

Health Improvement Board meeting on 9th May 2012

Health and Well Being Priority 3: Wider Determinants of Health - Tackling housing and health inequalities

BACKGROUND

1. At an informal meeting of the Health Improvement Board, held on 29th February, it was agreed that more work was required to identify the key priorities for housing and health inequality issues. Some work has now been done by officers at Cherwell District Council to consider what the key housing services are, where there are the gaps in services and how service improvements are being taken forward. This work is set out in Annex 1.
2. To place this work in the context of the wider determinants of health, Annex 2 sets out a number of key contributory and interrelated service areas and how these are being addressed. Including:
 - Breaking the Cycle of Deprivation
 - Access to training and employment
 - Community safety and fear of crime.
 - Physical activities
 - Mental health
3. Members of the Board are asked to agree 3 priorities of work relating to housing and health inequalities. Further work will then be done to develop an Action Plan for each priority at a Health Improvement Board Workshop to be held on 11th July 2012.

HOUSING AND HEALTH INEQUALITY ISSUES

4. Cherwell District Council have carried out an in depth review, identifying areas of housing activity, the implications for health and health inequalities and possible outcomes and indicators. This is set out in Annex 1. This information is summarised below.

Environment and Housing

5. Environmental factors, such as the design of the environment, having appropriate mix of housing provision (such as extra care housing), sustainable development, adequate infrastructure and green space all have impact on health and well being. These areas of work are currently overseen by the Spatial Planning and Infrastructure Partnership. This partnership has oversight of key housing and regeneration programmes, planning policies and procedures and infrastructure development.

Preventing Homelessness

6. The negative impact on physical and mental health of being homeless is well documented and obvious. Homelessness disrupts and destroys lives, limits life opportunities and unsettles communities.
7. There are concerns that the proposed changes to the current commissioning of Supporting People Services should not lead to increased homelessness.
8. In addition there are a number of changes being made to housing benefit entitlements, council tax benefits and the implementation of universal credit. This may also lead to an increase in homelessness and a movement of lower income families to areas of cheaper accommodation.
9. Nationally there has been a 23% rise in England in the number of rough sleepers. London and the South East have the highest numbers of rough sleepers.
<http://www.communities.gov.uk/publications/corporate/statistics/roughsleepingautumn2011>

Supported housing

10. Homeless statistics indicate that the main groups at risk of experiencing homelessness are:
 - Young people, (including teenage parents)
 - Victims of domestic violence
 - Vulnerable adults, including users of drugs and alcohol, ex offenders, people with mental health issues and complex needs.
11. The Supporting People Partnership currently oversees the provision of housing support services which helps people to live independently, either by helping them to sustain independence or to recover if they have lost their home. This work contributes significantly to the prevention of homelessness.
12. There is currently a discussion underway about how best to take the Supporting People Commissioning work forward.

Independent living in later years

13. A number of community services can help people to remain in their homes and local communities longer. For example, emergency alarms, falls prevention activities and initiatives to reduce isolation.
14. Housing adaptations ensure vulnerable households receive help with adaptations and essential repairs. There are Disabled Facilities Grants, Home improvement Agency Services and a Housing Occupational Therapists Scheme.

15. Improved provision of community services, improved integration and longer term funding of existing services would be beneficial.
16. The Adult Health and Social Care Board will be considering some of these areas of activity. However the Health Improvement Board may wish to consider specific actions with regard to housing adaptations and community services.

Housing Quality

17. Key issues are affordable warmth, fuel poverty and the related issues of inadequate heating and insulation resulting in significant winter deaths. The private rented sector is becoming increasingly important due to economic pressures and the lack of social housing and the increase in demand has resulted in an increase in rents.
18. Oxford is now the least affordable local authority area outside London. At the same time there are concerns over property standards in the private rented sector and calls from the Government for local authorities to deal with rogue landlords. The Oxfordshire Fire Safety Partnership (OFSP) is the primary partnership for coordinating activities in relation to standards in private rented sector housing. The OFSP reports to the Oxfordshire Health and Better Regulation Group.
19. In addition Oxford City has the second highest volume of houses in multiple occupations (HMOs) in England as a percentage of local housing stock. Only Camden in central London is estimated to have a higher proportion. This has created problems across Oxford with badly managed properties in poor repair, overcrowding and antisocial behaviour.
20. Oxford City Council has introduced the most ambitious licensing scheme in the country to deal with the problems created by HMOs and plans to licence the estimated 5,000 HMOs in the city. As approximately 20% of the Oxford population live in HMOs this will have significant impact on health.

TAKING THIS WORK FORWARD

Further review of housing activities

21. The in depth review in Annex 1 has been produced by officers at Cherwell District Council. Although there are demographic differences and the levels of activity may vary from district to district the general issues and health implications are likely to be similar. Further work can be done to develop this information on a county-wide basis prior to the workshop on 11th July 2012.

Identifying the top priorities

22. It is proposed that the Health Improvement Board identify three key areas to focus on and address. Action Plans for these priorities can

then be developed at a Health Improvement Board Workshop to be held on 11th July.

RECOMMENDATIONS

23. It is recommended that the key priority areas are (in no particular priority order):

Priority 1

Homelessness prevention

Priority 2

Providing supported accommodation for vulnerable groups, in particular:

- Young people, (including teenage parents)
- Victims of domestic violence
- Vulnerable adults, including users of drugs and alcohol, ex offenders, people with mental health issues and complex needs
- Independent living and housing adaptations.

Priority 3

Health Impacts of poor quality housing, including mitigating the health impacts of HMOs and fuel poverty and adaptations.

24. In addition it is recommended that the Health Improvement Board should ask those partnerships involved in delivering some of the other wider determinants of health, as set out in Annex 2, to account for their delivery of related key activities and outcomes. In particular activities of the Children and Young People's Board, Adult and Social Care Board, Oxfordshire Skills Board and Spatial Planning and Infrastructure Partnership.

Annex 1: Housing and Health Inequality

| Issue / Activity | Evidence / Reason | Outcomes/Indicators |
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| <p>1. Homelessness Prevention</p> <p>Provide a monitoring framework to ensure housing support is retained to prevent homelessness and enable people to live successfully in the community across all groups currently receiving support via the Supporting People Programme</p> | <p>Supporting People provides significant services to enable vulnerable groups to access housing support that they need to live independently in the community.</p> <p>Districts, NHS and Probation currently link into the Supporting People Core Group and Commissioning Body. Changes are being proposed to the working arrangements. Time is needed to consider these alternative arrangements.</p> | <ul style="list-style-type: none"> • District Councils have the statutory responsibility to respond to and monitor homelessness and its causes. • Districts provide a raft of local information regarding general housing needs and demands in their particular areas. • Statutory duty to respond to homelessness • Duty to provide a homeless strategy to prevent homelessness as much as it is possible to do so. <p>This work is achieved through a variety of partnerships including provision of services which currently receive revenue funding to provide housing support from SP funding. Each service provision will also have its own raft of indicators and all can be listed by District. If these services are changed there will be a significant impact for the Districts.</p> |
| <p>2 The Provision of Specific Accommodation Options Required to Support Particular Needs</p> <p>The Health Improvement Board should promote and encourage opportunities for joint commissioning with health, housing and social care partners to meet a wide</p> | <p>It is well documented that homelessness disrupts and destroys lives limits opportunities and unsettles communities. Reduction of homelessness remains a</p> | <p>Homeless statistics are collected for central government (CLG) through the PIE returns. All Districts submit these returns. They reflect the main causes of homelessness and show .</p> <ul style="list-style-type: none"> • Numbers accepted as Homeless |

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| <p>range of specific needs jointly together, which are also key to the prevention of homelessness eg Refuges for those fleeing domestic violence, specific housing services for those at risk of sleeping-rough, clients in need of floating support to meet their complex and varied needs to sustain their housing and independence.</p> <p>The focus of the Supporting People Commissioning Body is on housing related support services, which help people to live independently either by helping them to sustain their independence or to recover it if they have lost their home. IT is important that this joint work to prevent homelessness should continue.</p> | <p>government priority and should therefore be a key priority for the Health Improvement Board to monitor and action. Causes and solutions to prevent homelessness are a key priority to promote health and wellbeing and promote sustainable communities</p> | <ul style="list-style-type: none"> • Numbers placed in temporary accommodation • Use of Bed& Breakfast type accommodation • Numbers seeking advice to prevent homelessness <p>Local evidence indicates that the main groups experiencing homelessness are</p> <ul style="list-style-type: none"> • young people, (including teenage parents) • Victims of Domestic Violence • Vulnerable adults which include users of drugs and alcohol, ex-offenders; people with mental health issues and complex needs who may be often excluded within the community live in poor housing and can experience significant difficulties maintaining independence living. |
| <p>3. Address the Health Impacts of Poor Housing</p> <p>Affordable warmth is a key and growing issue - resolution of damp and mould issues and the related issues of inadequate heating and insulation.</p> <p>Private sector regulatory services can improve poor housing by carrying out proactive work and respond to service requests from tenants using the Housing Health and Safety</p> | <ul style="list-style-type: none"> • Significant excess winter deaths in Oxfordshire. • 10.5% of Cherwell's homes with a serious health hazard and 9.3% poorly heated and insulated (ie SAP<35). • 10.8% of Cherwell households in | <ul style="list-style-type: none"> • Changes in the Stock condition data (as demonstrated by periodic stock condition surveys) specifically <ol style="list-style-type: none"> 1) SAP ratings 2) percentage of homes with serious hazards and 3) percentage not achieving decent homes standard. <ul style="list-style-type: none"> • Measures of activity in terms of homes improved by means of grants and enforcement. • Changes in annual fuel |

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| <p>Rating Scheme</p> <p>Current activities include;</p> <ul style="list-style-type: none"> • Countywide Affordable Warmth Network • Partnership with regional discount insulation scheme • Regional Flexible Homes Loan partnership Countywide referral network (with improvement) <ul style="list-style-type: none"> • Citywide HMO Licensing Scheme in Oxford • Projects using Energy Performance Certificate (EPC) data and Housing Health & Safety Rating Scheme • For non HMO stock • Focus on beds and sheds in Oxford. http://www.bbc.co.uk/news/uk-17890245 | <p>fuel poverty (>6000 No. households) (10.5% for the County) an increase from 9.4% in 2008 (10.1% for the County)</p> | <p>poverty level data provided by DECC</p> <ul style="list-style-type: none"> • Green Deal activity (if available) |
| <p>4 Improving the Condition of Housing Stock</p> <p>Development of an improved evidence base to focus activity on the poorest homes and households most in need, and to demonstrate beneficial health outcomes.</p> | <ul style="list-style-type: none"> • Absence of robust data to support focused activity • Absence of robust data to demonstrate the financial savings in terms of health benefits resulting from interventions • Absence of stock condition data in the Joint Strategic Needs Assessment • Resulting absence of housing conditions in the health & wellbeing priorities for the area | <ul style="list-style-type: none"> • Joint funding of stock-condition surveys to deliver cost-efficiencies, consistency and directly comparable data. • Joint project to identify, analyse and disseminate currently available data and identify gaps in data. • Joint commissioning of data gathering to fill gaps identified and to help set objectives. |

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| <p>5. Energy Efficiency Improvements</p> <p>To establish a robust partnership approach to ensure vulnerable households are helped to access energy efficiency improvements through the forthcoming Green Deal.</p> <p>We are currently investigating participation in a consortium seeking to set up as a local Green Deal Provider which we judge will best serve the district and its residents.</p> | <p>Radical change from free and discounted insulation which local authorities have supported and promoted extensively. Many vulnerable households will find it more difficult to access and secure assistance.</p> | <ul style="list-style-type: none"> • Identification of Green Deal Provider(s) which authorities and agencies can actively support to maximise uptake of energy-efficiency measures through Green Deal • Participation as, or partnership with, Green Deal Provider • Investment in Green Deal on a commercial or charitable basis • Local Green Deal activity /outcomes |
| <p>6. Housing Adaptations</p> <p>Ensure that vulnerable households continue to receive help with disabled adaptations and essential repairs, with particular emphasis on partnership working to make best use of Disabled Facilities Grant resources and Home Improvement Agency Services. Home improvement agencies are also well placed to deliver the priorities on fuel poverty and poor housing conditions above.</p> <p>Current activity includes;</p> <ul style="list-style-type: none"> • Housing OTs working between the County and districts authorities • Established OCC-CDC liaison meetings • Oxfordshire Housing Officers liaison meetings • Countywide Physical Disability Housing Strategy steering group is addressing these issues (currently reporting to SPIP but may feed into the H&WB board) | <ul style="list-style-type: none"> • Effective joint working is essential to deliver effective DFG and HIA services as budgets are reduced. • Unilateral cessation of maintenance of stairlifts etc by OCC will increase pressure on DFG budgets • Part funding of HIA service by OCC and Supporting People remains essential to service operation. | <ul style="list-style-type: none"> • Integration of and long-term funding commitment for Housing-OT initiative to maximise effectiveness of DFG budgets. • Improved partnership working between OCC and Districts to ensure effective delivery of DFG budget • Commitment to funding of HIA services so as to ensure future availability and service development |
| <p>7. Independent Living in Later Years</p> <p>Develop a range of prevention</p> | <p>Low level support services such as emergency community alarm</p> | <ul style="list-style-type: none"> • Ensure the continuation of a community alarm scheme that meets |

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| <p>services for older people and others with support needs that prevent admission to hospital or to residential care by maintaining people in their own home.</p> | <p>support (including the Alert service), practical help, falls prevention and activities that reduce isolation have been shown to prevent costly admission to high support and health services. Falls are a major cause of both accidental death and disability particularly in older people and falls prevention is highlighted in the Oxfordshire Sustainable Community Strategy.</p> | <p>the needs of all older and vulnerable people in the County</p> <ul style="list-style-type: none"> • Have a clear understanding of range of prevention services for older people across the County and where gaps exist enable and where necessary commission services to meet these needs. • Ensure a wide range of agencies including District and County Council staff, other statutory services and voluntary services understand how to carry out or refer for a falls prevention assessment. • Build a housing and environment assessment into assessment processes by health and social services |
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ANNEX 2:

Wider Determinants of Health

Breaking the cycle of deprivation

1. There are some areas within the county with high levels of deprivation. These are areas where residents have low levels of educational attainment, low skill levels, high unemployment and poor physical and mental health relative to other areas.
2. The existing Breaking the Cycle of Deprivation Programme focuses on specific areas in Oxford and Banbury. Evaluation will enable good practice to be disseminated to other areas.
3. It is currently proposed that this work is overseen by the Children and Young People's Board, along side the delivery of the Child Poverty Strategy and Thriving Families Programme.

Access to training and employment

4. Access to training and employment forms a part of the Breaking the Cycle of Deprivation Programme outlined above.
5. The Strategy and Action Plans for those Not in Employment, Education or Training (NEET) are also overseen by the Children and Young People's Board.
6. There is a Back to Work Group which links into the Breaking the Cycle of Deprivation Programme, Oxfordshire Skills Board and the LEP. This Group is led by Job Centre Plus and coordinates the activities of a number of agencies to improve access to training and employment targeting particular vulnerable groups and communities (including those with physical and mental health problems, care leavers and carers).
7. Unemployment can often lead to mental health issues. Sometimes this is the cause of unemployment. There is a need to ensure appropriate mental health awareness and support training for Job Centre staff and to raise awareness of mental health issues across the business sector and employers. The prevalence of mental health issues can often result in difficulties in regaining employment. The effect on other family members can lead to wider family illnesses.

Physical exercise

8. The Oxfordshire Sports Partnership brings together providers of sports and activities. It has an action plan to meet gaps in provision, particularly for those groups who are less likely to access sports provision, such as women, older people and people with disabilities.

Community safety and the fear of crime

9. There is an Oxfordshire Community Safety Partnership and District Community Safety Partnerships which lead on crime reduction and the fear of crime. These are well established partnerships with action plans and delivery groups. A county wide partnership draws together work that is common to all districts and oversees partnership work on topics such as Alcohol, Domestic Abuse, Reducing Reoffending and Substance Misuse.
10. There may be a need to ensure all involved with offenders and victims are appropriately trained to recognise mental health issues and respond appropriately. There is also a need to data share on this issue amongst those agencies dealing with the same people.
11. Those already in the criminal system are more likely to have mental health problems. Structured therapeutic community interventions for drug users in prisons and drug treatments in the community produce greater reduction in offending behaviour than standard treatment.