

Health Improvement Board, September 2012

Addressing the broader determinants of health through better housing and preventing homelessness

Introduction

The Health and Wellbeing Board has agreed with the recommendation of the Health Improvement Board that addressing the broader determinants of health through better housing and preventing homelessness is a priority in Oxfordshire. An earlier paper to this Board (May 2012) set out the current context for this issue. More detailed discussion with a wide range of stakeholders took place at a workshop in July 2012.

The workshop resulted in a large amount of information on current work and ideas for future development. This information has been brought together into this paper and will be used in future action planning. Please see a separate report on this agenda for details of the workshop and next steps in action planning.

This paper sets out proposals for how this work should be focussed to have an impact on the broader determinants of health through better housing and preventing homelessness in the county.

It is suggested that there 3 areas of work to be addressed

1. Supporting vulnerable groups
2. Preventing homelessness
3. Reducing fuel poverty

This paper also includes a note on Extra Care Housing as this is also a priority for the Oxfordshire Health and Wellbeing Board, being taken forward by the Adult Health and Social Care Partnership Board.

It is proposed that a Basket of Indicators is developed that can be used to gauge the current situation on housing issues and from which outcome measures can be set. Some initial ideas for measures that could be included are set out in Annex 1. These indicators require further discussion and refinement.

Further work is still required to map the various housing related networks that are in place across the county and to see how their work impacts and influences the priorities of the Health Improvement Board. This work will be carried out to assist in aligning partnerships and determining appropriate resources to support joint working arrangements.

Work focus 1. Supporting Vulnerable Groups

Aim – Establishing new governance arrangements to ensure collaborative working in commissioning housing support services

Background information

With the establishment of the Health and Well Being Board the role of the Supporting People Commissioning Board was reviewed. It was agreed that the oversight of commissioning of these services is a key function of the Oxfordshire Health and Wellbeing Board. As a result the budget was reallocated as shown in Annex 2. The Health Improvement Board is responsible for governance for a portion of this budget.

It was agreed that, subject to appropriate management arrangements being in place, that the Supporting People Commissioning Body would be disbanded. However, it was recognised that there remained a need to have oversight across these budgets, given the interdependencies of the services. It was therefore agreed that a successor arrangement to the Supporting People Officers' Group would retain this oversight and provide guidance and recommendations to the Health Improvement Board. This is particularly in respect of the strategic commissioning of housing related support services to meet the needs of homeless persons, offenders and those at risk of offending, persons at risk due to domestic abuse, drug and alcohol abuse.

Review of Supporting People Core Strategy Group Terms of Reference

There has therefore been a review of the Supporting People Officers' Group Terms of Reference and a revised version has been drafted for consultation. The final version has yet to be signed off and this will be done through the Supporting People Officers' Group, the County Council Joint Commissioning Team and Oxfordshire Chief Executives Group, if required. The terms of reference address the need to continue to share information across the new working arrangements.

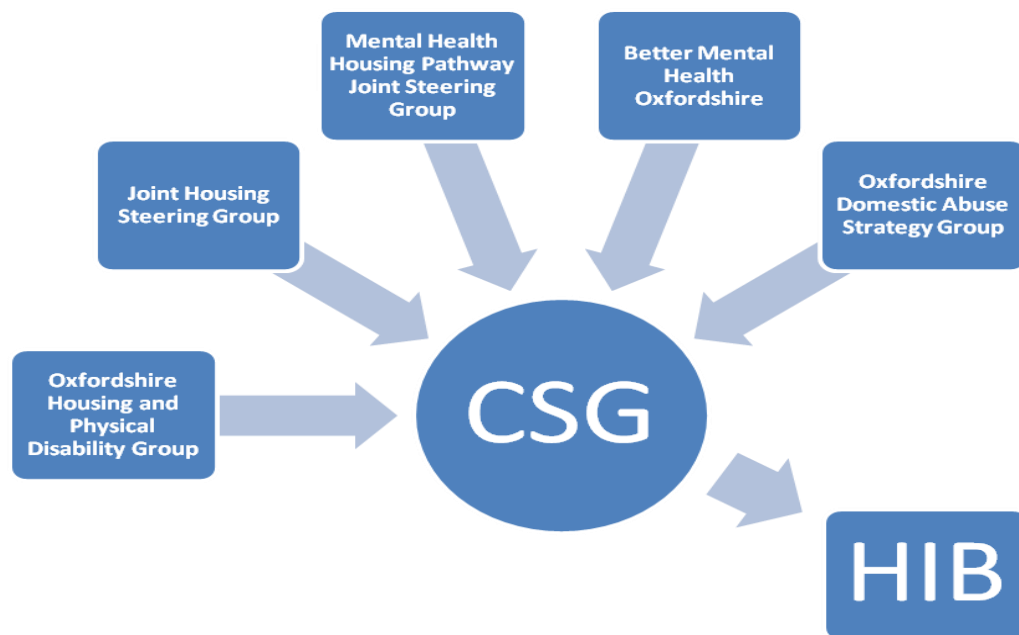
Key aspects of the Draft Terms of Reference are to provide guidance and advice to:

- The Adult Health and Social Care Board and relevant Joint Management Groups in respect of the strategic funding and their commissioning of housing related services for older people, adults with mental health needs and adults with learning disabilities or physical disabilities
- The Children and Young People's Board in respect of the strategic funding and their commissioning of housing related services for young people and teenage parents.
- Oxfordshire County Council's Joint Commissioning Team in respect of the funding, commissioning, development and delivery of housing-related support services
- To be consulted on any changes to budgets and commissioning strategy for the provision of housing related support for adults with mental health needs, young people and teenage parents, older people and adults with learning disabilities and physical disabilities.

Current Work

There is already an established Commissioning Strategy and Plan in place to support vulnerable groups, which involve a number existing partnership groups and agencies (see the diagram below).

Further work is still required to map these and to see how their work streams impact and influence the Health Improvement Board. This will assist in aligning partnerships and determining appropriate resources to support joint working arrangements.



Next steps

1. To finalise successor arrangements for the Supporting People Officer Group and Terms of Reference. (This will be done through the Supporting People Officers' Group and the County Council Joint Commissioning Team and Oxfordshire Chief Executives Group).
2. To do some further mapping of networks across the county and understand how their work streams impact and influence the Health Improvement Board.
3. To develop a protocol for working with other groups involved in the delivery of services, such as the Joint Housing Team Steering Group and Single Homelessness Group.
4. To invite the chair of the Supporting People Officers' Group, or their nominated deputy, to attend meetings of the Health Improvement Board to present any papers of the Group and act as an expert adviser in relation to housing matters.

Work focus 2. Preventing homelessness

Aim: To share good practice between districts and with housing providers and to improve coordination of initiatives e.g. identification and work with families at risk of homelessness. This will include linking to the Thriving Families Programme and to support people into training and employment opportunities.

Current work

Preventing Homelessness has been identified as a key priority within the housing element of the Health Improvement Board's priorities. There is already a lot of work being undertaken by district councils and in the voluntary sector to address homelessness, for example work with:

- Veterans
- People with mental health problems
- People with physical disability
- Carers
- People suffering from domestic violence
- Rough Sleepers

However, there are rising concerns about the need to prevent a rise in homelessness following the introduction of some elements of the Welfare Reform Act. These changes are set out in some detail in Annex 3.

It is envisaged that the largest impact of the changes will be on the following groups:

- Young single unemployed people
- People in supported housing
- Large families
- People with physical disability
- Families in receipt of benefit who are deemed to be under occupying social Rented housing
- People with physical disability

Key issues:

Mapping homelessness prevention services at the Health Improvement Board Workshop led to the conclusion that:

- There have been clear links to the support provided to vulnerable groups through Supporting People. Successor arrangements to the Supporting People Officers' Groups could also oversee this area of work.
- There are already in existence a number of programmes and agencies involved with preventing homelessness, including MIND, the DAAT, the Back to Work Group, Homeless Pathways, Single Homelessness Group, Early Intervention Service and others.
- District Councils have been taking action to ensure clients who may be affected by these changes are informed of changes and signposted to advice and support.

- The Oxfordshire Treasurers' Group has been actively monitoring the situation and there have been regular update reports to the Oxfordshire Chief Executive and Leaders Group meetings

Next steps could include bringing various elements of work together into a more coordinated approach. For example:

1. For the Oxfordshire Treasurers' Group could continue to monitor impact and share their impact assessment with the Supporting People Officers' Group.
2. The Back to Work Group receives regular updates on the impact of the Welfare Reform Act and reviews the member agencies' programmes and projects so that they mitigate the impact as much as possible.
3. Mechanisms could be introduced to ensure that the Thriving Families Programme is aware of families at risk of eviction and provide support to some of the families at risk of homelessness or who would otherwise benefit from the programme.
4. Mechanisms to ensure that the Progress Skills Programme are aware of families at risk of eviction and homelessness could be introduced so that PSP can support them to access training and employment opportunities.
5. The Supporting People Officers Group can be asked to identify any other areas of work that should be incorporated under this priority e.g. implementation of No Second Night Out for rough sleepers

It is proposed that these ideas are taken forward and a more detailed action plan is brought to the next meeting.

Work focus 3. Reducing fuel poverty

Aim: Better coordination across districts to promote the Green Deal; develop a strategy to further improve partnership working;

Background Information

Fuel poverty occurs when households need to spend more than 10% of their net household income for adequate heat and hot water in the home. Adequate heat is defined as 21C in the living room and 18C in other rooms

Fuel Poverty cuts across various agenda – housing, health, poverty, social inclusion, carbon reduction. It affects households in all tenures – social rented, private rented and owner occupied sectors. The three key components leading to fuel poverty are

- energy efficiency of homes
- household income
- cost of energy

Current work

The HIB workshop in July identified a range of work that is already underway in the county but highlighted the lack of coordination, short term funding and poor information flows. The current work includes the projects outlined below:

The Affordable Warmth network in Oxfordshire provides advice and a referral hub for home improvements to improve insulation. This work is currently only funded for 2012-13

A “Warm Homes Healthy People” award from the Dept of Health at the end of 2011-12 has been used by a range of partners to raise awareness of fuel poverty, help people get access to the right help and reduce risk of winter deaths. Future funding for this initiative is also uncertain.

Low carbon initiatives around the county are also having an impact on housing quality and fuel efficiency. These are often locally based schemes at neighbourhood level, with some coordination e.g. through Low Carbon Oxford or other partnership groups.

Oxfordshire Rural Community Council has established a successful oil buying scheme which cuts costs for households through bulk buying contracts. Around 1000 members of the scheme have saved a total of £80,000 since the scheme was launched in 2010. Related schemes such as for purchase of solar panels are being developed.

The Green Deal is a national initiative being launched in September 2012. Access to grants to improve home insulation will no longer be through the work of District Councils and householders will have to take the initiative to access grants. District Councils are already aware that promotion of this new way of working will be needed.

However, there is currently no existing Fuel Poverty or Home Energy Strategy across the county. Work is going on in the districts and in the voluntary sector, but there is no central coordinating group. There is a lack of comprehensive and up to date information on the prevalence of fuel poverty. It is proposed that the Health Improvement Board could add value through improved coordination and promoting development of a joint strategy.

Next steps

A group of key people will meet to map current activity and discuss options for the way forward. It is suggested that this includes representatives from each District Council, Age UK Oxon, USEA and Oxfordshire Rural Community Council, Public Health and the Supporting People Group.

These options for future work to be discussed include:

1. Development of an evidence base for fuel poverty, energy efficiency of homes, household income and, if possible, health issues. This work needs to be done in the knowledge that the national measurement for fuel poverty may change.
2. Development of an Action Plan with clear outcomes for the immediate future.
3. Continue to develop this strategic approach in the longer term.

Additional information on taking these work streams forward:

a. Working arrangements

The proposals for developing the role of the former Supporting People Officers' Group have been supported by partners who participate in that group. The new role could include having an overview across the boards and in advising on issues relating to homelessness prevention and supporting vulnerable people.

There are concerns about the resources available to support this work to ensure efficiency and smooth running. Multi-agency partnerships require effective and robust coordination and communication to be effective.

Members of the Supporting People Officers' Group are keen to help deliver the next steps in taking this work forward.

Next steps

1. To finalise the revised terms of reference for the successor to the Supporting People Officers' Group in liaison with the Group and Oxfordshire County Council Joint Commissioning Team, and the Oxfordshire Chief Executives' Group, if required.
2. For the Supporting People Officers' Group to map the various housing related structures that are in place across the county and how their work streams impact and influence the Health Improvement Board. This will assist in aligning their own partnerships and determining appropriate resources to support joint working arrangements.
3. For a countywide group of key officers to lead the further work to be done on developing actions and outcomes on reducing Fuel Poverty.

b. A note on Extra Care Housing

Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Extra Care Housing is also known as very

sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home.

The provision of Extra Care Housing in Oxfordshire is a priority for the Health & Wellbeing Board. The Adult Health & Social Care Board is leading on the work, working with the Spatial Planning and Infrastructure Partnership. An outcome measure has been agreed:

H&WB Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

- By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930

Overall Recommendations

Members of the Health Improvement Board are asked to:

1. Approve the focus of work on the 3 areas outlined within the paper.
2. Request the development of action plans for consideration at the next meeting of this Board
3. Request the compilation of a basket of relevant indicators from which outcome measures can be identified and by which progress can be monitored.
4. Ensure a joined up approach with related priorities of the Health and Wellbeing Board, including the increase in provision of extra care housing (Adult health and Social Care Board) and implementation of the Thriving Families programme (Children and Young People's Board).
5. To invite the Chair of the Supporting People Officers' Group or their nominated deputy to attend meetings of the Health Improvement Board to present any papers and to act as an expert adviser in relation to housing matters.

Annex 1 Proposed Basket of Indicators on Housing and Health

Purpose of having a basket of indicators:

- To track changes over time.
- To enable more effective targeting of campaigns and resources
- To set outcome measures

Overall outcomes for this priority: Our first intention is to establish a basket of indicators which, amongst others, may include the following (depending on availability of information).

- Number of benefit claimants (by benefit/by location)
- Households in social housing (by location)
- Number of people in supported housing by location
- Number of people due to be released from prison (or 'past' numbers i.e. in the 'last' six months, including categories of temporary release and youth offenders)
- Number of people below the poverty line (including categories of children and pensioners) (by location?)
- Number of households in fuel poverty
- Number of households on the waiting list
- Number of people who are homeless, regardless of statutory duty
- Number of people occupying over crowded or unsanitary premises
- Number of Private Regulated Providers dwellings let to local authority nominations
- Energy efficiency of buildings
- Housing Health and Safety Rating System
- Number of houses in multiple occupation
- Number of non decent dwellings
- Number of evictions by LAA
- Level of rent arrears

Annex 2

Agreed allocation of former Supporting People budget 2012/13:

People with Learning Disabilities	4,260,058	Learning Disabilities JMG Learning Disabilities
People in Adult Placement	519,891	JMG/Older People JMG
Older People, of which:		
Alert Service	1,969,800	Older People JMG
Direct Payments	246,092	Older People JMG
Home Improvement Agencies	343,741	Older People JMG
Homeless People	2,314,818	Health Improvement Board
People with Mental Health Problems	1,778,022	Mental Health JMG
Young People	1,380,051	Appropriate children's budget
Teenage Parents	443,355	Appropriate children's budget
Floating support *	1,520,708	Health Improvement Board
People with Drug Problems	267,480	DAAT
Offenders	152,684	Health Improvement Board
Women at Risk of Domestic Violence	388,234	Health Improvement Board
People with Physical Disabilities	147,803	Physical Disabilities JMG
Total Expenditure	15,732,738	

Annex 3

Key facts on changes to welfare systems that will impact on housing:

Size eligibility criteria extended to social housing

Size eligibility criteria, currently in place in the private rented sector, is to be extended to social housing. This means that any working-age household deemed to be under-occupying their home will either have to move to a smaller property or lose part of their Housing benefit from April 2013. The deductions for under-occupancy will be 14% for one room and 25% for two or more rooms.

The amount of money a young individual can claim for housing benefit relates to the cost of a single room in a shared household (the 'shared room rate'). The age range to which this applies increased from 24 years to 34 years in January this year. As a result single people between the ages of 25 and 34 will see a significant reduction in their benefit income and be deemed to be 'under occupying' if currently living in a standalone privately rented residence. (People of pensionable age are excluded from this change in size-eligibility criteria.)

Benefits cap

Benefits for out-of-work households are to be capped from 2013 onwards. Until the Universal Credit system is introduced this cap will be enforced by district authorities through Housing benefit.

The cap will be set at a working household's average net earnings – currently expected to be £26k per year for lone parents or couples with children and around £18k for single childless people.

It has been suggested that families may choose to migrate to cheaper areas (and Oxford City Council are already advising some city households to do so) as a result of the Act, potentially across authority boundaries. Any resulting movement of benefit claimants will have an effect in terms of ensuring continuity of services.

LHA is payable to those on a low income who are renting from a private landlord. In April 2011, LHA payments were reduced to cover the cost of the cheapest 30% of local rents, rather than the average rent. From April 2013, it is to be increased annually by the lesser of either Consumer Price Index (CPI) or rent officer review. The intention is that this will help keep private rents at more affordable levels.

End of direct benefit payments to social housing landlords

Payment of Housing benefit will no longer be paid direct to social housing landlords. Instead, tenants will receive the benefit as part of their Universal Credit, every month. The idea behind this is to replicate the experience of receiving a monthly salary. The only exception to this will be for 'vulnerable' people where direct payment may be facilitated.

The Disability Living Allowance (DLA) to be replaced by the Personal Independence Payment (PIP)

Working age people currently receiving the DLA will have to make a fresh claim to receive the new benefit that replaces it from April 2013, PIP. The budget for PIP will be 20% less than DLA so the aim is to focus funds on the most disabled. It follows that there will be working age people who qualified for DLA that will not qualify for PIP. DLA will continue for children under 16 and people over the age of 65.

Changes to contribution-based Employment and Support Allowance

For people in the 'Work Related Activity Group' (i.e. people assessed as being able to take steps to prepare for work) the amount of time over which contribution-based Employment Support Allowance (which was introduced to replace Incapacity Benefit for new claimants in 2008) can be claimed will be limited to 365 days.