Health and Housing Project

Draft Report to the Public Health Board

Contents

Executive Summary

Introduction

The role of housing in determining good health and wellbeing is recognised by both the Public Health Board and Health and Wellbeing Board as a clear priority. This report asks a number of fundamental questions in order to identify gaps and priorities moving forward:

- How does housing impact health and wellbeing, and what is the Public Health interest?
- What housing services are delivered across Hertfordshire?
- Are there any gaps in those services, that impact on health and wellbeing?
- What role can Public Health and partners play, in the provision of housing services, to improve health and wellbeing?

The scope of the project covers the following areas of investigation:

1. **Housing Quality**: This project has looked into the health impact of housing that is in poor condition. These are conditions that represent a threat to the health or safety of the occupant and include issues such as poor energy efficiency, trip hazards, damp and mould, fire risks etc.
2. **Housing Availability**: This project has looked into the health impact of the absence of secure accommodation and homelessness. This covers rough sleeping, but extends to the provision of temporary accommodation and support to access stable housing.

In order to avoid duplication with work happening elsewhere, the scope of this project does not cover either **Housing Accessibility** (home adaptions, specialist housing, supported living services) or **Housing Supply** (the planning and supply of new housing)

Housing Quality

A review of the literature indicates that there is clear evidence of the health impact of poor quality housing. Much this impact relates to indicators on the Public Health Outcomes Framework, as well as Public Health priorities around health inequality and healthy life expectancy.

There is also evidence that Hertfordshire has a significant number of homes in poor condition, particularly in the private sector. The continued growth in the size of the private rented sector, and in the numbers of older people living in general accommodation, is also cause for concern.

The main providers of home improvement services in Hertfordshire are those offered by District & Borough Environmental Health, Hertfordshire County Council Community Protection, and Herts Healthy Homes:

- **District & Borough Environmental Health**: Challenges remain around the proactive identification of homes in poor condition (particularly housing in the private rented sector), and limited staff and financial resources. Although the use of data varies, some Districts have been successful in developing intelligence on the condition of housing in their area, and this data has the potential to better target housing interventions.
- **Safe and Well Visits**: HCC Community Protection are developing a new 'Safe and Well' visiting service that is likely to include advice, support and referral around home warmth, security and fire prevention to around 8,000 homes per year. It is important that there is sharing of data and intelligence on both vulnerable people and poor housing from housing, health and social care providers to help target these visits effectively.
- **Herts Healthy Homes:** This service offers housing interventions, from advice to home repairs, to help vulnerable people stay independent. Together with the above services, it represents a good range of provision to help tackle poor housing. However, there are challenges around generating referrals, and there is a need to increase the number of referrals from health providers including GPs, in order to make best use of these existing services.

Housing Availability/Homelessness

People who are homeless are much more likely to have health problems, particularly around mental health and substance abuse, and place greater demands on acute health services. At the same time, they are less likely to access community based health services.

In this paper a number of issues with housing availability/homelessness have been identified:

- **Homeless prevention:** Hertfordshire's rate of statutory homeless acceptances is slightly higher than the England average, and there are districts/boroughs where the level is much higher. In addition there are concerns that the expected growth in homelessness is coinciding with increased financial pressure on providers of homeless prevention and support services. There are also gaps in the provision of shelter for rough sleepers in certain Districts. The relationship between homelessness and poor health makes this a health as well as housing concern.
- **Hospital discharge:** Challenges were identified around the co-ordination of hospital discharge for patients who require housing support. This creates the risk that people with housing needs are being discharged from hospital and becoming homeless, or being placed in inappropriate temporary accommodation, both of which may have health consequences, particularly with patients with mental health needs.
- **Adults with complex needs:** Problems also exist in supporting adults with complex needs to access appropriate accommodation. There needs to be

more done to ensure that adults with housing, substance abuse and/or mental health needs receive sustained multi-agency support. For adults who have a combination of acute substance abuse, mental health and housing problems there is no single service that is able to provide them with the support they need to access appropriate accommodation or prevent recurring homelessness. This has an inevitable health impact as well as causing the repeated use of health or housing services.

Next Steps

This report has refrained from making concrete recommendations as doing so would involve making assumptions about the priorities and resources available to the various stakeholders involved. Further discussions are needed to identify: the priorities going forward; who will lead on delivery of certain priorities; and what resources can be made available to support this.

Housing Quality

Theme	Action	Opportunities
JSNA	The JSNA currently has a Housing chapter, but this it is recognised that it can be developed further. The chapter can be updated in light of this report and any work taken forward as a result. However, further exploration of how this might look is required given that the JSNA is currently undergoing review.	
Data and Intelligence	Explore how the evidence and data from this report and the Building Research Establishment's Housing and Health Cost Calculator can: • inform the JSNA • promote the value of the work of housing improvement services to the wider health and social care sector Oversight is needed of the housing intelligence available across the District and Boroughs, with consideration of how: • data can be most effectively shared to support the work of	Evidence of the relationship between health and housing creates incentives for providers of health and housing services to work in partnership. The development of improved housing intelligence makes it possible to both demonstrate the health impact of housing services and identify areas of housing where interventions are likely to have the greatest health impact. The Excess Winter Deaths report (see pp24). recommended improving identification of householders at risk by training and data sharing with health

	existing services across Hertfordshire • how housing intelligence can be developed countywide	services and local authorities
Safe and Well service development	Explore the opportunities to support the sharing of data on vulnerable people between health and social care providers for the purposes of Safe and Well visits	There is currently an opportunity to make appropriate links between Environmental Health Officers and Community Protection in the development of Safe and Well visits to address the full housing situation of the vulnerable people using the service.
Referrals	Consideration is needed into how the number of referrals into home improvement services, particularly from health providers, can be improved, in order to make best use of existing services.	The Excess Winter Deaths report highlighted the importance of improving the number of referrals and awareness of services to address cold homes, including those from health providers such as GPs
Protecting and expanding home improvement services	There is justification for exploring the business case for protecting or expanding home improvement services such as Herts Healthy Homes. This can include the consideration of proposals for housing improvement projects that are targeted at the worst homes and/or most vulnerable people, and therefore have the greatest potential health impact.	The existence of a range services to address poor quality housing, which are having a health impact, means that there is a good foundation of services that can be built upon. The Excess Winter Deaths reported recommended the creation and implementation of strategies to address excess winter deaths and fuel poverty, and to develop an action plan to tackle falls, including potential physical changes to the home.

Housing Availability

Theme	Description	Opportunities
JSNA	As above	
Partnership working	Closer working relationships are needed between partners in the following areas: • Improving the co-ordination between health and housing services around of the hospital discharge of patients needing housing support	Public Health has good links with the NHS, other County council departments and District & Borough councils, which can be used to help link up housing and health providers. There are also forums such as the Health and Wellbeing Board or the Public Health Board that can support partnership working.

	• The exploration of how access to open access emergency night shelter can be improved for adults with substance abuse issues or for residents of Districts/Boroughs lacking adequate provision. • The development of multi-agency services to support adults with complex needs to access and maintain stable and appropriate accommodation.	There is currently a research project underway at Stevenage Haven Hostel (funded by North Herts District Council) aiming to investigate the health benefits of the services offered by the hostel, and the effectiveness of local health services in engaging with homeless people. This scheduled to complete in April 2016.[1] There is a pilot underway in Hertsmere and Three Rivers to offer multi-disciplinary support and access to services to adults with complex needs Watford Borough Council are developing a Single Homeless Pathway that has the potential to provide supported housing to single people with an additional need
Protecting and expanding homeless prevention services	There is justification for exploring the business cases for protecting or expanding homeless prevention activities	Evidence of the relationship between health and housing availability can serve as an incentive for providers of health and housing services to work in partnership.

[1] http://www.stevenagehaven.org.uk/news/28-north-herts-street-homeless-research-project

Table 1: Stakeholder housing roles

The table below gives an overview of what this report was able to identify as the functions of key housing stakeholders. Although this table will inevitably not capture every housing stakeholder or housing service, it demonstrates where there are overlaps between the various stakeholders and services.

	Housing Theme	Stakeholder Function				
		District & Borough Councils	**Housing Associations**	**HCC Health and Community Services (HCS)**	**CCG/other NHS**	**Other**
Housing Quality	**Enforcing minimum legal standards in private rented accommodation**	Private rented accommodation enforcement and regulation of homes of multiple occupation				HCC Community Protection Fire Home Safety Visits
	Improving the condition of social housing stock	Have direct responsibility for council owned housing and work in partnership with housing associations	Responsibility for the condition of their housing stock			HCC Community Protection Fire Home Safety Visits
Vulnerable people	**Providing home improvement services and advice to vulnerable people**	Manage the provision of Disabled Facilities Grants and other home improvement grants and advice	Advise vulnerable residents on home energy	Herts Healthy Homes home visits and grant funded improvement services Herts Equipment Service (funded by HCS and NHS to provide minor home adaptions) Telecare services	Herts Equipment Service Herts Healthy Homes (funding and referrals) Telecare services	Various voluntary sector services, some part funded by public sector organisations HCC Community Protection: Fire Safety Visits, Herts Home Safety Service, new Safe and Well visits
	Other supported living services to help older people and people with physical disabilities remain independent		Offer various low-level informal services e.g. support for older people to get online	Home based independent living services (e.g. domiciliary care) Integration team partnership over home based health services e.g. HomeFirst Community Wellbeing funded services (including home visiting, befriending, meals on wheels , Herts Community Meals and hospital discharge support HertsHelp and Community Navigator funding	Various forms of hospital discharge co-ordination HertsHelp and Community Navigator funding and referral Home based health services e.g. HomeFirst	
	Provision of specialist accommodation for older people and people with physical disabilities	Take an interest in supporting the development of specialist housing for older people and people with physical disabilities Sit on dual district accommodation boards with HCS	Development/improvement of sheltered housing schemes and flexi-care	Integrated Accommodation Commissioning team (main commissioner of specialist accommodation places) Coordinate dual-district accommodation boards		Public Health coordinate JSNA on 'Housing for Adults with Additional Needs'
Homelessness	**Housing for homeless people in priority need groups**	Manage housing register and council owned social housing, support access to private sector accommodation and provide temporary accommodation	Support the provision of social housing and temporary accommodation			
	Housing support for adults with complex needs (housing need combined with mental health or substance abuse related needs)		Some housing associations offer accommodation for single homeless with additional needs	Integrated Accommodation Solutions funds specialist housing for people with complex needs HCS Integrated Care is delivering a pilot complex needs service in Hertsmere and Three Rivers	Hertfordshire Partnership Foundation Trust provide in-patient and floating support services to people with mental health needs	Public Health coordinate JSNA on 'Housing for Adults with Additional Needs' YMCA and other homeless charities provide housing and support for single homeless people with additional support needs Public Health fund supported housing for people recovering from drug and alcohol addiction
	Homeless prevention	Have a broader responsibility around the long term planning of affordable housing Housing options, private sector landlord liaison, tenancy sustainment and rent deposit schemes	Some housing associations provide tenancy sustainment support to vulnerable residents	Hospital discharge coordination, Herts Help and Community Navigators (see above)	Hospital discharge coordination, Herts Help and Community Navigators (see above)	Public Health coordinate JSNA on ''Assessment of Homeless People's Needs' Herts Young Homeless (mediation, crash-pad, advice and education programmes) – funded by HCS, Public Health, Children's Services and some District & Borough Councils Herts Young Homeless Dual-Diagnosis support
	Night Shelter (open access)	District & Borough Councils work in partnership with night shelters				A number of homeless charities provide open access emergency shelter

1. Introduction

1.1 Purpose, Objectives and Scope

1.1.1 The role of housing in determining good health and wellbeing is recognised by both the Public Health Board and Health and Wellbeing Board as a clear priority. Understanding the housing and health agenda across Hertfordshire is an important step towards taking action.

1.1.2 There are already Joint Strategic Needs Assessments (JSNA) on the 'Health needs of homeless people' and 'Accommodation for adults needing support', as well as a HertsLIS profile on housing[2]. These resources give an introduction to some of the themes discussed in this report. However this report wanted to give a more comprehensive overview of the housing agenda in Hertfordshire, and the relationship it has with health and wellbeing.

1.1.3 This report asks a number of fundamental questions in order to identify gaps and priorities moving forward:

- How does housing impact health and wellbeing, and what is the Public Health interest?
- What housing services are delivered across Hertfordshire?
- Are there any gaps in those services, that impact on health and wellbeing?
- What role can Public Health and partners play, in the provision of housing services, to improve health and wellbeing?

1.1.4 'Housing' represents a potentially vast array of services, from town planning to social care. The scope of the project covers the following areas of investigation:

1. **Housing Quality**: This project has looked into the health impact of housing that is in poor condition. These are conditions that represent a threat to the health or safety of the occupant and include issues such as poor energy efficiency, trip hazards, damp and mould, fire risks etc.
2. **Housing Availability**: This project has looked into the health impact of the absence of secure accommodation and homelessness. This covers rough sleeping, but extends to the provision of temporary accommodation and support to access stable housing.

1.1.5 The project also initially explored **Housing Accessibility** - the provision of home adaptions, specialist housing and supported living services. However it has become clear that there are other workstreams exploring the development of these services, and this project does not want to duplicate

[2] http://jsna.hertslis.org/top/healtdemo/accomo/

these efforts. There is an overview of current provision of these services, local context and existing workstreams in Appendix C.

1.1.6 The scope of the project does not include **Housing Supply** i.e. the role of planning and development of new housing and its relationship with health and wellbeing. This is already being addressed, from a Public Health perspective, in the wider work of the Planning and Place Agenda.

1.2 Methodology

1.2.1 The project has employed the following methodology to answer the above questions:

- Meetings with stakeholders both from Hertfordshire County Council (HCC) and other organisations across the County (see Appendix B).
- A literature review into the impact of housing on health and wellbeing, including relevant legislation and policy, and examples of best practice (See Appendix A)
- Desk based research into the operations and strategies of providers of housing services, to gain a greater understanding of their priorities and challenges

1.2.2 It should be noted that, due to the scale of the subject and resource available, not every stakeholder could be engaged with. This includes NHS mental health providers and housing associations. The findings of the project must be seen in light of this limitation.

1.3 Structure of this paper

Chapter 2 of this paper discusses the research into the health and wellbeing impact of the various aspects of housing, and how these link to HCC Public Health's priorities and the Public Health Outcomes Framework.

Chapter 3 looks at the local housing context by discussing what is known about the prevalence of poor housing and the extent of homelessness, and the likely health impact both.

Chapter 4 is an evaluation of the housing services delivered across the County. This will include an analysis of these services to understand if there are any gaps in provision relevant to health and wellbeing.

Chapter 5 will include a summary of the main conclusions of the report, and possible next steps.

2. Housing and health: The Public Health Interest

2.1 The Health and Financial Impact of Poor Housing Quality

2.1.1 There is a growing body of evidence indicating that poor housing quality has both a negative impact on health, and a corresponding financial impact on health providers (see Appendix B for the full review of the research that informs this section).

2.1.2 This report considers housing quality by looking at the impact of certain housing hazards. A housing hazard is a problem in a home that could harm the health or safety of the occupant[3]. Many of these hazards can be related to health indicators on the Public Health Outcomes Framework; a data tool created by Public Health England that sets out the desired outcomes for public health and how they will be measured[4].

2.1.3 A summary of the impact of specific housing hazards can be found in the section below.

Table 1: The Health and Wellbeing Impact of Poor Housing Quality

Housing Hazard	Health and Wellbeing Impact	Public Health Outcome[5]
Excess cold and damp/mould	Circulatory and respiratory illness amongst older people and children Leading contributor of excess winter deaths Correlates with higher levels or hospital admissions, weight gain and poor educational attainment amongst children Correlates with higher levels of mental illness £850m estimated annual cost to NHS of excess cold	1.02 School readiness 1.17 Fuel Poverty 2.06 Excess weight (children) 2.23 Self-reported wellbeing 4.01 Infant mortality 4.04 Under 75 mortality from circulatory illness 4.07 Under 75 mortality from respiratory illness 4.11 Hospital readmissions

[3] http://england.shelter.org.uk/get_advice/repairs_and_bad_conditions/health_and_safety/health_and_safety_assessments_of_rented_homes

[4] https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

[5] http://www.phoutcomes.info/public-health-outcomes-framework

		4.13 Health related quality of life for older people 4.15 Excess winter deaths
Hazards related to accidents (falls, fire, entrapment etc.)	Increased occurrences of physical injury and death of children under 5 Links with increased falls amongst older people £480m estimated annual cost to NHS of accidents in the home	2.07 Child hospital admissions 2.24 Injuries caused by falls in over 65s 4.03 Preventable mortality 4.11 Hospital re-admission 4.14 Hip fractures in people aged over 65
Hazards related to exposure to toxins (e.g. carbon monoxide, lead pipes, asbestos)	Lead pipes linked to impaired neurological development amongst children Carbon monoxide poisoning can be deadly, also has negative impact on nervous system	1.02 School readiness 4.01 Infant mortality 4.03 Preventable mortality

Excess cold, damp and mould

2.1.4 Excess cold, damp and mould have a particular impact on older people, people with long term illnesses, and children[6]. Their presence is associated with increased respiratory and circulatory illness[7] [8] in these groups and has also been found to correlate with weight gain, higher levels of hospital admissions and poorer educational attainment amongst children[9]. In addition the World Health Organisation (WHO) estimates that damp and mould can be

[6] Marmot Review 'The Health Impact of Cold Homes and Fuel Poverty. Available online at http://www.cieh.org/policy/housing/poor-housing.html

[7] Ormandy D. 'Housing and Child Health' Paediatrics and Child Health Volume 24, Issue 3, March 2014, Pages 115–117 available online at http://www.sciencedirect.com/science/article/pii/S1751722213002072

[8] J. Stewart M. Rhoden, (2006),"Children, housing and health", International Journal of Sociology and Social Policy, Vol. 26 Iss 7/8 pp. 326 – 341 Permanent link to this document: http://dx.doi.org/10.1108/01443330610680416

[9] See reference 4

linked to the deaths of 83 children across Europe each year due to their association with asthma[10].

2.1.5 Excess cold is a major component of excess winter deaths due to its association with circulatory and respiratory illness, which together account for 70% of deaths[11]. Across Europe, indoor temperatures are a much closer determinant of excess winter deaths than outdoor temperatures[12], and research indicates that increasing the temperature in a person's home can lead to a faster recovery from circulatory illness[13] [14].

2.1.6 In addition to impacting on physical health, excess cold is also linked with poor mental health; people living in the coldest quarter of housing are 5 times more likely to develop a mental health problem than the general population[15].

Other housing hazards

2.1.7 Other housing hazards can have a negative impact on health and wellbeing. These include a number of hazards related to accidents (including accidents related to fire), and exposure to toxins.

2.1.8 Housing hazards disproportionally affect vulnerable groups, including older people and children. Children are particularly at risk of sustaining physical injury from hazards in the home[16]. In Europe home accidents are the leading cause of deaths amongst under 5s[17]. Older people tend spend a greater proportion of their time at home which further increases their risk from housing

[10] WHO: Quantifying Health Impact of Housing available online at http://www.euro.who.int/__data/assets/pdf_file/0017/145511/e95004sum.pdf?ua=1

[11] Public Health England 'Making the Case for Cold Weather Planning'. Available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252854/Cold_Weather_Plan_2013_Making_the_Case_final_v2.pdf

[12] Shaw, M. 'Housing and Public Health' Annu. Rev. Public Health 2004. 25:397–418. Available online at http://www.annualreviews.org.ezproxy.herts.ac.uk/doi/pdf/10.1146/annurev.publhealth.25.101802.123036

[13] Curl A, Kearns A 'Can Housing Improvements Cure of Prevent the Onset of Health Conditions Over Time in Deprived Areas'. http://ud7ed2gm9k.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rfr_id=info:sid/summon.serialssolutions.com&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=article&rft.atitle=Can+housing+improvements+cure+or+prevent+the+onset+of+health+conditions+over+time+in+deprived+areas%3F&rft.jtitle=BMC+public+health&rft.au=Curl%2C+Angela&rft.au=Kearns%2C+Ade&rft.date=2015&rft.eissn=1471-2458&rft.volume=15&rft.spage=1191&rft_id=info:pmid/26615523&rft.externalDocID=26615523&paramdict=en-UK

[14] Thomson et al 2013, 'Housing Improvements for Health and related socio-economic outcomes' http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008657.pub2/abstract

[15] See reference 4

[16] See reference 10

[17] See reference 5

hazards[18]. Older people are particularly at risk from hazards related to fire and falls[19].

2.1.9 As well as being at greater risk, vulnerable people are also more likely to live in non-decent accommodation[20]. Socio-economic exclusion can result in people with poor health being more likely to live in poor housing, which then exacerbates existing health problems[21]. Poor housing quality can therefore be seen as both a cause and consequence of health inequality.

Financial Impact

2.1.10 The Building Research Establishment (BRE)[22] has calculated that the cost of housing hazards to the NHS is approximately £2.5 billion, with the greatest cost coming from hazards related to excess cold and falls. Addressing the most serious hazards would be expected to cost £10 billion nationwide, but the resulting savings to the NHS would repay the cost in 7 years. This implies that there is a financial justification for investment in interventions designed to tackle the most serious of housing hazards.

Conclusion

2.1.11 The evidence that poor housing conditions have a negative impact on health, particularly amongst vulnerable groups, as well as placing additional financial burdens on health providers, indicates the potential positive health impact of interventions to improve housing conditions, especially when focused on the worst housing, and/or the most vulnerable people.

2.1.12 Many of the health issues associated with poor housing quality relate to indicators in the Public Health Outcomes Framework. More generally, the health impact of poor housing suggests that these issues are relevant to Public Health priorities including helping our residents to live longer, healthier lives as well as starting and staying healthy. Finally, the conception of poor housing conditions as being a contributory factor in health inequality fits with

[18] Donald I. 2009 'Housing and Health for Older People' http://ageing.oxfordjournals.org.ezproxy.herts.ac.uk/content/38/4/364
[19] See reference 10
[20] See reference 10
[21] Libman et al. 2012, 'Housing and Health: A Social Ecological Perspective' http://ud7ed2gm9k.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rfr_id=info:sid/summon.serialssolutions.com&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=article&rft.atitle=Housing+and+health%3A+A+social+ecological+perspective+on+the+us+foreclosure+crisis&rft.jtitle=Housing%2C+Theory+and+Society&rft.au=Libman%2C+Kimberly&rft.au=Fields%2C+Desiree&rft.au=Saegert%2C+Susan&rft.date=2012-03-01&rft.issn=1403-6096&rft.eissn=1651-2278&rft.volume=29&rft.issue=1&rft.spage=1&rft.epage=24&rft_id=info:doi/10.1080%2F14036096.2012.624881&rft.externalDBID=n%2Fa&rft.externalDocID=364479727&paramdict=en-UK
[22] See the Hertfordshire County Council's Public Health Strategy http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf

the Public Health priority of narrowing the gap between the most and least healthy[23].

2.2 Health and availability of housing/homelessness

2.2.1 The Public Health Outcomes Framework has two indicators relevant to homelessness; statutory homeless acceptances, and adults in contact with mental health services living in stable accommodation. However the health impact of the absence of stable accommodation suggests a broader Public Health interest.

2.2.2 The relationship between health and the absence of stable accommodation can be seen in terms of the direct health impact of homelessness, and the indirect health impact arising from the challenges homeless people face in accessing health services.

2.2.3 The evidence that homeless people have poor health is stark. A survey by Homeless Link[24] found that 41% of homeless people had a long term health condition (against 28% in general population) and 45% had being diagnosed with a mental health issue (25% in general population). Substance abuse is particularly problematic with 39% of homeless people either taking drugs or recovering from a drug problem. Half of homeless people reported drinking or taking drugs to help cope with mental health issues. Issues around substance abuse are particularly relevant to Public Health as a statutory provider of substance abuse related services.

2.2.4 Whilst the above data doesn't indicate whether homelessness is a causal factor in these health outcomes there is evidence to suggest that poor health and homelessness are co-related; health problems can put people at greater risk of losing secure accommodation, and the absence of secure accommodation can cause or exacerbate poor health.

2.2.5 A number of studies have investigated the ways in which the experience of homelessness can contribute to poor health outcomes:

- Rough sleeping can involve exposure to extreme temperatures or damp conditions. This can cause new health problems or exacerbate existing ones[25].
- Rough sleeping can also can contribute to skin and foot problems[26].

[23] http://www.hertsdirect.org/your-council/hcc/publichealth/
[24] http://www.homeless.org.uk/facts/our-research/homelessness-and-health-research
[25] See reference 10
[26] Cited in Hwang 'Homelessness and Health' Available online at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80688/?tool=pmcentrez#r23-27

- Poor health outcomes can also arise from living in hostels or other forms of temporary accommodation where there can be problems related to hygiene and safety[27].
- Conditions favouring TB outbreaks in temporary accommodation include crowding, large transient populations and inadequate ventilation[28].
- Homeless people (rough sleepers and those living in hostels) are at increased risk of physical violence; a study in Toronto found that 40% of homeless people had been physically assaulted[29].

2.2.6 Substance abuse can be the cause of a person becoming homeless. A survey of homeless people with substance abuse issues found that in the majority of cases drug abuse was the primary reason behind them being evicted from rented accommodation or being asked to leave a family home[30]. Other research suggests that homelessness can make people more vulnerable to developing substance abuse issues as a way of coping with the stress and hardship of daily life[31]. A survey of homeless people in London found that 80% of homeless people had started using at least 1 new drug since becoming homeless and 72% of those with lifetime addictions to cocaine, started taking the drug after becoming homeless[32].

2.2.7 For mental health, becoming homeless can exacerbate existing conditions, and make that person more vulnerable (e.g. to crime or physical harm)[33]. One study suggests that the stress caused by the threat the breakdown of tenancies and experience of eviction can exacerbate existing mental illnesses[34]. However a survey of homeless people with mental health issues found that the primary cause of their homelessness was barriers accessing housing due to low income or unemployment[35], rather than their mental health issues.

2.2.8 This suggests that structural solutions, such as wider availability of low-cost housing and income support, would reduce the risk of homelessness among persons with mental illness, as among other vulnerable social groups.

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[27] See reference 10
[28] An outbreak of tuberculosis in a shelter for homeless men. A description of its evolution and control. http://www.ncbi.nlm.nih.gov/pubmed/1990937
[29] Cited in Hwang 'Homelessness and Health' Available online at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80688/?tool=pmcentrez#r23-27
[30] 'Homelessness amongst drug users: a double jeopardy explored' International Journal of Drug Policy 12 (2001) 353–369
[31] As Above
[32] Homelessness and Drug Use: Evidence from a Community Sample http://www.sciencedirect.com.ezproxy.herts.ac.uk/science/article/pii/S0749379707001043
[33] 'Mental Health and Homelessness: The Challenge: http://isp.sagepub.com.ezproxy.herts.ac.uk/content/61/7/621
[34] 'Homelessness and Complex Trauma' http://www.homelesspages.org.uk/node/24195
[35] Perceived reasons for loss of housing and continued homelessness among homeless persons with mental illness'. http://www.ncbi.nlm.nih.gov/pubmed/15703344

However it is important to note that mental health can contribute to poverty and unemployment through discrimination or social exclusion, and therefore cause homelessness indirectly[36].

2.2.9 Homelessness can also have an indirect negative health impact due to the barriers homeless people have in accessing health services. People who live in temporary accommodation or are sleeping rough are much less likely to use GP services despite the potential that community based services have to reduce the need for acute care[37]. A review of the health needs and healthcare costs of rough sleepers in London found that barriers to accessing services include discrimination by health professionals, not being allowed to register with a GP, a lack of knowledge of services, a lack of continuity of care, and cost[38].

2.2.10 The difficulty homeless people face in accessing appropriate health care increases their dependency on acute health services. The A&E attendance rates of homeless people are 4 times higher than the general population[39], with 35% visiting A&E in the last 6 months[40]. Homeless people are more likely to be admitted to hospital and stay for longer, due to their acute health needs[41].

2.2.11 Regardless of the cause and effect relationship between health and housing, there are studies indicating the positive impact that the provision of secure housing can have on health outcomes. Two studies found that the provision of housing was associated with decreased substance abuse and less reliance on health services[4243]. A literature review found that people with mental health issues were less likely to become homeless if they were provided with financial assistance to access housing as well as community based health and social services[44].

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[36] See reference 31

[37] See reference 22

[38] http://www.jsna.info/sites/default/files/Rough%20Sleepers%20Health%20and%20Healthcare%20Summary.pdf.

[39] Public Health England 'Preventing Homelessness to Improve Health and Wellbeing' www.homeless.org.uk/.../Final%20Rapid%20Review%20summary.pdf

[40] See reference 22

[41] St Mungos 'Health and Homelessness: Understanding the Costs' www.mungos.org/documents/4153/4153.pdf

[42] 'To House or Not to House: The Effects of Providing Housing to Homeless Substance Abusers in Treatment' http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2004.039743

[43] Long-Term Housing and Work Outcomes Among Treated Cocaine-Dependent Homeless Persons http://link.springer.com/article/10.1007%2Fs11414-006-9041-3

[44] 'Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review' http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-638

Conclusion

2.2.12 The lack of availability of secure accommodation has a significant health impact. Whilst the worst health outcomes are associated with rough sleeping, living in various forms of temporary accommodation can also have a negative impact. In addition health problems such as substance abuse, and mental health issues, can make someone more likely to become homeless. This suggests a public health interest in services that either prevent homelessness from occurring, support those who are homeless to find more stable and secure forms of accommodation, or supports homeless people to access health services. It also makes the availability of housing and homeless both a health and housing concern.

3: The Local Context: Housing and Health in Hertfordshire

3.1 Housing Quality

Housing Conditions in Hertfordshire

3.1.1 Gaining an understanding of the quality of housing in Hertfordshire is complicated by the variation in housing data across the County. Whilst some District and Borough Councils have started to develop more sophisticated stock modelling techniques (see below for more information), the primary source of evidence is from District and Borough housing stock condition surveys.

3.1.2 Not every stock condition survey was available during the course of this work, and the significant variation in the date they were produced, and methodology employed makes it difficult to compare housing across the County. It is therefore difficult to give a comprehensive analysis on how Hertfordshire performs compares against other areas, or trends of over time. However, a snapshot of the data gives an indication of the extent of housing in poor condition across Hertfordshire:

Table 2 A Snapshot of District & Borough Stock Condition Surveys

Geographical area	% non-decent homes	% non-decent homes in private sector	% vulnerable people living in non-decent homes	Notes
England	**20**	**22**	**-**	
East Herts	49	53	43	Major factor excess cold
North Herts	20	40	52	-
Welwyn Hatfield	-	23	-	Major factors excess cold and fire hazards
Stevenage	-	13	17	-
Watford	23	-	-	Higher than average numbers of vulnerable people in non-decent housing
Three Rivers	-	10	12	-

3.1.3 The variation in data between District/Boroughs, and the likely variation within the Districts/Boroughs themselves, indicates that more needs to be done to understand exactly where poor housing can be found (see Chapter 4 for more information). Nevertheless the above data indicates that there will be areas in the County with poor housing conditions.

3.1.4 In addition to the direct evidence of poor housing quality, there are a number of factors that provide indirect evidence that there may be problems with housing conditions more generally in Hertfordshire.

3.1.5 Firstly, Hertfordshire has seen a huge growth in the demand for private rented accommodation (PRS). In some parts of the County the size of the private rented sector has doubled to become larger than the social rented sector. This is problematic as conditions in PRS tend to be worse than other forms of housing tenure, as suggested both in academic research, local housing stock condition surveys, and the responses from the District and Borough housing staff. In addition, the high demand for PRS reduces the incentives for landlords to improve the condition of rented accommodation, and creates disincentives for tenants to take action against landlords (due to fears of eviction etc.). Therefore the growth in PRS accommodation raises concerns about the conditions of this form of housing.

3.1.6 Secondly Hertfordshire's population is ageing; there has been a significant increase in the numbers of people aged over 65 with future growth expected between 2015-2035[45]. Older people are more likely to own their home, but also to under occupy it[46]. This is problematic because firstly larger homes are harder to heat, increasing the problems caused by housing with poor energy efficiency, and as people age there are increased challenges around home maintenance[47]. Finally older people are more vulnerable to the impact of poor housing conditions, and are at risk from living in homes that are not accessible to those with mobility issues. Therefore an ageing population, living in owner-occupied accommodation, increases the potential health impact of poor housing conditions.

3.1.7 There is no countywide data available that specifically links particular health outcomes in Hertfordshire with poor housing quality. Finding evidence of a direct causal link between a health outcome and housing is always be problematic as ill health is usually the result of multiple factors that can be difficult to disentangle.

3.1.8 Nevertheless there has been a recent report into potential causes of Excess Winter Deaths (EWD)[48], in Watford, Broxbourne and Hertsmere. This has given some insight into the impact that cold homes have on older people and potential interventions/service improvements that could address it.

[45] See the Hertfordshire JSNA on 'Adults Needing Accommodation and Support' http://jsna.hertslis.org/top/healtdemo/accomo/

[46] http://npi.org.uk/blog/housing-and-homelessness/why-targeting-older-people-under-occupation-half-baked-appro/

[47] http://www.ageuk.org.uk/latest-press/archive/home-maintenance-concerns/

[48] See Appendix D for an executive summary, key findings and recommendations

Box 1: Excess Winter Deaths Report

The project surveyed over 65s over a 12 month period in owner-occupied accommodation in order to collect data about them in areas such as health, knowledge and use of health services, finances, behaviour (e.g. physical activity or social contact), and knowledge of benefits/support services.

Housing: The vast majority of those surveyed were owner-occupiers and 70% lived in a house. The average age the property occupied was between 50 and 80 years. 55% of people lived alone and almost all lived in households where all the occupants were over 65. Whilst most of the homes were considered in good condition there were large variations. For example 21% of homes were affected by damp or mould. Homes with widespread mould were associated with poor health amongst the occupants. There was also variation in respondents' knowledge of what constituted a safe indoor temperature, and 28% didn't fully understand how to use their heating system.

Health: Both poor health and advanced age made people more susceptible to excess winter deaths. Respondents had on average 2 health conditions and 2 out of 3 people had a condition that can be made worse by excess cold. In addition, over 12 months of the study there was a general decline in health, particularly amongst over 75s with the main causes including the development of COPD, falls and pneumonia.

Falls: 37% of responds aged over 75 reported having had a fall in the home and, of the total number of responds who had fallen, 85% said falls had led to restricted mobility.

Finances: Over half of respondents had yearly incomes under £16K. There was also a significant reliance on benefits with 45% of those surveyed receiving benefits and over half relying on winter fuel or cold weather payments to stay warm.

Behaviour: Whilst there was evidence of healthy behaviours, there were also some troubling findings. 42% of 65-74 stayed at home all day, mainly due to mobility issues and 64% said their health limited their physical activity. 16% spent longer in bed when cold and 96% did not drink enough water, indicating that improving awareness of healthy behaviour may be important.

Use and knowledge of services: The vast majority of respondents used GP services, on average of 7 times a year. However 23% had used emergency services in last 12 months. In addition 82% had never heard of Hertshelp, and it the report concludes that more needs to be done to promote services available to people.

In addition to this, Welwyn Hatfield Borough Council have commissioned the BRE to undertake a Health Impact Assessment of private sector housing and prospective housing interventions in the Borough.

Box 2: Welwyn Hatfield Housing Health Impact Assessment

The health impact assessment used information from a stock modelling exercise (see chapter 4 for more information) in order to get a better understanding of the health impact of private sector housing and the potential benefits of interventions.

This required an estimate of extent of hazards in private sector housing, the health impact of these hazards, the cost this health impact had on society and health providers, and the likely cost of interventions in order to form a health cost benefit analysis.

Some of the findings include:

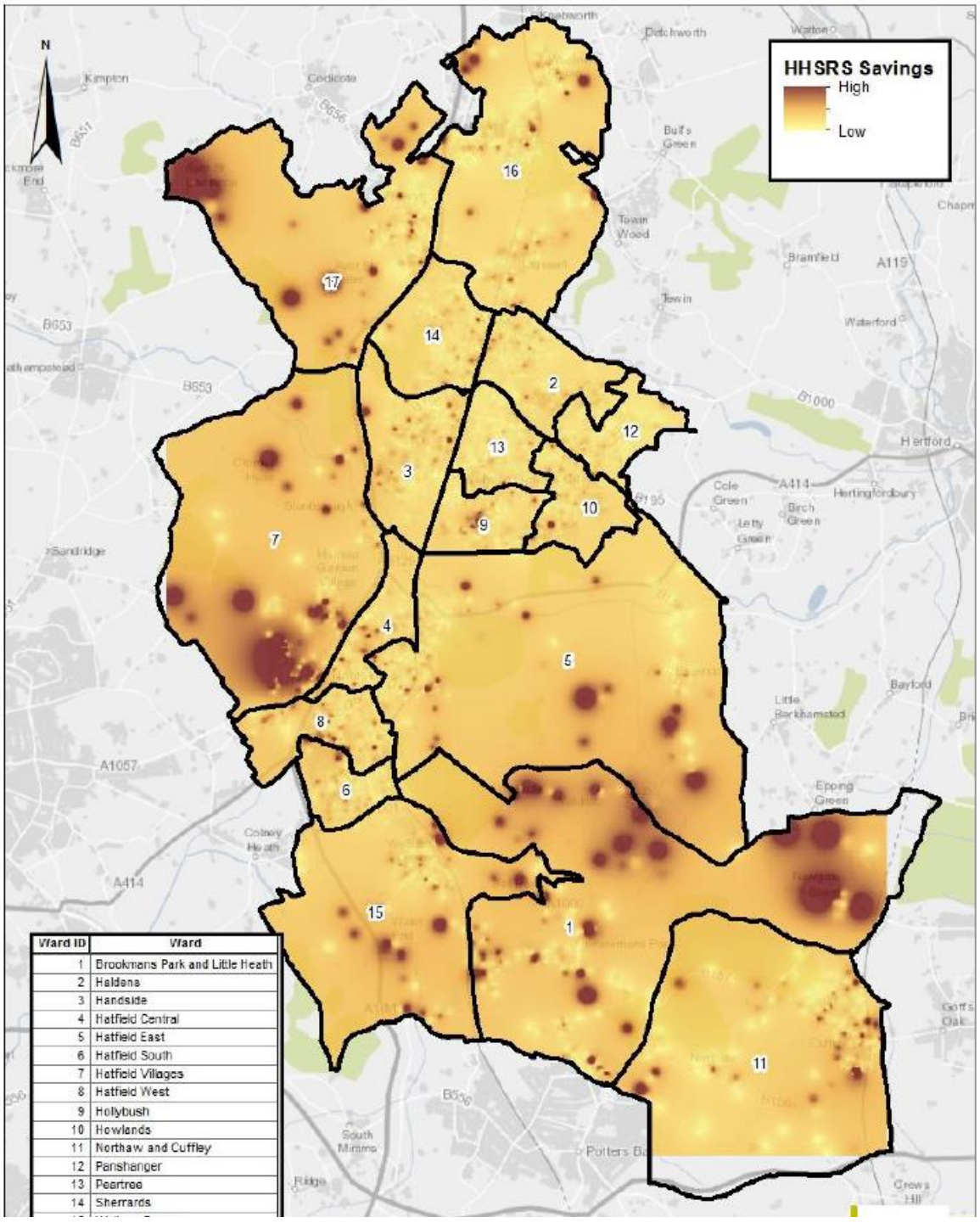
- There are almost 6,000 category 1 hazards in private housing stock in the Borough, with 1,500 in the private rented sector. The cost of mitigating these hazards is £12.7m and £4m respectively
- The estimated cost to the NHS of treating accidents and ill-health caused by these hazards is £1.1 million each year. If the wider costs to society are considered, the total costs are estimated to be £2.6 million.
- If these hazards are mitigated then the total annual savings to society are estimated to be £2.4 million, including £1 million of savings to the NHS.
- Interventions were likely to be more cost effective when focused on people at greater risk from hazards (e.g. older people).
- The greatest savings were likely to come from addressing hazards related to excess cold and falls.

The assessment concluded that the evidence supported an active housing enforcement strategy, interventions to address excess cold and hazards related to falls, particularly when targeted at the most at risk people.

The assessment demonstrates the kinds of data that can be generated to show the local health impact of poor housing and the wider benefits of mitigating it. This kind of data has all kinds of potential uses in helping to target interventions in a way that will have the greatest health impact. More work needs to be done understand what other data is available in other District and Boroughs and the potential uses for this data.

The Savings to Society of addressing Category 1 Hazards in Welwyn Hatfield

The report compared the estimates for particular hazards against estimates for concentrations of over 65s, and high prevalence of COPD and asthma to map the areas where interventions generate the greatest savings (see below).



Ward ID	Ward
1	Brookmans Park and Little Heath
2	Haldens
3	Handside
4	Hatfield Central
5	Hatfield East
6	Hatfield South
7	Hatfield Villages
8	Hatfield West
9	Hollybush
10	Howlands
11	Northaw and Cuffley
12	Panshanger
13	Peartree
14	Sherrards

3.1.9 The evidence cited earlier indicating a causal link between poor housing quality and health, combined with local data indicating that there are many homes in Hertfordshire in poor condition, provides a good rationale for suggesting that poor housing quality is likely to be a driver of certain negative health outcomes in the County.

3.2 Housing Availability and Homelessness

3.2.1 The main source of data available on homelessness is that on statutory homelessness acceptances. Statutory homeless acceptances are the cases of those who register as homeless with their local authority and are in a priority need group. Priority need groups are families with children, care leavers aged 18-21, people made homeless by a disaster (e.g. flooding), or those who are vulnerable (e.g. older people, those with a physical or mental disability, or victims of home violence).

3.2.2 Between 2010/11 and 2014/15 the proportion of statutory homeless acceptances in Hertfordshire (from 1.3 to 2.5 per 1,000) has almost doubled and is now slightly higher than the average for England (2.4 per 1,000). This figure also masks the differences between districts; from 0.8 per 1,000 people in East Herts to 6 per 1,000 people in Watford.

Table Statutory Homelessness Acceptances 2014/15

Geographical Area	Statutory homeless (per 1000 people 2010/11)	Statutory homeless (per 1000 people 2014/15)	Difference 2010/11 to 2014/15
England	2.0	2.4	+0.4
East of England	1.8	2.7	+0.9
Hertfordshire	**1.3**	**2.5**	**+1.2**
Cambridgeshire	2.1	2.3	+0.2
Buckinghamshire	1.2	1.7	+0.5
Essex	1.9	2.5	+0.6
Watford	**4.3**	**6**	**+1.7**
East Herts	**0.7**	**0.8**	**+0.1**

3.2.3 The figures for statutory acceptances only provide a partial picture of homelessness. This is because they capture only those individuals who both present themselves to local authorities, and are in a group of priority need. This usually excludes single people (without vulnerability) or those who are intentionally homeless.

3.2.4 A review of District and Borough strategies on homelessness, and interviews with senior housing officers, suggest that homelessness is a growing problem with every authority reporting increased demand on their services and

increased pressure on their temporary accommodation. In addition the West and Central YMCA report that their hostels regularly operate at full capacity.

3.2.5 District and Borough councils report that homelessness is partly driven by the demand in the housing market that is making it harder for people to access affordable accommodation. The ending of shorthold tenancies is the most common cause of homelessness in Hertfordshire and Districts face challenges in engaging with private sector landlords.

3.2.6 There are concerns from District and Borough housing officers that there will be more people at risk of homelessness as a result of changes to welfare. These include reforms such as the benefit cap, restrictions on access to housing benefit and the removal of the spare room subsidy. There are also concerns about the impact of the future introduction of universal credit. These changes come alongside increased financial pressure on local authorities and registered social landlords which constrains their ability to provide access to affordable accommodation and support for people who are currently homeless or at risk of becoming so. As a result of these factors the stakeholders in District and Borough Councils are predicting that there will be huge challenges around homelessness and access to accommodation.

4 Analysis of housing services in Hertfordshire

*For a summary of housing services and stakeholders see the Executive Summary (p8)

4.1 Services to address poor housing quality

District & Borough Councils

4.1.1 District and Borough councils have broad responsibility for maintaining and improving the condition of housing in their district. Housing teams have influence over the condition of social housing, either through the management of their own stock or by working closely with social landlords. Providers of social housing undertake work to reduce housing hazards and many also offer advice and support to tenants around issues such as energy efficiency. Environmental Health Officers (EHOs) have responsibilities around the enforcement of housing conditions. Although their remit can extend to all forms of housing, they tend to focus on the private sector, and many (but not all) District and Borough councils have an operational distinction between their housing and environmental health teams.

4.1.2 EHOs have legal powers to force landlords to take action to remedy the most serious of housing hazards (known as category 1 hazards[49]). Recent legislation has introduced greater regulations around the provision of smoke and carbon monoxide alarms and from 2018 landlords will no longer be able to rent properties with an EPC (Energy Performance Certificate) rating of F or G.

4.1.3 EHOs are involved in the regulation and licensing of homes of multiple occupation (HMOs). Although landlords renting HMOs require a licence from their local authority, there is no requirement for landlords renting out other forms of accommodation (other than HMOs) in England to be licenced (Scotland has blanket licensing of landlords). Some Districts have voluntary landlord accreditation schemes. However the success of these schemes varies from district to district, with questions over the incentives for landlords to join, given the demand for private rented accomodation.

4.1.4 Despite the absence of blanket licensing, the legislation around the regulation of HMOs, and the establishment of legal minimum standards in private rented

[49] Category 1 Hazards refer to hazards in the home that pose a high risk to the health and safety of the occupant according to the national Home Health and Safety Rating System (HHSRS). These hazards are assessed by considering both the physical defect and the vulnerability of the occupant. Although this means that what constitutes a category 1 hazard can vary, they would usually cover homes that, for example, have excess cold, faulty stairs, or the absence of basic security features such as locks on external doors. For more information visit www.cieh.org/WorkArea/DownloadAsset.aspx?id=57137

accommodation, gives EHOs the legal tools enforce against the worst housing conditions.

4.1.5 Beyond enforcement, EHOs are able to offer advice around housing conditions and District and Borough councils are able provide limited grants for home improvements for vulnerable or low income groups including the Disabled Facility Grants scheme (see Appendix C for more detail).

4.1.6 There is a consensus amongst District & Borough housing officers that social housing is generally of good condition, and that there are adequate services to maintain and improve housing, and to provide advice to residents on issues such as home warmth. This is supported by evidence from stock condition surveys indicating that homes in the social housing sector had a much lower rate of non-decency than the private sector. Discussions with housing and EHOs indicates significant concern over the condition of homes in the private sector, particularly private rented accommodation and HMOs which are much more likely to feature hazardous conditions and there is an increased risk of fire related injury and death.

4.1.7 The key challenge for EHOs is being able to identify housing with poor conditions. The majority of the casework of EHOs is based on complaints from tenants. This is problematic as there may be a lack of awareness amongst tenants of their legal rights or fears that improvement orders may lead to increased rents or even eviction. EHOs feel that there is a lack of awareness about their work amongst the wider public sector, and that they rarely received referrals from other agencies. EHOs were of the consensus that they would like to be able to do more to identify housing in poor condition, or unregulated HMOs, as well as increase referrals.

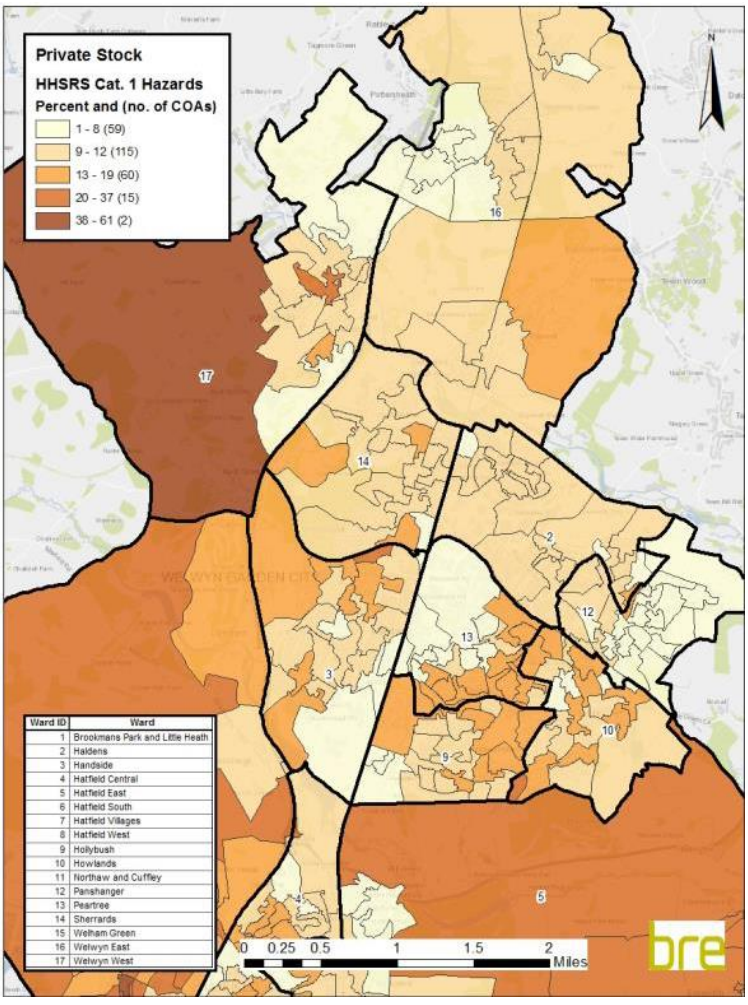
4.1.8 The ability of EHOs to identify housing in poor condition is impacted by limited data, and resources. In most Districts, there is a lack of data on where poor housing conditions are most likely to be concentrated as stock condition surveys only take a sample of homes, and are not able to be used to identify particular streets or neighbourhoods likely to have homes in poor condition. Without knowing which areas are likely to have poor housing conditions or unlicensed HMOs it is difficult to know where resources are best focused. However, as this case study below demonstrates some District and Borough councils are increasing the kind of data available to them.

4.1.9 Nevertheless the type of data being produced is not uniform across the County and it is not clear if this kind of stock modelling is happening in every District/Borough. Stock modelling exercises require funding, and environmental health teams generally have limited resources. In addition there is a consensus amongst EHOs that limited staff and financial resources make difficult to take on additional casework without extra resources being

made available. This implies that whilst improving access to data, and even increasing the number of referrals will have a positive impact, there are limits to how much can be achieved without extra funding.

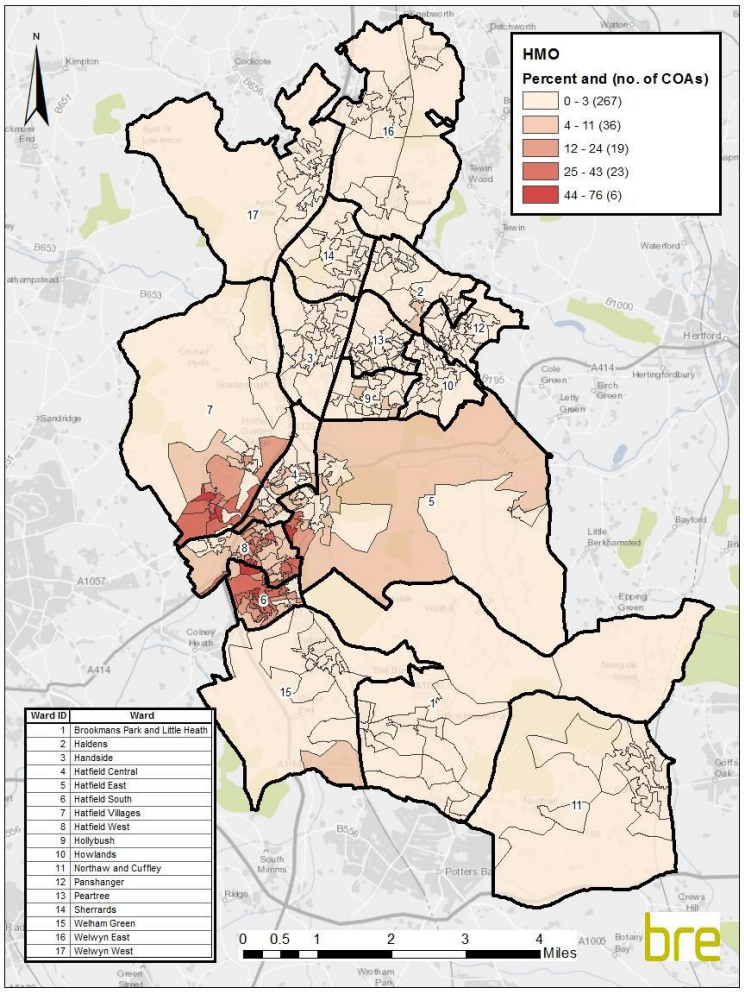
Box 3: District & Borough Stock Modelling Exercises

A number of District and Borough councils are now investing in stock modelling exercises to give them better data on areas of poor housing quality. For example, Welwyn Hatfield Council commissioned a BRE stock modelling exercise using the data such as the English Housing Survey, Energy Performance Certificates and Experian Consumer Dynamics to map which areas (down to the level of Census Output Area of 125 houses) were most likely to have issues such as excess cold or hazards relating to falls. North Herts, Dacorum, and East Herts councils have all invested in similar stock modelling exercises that are helping them to identify hotspots of poor housing.



Map indicating the distribution of housing hazards in Welwyn Garden City (taken from the Welwyn Hatfield Borough Council Stock Modelling Database report)

Welwyn Hatfield Council's housing teams also have been taking a proactive approach in identifying potentially unlicensed HMOs using council tax returns followed by speculative mass mailing to potential properties and targeted visits. The development of more sophisticated data and techniques, to allow for the proactive identification of housing likely to pose a threat to health, means that future interventions can be better targeted



Map indicating the estimated distribution of homes of multiple occupation in Welwyn-Hatfield taken from the Welwyn Hatfield Borough Council Stock Modelling Database report)

Hertfordshire County Council Community Protection

4.1.10 Community Protection has objectives around the prevention of fire and promoting home safety. The services they provide include the Herts Home Safety Service (HHSS) and Home Fire Safety Visits. HHSS is an advice and handyperson service, based mainly on referrals from the police, that supports vulnerable people to remain secure in their home. The home Fire Safety Visits, also based on referrals, provide home fire prevention advice, and free installation of smoke/carbon monoxide alarms to the general population.

4.1.11 Proposals are currently being developed for the expansion of Fire Safety visits into a new 'Safe and Well' visiting service. This service is still in the development stage, with a pilot service scheduled for March 2016, but broadly

aims to go beyond the initial fire safety visits to offer more holistic support to vulnerable people in their homes. As with the original Fire Safety Visits it will be funded primarily by HCC Community Protection, although there are discussions about additional financial support via Herts Healthy Homes.

4.1.12 At present the service is planning to target older people and those with long term conditions, but there is the potential for it to reach a wider group of vulnerable people. The Safe and Well Visits are likely to be based partly on referrals, supported by services such as HertsHelp (see section 4.1.16 for more information). However, it has been highlighted that access to data from health and social care providers on vulnerable individuals would be of significant benefit in order to undertake proactive, targeted visits. Community Protection needs to be supported both to access data from health and social care providers on people who are potentially at greatest risk, and to generate referrals from across the public sector.

4.1.13 Community Protection is working with partners, including Public Health, to explore the kinds of issues that could be addressed through advice, referral or more direct interventions. There are discussions around covering issues such as home safety (i.e. fire, carbon monoxide and crime), and warm homes. The development of the new Safe and Well Visit service has the potential to address some of the housing hazards related to these areas and the associated health benefits with doing so. Currently the Fire Safety Visits access 8,000 people each year; if the new service could cover a similar population could potentially support a significant number of vulnerable people.

4.1.14 However, it is important that the service is supported to ensure that all aspects of a vulnerable person's housing situation are covered. The evidence cited in section 2.1 suggests that focusing action on the homes occupied by vulnerable people is likely to have the greatest health impact. There are challenges in this as the visits are not solely concerned with housing; they include other issues such as dehydration and nutrition. There are therefore limits to expanding the remit of the service further. In addition Fire Officers are neither housing nor health specialists and therefore would not necessarily have the skills to do a full housing and health assessment.

<u>Hertfordshire County Council: Herts Healthy Homes (and Hertshelp)</u>

4.1.15 Herts Healthy Homes is a project funded by the County Council and the two Hertfordshire Clinical Commissioning Groups (CCGs). The aim of the service is to support vulnerable people manage their home in order to promote independence, health and protection from harm.

4.1.16 Herts Healthy Homes works together with Hertshelp, a telephone and email based referral and advice service (funded by the County Council and Hertfordshire CCGs). Referrals are made into HertsHelp, who can offer advice

and referral to services, for people needing support to maintain or improve their homes. Sources of referrals range from health providers, voluntary organisations, or other County Council or District & Borough council departments.

4.1.17 Herts Healthy Homes also commissions voluntary organisations to offer home improvement services and advice to vulnerable people. An example of this is a partnership between East Herts District Council, Herts Healthy Homes and Crossroads to offer practical advice and home improvements for people with dementia.

4.1.18 The programme offers a mixture of advice, referral and direct interventions to help to improve the home conditions of vulnerable people. Together with Herts Help to enable referrals, it represents an example of multi-agency cooperation.

4.1.19 It should be acknowledged that at present the service does not have the resources needed to be able to comprehensively address poor housing conditions; many of its grant funded services cover only part of the county, and are limited to the most vulnerable people. The service relies on the continued investment of funding agencies, which may be affected by the broader financial constraints on public spending.

4.1.20 In addition, the service relies on a good system of referrals, in order to identify and support vulnerable people to improve their homes. Identifying those in need of support should involve referrals from anyone who is in contact with a vulnerable person. Although HertsHelp provides the infrastructure to manage referrals, raising awareness of the service and generating referrals is a constant challenge. Whilst services, such as HertsHelp aim to build good working relationships with health providers, at present there is no systematic process to ensure that health providers refer potentially vulnerable people into the service. The data on from both Herts Healthy Homes and the Community Navigators scheme indicates that referrals from GPs and other health providers only form a small proportion of the total, despite the large number of potentially vulnerable people accessing these health services.

<u>Other services</u>

4.1.21 There are national schemes to support home improvement. Most of these are based around improving home energy efficiency. These include the Energy Company Obligation, the Winter Fuel Payment, Cold Weather Payments, and a number of advice and outreach programmes.

4.1.22 Discontinued schemes include the Warm Front, Green Deal and the Warm Homes Healthy People Fund. The latter scheme distributed £20m in funds to local authorities to prevent cold related excess winter deaths and was

considered to be effective in targeting resources and promoting partnership working. The ending of these schemes represents a reduction in the resources available to tackle excess cold. The government has announced further reduction in funding for national energy efficiency schemes, and there is doubt over whether funding will be sufficient to hit government home energy efficiency targets[50].

4.1.23 The voluntary sector also offers services to help people improve their homes. Examples include the Groundwork Trust's garden clearance, Age UK handyperson services, and the advice provided at Citizen's Advice Bureaus. Some of these services are part funded by Hertfordshire County Council or the various District and Borough Councils. However this project was not able to evaluate the current or future provision of these voluntary sector provided services.

Demand for Services

4.1.24 There is little evidence into what levels of demand there are in Hertfordshire for services to address poor housing conditions. Services range from relatively low cost interventions such as advice or referral, through to more resource intensive solutions such as formal enforcement activities or comprehensive home repairs or adaptions. Understanding what kinds of services are needed is important as improving different services have different cost and design implications.

4.1.25 The review into Excess Winter Deaths (see Box 1) indicated some demand for advice and referral services. However, it is also likely that many people will need more intensive interventions. More work needs to be done with stakeholders to understand demand for various services.

Conclusions

4.1.26 Housing in poor condition has a clear impact on health and therefore a case for Public Health involvement in supporting services that aim to address this issue, particularly interventions that are targeted at vulnerable people and/or the worst housing. The evidence presented in this report, combined with the data collated in the BRE Housing Cost Calculator can be used to demonstrate the wider value of services that tackle poor quality housing.

4.1.27 The data available on concentrations of poor housing conditions in Hertfordshire is improving via stock modelling exercises. This source of intelligence can be used both by District & Borough councils, and potentially by other stakeholders, so that targeted interventions can be informed by housing as well as health data. Even in Districts that haven't developed formal

[50] http://www.businessgreen.com/bg/news/2415010/government-energy-efficiency-plans-off-track-official-review-warns

data sources, the local knowledge of EHOs can be useful. An example of this could be using information about areas of poor housing to help HCC Community Protection prioritize Safe and Well Visits.

4.1.28 The new Safe and Well Visits service presents an opportunity to reach vulnerable people and offer support, some of which is related to housing. The service needs support to help access data on vulnerable people from health and social care providers. In addition it is important that the opportunity presented by this service is taken advantage of by ensuring that the full housing situation of a vulnerable person can be addressed. For example this could potentially involve partnership working between housing professionals and Community Protection to allow for referrals or even dual-visits. However, there is recognition that adding to the casework of housing service providers may require additional resources.

4.1.29 The Safe and Well Visits, together with the housing services offered via Herts Healthy Homes, and District and Borough Councils, offer a good range of services that can help to tackle poor housing. But in order to fully realise the potential it is important to take make full use of these services by improving the numbers of referrals from elsewhere in the public sector. An assessment of a person's housing situation, when presenting to health or social care providers, could help to identify those whose health is being impacted by the home environment. An example of this kind of system is in place in Liverpool, where GPs and other health professionals systematically questioned patients about their housing situation, and if necessary, refer them to a relevant housing service[51].

4.1.30 Although there are already a good range of services, to help improve housing conditions, there is still more that can be done if resources are made available. Existing services either are based on referral or data on individuals already known to care providers, however it is possible that there will be vulnerable people, living in poor quality or unsafe accommodation that remain hidden. This suggests a need for a countywide service that proactively seeks identify poor housing conditions and signpost for support.

[51] http://www.24dash.com/news/housing/2013-01-29-Liverpool-makes-direct-link-between-health-and-housing-with-GP-referral-scheme

Box 4, Case Study: Wirral Healthy Home

Wirral Healthy Homes serves as a case study into a project aiming to improve the housing of vulnerable residents, who were unlikely to report housing defects. Funded jointly by the local council, NHS and police, the project first used a housing stock modelling exercise to identify areas in the district likely to have poor quality housing. This area was then targeted by housing officers who did door to door visits to offer a home safety assessment as well as referring residents to other existing health or housing support services (including health services) where appropriate. As such the project was able to make best use of existing services by using intelligence to identify areas of poor housing, and proactively seeking vulnerable people whose home could be contributing to ill health. A similar project could work in Hertfordshire to take advantage of both improving housing data, as well as existing services to support home improvement.

4.2 Services to address housing availability/homelessness

Homeless Prevention and Access to Accommodation

4.2.1 District & Borough Councils are the main providers of services to prevent homelessness and support people to access accommodation. They have legal responsibilities to offer housing advice and to offer accommodation to people in priority need groups (such as families with children, or older people).

4.2.2 Temporary accommodation and social housing, for priority need groups, are provided either by the Districts themselves or via housing associations. In addition, since the Localism Act (2011), local authorities have been able to support homeless people to move into private rented accommodation.

4.2.3 For children and young people, other services are available to prevent homelessness and house those who have become homeless. HCC Children's Services has a responsibility to find appropriate housing for children under 16. In addition there is a joint protocol between the County council and District & Borough councils to work in partnership to prevent homelessness or resolve existing cases of homelessness, amongst 16/17 year olds, and 18-21 care leavers.

4.2.4 All of the District and Borough councils in Hertfordshire offer housing advice to those at risk of becoming homeless. Most of these services are based on self-referral although some Districts take a more proactive approach to identifying those in need of advice. For example Dacorum Housing Options team proactively target vulnerable people at risk of homelessness by holding surgeries in a range of venues including children's centres.

4.2.5 A number of District and Borough councils, and some housing associations, offer tenancy sustainment support and training to people at risk of becoming homeless, or those who need extra support before they can manage moving into permanent accommodation. Other districts offer prevention services such as home visits to those at risk, or funding for educational programmes in schools. However, beyond basic housing advice, the level and type of homeless prevention activities varies across the County.

4.2.6 Although the degree of pressure on housing services varies across the County, each district reported concerns about the growth in demand for housing advice and options services. Some districts/boroughs have significant pressure on temporary accommodation and in some cases are having to rely on B&B accommodation. There is an expectation that the numbers of people at risk of homeless will rise, putting further pressure on services.

4.2.7 In addition, there are many services offered by both District and Borough councils and Housing Associations, such as tenancy sustainment or other forms of low level community support, which are not part of their statutory responsibility. The broader financial pressure on both local authorities may put these services at risk leading to people being at greater risk of becoming homeless, and the associated health impact this may have. There is therefore a combination of increasing demand for homeless prevention services, and support to access accommodation at a time of reducing budgets.

4.2.8 Evaluating the impact of any particular homeless prevention scheme is considered to be problematic, by District and Borough housing teams, as they are rarely offered in isolation. Nevertheless, despite the variation in the kinds of services offered from district to district, there is a consensus amongst all housing teams that, taken together, the homeless prevention services are effective in helping to prevent people becoming homeless. Given the relationship between of homelessness on poor health, these services will be likely to be having a positive health impact.

4.2.9 A key part of District and Borough level homeless prevention work involves engaging with private sector landlords and helping people to access private rented accommodation. All districts and boroughs have staff involved with private landlord liaison work, and low income residents have access to rent deposit schemes. Engaging with private sector landlords is a priority for housing teams and there is a desire to make the offer attractive to landlords.

4.2.10 Preventing homelessness from the ending of shorthold tenancies in the private sector and assisting people to access stable private rented accommodation are extremely challenging. Many senior housing officers feel that the combination of welfare reforms, and the demand for private rented accommodation make it difficult to engage with private landlords to prevent

eviction, or encourage them to take on social tenants. This is problematic given the existing divide, in every district, between the demand and availability of social housing.

Support for non-priority groups

4.2.11 District & Borough councils only have statutory responsibility towards those in priority need groups. This means that groups such as single people or those intentionally homeless don't necessarily qualify for support, even though many of these people can be vulnerable.

4.2.12 Some District and Borough council support such as housing advice, or access to rent deposit schemes, extend to support non-priority groups. For example, the St Albans rent secure scheme works to assist single people to access private sector accommodation. Watford Borough Council is making a priority of assisting single homeless people and is currently developing a single homeless pathway. Charities such as Herts Young Homeless can offer support to single homeless people under the age of 25.

Box 5: Watford Borough Council Single Homeless Pathway

Watford Borough Council (WBC) has created a proposal for a rehabilitative service to support single homeless people with an additional vulnerability to access stable accommodation. The intention of the service is for WBC to facilitate the provision of accommodation and multi-agency intensive support, with regular assessments, in order to assist that client towards recovery over a 12 month period.

After 12 months it is envisioned that the client will be able to sustain a tenancy without additional support. WBC are proposing that following a successful completion of the scheme, they would be prepared to relax their housing register requirements to give the client the opportunity to access social housing. By supporting the client towards recovery, and secure accommodation, the service has the potential to improve the health outcomes and the reduce the reliance on acute health services associated with homelessness.

WBC are currently exploring the options for the provision of accommodation and multi-agency support, including possible sources of funding.

A process map of the single homeless pathway can be found in Appendix E

4.2.13 There is support available from voluntary sector homeless charities. In Hertfordshire there are a number of emergency open access (i.e. the client does not need to be referred) night shelters available to those without access to other forms of accommodation.

4.2.14 Some parts of the Hertfordshire do not have this provision, and the quality of accommodation, and degree of support available varies. Although areas such

as Watford, Dacorum and St Albans, have shelters for homeless people, who otherwise would be sleeping rough, there is a lack of provision in a number of Districts/Boroughs As mentioned previously, rough sleepers have the worst health outcomes, indicating that this gap in provision is a health as well as housing concern.

Hospital Discharge

4.2.15 Although not exclusively concerned with homelessness, hospital discharge services in Hertfordshire are intended to support people with all aspects of leaving hospital, including consideration of their housing situation. These include hospital-based discharge teams, and voluntary organisation hospital discharge services such as those offered by Age UK or the British Red Cross.

4.2.16 A recurring theme, in discussions with District and Borough councils, are the challenges they face in co-ordinating the hospital discharge of people in need of housing support. Experiences were noted of patients being discharged without advanced notice. This problem was noted as being particularly serious with patients who had mental health needs. As well as putting extra strain on housing teams this often leads to vulnerable people being placed in temporary accommodation, without the support they need, or even being placed in B&B, both of which may pose a risk to their health and safety.

4.2.17 District and Borough housing teams feel that they want to improve the co-ordination between themselves and local hospitals in order to better support those leaving hospital with housing needs.

4.2.18 Improving the co-ordination of hospital discharge is also of importance to hospitals themselves. The absence of appropriate accommodation can delay the discharge of patients, creating extra pressure on hospital capacity. The coordination of housing support, with hospital discharge, is needed to reduce the likelihood of re-admission, particularly amongst older people[52].

Support for Adults with Complex Needs

4.2.19 There are many people in Hertfordshire who have complex needs that can put them at risk of homelessness or make it more challenging for them to access stable accommodation. These needs can be a combination of problems related to housing, substance abuse or mental health that require holistic multi-agency support. The challenges of supporting even a small number of adults with complex needs were noted by stakeholders at the County Council and District/Boroughs.

[52] http://www.kingsfund.org.uk/blog/2015/10/improving-hospital-discharge-and-intermediate-care-older-people

4.2.20 Hertfordshire Partnership Foundation Trust (HPFT) provides health services for those with mental health needs including in-patient accommodation as well as care in the community. There is also access to specialist accommodation places for those with the most acute needs. Public Health's services related to substance abuse include housing support. These are abstinence-based services providing access to floating support, short and medium stay accommodation, and a private rented sector scheme. Public Health also part fund the Herts Young Homeless dual-diagnosis service.

4.2.21 HCC and Herts Valleys CCG fund a Community Navigator service for residents in their locality. This service aims to help people, with intermediate needs, to access services, particularly from the voluntary sector. Part of their role is therefore to help people with multiple needs get coordinated care which includes considerations of housing needs. They can therefore refer people to District and Borough housing services, voluntary homelessness organisations as well as home improvement services such as Herts Healthy Homes. In Watford, the community navigator is hosted by the Watford Housing Trust which helps to connect housing tenants with health services and vice-versa. It should be noted that, at present, the Community Navigator service is not available countywide.

4.2.22 Hertfordshire County Council is involved with a work steam to promote partnership working to support adults with complex needs. There is a currently a pilot underway in Hertsmere and Three Rivers to offer multi-disciplinary support and access to services to adults with complex needs. The expected impacts of the pilot are reduced service use by the participants and improved health outcomes. In Stevenage there is also a complex needs service called 'No More' that aims to assess people with multiple needs around substance abuse, mental health and housing and provide them with multidisciplinary support.

4.2.23 District/Borough councils find it difficult to solve the housing needs of an individual who also has problems related to substance abuse or mental health. There is understandably a reluctance to house such individuals in the general accommodation available to District and Borough Councils, as doing so poses a safety risk both to the person in need and those around them. Some Districts and the YMCA noted the difficulties involved in coordinating with mental health services and the challenges of finding specialist accommodation for adults with complex needs. High eligibility criteria for statutory support mean that many adults with low or intermediate needs are unable to access services to help them sustain stable accommodation.

4.2.24 The YMCA in West and Central Herts is funding a support worker specifically to support adults with complex needs at their hostels in Watford and Welwyn Garden City. Their work will involve offering and helping to co-ordinate multi-

agency support to adults with complex needs to help them sustain stable accommodation. However this service is beyond the core offer of the YMCA, and is therefore always at risk from future financial pressures.

4.2.25 Open access emergency night shelter accommodation tends to be abstinence only and is therefore inaccessible to those with both housing and substance abuse issues. In addition the provision of Public Health substance abuse related housing support is also based on the abstinence model of recovery and therefore excludes those who need housing support but are still drinking or taking drugs. The substance abuse related housing support is unable to support those who have additional mental health needs.

4.2.26 One further area of concern across the District and Borough councils relates to providing support for Syrian refugees. Many of the refugees are expected to have complex needs, and there was a recognition of the need to provide co-ordinated support, both to help protect those in need, and to ensure that such provision did not affect the ability of the general population to access housing services.

Conclusions: Housing Availability/Homelessness

4.2.27 The impact of homelessness on health is clear and services that preventing homelessness will deliver public health outcomes, even if this is difficult to quantify. The expectation that homelessness numbers will rise is therefore a challenge to both housing and health providers.

4.2.28 Although the impact of individual homeless prevention services is hard to measure, and there are limitations on their effectiveness as a result of long term changes to the housing market and welfare system, taken together they are perceived by housing teams to be helping to prevent homelessness from occurring. These services can therefore be seen as services relevant to poor health prevention. There may be need to explore support for the protection or extension of these services, and to be aware of the threats they may be under from the financial pressures facing both local authorities and housing associations.

4.2.29 There are a number of gaps in the provision of homelessness services. Firstly emergency open access night shelter accommodation is lacking in a number of districts. Given that rough sleeping has the most serious health implications, there is a need to help rough sleepers to access some form of shelter, in Districts without night shelter provision. In areas that do have night shelters there are also sometimes issues around the access to this form of accommodation for homeless people with substance abuse issues.

4.2.30 Secondly there needs to be improved co-ordination of the hospital discharge of patients who will require housing support. This is needed to avoid patients

either becoming homeless, or being placed in inappropriate accommodation. More work needs to be done between housing providers, hospitals and existing hospital discharge services to understand how to improve co-ordination of patients at risk. In addition there is particular need for improved co-ordination between mental health services and housing services, in order to ensure individuals with mental health needs are placed in accommodation that is appropriate.

4.2.31 Thirdly there are gaps in the provision of services adults with complex needs, which create obstacles to accessing stable accommodation. There is a need for more co-ordinated support from housing and health providers to ensure adults with complex needs are not excluded from appropriate housing and support.

4.2.32 For substance abuse, the Public Health commissioning team are already aware of the difficulty of providing housing support to those who are still dependent on alcohol or drugs, or also have mental health needs. They are working with stakeholders, including the existing provider, to understand how future service provision can address this gap.

4.2.33 The adults with complex needs pilot study, once completed and evaluated could form the way forward and be made into a permanent countywide model of service delivery.

5. Summary and Next Steps

5.1 Introduction

5.1.1 There is a clear link between housing quality and the ability of many of Hertfordshire's communities to stay healthy and well. Whilst there are a range of services that can help to improve housing conditions they are constrained by the limited resources available to them. There are also challenges relating to referrals into existing housing services and the sharing of information on vulnerable people. However there are potential gains from sharing intelligence on both housing and vulnerable people, partnership working between the various health and housing providers, and from improving the referrals into and awareness of existing services.

5.1.2 There is also a clear link between housing availability and health, and existing homeless prevention services are likely to be having a positive health impact. However there are challenges around issues such as the co-ordination of hospital discharge, services to support adults with complex needs and night shelter provision in some areas. The provision of these services will be even more important given the expectation that the numbers of homeless people are expected to rise.

5.1.13 This report has refrained from making concrete recommendations as doing so would involve making assumptions about the priorities and resources available to the various stakeholders involved. Further discussions are needed to identify: the priorities going forward; who will lead on delivery of certain priorities; and what resources can be made available to support this.

5.2 Key Findings and Next Steps: Housing Quality

5.2.1 The public health interest: Hazards in the home are linked with a number of negative health outcomes, many of which related to specific public health indicators and priorities. Excess cold, hazards relating to home accident, and exposure to toxins relate to circulatory and respiratory disease, increased risk of injury or death, and impaired development. The impact of poor housing conditions is greater amongst vulnerable groups such as older people and young children. In addition there is direct and indirect evidence suggesting that Hertfordshire has significant numbers of homes in poor condition, and that this is likely to be having a negative health impact.

5.2.2 Environmental Health: Poor housing quality is likely to be a greater problem in the private sector, particularly the private rented sector. Environmental

health teams have legal powers to enforce housing conditions in the private rented sector. However limited financial and staff resources make it more challenging to proactively identify illegal housing conditions or take on additional casework, and the grant funding available to owner-occupiers to improve their homes is limited. The majority of casework comes from complaints from tenants, with low levels of referral from other areas of the public sector.

5.2.3 Data: Despite the variation in the availability of data on poor housing, some districts are using stock modelling exercises to pinpoint areas with the poor or illegal housing. This intelligence can help to make sure interventions can be targeted, and there may be benefits in this data being shared more widely.

5.2.4 Safe and Well Visits: Community Protection is working with partners, including Public Health in the development of this new service. Whilst this presents an opportunity to offer greater advice and assistance, related to housing, to vulnerable people, it is important that the service is supported to ensure that all aspects of a vulnerable person's housing situation are covered. In addition there are potential benefits to be gained from the sharing of information from health and social care providers on vulnerable people.

5.2.5 Herts Healthy Homes: By working with partners improve the homes of vulnerable people, and the advice and referral system provided by HertsHelp, this service is likely to be contributing to improved housing conditions and health outcomes. However generating referrals is a constant challenge, and the financial resources allocated to the scheme mean that it cannot represent a comprehensive solution to poor housing conditions.

5.2.6 Referrals: Services to improve housing conditions, such as Herts Healthy Homes, Safe and Well Visits, and the work of Environmental Health, rely heavily on either self-referral, or referrals from elsewhere in the public sector. It is important that best use is made of existing services by improving the number of referrals made into them, particularly from health providers.

Next Steps

Table 3: Next Steps: Housing Quality

Theme	Action	Opportunities
JSNA	The JSNA currently has a Housing chapter, but this it is recognised that it can be developed further. The chapter can be updated in light of this report and any work taken forward as a result. However, further exploration of	

	how this might look is required given that the JSNA is currently undergoing review.	
Data and Intelligence	Explore how the evidence and data from this report and the Building Research Establishment's Housing and Health Cost Calculator can: • inform the JSNA • promote the value of the work of housing improvement services to the wider health and social care sector Oversight is needed of the housing intelligence available across the District and Boroughs, with consideration of how: • data can be most effectively shared to support the work of existing services across Hertfordshire • how housing intelligence can be developed countywide	Evidence of the relationship between health and housing creates incentives for providers of health and housing services to work in partnership. The development of improved housing intelligence makes it possible to both demonstrate the health impact of housing services and identify areas of housing where interventions are likely to have the greatest health impact. The Excess Winter Deaths report recommended improving identification of householders at risk by training and data sharing with health services and local authorities
Safe and Well service development	Explore the opportunities to support the sharing of data on vulnerable people between health and social care providers for the purposes of Safe and Well visits	There is currently an opportunity to make appropriate links between Environmental Health Officers and Community Protection in the development of Safe and Well visits to address the full housing situation of the vulnerable people using the service.
Referrals	Consideration is needed into how the number of referrals into home improvement services, particularly from health providers, can be improved, in order to make best use of existing services.	The Excess Winter Deaths report highlighted the importance of improving the number of referrals and awareness of services to address cold homes, including those from health providers such as GPs
Protecting and expanding home improvement services	There is justification for exploring the business case for protecting or expanding home improvement services such as	The existence of a range services to address poor quality housing and homelessness, which are

	Herts Healthy Homes. This can include the consideration of proposals for housing improvement projects that are targeted at the worst homes and/or most vulnerable people, and therefore have the greatest potential health impact.	having a health impact, means that there is a good foundation of services that can be built upon. The Excess Winter Deaths reported recommended the creation and implementation of strategies to address excess winter deaths and fuel poverty, and to develop an action plan to tackle falls, including potential physical changes to the home.

5.3 Key Findings and Next Steps: Housing Availability

Key Findings

5.3.1 The public health interest: The lack of availability of secure accommodation has a significant health impact In addition health issues such as substance abuse, and mental health issues, can make someone more likely to become homeless. Some areas of Hertfordshire have levels of homelessness higher than the national average and the problem is expected to grow in the future. This suggests a public health interest in services that either prevent homelessness from occurring, support those who are homeless to find more stable and secure forms of accommodation, or supports homeless people to access health services. It makes the availability of housing and homeless both a health and housing concern.

5.3.2 Homeless prevention: Whilst there is variation in the kinds of homeless prevention services offered by District/Borough councils, and it is hard to quantify the effectiveness of individual services, it is likely that they are preventing cases of homelessness. Given the health impact of homelessness this is likely to be leading to improved health outcomes for the individuals concerned, and reducing the potential financial burden on providers of health services.

5.3.3 Night Shelter: Emergency open access night shelter accommodation (i.e. shelter for clients to access without referral) is lacking in a number of districts. Given that rough sleeping has the most serious health implications, there is a need to help rough sleepers to access some form of shelter, in Districts without night shelter provision. In areas that do have night shelters there are also issues around the access to this form of accommodation for homeless people with substance abuse issues.

5.3.4 Hospital discharge: There are challenges in the co-ordination of the hospital discharge of patients requiring housing support. This is putting pressure on providers of housing services and leading to people being placed in in appropriate accommodation. It is also likely to be impacting health providers by extending hospital stays, and increasing the chance of hospital readmission.

5.3.5 Adults with complex needs: There are also challenges in providing appropriate housing solutions to adults with a combination of housing and either mental health or substance abuse related issues. There is a need for more co-ordinated support from housing and health providers to ensure adults with complex needs are not excluded from appropriate housing and support.

Next Steps

Table 4: Next Steps: Housing Availability

Theme	Description	Opportunities
JSNA	As above	
Partnership working	Closer working relationships are needed between partners in the following areas: • Improving the co-ordination between health and housing services around of the hospital discharge of patients needing housing support • The exploration of how access to night shelter can be improved for adults with substance abuse issues or for residents of Districts/Boroughs lacking adequate provision. • The development of multi-agency services to support adults with complex needs to access and maintain stable and appropriate accommodation.	Public Health has good links with the NHS, other County council departments and District & Borough councils, which can be used to help link up housing and health providers. There are also forums such as the Health and Wellbeing Board or the Public Health Board that can support partnership working. There is currently a research project underway at Stevenage Haven Hostel (funded by North Herts District Council) aiming to investigate the health benefits of the services offered by the hostel, and the effectiveness of local health services in engaging with homeless people. This scheduled to complete in April 2016.[53] There is a pilot underway in Hertsmere and Three Rivers to offer multi-disciplinary support and access to

[53] http://www.stevenagehaven.org.uk/news/28-north-herts-street-homeless-research-project

		services to adults with complex needs.
Protecting and expanding home improvement services	There is justification for exploring the business cases for protecting or expanding homeless prevention activities	

Appendix A: Literature Review

Introduction

This literature review aims to give an overview of the role of housing in health and wellbeing to inform the final health and housing project report. Within this aim there are three objectives:

1. Outline the relevant legislation and policy covering health and housing
2. Give a review of the academic literature on health and housing
3. Demonstrate examples of effective housing and health interventions

Given its limited purpose, and the broad research area (housing and health), it was not considered appropriate for this review to be a systematic analysis of everything written on the subject. Rather this review will follow a ‘narrative’ literature review

approach in order to give the project the necessary background knowledge on the subject.

The World Health Organization[54] outlines three ways in which housing impacts health. The first is the physical impact of housing hazards or homelessness. The second is the role housing can play in mental health, emotional wellbeing and social status. The third is the wider impact of the built environment on community life, culture and access to services.

This review will not be considering the wider impact of the built environment, as this aspect of housing and health is beyond the scope of the current housing and health project. Rather it will be considering the impact of housing on both the physical and mental health of individuals. This review will firstly look at the physical appropriateness of housing including a consideration of hazards in the home, home adaptions and the provision of specialist accommodation for older and vulnerable people as well as support to help people remain independent in their home. Secondly it will be considering the role of homelessness. In each area it will be considering the relevant legislation and policy landscape, the academic literature and find examples of case studies to inform best practice.

Hazards in the Home

The idea that poor housing conditions have a detrimental effect on a person's health has a long history and seems to be good common sense. Whilst the evidence base is not a substantial as might be supposed[55], there is nevertheless a growing body of evidence showing how specific housing conditions can affect the health and wellbeing of individuals. This review will consider this in light of academic research, national policy trends and case studies of effective local authority interventions.

Excess cold

A review of the literature suggests that cold homes have significant negative consequences for the health and wellbeing of individuals and financial consequences for health providers. The BRE estimates that excess cold is the housing hazard that places the greatest financial burden on the NHS at a cost of £850m per annum.

Cold homes have a particular impact on older people, people with long term illnesses and children[56]. Research by Ormandy[57] and a literature review by Stuart and

[54] WHO: Quantifying Health Impact of Housing available online at http://www.euro.who.int/__data/assets/pdf_file/0017/145511/e95004sum.pdf?ua=1

[55] Shaw, M. 'Housing and Public Health' Annu. Rev. Public Health 2004. 25:397–418. Available online at http://www.annualreviews.org.ezproxy.herts.ac.uk/doi/pdf/10.1146/annurev.publhealth.25.101802.123036

[56] Marmot Review 'The Health Impact of Cold Homes and Fuel Poverty. Available online at http://www.cieh.org/policy/housing/poor-housing.html

Rhoden[58] found that cold homes were associated with increased respiratory illness in children. Cold homes have also been found to negatively affect child weight gain, hospital admissions and educational attainment.[59]

Excess cold is a major component of excess winter deaths due to its association with circulatory and respiratory illness which together account for 70% of deaths[60]. Indoor temperatures are a much closer determinant of excess winter deaths than outdoor temperatures[61]. A survey of beneficiaries of the now closed government 'Warm Front' scheme found that they had higher levels of self-assessed health and wellbeing[62]. A longitudinal study by Curl and Kearns[63] found that reducing cold in a person's home led to faster recovery from circulatory illness. The study found that the greatest impact came from targeting interventions at those who were already vulnerable, indicating that interventions are most effective when targeted at vulnerable people or those with existing conditions. Thomson et al (2013) conducted a literature review of housing interventions and concluded that the most effective interventions were those that addressed excess cold and were targeted at the most vulnerable[64].

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57 Ormandy D. 'Housing and Child Health' Paediatrics and Child Health Volume 24, Issue 3, March 2014, Pages 115–117 available online at http://www.sciencedirect.com/science/article/pii/S1751722213002072

[58] J. Stewart M. Rhoden, (2006),"Children, housing and health", International Journal of Sociology and Social Policy, Vol. 26 Iss 7/8 pp. 326 – 341 Permanent link to this document: http://dx.doi.org/10.1108/01443330610680416

[59] Marmot Review 'The Health Impact of Cold Homes and Fuel Poverty. Available online at http://www.cieh.org/policy/housing/poor-housing.html,

[60] Public Health England 'Making the Case for Cold Weather Planning https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252854/Cold_Weather_Plan_2013_Making_the_Case_final_v2.pdf

[61] Shaw, M. 'Housing and Public Health' Annu. Rev. Public Health 2004. 25:397–418. Available online at http://www.annualreviews.org.ezproxy.herts.ac.uk/doi/pdf/10.1146/annurev.publhealth.25.101802.123036

[62] Gilbertson et al 2011. Psychosocial routes from housing investment to health: Evidence from England's home energy efficiency scheme http://www.sciencedirect.com/science/article/pii/S0301421512000791

[63] Curl A, Kearns A 'Can Housing Improvements Cure of Prevent the Onset of Health Conditions Over Time in Deprived Areas'. http://ud7ed2gm9k.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rfr_id=info:sid/summon.serialssolutions.com&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=article&rft.atitle=Can+housing+improvements+cure+or+prevent+the+onset+of+health+conditions+over+time+in+deprived+areas%3F&rft.jtitle=BMC+public+health&rft.au=Curl%2C+Angela&rft.au=Kearns%2C+Ade&rft.date=2015&rft.eissn=1471-2458&rft.volume=15&rft.spage=1191&rft_id=info:pmid/26615523&rft.externalDocID=26615523&paramdict=en-UK

[64] Thomson et al 2013, 'Housing Improvements for Health and related socio-economic outcomes' http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008657.pub2/abstract

In addition to impacting on physical health, via circulatory and respiratory illness, the Marmot review cited research that indicated that people living in the coldest quarter of housing were 5 times more likely to develop a mental health problem than the general population[65].

The importance of tackling excess cold, particularly amongst vulnerable groups is widely recognised. The Marmot Review into cold homes suggested that measures to tackle fuel poverty were an effective way of reducing excess winter deaths and the Department of Energy and Climate Change's 'Cutting the cost of keeping warm' fuel poverty strategy prioritizes support to vulnerable and low income households[66]. The Housing and Health Memorandum of Understanding between between government departments, agencies such NHS England, Public Health England and professional and trade bodies recognizes the importance of having a warm home to improved health and wellbeing[67].

The government has established a number of schemes designed to help improve the energy efficiency of housing and therefore reduce the number of cold homes. These include the Energy Company Obligation[68], the Winter Fuel Payment, Cold Weather Payment, and a number of advice and outreach programmes[69]. There are also a number of discontinued schemes such as the Warm Front, Green Deal[70] and the Warm Homes Healthy People Fund. The latter scheme distributed £20m in funds to local authorities to prevent cold related excess winter deaths and was considered to be effective in targeting resources and promoting partnership working[71]. In addition local authorities have their own (albeit limited) discretionary grants to help vulnerable or low income people improve the condition of their home.

The government has introduced a number of pieces of legislation designed to improve the energy efficiency of properties. The Energy Conservation Act included a commitment to reduce fuel poverty by 2016 and in 2014 the government has set a target to make all properties EPC rating of E or above by 2020. The government has also introduced legislation (Energy Act 2011) that will make it illegal to rent domestic properties with an EPC rating of F or G from 2018[72]. Nevertheless the number of fuel poor increased from 1.2m to 4.6m between 2004 and 2010 and is expected to

[65] Marmot Review 'The Health Impact of Cold Homes and Fuel Poverty. Available online at http://www.cieh.org/policy/housing/poor-housing.html,
[66] 'Cutting the cost of keeping warm' Department of Energy and Climate Change https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm
[67] 'Housing Memorandum of Understanding' http://www.cieh-housing-and-health-resource.co.uk/phe-housing-and-health-strategy/
[68] https://www.ofgem.gov.uk/environmental-programmes/energy-company-obligation-eco
[69] Healthy Places Toolkit http://www.healthyplaces.org.uk/themes/healthy-housing/fuel-poverty/
[70] https://www.gov.uk/green-deal-energy-saving-measures/overview
[71] PHE Warm Front Scheme evaluation http://webarchive.nationalarchives.gov.uk/20140714084352/http:/www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140133236
[72] http://www.caxtons.com/index.php?option=com_content&view=article&id=147&Itemid=533

rise further due to expected increases to the costs of energy[73]. There is also the concern that the growth in the private rented market will exacerbate the problem as privately rented accommodation tends to have worse energy efficiency performance.[74]These developments must also be considered in the context of financial constraints on both national and local government spending, changes to the welfare system and an ageing population. Older people, as well as being more vulnerable to the consequences of a cold home, are also more likely to live in homes with poor energy efficiency.[75]

To tackle cold homes, the recommendations of the Local Government Association[76] and Public Health England[77] are for local authorities to work to improve energy efficiency. They recommend preventative activities as well as partnership working and effective data sharing in order to ensure that measures are targeted at the most vulnerable.

A good case study is that of the Season Health Interventions Network (SHINE), led by the London Borough of Islington[78]. The service shows the value in partnership working, and ensuring that interventions are targeted. SHINE is a multi-agency programme involving agencies providing health, social care and housing services and aims to reduce excess winter deaths primarily through combatting low indoor temperatures. Frontline staff refer vulnerable people from groups such as over 75s, low income families with young children and people with long term cardiovascular or respiratory illnesses to advisors who then can refer them onto an appropriate service. These services can be housing (such as grants for home improvements), advice (such as information on benefits) or health (such as flu jabs or falls assessments). As a result of the programme it is estimated that SHINE has reached over 5,000 vulnerable people, reduced energy bills by an average of £200 and helped to ease the pressure on local health services[79].

Other housing hazards

Excess cold is the single biggest financial cost to the NHS; however there is evidence that other housing hazards can have a negative impact on health and wellbeing. The Housing Act (2004) brought in the Housing Health and Safety Rating

[73] Marmot Review 'The Health Impact of Cold Homes and Fuel Poverty. Available online at http://www.cieh.org/policy/housing/poor-housing.html,

[74] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319280/Fuel_Poverty_Report_Final.pdf

[75] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357409/Review7_Fuel_poverty_health_inequalities.pdf

[76] http://www.local.gov.uk/documents/10180/49936/130729_Fuel+poverty+paper/6886a205-2985-4dea-8fbe-3e45bd456473

[77] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252854/Cold_Weather_Plan_2013_Making_the_Case_final_v2.pdf

[78] http://nhfshare.heartforum.org.uk/RMAssets/Casestudies/IslingtonSHINE.pdf

[79] http://www.ashden.org/winners/Islington15

System (HHSRS) which provides a system for local authorities to classify hazards in the home and gives them powers to take action if minimum housing standards are not met (otherwise known as category 1 hazards)[80].

The BRE has calculated a number of category hazards, other than excess cold, that have a particularly severe financial impact on the NHS. These include a number of hazards related to falls, fire and carbon monoxide, damp and mould, and entrapment.[81] In addition the physical injury the Department of Health identified good housing as a key component of mental health. Evans et al (2003), found in a literature review that poor housing correlated with poor mental health and suggest this was partly caused by a decline in social status and increased insecurity[82].

As with excess cold, housing hazards disproportionally affect vulnerable groups including older people and children. As well as being at greater risk, vulnerable people are more likely to live in non-decent accommodation[83]. Libmen (2012) argues that socio-economic exclusion can result in people with poor health being forced to live in poor housing, which then exacerbates the problems[84]. Poor housing can therefore be seen as both a cause and effect of health inequality. A number of studies have found that health positively correlates with household wealth[85] or tenure[86]

Ormandy (2014) and Shaw (2004) found that children are particularly at risk of sustaining physical injury from hazards in the home and that in Europe home injury is the leading cause of deaths amongst under 5s [87] [88]. The WHO estimates that damp and mould can be linked to the deaths of 83 children across Europe each year due

[80] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7853/safetyratingsystem.pdf

[81] http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf

[82] Cited in Barratt et al 'Beyond Safety to Wellbeing' http://repository.essex.ac.uk/8584/1/0d6067ac-5c2a-4941-9edc-0e5c7bb56fcb.pdf

[83] Donald I. 2009 'Housing and Health for Older People' http://ageing.oxfordjournals.org.ezproxy.herts.ac.uk/content/38/4/364

[84] Libman et al. 2012, 'Housing and Health: A Social Ecological Perspective' http://ud7ed2gm9k.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rfr_id=info:sid/summon.serialssolutions.com&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=article&rft.atitle=Housing+and+health%3A+A+social+ecological+perspective+on+the+us+foreclosure+crisis&rft.jtitle=Housing%2C+Theory+and+Society&rft.au=Libman%2C+Kimberly&rft.au=Fields%2C+Desiree&rft.au=Saegert%2C+Susan&rft.date=2012-03-01&rft.issn=1403-6096&rft.eissn=1651-2278&rft.volume=29&rft.issue=1&rft.spage=1&rft.epage=24&rft_id=info:doi/10.1080%2F14036096.2012.624881&rft.externalDBID=n%2Fa&rft.externalDocID=364479727&paramdict=en-UK

[85] Shaw, M. 'Housing and Public Health' Annu. Rev. Public Health 2004. 25:397–418. Available online at http://www.annualreviews.org.ezproxy.herts.ac.uk/doi/pdf/10.1146/annurev.publhealth.25.101802.123036

[86] McCann et al 2012 'Why is Why is housing tenure associated with a lower risk of admission to a nursing or residential home? http://jech.bmj.com.ezproxy.herts.ac.uk/content/66/2/166

[87] Ormandy D. 'Housing and Child Health' Paediatrics and Child Health Volume 24, Issue 3, March 2014, Pages 115–117 available online at http://www.sciencedirect.com/science/article/pii/S1751722213002072

[88] Shaw, M. 'Housing and Public Health' Annu. Rev. Public Health 2004. 25:397–418. Available online at http://www.annualreviews.org.ezproxy.herts.ac.uk/doi/pdf/10.1146/annurev.publhealth.25.101802.123036

to their association with asthma[89]. For older people hazards caused by fire and by falls are particularly problematic[90]. Older people spend a greater proportion of their time at home; those over 80 spend on average 90% of their time in the house[91] which increases the risk from housing hazards. As mentioned above, damp and mould are linked with respiratory illnesses which are a leading cause of ill health amongst older people. Although the evidence of the effectiveness of interventions to tackle problems with damp and mould in reducing respiratory illness is not as clear as interventions to reduce excess cold[92].

Private rented accommodation is seen huge growth with estimates suggesting the market is 30% larger than in 2005[93]. The continuing growth in house prices coupled with changes to government welfare and social housing policies mean that this sector is likely to growth further (for more detail see 'Homelessness' section). As mentioned above, private rented accommodation is generally of a much worse standard than social housing or privately owned property. One particular change in the housing benefit rules for single people under 35 means that there will be an increased demand for Homes of Multiple Occupation (HMOs) which have the highest levels of non-decency and risk of death and injury[94].

Addressing the health impact of these wider housing hazards has not generated the same level of focus as excess cold. Nevertheless it is worthwhile to outline the legislative and policy landscape and policy trends.

As mentioned above the Housing Act (2004) introduced the HHSRS rating system and established minimum standards of housing. In addition the Act legislated for the licencing of HMOs by local authorities. Other relevant legislation includes the Deregulation Act (2015), which prevents tenants from being evicted within 6 months of an improvement order being made to a landlord[95], and new regulations for landlords on smoke and carbon monoxide detectors. This is in addition to the Energy Act (2011) which as mentioned above, will restrict the renting of homes with poor energy efficiency.

The above legislative framework places a burden on private and social landlords and gives local authorities tools to conduct enforcement and give advice. However key

[89] WHO: Quantifying Health Impact of Housing available online at http://www.euro.who.int/__data/assets/pdf_file/0017/145511/e95004sum.pdf?ua=1
[90] Shaw, M. 'Housing and Public Health' Annu. Rev. Public Health 2004. 25:397–418. Available online at http://www.annualreviews.org.ezproxy.herts.ac.uk/doi/pdf/10.1146/annurev.publhealth.25.101802.123036
[91] Donald I. 2009 'Housing and Health for Older People' http://ageing.oxfordjournals.org.ezproxy.herts.ac.uk/content/38/4/364
[92] Web et al 2012 'Housing and Respiratory Health at Older Ages' http://jech.bmj.com.ezproxy.herts.ac.uk/content/67/3/280
[93] Barratt et al 'Beyond Safety to Wellbeing' http://repository.essex.ac.uk/8584/1/0d6067ac-5c2a-4941-9edc-0e5c7bb56fcb.pdf
[94] Barratt et al 'Beyond Safety to Wellbeing' http://repository.essex.ac.uk/8584/1/0d6067ac-5c2a-4941-9edc-0e5c7bb56fcb.pdf
[95] http://www.legislation.gov.uk/ukpga/2015/20/contents/enacted

challenges remain in identifying and tackling housing hazards. Local authorities rely predominantly on referrals meaning many cases of hazardous housing are missed[96]. This is especially problematic in the private rented sector due to fears amongst tenants that complaints about the quality of their housing may lead to eviction[97]. Research by Crew (2007) indicates that enforcement activity in HMOs increases the likelihood of eviction or increased rental costs[98]. More generally local authorities struggle with a lack of resources and burdensome legal processes which force them to rely on informal methods of enforcement[99].

This review found that policy trends suggest that a more proactive approach to improve the condition of housing is necessary that includes multi-agency partnerships. The MOU on Housing notes the importance of housing and health providers working in partnership to improve the condition of housing through forums such as Health and Wellbeing Boards. In addition The Care Act (2014) makes explicit that housing must be considered by both health and housing providers to be a component of a person's health and wellbeing[100]. The Chartered Institute of Environmental Health (CIEH) also recommends a multi-agency approach and notes the importance of local authority environmental health officers in providing a robust evidence base of the health impact of their work[101]. However a survey by the Housing LIN suggests that there is an uneven picture of cooperation between housing and health providers across the country despite the evidence suggesting the close relationship between housing and health. There are particular challenges around effective communication and data sharing[102].

The CIEH has published a number of case studies of initiatives to improve housing conditions. Common features include a proactive approach to identifying and

[96] Housing Learning and Improvement Network, 'Housing and Health: Under One Roof. Available online at www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/HLIN_Viewpoint55_PublicHealth.pdf

[97] CIEH: Effective Strategies and Interventions http://www.cieh.org/policy/Effective_Strategies_and_Interventions_Environmental_health_and_the_private_housing_sector.html

[98] Crew 2007 cited in Barratt et al http://repository.essex.ac.uk/8584/1/0d6067ac-5c2a-4941-9edc-0e5c7bb56fcb.pdf

[99] Stewart & Bourn. 2013 'The Environmental Health Practitioner' http://rsh.sagepub.com/content/early/2013/08/29/1757913913491366

[100] http://www.housinglin.org.uk/Topics/type/resource/?cid=9366

[101] CIEH: Effective Strategies and Interventions http://www.cieh.org/policy/Effective_Strategies_and_Interventions_Environmental_health_and_the_private_housing_sector.html

[102] http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/HLIN_Viewpoint55_PublicHealth.pdf

address instances of poor housing, improved sharing of data and communication channels, and the pooling of resources between different agencies[103].

A good example of partnership working is the Wirral Healthy Homes Project; a project between the local authority environmental health officers and the NHS[104]. Environmental Health officers used housing data and data on vulnerable people (provided by the NHS) to identify areas that were likely to have poor housing and vulnerable people. The NHS provider then funded Environmental Health officers to do proactive visits to residents in these areas to offer a housing and health assessment. If necessary this was followed by advice or referrals to various housing or health service providers. As a result of this targeted approach almost 1,000 vulnerable people have received support with energy efficiency, fire safety, and health. The project has also helped to strengthen partnerships between housing and health frontline staff and there are future shared project planned as a result.

Housing for vulnerable or older people

As mentioned above, vulnerable groups such as older people or those with long term conditions are particularly affected by poor housing. The HHSRS requires local authorities to consider the vulnerability of the occupants of a home when assessing hazard. Many hazards that may only have a limited effect on non-vulnerable groups may constitute a category 1 hazard if the occupant is vulnerable[105].

With regard to older people, the number of over 65s has grown by 47% since 1974 to equal 18% of the population with further growth predicted[106]. In addition 79% of over 65s are owner occupiers[107] and so are living in private accommodation. Despite this, only 1 in 20 homes are fully accessible to people with disabilities[108]. As noted above older people spend more of their time at home and are particular vulnerable to the effects of housing hazards. The upshot of this is that there is a growing problem around the provision of housing that is safe for vulnerable and older people.

This section of the review will look at what provisions are being made to address these issues. This will include a consideration of home improvements and adaption

[103] CIEH: Effective Strategies and Interventions http://www.cieh.org/policy/Effective_Strategies_and_Interventions_Environmental_health_and_the_private_housing_sector.html
[104] CIEH: Effective Strategies and Interventions http://www.cieh.org/policy/Effective_Strategies_and_Interventions_Environmental_health_and_the_private_housing_sector.html
[105] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7853/safetyratingsystem.pdf
[106] Parliamentary Briefing Paper 'Housing an Ageing Population'. http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7423
[107] Parliamentary Briefing Paper 'Housing an Ageing Population'. http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7423
[108] Parliamentary Briefing Paper 'Housing an Ageing Population'. http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7423

schemes, the provision of specialist accommodation, and finally the support available to help people remain independent in their home.

Home adaptions and improvements

As noted above, much of the UK housing stock is not appropriate for the needs of people with disabilities. Some of these problems can constitute category 1 hazards that have a financial impact on the NHS and society in general. Whilst new housing today is becoming increasingly accessible it only represents a small proportion of the total housing stock[109]. In addition only 5% of older people live in specialist accommodation[110]. This suggests the importance of improving the accessibility of existing housing stock for vulnerable people. Solutions range from minor improvements such as garden clearance, to telecare systems and other forms of specialist equipment and adaptions.

There is evidence of the preventative role that housing adaptions can have. A study of 11 local authorities found that 40% of people with adapted homes had had falls prior to the adaption[111]. A literature review by Heywood and Turner (2007) found that home adaptions can save health and social care providers money by reducing the need for more intensive home or residential care and reducing the likelihood of falls[112].

Since the 1990 NHS and Community Care Act[113] local authorities have had statutory duty to provide home adaptions and practical support to people with disabilities. The Care Act (2014) outlined the role that housing adaptions can play in improving health and wellbeing[114]. The government's 'Housing for Vulnerable People' strategy[115] includes a commitment to fund the work of home improvement agencies (funded via the Supporting People Grant[116]) and maintain grants for home adaptions.

The largest pool of funding for home adaptions is the Disabled Facilities Grant. Since 2010/11 the grant was no longer ring fenced and from April 2015 is allocated to

[109] Housing LIN 'A Progressive Approach to Accessible Housing' http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/Viewpoint_22_Accessible_Housing.pdf

[110] Parliamentary Briefing Paper 'Housing an Ageing Population'. http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7423

[111] Cited in Housing LIN 'From Home Adaptions to Accessible Homes' http://www.housinglin.org.uk/_library/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_62_Adaptations.pdf

[112] Heywood & Turner 2007. 'Better Outcomes, Lower Costs' http://www.wohnenimalter.ch/img/pdf/better_outcomes_report.pdf

[113] http://www.legislation.gov.uk/ukpga/1990/19/contents/enacted

[114] http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Care-Act-Integration-Briefing-2-final.pdf

[115] https://www.gov.uk/government/publications/2010-to-2015-government-policy-housing-for-older-and-vulnerable-people/2010-to-2015-government-policy-housing-for-older-and-vulnerable-people

[116] http://researchbriefings.files.parliament.uk/documents/SN03011/SN03011.pdf

higher tier authorities as part of the Better Care Fund[117]. This means that higher and lower tier authorities will need to work together in administering the grant[118], causing some concern amongst lower tier authorities over the loss of direct control[119].

Despite the ongoing commitment from government to fund Disabled Facilities Grants there is evidence that demand for home adaptions outstrips supply with cases of people waiting years for adaptions[120]. This impacts the ability of home adaptions to fulfil their function in helping people to remain independent and prevent the need for more acute services[121].

The challenge for local authorities is how to meet the demand for home adaptions in times of budgetary constraint. The Chartered Institute of Housing recommends[122] the more strategic use of existing stock through closer working the Occupational Therapist and the matching of adapted social housing with tenants most in need. An example was given of a scheme in Salford where there is a separate housing register for people in need of adapted housing. The CIH also notes the value in encouraging people to either downsize or move into specialist accommodation, and thus avoiding the need for a home adaption[123].

Bristol City Council has been successful at creating a more cost effective and person centred home adaptions service that could serve as a model of best practice[124]. Originally the work was split between different directorates that made a slow and unresponsive service for customers. The council decided to create an integrated team with one manager responsible for the entire service. A caseworker was given the role of referring applications to the most appropriate channel so that cases are dealt with more efficiently. In addition they have increased the housing advice available to applicants to support them to explore alternative housing options. The result is a faster system with waiting times being reduced form an average of 71 weeks to an average of 40 weeks and net revenue savings of over £600k.

<u>Specialist Accommodation</u>

[117] http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/HABINTEG_DFG_Briefing_Single_Page.pdf
[118] http://careandrepair-england.org.uk/wp-content/uploads/2015/04/Integration-Briefing-1-DFG-BCF-Final-April-15.pdf
[119] The DFG Good Practice Guide www.cieh.org/**Work**Area/DownloadAsset.aspx?id=49154
[120] http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/No_Place_Like_Home_dec_14.PDF
[121] http://www.housinglin.org.uk/Topics/browse/Design_building/AccessibleDesign/accessibility-adaptability/?parent=9082&child=9734
[122] http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/How_to_make_effective_use_of_adapted_properties.pdf
[123] http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/How_to_make_effective_use_of_adapted_properties.pdf
[124] http://www.housinglin.org.uk/_library/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_62_Adaptations.pdf

This review will look at three forms of specialist accommodation; residential care, extra care housing and sheltered/retirement accommodation.

Residential care represents the more acute end of the housing spectrum and is more expensive than sheltered/retirement accommodation or extra care housing[125]. Nevertheless effective residential care provision is essential to reducing the need for hospitalization amongst older, vulnerable people[126]. The NHS has recognised that improving the quality of care provided to people in residential care is crucial to reduce pressure on hospitals and improving health[127]. This has led to the piloting of various 'vanguard' schemes across the country aimed at both training care home staff and increased provision of NHS health services in the care home setting[128].

There are concerns about the future financial viability of residential care nationally. A report by Respublica indicated that the impact of austerity and an ageing population were likely to lead to a £1 billion funding gap by 2020 that would impose a £3 billion cost to the NHS in additional demand for beds and acute services[129]. Addressing this gap will require extra investment in primary, secondary and tertiary prevention.

Research has indicated the existing and potential role of housing options that lie in between general accommodation and residential care. This includes sheltered accommodation (socially rented)/ retirement homes (private sector), and extra care schemes that will be considered in turn.

Sheltered accommodation refers to social housing where residents live in self-contained properties that have been adapted to be accessible for older people. There is also usually a warden living on site and communal facilities[130]. Retirement homes/villages serve a similar function in the private sector. By providing older people with more appropriate accommodation and support sheltered accommodation can delay or prevent the need for residential care[131]. Research has indicated the potential for sheltered housing to be more closely linked to health providers and improve the health knowledge of sheltered housing officers by building on the

[125] http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/ASSET_summary_findings.pdf

[126] http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/ResPublica-The-Care-Collapse.pdf

[127] NHS 5 Year Forward View https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

[128] Overview of NHS Vanguards programme https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf

[129] Respublica 'The Care Collapse' http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/ResPublica-The-Care-Collapse.pdf

[130] http://www.housingcare.org/jargon-sheltered-housing.aspx

[131] Housing LIN 'Making Use of our Sheltered Housing Asset http://www.housinglin.org.uk/_library/Resources/Housing/SHOP/HLIN_SHOPBriefing3_SHA_v3.pdf

recognition and trust they have built amongst residents[132]. Sheltered housing can also be used as a stage in the process of moving someone from a hospital bed, back into general accommodation[133].

A good example of this potential can be found in a case study of North Tyneside Homes who worked in partnership with their local CCG on a project to improve the health of tenants in their sheltered housing scheme[134]. Sheltered Housing officers received health training in order to offer a Health Needs Assessment of tenants as well as basic advice around falls prevention. There was also work done to improve the referrals of tenants by housing officers into NHS falls prevention and minor injuries services. The partnership meant that health services were more closely matched with the tenants needs and improved their cost effectiveness.

Extra care housing provides a level of support which is higher than that in sheltered accommodation but falls short of residential care. In extra care housing, as in sheltered accommodation, people have residency rights and retain their own 'front door'. However there is access to a range of 24/7 health and community services on site[135]. In doing so, it provides residents with medium-level needs the support they need to delay or prevent the need for institutional care[136]. There is evidence that Extra care housing can reduce the chance of falls, the number of hospital admissions and length of hospital stays and can save the NHS £75,000 per year per person[137]. Extra care is also more cost effective than residential care which has a financial implication for local authorities.[138] Feedback from residents of Extra care schemes is positive and suggests that people appreciate having support whilst retaining independence (compared with being in residential care)[139]. According to the Housing LIN, Extra care is now widely accepted as being a key part of health and social care commissioning[140].

The value of extending and improving the provision of various levels of specialist accommodation is widely recognised[141]. The government's most recent 'Housing

[132] http://www.housinglin.org.uk/_library/Resources/Housing/Housing_advice/EROSHhealth_leaflet2007newlogo.pdf
[133] http://www.housinglin.org.uk/_library/Resources/Housing/SHOP/HLIN_SHOPBriefing3_SHA_v3.pdf
[134] http://www.housinglin.org.uk/Topics/browse/Housing/HousingforOlderPeople/ShelteredHousing/?parent=8956&child=9412
[135] Housing LIN 'Extra Care Housing' http://www.housinglin.org.uk/_library/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it_2015.pdf
[136] http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/Older-Owners.pdf
[137] Housing LIN 'Extra Care Housing' http://www.housinglin.org.uk/_library/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it_2015.pdf
[138] http://www.housinglin.org.uk/_library/Resources/Housing/Research_evaluation/PSSRUsummary.pdf
[139] http://www.housinglin.org.uk/_library/Resources/Housing/Research_evaluation/PSSRUsummary.pdf
[140] http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/
[141] Age UK 'Housing in Later Life' http://www.housinglin.org.uk/Topics/browse/Housing/HousingforOlderPeople/?parent=8955&child=9340

Strategy for England' aims to encourage local authorities to deliver more specialist accommodation include Extra care schemes[142] and there is government recognition of the value of using sheltered accommodation to provide direct health services to residents[143]. The All Parliamentary Group on inquiry on housing and care for older people concluded that the provision of specialist housing ought to be extended due to its potential to prevent the need for more acute care[144].

Nevertheless, key challenges remain around funding and costs. Extra care schemes in particular require a certain scale to be effective and government austerity means that availability of capital funding remains limited[145].The complexity of services provided by extra care (housing, health and social care services), the different needs and means of residents and the drive towards the personalisation of care makes funding equally complex[146]. The risk of a loss of local government funding (now that the Supporting People grant is no longer ring fenced), coupled with the decline in block contracts (as a result of personalisation), makes Extra care developments risky for housing providers[147]. For sheltered accommodation, challenges remain around the quality of housing and its attractiveness to older people[148]. Many homes are bedsits or are placed in locations away from key services and amenities. This means that much of sheltered accommodation needs to be rebuilt, refurbished or remodelled, each of which has a cost implication for the local authority or registered provider[149].

Support to remain independent in the home

In addition to the provision of home adaptions or specialist accommodation, there are also services available that allow an older or vulnerable person to remain in general accommodation. These services can help a person to remain independent, as well as acting to prevent the need for more acute (and expensive) housing

[142] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7532/2033676.pdf
[143] http://www.housinglin.org.uk/_library/Resources/Housing/Housing_advice/EROSHhealth_leaflet2007newlogo.pdf
[144] http://www.housinglin.org.uk/Topics/browse/Design_building/HAPPI/?parent=8649&child=8650
[145] Housing LIN 'Funding Extra Care Housing' http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Technical_briefs/Part1BackgroundPreliminaryTopics.pdf
[146] Housing LIN 'Funding Extra Care Housing' http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Technical_briefs/Part1BackgroundPreliminaryTopics.pdf
[147] http://www.housinglin.org.uk/_library/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it_2015.pdf
[148] http://www.housinglin.org.uk/_library/Resources/Housing/SHOP/HLIN_SHOPBriefing3_SHA_v3.pdf
[149] http://www.housinglin.org.uk/_library/Resources/Housing/SHOP/HLIN_SHOPBriefing3_SHA_v3.pdf

solutions[150]. For older people, difficulties in accessing basic housing support are a key driver to seeking specialist accommodation solutions[151].

This report will consider the provision of adult domiciliary care and the development of home-based services delivered by the NHS.

Adult domiciliary care is funded by local authorities and is designed to provide the resident with the personal support to help them remain independent in their home. It includes help with things like personal hygiene, preparing meals or home maintenance[152]. The Care Act (2014) helped to formalise the statutory responsibility of local authorities to provide means-tested home care, and for each person receiving care to have a personal budget[153].

Nevertheless the ability of local authorities to meet people's needs is being constrained by financial pressures and demographic changes. Real spending on adult social care has declined by £1.2 billion between 2010/11 and 2013/14 whilst the number of over 65s has increased by over a fifth in the last 10 years[154]. It is estimated that there is a £700m gap in spending on adult social care[155]. These financial and demographic pressures are leading to a tightening of the eligibility criteria for people to receive support leaving many people with less support or having support withdrawn entirely[156]. In a survey of older people it was found that 12% of people that had 3 or more permanent barriers to living independently were not receiving any care services whatsoever[157].

The close relationship between adult social care and the NHS is well documented[158]. Research by the Kings Fund found that 9/10 NHS Trust Finance Directors believed

[150] http://www.housinglin.org.uk/Topics/browse/CareAndSupportatHome/InnovativeServiceProvision/?parent=9756&child=9645

[151] Age UK 'Housing in Later Life' http://www.housinglin.org.uk/Topics/browse/Housing/HousingforOlderPeople/?parent=8955&child=9340

[152] http://www.carechoices.co.uk/care-types/domiciliary/

[153] https://www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview-summary.pdf

[154] Age UK 'The Health and Care of Older People in England 2015' http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/Briefing-The_Health_and_Care_of_Older_People_in_England-2015.pdf

[155] Parliamentary Briefing http://researchbriefings.files.parliament.uk/documents/LLN-2015-0047/LLN-2015-0047.pdf

[156] Age UK 'The Health and Care of Older People in England 2015' http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/Briefing-The_Health_and_Care_of_Older_People_in_England-2015.pdf

[157] http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/Open-Plan-Building-a-strategic-policy-toward-older-owners.pdf

[158] Parliamentary Briefing http://researchbriefings.files.parliament.uk/documents/LLN-2015-0047/LLN-2015-0047.pdf

that the financial pressures on adult social care was having a negative impact on health services[159]. A Kings Fund report argues that the integration of health and social care services are fundamental to the financial viability of both[160]. To this end, the government has introduced the Better Care Fund which pooled money for the NHS and local government to spend on better aligning health and social care services including the provision of services to help people remain independent in the community[161]. Nevertheless the Better Care Fund only represents 5% of the NHS and adult social care budget

The relationship between health and the absence of stable accommodation can be seen in terms of the direct health impact of homelessness, and the indirect health impact arising from the challenges homeless people face in accessing health services.

The evidence that homeless people have poor health is stark. A survey by Homeless Link[162] found that 41% of homeless people had a long term health condition (against 28% in general population) and 45% had being diagnosed with a mental health issue (25% in general population). Substance abuse is particularly problematic with 39% of homeless people either taking drugs or recovering from a drug problem. Half of homeless people reported drinking or taking drugs to help cope with mental health issues. Issues around substance abuse are particularly relevant to Public Health as a statutory provider of substance abuse related services.

Whilst the above data doesn't indicate whether homelessness is a causal factor in these health outcomes there is evidence to suggest that poor health and homelessness are co-related; health problems can put people at greater risk of becoming losing secure accommodation, and the absence of secure accommodation can cause or exacerbate poor health.

A number of studies have investigated the ways in which the experience of homelessness can contribute to poor health outcomes:

- Rough sleeping can involve exposure to extreme temperatures or damp conditions. This can cause new health problems or exacerbate existing ones[163].
- Rough sleeping can also can contribute to skin and foot problems[164].

[159] https://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2486
[160] http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/Options-integrated-commissioning-Kings-Fund-June-2015_0.pdf
[161] http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE
[162] http://www.homeless.org.uk/facts/our-research/homelessness-and-health-research
[163] See reference 10
[164] Cited in Hwang 'Homelessness and Health' Available online at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80688/?tool=pmcentrez#r23-27

- Poor health outcomes can also arise from living in hostels or other forms of temporary accommodation where there can be problems related to hygiene and safety[165].
- Conditions favouring TB outbreaks in temporary accommodation include crowding, large transient populations and inadequate ventilation[166].
- Homeless people (rough sleepers and those living in hostels) are at increased risk of physical violence; a study in Toronto found that 40% of homeless people had been physically assaulted[167].

Substance abuse can be the cause of a person becoming homeless. A survey of homeless people with substance abuse issues found that in the majority of cases drug abuse was the primary reason behind them being evicted from rented accommodation or being asked to leave a family home[168]. Other research suggests that homelessness can make people more vulnerable to developing substance abuse issues as a way of coping with the stress and hardship of daily life[169]. A survey of homeless people in London found that 80% of homeless people had started using at least 1 new drug since becoming homeless and 72% of those with lifetime addictions to cocaine started after becoming homeless[170].

For mental health, becoming homeless can exacerbate existing conditions, and make that person more vulnerable (e.g. to crime or physical harm)[171]. One study suggests that the stress caused by the threat the breakdown of tenancies and experience of eviction can exacerbate existing mental illnesses[172]. However a survey of homeless people with mental health issues found that the primary cause of their homelessness was barriers accessing housing due to low income or unemployment[173], rather than their mental health issues.

This suggests that structural solutions, such as wider availability of low-cost housing and income support, would reduce the risk of homelessness among persons with mental illness, as among other vulnerable social groups. However it is important to

[165] See reference 10
[166] An outbreak of tuberculosis in a shelter for homeless men. A description of its evolution and control. http://www.ncbi.nlm.nih.gov/pubmed/1990937
[167] Cited in Hwang 'Homelessness and Health' Available online at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80688/?tool=pmcentrez#r23-27
[168] 'Homelessness amongst drug users: a double jeopardy explored' International Journal of Drug Policy 12 (2001) 353–369
[169] As Above
[170] Homelessness and Drug Use: Evidence from a Community Sample http://www.sciencedirect.com.ezproxy.herts.ac.uk/science/article/pii/S0749379707001043
[171] 'Mental Health and Homelessness: The Challenge: http://isp.sagepub.com.ezproxy.herts.ac.uk/content/61/7/621
[172] 'Homelessness and Complex Trauma' http://www.homelesspages.org.uk/node/24195
[173] Perceived reasons for loss of housing and continued homelessness among homeless persons with mental illness'. http://www.ncbi.nlm.nih.gov/pubmed/15703344

note that mental health can contribute to poverty and unemployment through discrimination or social exclusion, and therefore cause homelessness indirectly[174].

Homelessness can also have an indirect negative health impact due to the barriers homeless people have in accessing health services. People who live in temporary accommodation or are sleeping rough are much less likely to use GP services despite the potential community based services have to reduce the need for acute care[175]. A review of the health needs and healthcare costs of rough sleepers in London found that barriers to accessing services include discrimination by health professionals, not being allowed to register with a GP, a lack of knowledge of services, a lack of continuity of care, and cost[176].

The difficulty homeless people face in accessing appropriate health care increases their dependency on acute health services. The A&E attendance rates of homeless people are 4 times higher than the general population[177], with 35% visiting A&E in the last 6 months[178]. Homeless people are more likely to be admitted to hospital and stay for longer, due to their acute health needs[179].

Regardless of the cause and effect relationship between health and housing, there are studies indicating the positive impact the provision of secure housing can have on health outcomes. Two studies found that the provision of housing was associated with decreased substance abuse and less reliance on health services[180][181]. A literature review found that people with mental health issues were less likely to become homeless if they were provided with financial assistance to access housing as well as community based health and social services[182].

Appendix B: Stakeholder Meetings

[174] See reference 31
[175] See reference 22
[176] http://www.jsna.info/sites/default/files/Rough%20Sleepers%20Health%20and%20Healthcare%20Summary.pdf.
[177] Public Health England 'Preventing Homelessness to Improve Health and Wellbeing' www.homeless.org.uk/.../Final%20Rapid%20Review%20summary.pdf

[178] See reference 22
[179] St Mungos 'Health and Homelessness: Understanding the Costs' www.mungos.org/documents/4153/4153.pdf
[180] 'To House or Not to House: The Effects of Providing Housing to Homeless Substance Abusers in Treatment' http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2004.039743

[181] Long-Term Housing and Work Outcomes Among Treated Cocaine-Dependent Homeless Persons http://link.springer.com/article/10.1007%2Fs11414-006-9041-3

[182] 'Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review' http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-638

The following list represents the meetings held with key stakeholders for the project

Name	Organization	Position
Claire Bennett	East Herts District Council	Manager, Housing Services
Sheila Winterburn	East Herts District Council	Manager, Environmental Health (Residential)
Martin Lawrence	North Herts District Council	Strategic Housing Manager
Stephen Tingley	Broxbourne Borough Council	Head of Housing and Benefits
Peter Nourse	Stevenage Borough Council	Assistant Director of Housing
Perry Singh	Watford Borough Council	Interim Housing Section Head Community & Customer Services
Kimberley Grout	Three Rivers District Council	Housing Manager
Sian Chambers	Welwyn Hatfield Borough Council	Head of Housing and Community
David Reavill	St Albans City & District Council	Strategic Housing Manager
Natasha Brathwaite	Dacorum Borough Council	Group Manager, Strategic Housing
Kim Harwood	Hertsmere Borough Council	Housing Services Manager
Iain MacBeath	HCC Health and Community Services	Director, Health & Community Services
Kristy Thakur	HCC Community Wellbeing	Deputy Head of Commissioning
Susan Carter	HCC Community Wellbeing	Commissioning Manager Strategic Development
Belinda Yeldon	HCC Community Protection	Project Lead: Safe and Well Visits
Steve Borrell	HCC Community Protection	Community Risk Reduction & Youth Engagement Team Manager
Kristian Tizzard	HCC Integrated Accommodation Commissioning	Deputy Head of Service
Paul O'Hare	Herts Valleys CCG	Community Navigator Manager
Catherine Hook	YMCA West and Central Hertfordshire	Hostel Manager: Watford and Welwyn Garden City

Contributions were also made by:

1. Herts Beds Housing Group (Senior environmental health officers)
2. Herts Heads of Housing Group (Senior housing officers)
3. Hertfordshire Public Health Board
4. Brian Gale, HCC Public Health, Senior Commissioning Manager
5. Natasha Welsh, HCC Public Health, Commissioning Manager
6. David Conrad, HCC Public Health, Consultant (Evidence & Intelligence)
7. Charlotte Holt, HCC Integrated Care Programme Team, Project Manager (DFG Project)
8. Tiranan Staughan, North Herts District Council, Housing Policy Officer
9. Husnara Malik, HCC Integrated Accommodation Commissioning, Commissioning Manager
10. Tracey Webber, HCC Community Wellbeing, Commissioning and Monitoring Officer
11. Joella Scott, HCC Children's Services, Strategy Manager; Parenting and Early Help Commissioning
12. Andy Luck, Welwyn Hatfield Borough Council, Private Sector Housing Manager
13. Alan Gough and Neil Walker: Watford Borough Council

Appendix C: Review of Home Adaptions, Specialist Accommodation, and Supported Living Services

Health and Wellbeing Impact

Many adults in the UK require services to help them remain in general accommodation such as home adaptions or supported living services, or some form of specialist accommodation. Although Public Health does not have a statutory responsibility to provide support of this kind, the health benefits of these services indicate a potential Public Health interest.

Much of the UK housing stock is not appropriate for the needs of people with disabilities. Whilst new housing today is becoming increasingly accessible, it only represents a small proportion of the total housing stock. This suggests the importance of improving the accessibility of existing housing stock for vulnerable people. Solutions range from minor improvements such as garden clearance, to telecare systems and other forms of specialist equipment and adaptions. There is evidence of the preventative role of housing adaptions; studies have found that home adaptions can reduce the need for more intensive care services and the likelihood of falls.

Despite being the most expensive form of support accommodation, effective residential care provision is essential to reducing the need for hospitalization amongst older, vulnerable people. Nevertheless there are various forms of supported housing that lie in between general accommodation and institutional care.

Sheltered accommodation refers to social housing where residents live in self-contained properties that have been adapted to be accessible for older people. Retirement homes/villages serve a similar function in the private sector. By providing older people with more appropriate accommodation and support sheltered accommodation can delay or prevent the need for residential care. Research has indicated the potential for sheltered housing to be more closely linked to health providers and the benefits of improving the health knowledge of sheltered housing officers.

Extra care housing provides a level of support which is higher than that in sheltered accommodation but falls short of residential care. In extra care housing, as in sheltered accommodation, people have residency rights and retain their own ‘front door’. However there is access to a range of 24/7 health and community services on site. In doing so, it provides residents with medium-level needs the support they need to delay or prevent the need for institutional care. There is evidence that Extra care housing can reduce the chance of falls, the number of hospital admissions and length of hospital stays and can save the NHS £75,000 per year per person.

In addition to the provision of home adaptions or specialist accommodation, there are also services available that allow an older or vulnerable person to remain in general accommodation. These services can help a person to remain independent, as well as acting to prevent the need for more acute (and expensive) housing solutions. For older people, difficulties in accessing basic housing support are a key driver to seeking specialist accommodation solutions.

The above discussion indicates that the provision of these kinds of housing support can help to prevent the health of adults with additional needs from deteriorating, and the associated need for more acute levels of care. This suggests that these services are relevant to Public Health outcomes such as healthy life expectancy, injuries caused by falls amongst older people, and hospital re-admissions and the Public Health priority around helping residents to lead longer, healthier lives.

Local Context

As elsewhere in the country, demand for housing services for older people is being driven by changing demographics. There is an expected increase of 31% between 2013-2020 of people aged over 85. The numbers of people with learning disabilities or mental health needs are both expected to increase by around 5% by 2020, and there are concerns around the additional housing needs of these people as they age. These changes are likely to lead to increased demand on specialist accommodation and other forms of housing support.

Given the evidence cited earlier about the health value of home adaptions, specialist housing and supported living services, these demographic changes, and the resulting growth in demand in Hertfordshire for support, is of interest to Public Health. If the demand for support outstrips supply it is likely to result in a negative impact on the health of vulnerable people and greater demand for more acute care. This implies the preventative value of services, such as home adaptions, intermediate housing or supported living services.

Service provision in Hertfordshire

Home adaptions

Disabled Facilities Grants provide the main source funding to help meet the cost of home adaptions for people with disabilities. Responsibility for administering grants sits with District and Borough councils who previously received the grant from central government. Recent changes mean that funding is now provided via the Better Care Fund and thus pooled at HCC, but with responsibility for provision remaining with the Districts. There is now an ongoing project between HCC and the Districts to decide the delivery model and approach of the service going forward.

Other forms of home adaptions include the Hertfordshire Equipment Service, which provides adaptions such as grab rails, alarms, shower chairs and home nursing

equipment. HCC also provides a county wide service offering telecare equipment to help people remain independent in their home.

Specialist Accommodation

Hertfordshire County Council has a statutory responsibility to provide accommodation for adults with additional needs. Accommodation options range from sheltered housing, to flexicare, to residential care and other forms of institutional care.

In Hertfordshire around 5% of people aged over 75 live in a care home. For care homes there are differences across the County in terms of the number of places available, with some areas having a shortage of nursing home places. Around 40% of places are funded by HCC and there have been increased numbers of self-funders who subsequently require financial support, at additional cost to the council. There are also variations in funding for flexicare and sheltered accommodation.

The provision of support for people with learning disabilities and those with mental health needs is mainly focused on supported living services, rather than specialist housing places. The extent and type of provision varies between districts, particularly for mental health accommodation places which are significantly higher in St Albans and Watford, than in the rest of the County.

Hertfordshire County Council works with partners such as District and Borough councils and housing associations in the planning and provision of specialist accommodation. At present the main forum for partnership is via the dual-district Accommodation Boards. HCC Integrated Accommodation Commissioning team are currently working on a strategy for the future provision of specialist accommodation that will include a consideration of the role that preventative services can play in reducing the demand for high level care.

Finally East and North Herts CCG and HCC have been jointly working on a care homes vanguard project. The aim of the project is to improve the provision of health care services to care home residents. This involves improving the skills, knowledge and confidence of care home staff to help support residents with complex needs and providing a support network of health providers. It also involves a ‘rapid response’ team of healthcare professionals that can visit care homes residents in an emergency and possibly prevent the need for hospital admission.

Supported Living Services

As well as providing various forms of specialist accommodation, there are also services provided to assist people to remain independent in general accommodation. Some of these services, such as those offered to adults with complex needs and community mental health nursing have already been discussed.

Hertfordshire County Council funds personal budgets for eligible adults that can be used to fund services such as domiciliary care or floating support to help people to remain independent. There is also a range of voluntary sector services offering visiting schemes, support for people living with long term conditions, befriending, day care, support groups etc. Many of these services receive funding from HCC Community Wellbeing and the District and Borough Councils.

The NHS provides a number of services to provide help people either avoid hospital admissions or to recover more quickly in their own home. Home First is a service available in parts of Hertfordshire and brings together health and social care professional to provide rapid response care to people in their homes. Other services include GP home visiting, falls prevention, stroke and respiratory illness recovery support.

Evaluation of provision

District and Borough councils all have statutory responsibilities around the provision of DFGs. However there is some variation in the budget allocated for DFGs across the county. Currently the provision of DFGs is fairly fragmented with each District have its own approach for delivery. In the structured interviews a number of Districts reported increased demand, which was putting pressure on their DFG budget, but this situation was not uniform across every District. Generally, however there was an awareness of the value of home adaptions in promoting independence and health, and the likely impact of demographic changes on demand for them.

Demographic changes also inform the JSNA for adults requiring accommodation with care and support. The predicted growth of older people, and people with disabilities, is expected to put extra pressure on residential care. Hertfordshire has surprisingly low levels of nursing care and there are variations in the number of places across the County. There is a desire therefore to expand the provision of other forms of accommodation such as flexicare schemes and sheltered housing, as part of the HCC Integrated Accommodation Commissioning's future strategy.

Although Hertfordshire has not been able to develop the targeted number of extra (flexi) care housing places, it still ranks 6th out of 27 counties for provision. It also has high levels of sheltered housing. Improving the provision and attractiveness of housing for older people, in particular sheltered housing schemes are strategic priorities in District and Borough housing strategies. Senior housing officers all noted the importance of partnership working with HCS Integrated Accommodation Commissioning, in order to make possible the improvement of the provision of these forms of housing.

Appendix D: Excess Winter Deaths: A Hertfordshire Keep Warm Stay Well project

Executive summary, key findings and recommendations

The purpose of this project was to identify the trends and triggers for Excess Winter Deaths (EWD), following a high trend in Watford. The project focussed on those over the age of 65, to identify if there are any opportunities to improve how EWD and cold related illnesses are tackled in Hertfordshire. Further, the purpose was to identify if there are any different ways to target interventions and improve accessibility to Herts Help.

The project was undertaken by two in-home interviews, 12 months apart, where 60 participants were asked about their behaviours, circumstances and perceptions. These participants came from Hertsmere, Watford and Broxbourne. 'Data loggers' and 'energy loggers' were installed into a proportion of properties to provide accurate data on energy consumption, comfort levels and humidity.

These were analysed and a number of patterns and trends were identified. Although many of the findings were specific to Watford and/or Hertsmere, the general principals within the findings are likely to be replicated across Hertfordshire.

Key Report Findings:

* Of the 60 interviewees over the last 12 months there were 843 single health interventions (excluding flu jabs). The largest proportion were revisits to GPs which accounted for 399 of the interventions (47.3%). There were also 65 emergency visits to hospital (7.7%)

* Over 12 months, the health of those aged over 75 decreased significantly in comparison to those in the younger group

* Age was not the sole trigger identified as a cause of EWD; general health and well-being, along with housing conditions, are also significant

* Hertsmere had a more active older population, with more employment

* The participants in Watford suffered a higher level of heart conditions, strokes, lung conditions and mobility issues but despite more health conditions, 60% of those in Watford self-reported their health as 'good' or 'very good'1

* 65-74 year olds suffered with more health conditions than those aged 75 or over, but those aged 75 or older were more likely to suffer with mobility issues, heart conditions and strokes

* Watford has a higher rate of hip fractures than the average for England, suggesting a higher rate of falls - on average 1 in 3 people had had a fall, but those aged 75 or over were 15% more likely to fall than those aged 65-74

[1] The number of health conditions people suffered with affected how they rated their health, as follows "Very Good" 1.1 conditions, "Good" 1.6 conditions, "Fair" 2.4 conditions, "Bad" 2.8 conditions, "Very Bad" 4.5 conditions

* There was clear evidence of a link between limited activities and falls, with 85% of those who had fallen undertaking limited activities. Further, 18 out of 20 people who fell had mobility issues

* 1 in 2 people who fell had no visits from friends or family and 1 in 3 people aged 75 or over deliberately limited their activities due to fear of falling

* 96% of those questioned did not drink the recommended daily amount of water. The worst performing group were those aged 75 or over, with only 22% knowing what the recommended amount of water was

* There was a trend that everyone that had fallen, had not drunk the recommended amount of water

* Every person had at least 1 health intervention over the previous 12 months, but those in Watford had more interventions on average at 15.3 than Hertsmere at

10.8, suggesting that those in Watford had more severe health conditions or more regular need to see a GP. (Age did not impact on the number of interventions and type of intervention)

* 78% of those aged 75 or over lived alone, which was considerably more than the 55% of those aged 65-74

* 65-74 year olds had less visits from family and friends than those aged 75 or over. 65-74 year olds stayed at home most often with 41.7% staying at home, unlike those aged 75 or over, who went out more

* The most vulnerable people, with an average of 2.5 health conditions, had no visits. The healthier a person was, the more likely they had regular visits

* 30% of people did not know at what temperature health risks increased

* When it was cold outside 16% of people deliberately stayed in bed longer

* 11% of people were paying more for their fuel by not using Direct Debit

* 50% of people rely solely on winter fuel payments and cold weather payments to pay for winter bills.

* 13% of older people do not understand their heating controls, with a further 15% not fully understanding how to control their heating

* Awareness of Herts Help was poor, with 81.6% initially not knowing about this service.

* Older people prefer receiving advice via the telephone, with face-to-face their second preferred option. Older people would seek advice from friends and family before approaching the Council (which rated fourth)

Key Report Recommendations

1 Develop/modify/implement strategy for EWD in the light of these findings incorporating the recommendations of the NICE guidance (NG6) “Excess Winter Deaths and Morbidity and the Health Risks Associated with Cold Homes”. This work should be tied in with any Fuel Poverty Strategy and be tailored for each LA area to reflect it’s characteristics.

2 Develop/modify/implement a Fuel Poverty Strategy including adopting the objectives of the Government’s publication ‘Cutting the Cost of Keeping Warm: A New Fuel Poverty Strategy for England”

This could include providing support/funding for measures not covered by Energy Company Obligation (ECO) or equivalent schemes; examples could include:

- Improved/simplified heating controls, using wireless thermostats and thermostatic radiator valves (TRV’s).
- Ventilation solutions to minimise heat loss, but reduce indoor moisture

3 Develop an action plan to prevent falls, such as improved engagement with physical activities and overcoming cultural perceptions. This should also include investigating options for support/funding for direct help such as:

- Fitting handrails and/or grab rails
- Re-fixing loose carpets, etc.
- Investigating the use of ‘Lifeline’ type emergency call systems

4 Improve referral systems to ‘Keep Warm Stay Well’ (KWSW) to include more referrals from health services (especially due to the opportunities from health interventions) and ensure the Herts Help service is offered during flu jabs, GP appointments and hospital discharge. KWSW could include new/additional measures taking account of these findings, these could include:

- Outdoor protective clothing – hat, gloves, scarf, etc.
- Hand warmers

5 Improve awareness of Herts Help generally, amongst all those aged 65 or older, but especially focus those aged 75 or older that live alone

6 Promote key messages around health such as improved water consumption, the risks associated with cold homes, the importance of activities and flu jabs

7 Improve identification of householders at risk by training and data sharing with health services and local authorities

8 Those involved with direct delivery of health services to householders, such as GPs and support workers, should identify householders with cold related illnesses that live in cold homes and assess heating needs of householders at each intervention with their service

9 Develop/implement an action plan to combat loneliness

10 Expand the existing stakeholder network

Appendix E: Watford Borough Council Single Homeless Pathway: Draft Process Map