and
- allow people to remain independent.

Housing providers are a crucial partner for local NHS organisations to help them achieve the ambitions outlined in the NHS Five Year Forward View to bring care close to home. Ensuring that the home environment is safe and healthy will contribute to:

- Delaying the need for primary care;
- Reducing the need for social care interventions, including admission to long-term care; and
- Supporting rapid recovery from periods of ill-health or planned admission to hospital.

Nationally, it is recognised that housing issues and its impact on health and wellbeing should be considered across the life course. However, there is also a significant body of evidence which recognises the importance of local bodies championing older people's housing provision to enable individuals to maintain their independence, but also as a way of stimulating the housing market to allow older people to downsize into more appropriate accommodation and free up larger family homes.

The International Longevity Centre suggests that there will be a gap of 160,000 retirement homes nationally by 2030 and that a more mature retirement housing market which offers real options for older people needs to develop. Current retirement housing specifically for older people is usually built by local authorities or housing associations, but as much of this was constructed decades ago new housing stock is required and this is not happening quickly enough.

A report published in August 2016 by Habinteg, a charity whose work focuses on enabling independent living and accessible homes, has suggested that more than 50% of the current adult disabled population is aged under 65 and there are one million homes nationally that have a need for adaptations but are owner-occupied. Through interviews and surveys conducted by IPSOS

MORI and the London School of Economics, the study concluded that individuals who consider moving home to address accessibility needs are likely to do so as part of a wider lifestyle change, for example due to family expansion or downsizing at retirement. The survey also found that a number of people of all tenures consider a move to social rented housing as a likely future option to meet their accessibility needs, but their aspiration would be to remain in their own home with suitable adaptations.

The report concludes by recommending that developers, planners and health and social care commissioners should 'ensure that the homes of the future enable people to age in place, or have genuine choice to move to a home that is designed and built to support their ongoing independence, not only for the sake of the household but to minimise public spend on the alternatives'.

The Local Government Association Housing Commission has also considered the role of local authorities in enabling the provision of good quality and appropriate housing to meet the needs of individuals both in old age and across the life course.

Within the initial recommendations from the Commission there is a specific recommendation that local health and wellbeing boards consider how they can effectively bring together representatives from planning, environment, housing, health and social care to provide a shared understanding of where there are opportunities or gaps in local housing provision that needs to be reflected in local planning policy.

A report by the All Party Parliamentary Group on Housing and Care for Older People, which forms part of a high profile series entitled Housing our Ageing Population: Panel for Innovation (HAPPI), goes further and suggests that health and wellbeing boards are ideally placed to promote age-exclusive housing and technology with enhanced care services that combat loneliness, that prevent the need for residential care and reduce requirements for domiciliary care. The HAPPI report also crucially recognises for the first time that housing design and housing quality cannot be considered in isolation as this alone will not enable people to remain independent. This report recognises that broader community considerations need to be taken into account by health, housing and social care partners to ensure older people remain as independent as possible by ensuring that individuals feel part of a community and stay connected with their social or support networks. The report cites examples of developing homes which utilise technology to full effect to make sure they are 'care ready', for example by ensuring homes have a good broadband connection to allow health and care professionals to contact people via services such as Skype.

Discussion:

How can the HWB effectively champion the importance of planning in relation to:

- Developing appropriate housing options to meet the needs of an ageing population
- Supporting the delivery of joined-up care closer to home

b) Derbyshire's Housing and Health Needs Assessment

Locally, DCC Public Health has recently commissioned an independent local housing and health needs assessment as part of the work of the JSNA Board. This needs assessment considered the housing and health relationship using the national homes and health framework produced by Public Health England, which examines:

- Unhealthy and unsafe homes
- Unsuitable homes
- Precarious housing and homelessness

A full copy of assessment can be accessed via the [Derbyshire Observatory](#) and this provides full details of the evidence considered. The needs assessment makes a series of recommendations and these are summarised and attached as an Annex to this report. It is proposed that the Health and Wellbeing Board supports the implementation of a small number of recommendations and through the discussion at the Board meeting today it identifies key areas of focus.

Discussion:

- 2) How do we utilise the recommendations made in the housing and health needs assessment, alongside other strategic approaches, to develop a shared approach for Derbyshire to housing and health?
- 3) What practical support can the HWB provide to enable the successful implementation of the recommendations from the Housing and Health Needs Assessment?

3. Next steps

The outcomes of this discussion will inform the development of a housing and health needs assessment action plan, which is being drawn up following engagement with a range of local stakeholders. Details of the final approach will be shared with the Health and Wellbeing Board in due course.

4. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Agree how they can raise the importance of older people's housing provision with local planning authorities to inform Local Plans and other planning policies.
2. Consider how it can best act as a system leader for specific recommendations of the housing and health needs assessment.

Dean Wallace
Director of Public Health
Derbyshire County Council

Annex A: Housing and health recommendations

Partners in Derbyshire should work together to improve data collection, analysis and insight to further understand the interdependencies between the home environment, housing circumstance and health by:

- Revising current procedures so that information is systematically linked and shared between housing, health and social care partners so both the health needs and housing circumstance of individuals inform decision making.
- Making sure accurate information is held about the condition of a property and the individuals that live in the household, particularly ensuring that children are routinely identified, as currently this information is not always available and up to date.
- Improving data quality and utilising this more detailed insight to inform commissioning decisions so they are in line with national best practice and identify any gaps or duplications in current service provision.
- Examining hospital discharge data to see if future admissions and re-admissions could be prevented through home related interventions and examine whether delayed transfers of care or permanent admissions to care homes occur due to housing issues which could be prevented.
- Undertaking qualitative research to gain further insight into how housing circumstance impacts on families with children in the private rented sector who have insecure tenancies, overcrowded households; and homes which are unsuitable for a child with a disability or long-term condition. The outcomes of this research will inform future service design and commissioning specifications.

Partners in Derbyshire should collaborate and develop a strategic partnership approaches to ‘homes for health’ across the county by:

- Developing and adopting a shared vision and collaborative county-wide strategy, which addresses key issues and sets a coherent approach to addressing housing and health issues
- Identifying a health and housing champion, who is a member of Health and Wellbeing Board Core Group, to provide leadership and raise awareness of the risk to health from poor quality housing and individual housing circumstance with elected members, commissioners, health and social care professionals, housing professionals and locality health partnerships on an on-going basis.
- Ensuring housing partners are appropriately represented on strategic groups, such as the STP and Better Care Fund, so that housing

circumstance and the home environment informs health and social care commissioning decisions.

- Investing in preventative approaches which are co-designed and recognise the importance of housing circumstance in reducing both cost and demand pressures across the public sector generating savings which can then be re-invested.
- Working in conjunction with the voluntary and private-rented sector, to develop approaches which allow individuals to live independently and in good health in a safe, warm and appropriate home.
- Take an outcomes and systems based approach to adults with multiple and complex needs who access a range of different services, including housing and health provision, so these are truly joined up and achieve better outcomes for the individual.

The agreed strategic approach to ‘homes for health’ can then be delivered by:

- Revising the current governance arrangements for existing housing groups which streamline approaches to deliver homes for health.
- Embedding housing providers and district council housing representatives into the STP work streams on place, workforce and prevention so that homes for health is fully integrated into emerging approaches to population health and wellbeing.

In addition, partners should consider whether a range of services currently provided effectively consider health and wellbeing:

- Housing option services should effectively identify families with dependent children so they can mitigate against the impact of a poor home environment or precarious housing on a child's health and wellbeing.
- Current approaches should consider the wellbeing of children and young people affected by relationship breakdown, and who are at risk of homelessness.
- District councils should have appropriate relationships and regular engagement with landlords and letting agents to ensure private sector homes are healthy, safe, and warm, provide security of tenure and are affordable.
- Older people's housing information and advice provision should be co-designed to allow individuals their family or carers to access appropriate information and plan ahead to make sure they live in the right type of home for their health needs.