

Cabinet 21 October 2014

A Housing and Health Charter for Suffolk (Oct14/07)

1. Summary and reasons for recommendations

- 1.1 Partner organisations of the Suffolk Health and Wellbeing Board are being asked to endorse the Housing and Health Charter, which sets out eight commitments for how the organisations will work together to improve the integrated delivery of housing, health and social care.

2. Recommendations

- 2.1 It is **RECOMMENDED** that:
- (1) Cabinet notes the content of the Housing and Health Charter for Suffolk and identify any comments or amendments to be fed back to the Suffolk Health and Wellbeing Board; and
 - (2) the principles and commitments set out in the Housing and Health Charter for Suffolk, as contained in Appendix A to Report F148, be endorsed.

Contact details

Name
Title

Telephone
E-mail

Portfolio holders

Councillor Anne Gower
Portfolio Holder for Housing
and Social Care

01440 706402
anne.gower@stedsbc.gov.uk

Councillor Sara Mildmay-
White
Portfolio Holder for Health
and Communities
01359 270580
[sara.mildmay-
white@stedsbc.gov.uk](mailto:sara.mildmay-white@stedsbc.gov.uk)

Lead officer

Simon Phelan
Head of Housing

01638 719440
simon.phelan@westsuffolk.gov.uk

3. Strategic priorities

3.1 The recommendations meet the following, as contained within the West Suffolk Strategic Plan:

- (a) Strategic priority 2: *'Resilient families and communities that are healthy and active'*
- (b) Strategic priority 3: *'Homes for our communities'*

4. Key issues

4.1 It is widely acknowledged that the type and quality of the housing that a person occupies is a major determinant on their long-term health. The Marmot Review 'Fair Society, Healthy Lives' (2010) identified a direct link between the wider determinants of health and housing. However, traditionally housing authorities and housing providers have not worked closely with health and social care providers in the both the development of housing or the delivery of support services.

4.2 In an attempt to join up strategic thinking and improve joint working the Suffolk Health and Wellbeing Board commissioned the Suffolk Strategic Housing Partnership and the HWBB Programme Office to jointly produce a Housing and Health Charter.

4.3 The Charter recognises some of the challenges and opportunities for improving and aligning housing and social care services moving forward, especially in light of the introduction of the Better Care Fund and the need for all public sector services to make ongoing financial savings. It sets out a joint commitment for sharing opportunities and costs to invest in housing as well as care and support and working with communities. Many of the principles and aspirations in the Charter align well with the West Suffolk Housing Strategy and will help us to deliver a number of the actions set out in it.

4.4 The Charter contains eight key commitments that partner organisations are being asked to endorse, the key one of which is the development of a more integrated approach to the delivery of housing, health and social care. This mirrors the work we are already developing through our joint work with Adult Social Care and the West Suffolk Clinical Commissioning Group.

4.5 The Charter will be formally adopted by the Suffolk Health and Wellbeing Board at its meeting on 15 November 2014. As well as being asked to endorse the principles and commitments of the Charter, partners are being asked to feed back any comments or suggested amendments.

5. Other options considered

5.1 The Council could consider not endorsing the Charter but may find itself being the only authority in Suffolk not to do so.

6. Community impact

6.1 Crime and disorder impact *(including Section 17 of the Crime and Disorder Act 1998)*

6.1.1 There are no direct impacts.

6.2 Diversity and equality impact *(including the findings of the Equality Impact Assessment)*

6.2.1 The Health and Wellbeing Board will undertake a Diversity and Equality Impact Assessment as part of the adoption process.

6.3 Sustainability impact *(including completing a Sustainability Impact Assessment)*

6.3.1 The Health and Wellbeing Board will undertake a Sustainability Impact Assessment as part of the adoption process.

6.4 Other impact *(any other impacts affecting this report)*

6.4.1 None

7. Consultation *(what consultation has been undertaken, and what were the outcomes?)*

7.1 As part of the adoption process, the Health and Wellbeing Board has consulted with all of the Board's membership organisations.

8. Financial and resource implications *(including asset management implications)*

8.1 There are no direct financial implications arising from endorsing the Charter. Some of the commitments set out in the Charter may require the future pooling of budgets or the introduction cost sharing arrangements, while others could result in long term saving for the Council or wider public sector.

9. Risk/opportunity assessment *(potential hazards or opportunities affecting corporate, service or project objectives)*

Risk area	Inherent level of risk (before controls)	Controls	Residual risk (after controls)
Being the only Board organisation not to endorsing the Housing and Health Charter	Medium	Work with the Health and Wellbeing Board to implement realistic and deliverable outcomes	Low
Partner organisations may have unrealistic expectations of resource commitments arising from the Charter	Medium	Work with the Health and Wellbeing Board to implement realistic and deliverable outcomes	Low

10. Legal and policy implications

10.1 There are no direct legal implications arising from the report...

11. Wards affected

11.1 All

12. Background papers

12.1 None

13. Documents attached

13.1 Appendix A - Draft Housing and Health Charter for Suffolk

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A Housing and Health Charter for Suffolk

(A discussion document)

Produced by The Suffolk Strategic Housing Partnership and the Health and
Wellbeing Board Programme Office

Health and Wellbeing
SUFFOLK

1. Context for this Charter

Health and Wellbeing Boards should consider housing in tandem with health and social care provision because well-designed housing, as well as people's capacity to avoid social isolation are strongly linked to better health outcomes.

Ready for ageing? House of Lords Select Committee on Public Service and Demographic Change Report of Session 2012-13

"I truly believe that we are at a crossroads where the important decisions we take today will have a significant impact on the quality and standard of our housing in the years to come.

Time and again, the evidence clearly points to close links between people's health and where they live. Well planned homes can combat depression, support family cohesion and go a long way to boosting overall health and happiness

By working with the housing sector, planning authorities and voluntary organisations, we can set an exemplary standard for Suffolk, and even elsewhere, for which we can make a huge difference to people's lives."

Councillor Joanna Spicer, MBE, Chairman of the Suffolk Health & Wellbeing Board

2. Statement of intent

There is no easy solution for improving the housing situation in Suffolk. Like the majority of the UK, demand frequently outstrips supply. What's more, the current housing stock is often unfit for purpose, from meeting the needs of the vulnerable people in our community to catering for young families and providing sufficient starter homes.

One thing is certain- action is needed on a number of fronts, from increasing the number of new lifetime homes being built to making sure the right care and support is in place for those who need it most.

No single organisation is responsible for or can provide all the answers. That's why this charter - our first for Suffolk - describes how we will work in partnership through the Suffolk Health and Wellbeing Board, developers, public bodies, registered providers, the voluntary and community sector and residents themselves, to support the right mix and quality of homes and services for our communities.

Our ambition is to cut red tape and avoid duplication by aligning policies and priorities, making the best use of diminishing public sector resources.

This increased integration of housing, health and social care services will also deliver the following benefits:

- reducing hospital admissions
- speeding up and improving hospital discharge arrangements
- supporting care at home and in the community and;
- decreasing health inequalities.

By supporting people in Suffolk to live more independently within their community we will reduce the need for more intensive and costly interventions in the long term,.

This is our shared vision, and our commitment is to work together to improve the health and wellbeing of Suffolk's residents now and in the future.

3. Housing, health and social care – our vision for integration

We want people in Suffolk live healthier, happier lives. We also want to narrow the differences in healthy life expectancy between those living in our most deprived communities and those who are more affluent through greater improvements in more disadvantaged communities.

The rising demand for services, coupled with the need to reduce public expenditure, provides a compelling argument for greater collaboration across Suffolk. There is also clear evidence that investment in housing as a means of preventing ill health can yield significant benefits, for example in the numbers of people living safely and well at home, and reducing admissions to hospitals, residential and nursing care homes.

This charter demonstrates our commitment to a joint approach for Suffolk, which means sharing opportunities and costs by investing in housing, care and support and working with people in their communities. .

We want to echo the House of Lords Committee's Report *Ready for Ageing* by ensuring that housing is a major part of new plans to bring together health and care in Suffolk.

4. Why is housing so important?

Housing and health are inextricably linked. Living in a house which is in good condition, that the occupiers can afford to heat and in an area in which they feel safe and well supported by the local community underpins the wellbeing of individuals and families.

The right housing offer for Suffolk is essential to support and grow the economy. The inability of the local housing market to respond to demand restricts options, particularly for younger households.

For our future prosperity, it's important that Suffolk can attract a highly skilled workforce, and this depends on the right kind of housing being available. A lack of movement in the housing market constrains choice, limits the mobility of labour, restricting business growth and, therefore, hampers new job opportunities - an important determinant of an individual's health.

Housing is one of the key wider social determinants of health as recognised in the Marmot Review: *Fair Society, Health Lives* (2010). As with most of the social determinants of health, the quality of people's homes is strongly related to economic prosperity. Minimising the adverse effects of poor housing remains a major challenge for local government, housing associations and their health and social care partners.

In the most obvious way, damp, cold and overcrowded conditions can lead directly to physical illness. There is also increasing evidence that poor housing conditions can seriously affect people's mental health and sense of wellbeing.

Based on research by Alex Marsh¹, the British Medical Association has concluded that multiple housing deprivation correlates to a health risk that is of the same magnitude as smoking. The housing-health link affects people in all stages of life, but its significance increases with age as people become more prone to trips and falls and susceptible to cold or damp-related health conditions.

Providing quality housing and joined-up services is critical to enable people to maintain their social and support networks as well as their independence. People living with health problems are, however, disproportionately likely to occupy the least suitable housing stock - a factor that is likely to exacerbate their health problems.

Domestic fuel poverty is associated with an increased risk of ill health in people of all ages and a higher risk of death in older people, particularly those who live alone and also have a chronic illness. Almost 1 in 5 households experience fuel poverty, rising to almost 1 in 3 in some pockets across the county.

¹ Marsh A, Gordon D and Pantazis C *et al* (1999) *Home sweet home? The impact of poor housing on health*

Homelessness and rough sleeping is associated with severe poverty and poor health and social outcomes. Whilst homelessness is generally low in Suffolk, the rate is variable and highest in Ipswich.

5. Suffolk in context

Suffolk is predominantly rural, with a population of around 740,000 living across an area of 3,798 sq km (1,466 sq miles). In broad terms, the three main towns of Ipswich, Lowestoft and Bury St Edmunds are home to around a third of the population, with the market and coastal towns accounting for another third and rural communities account for the remaining third.

According to data from the 2011 Census, the population of Suffolk has risen by 8.9% since 2001, which makes it the fifth fastest growing shire county in England. By comparison, the population of England has only grown by 7.9% since the 2001 Census.

The county also has an ageing population with almost 1 in 5 people aged over 65 years, which is higher than the England average. The Suffolk population is projected to increase by a further 15% over the next 20 years, with the proportion of over 65s increasing by 56%. The largest projected increases are among those people aged 85 and over (up 110% by 2030). These demographic shifts follow the national pattern and are occurring for two different reasons. Firstly, people are living longer and, secondly, we are now reaping the consequences of significant changes in birth rates in the period following the Second World War - the 'baby boom'.

The Suffolk population experiences some of the highest life expectancy in England, with a girl born today expected to live 84 years and a boy 80 years. However, life expectancy at birth differs greatly between different communities and in Rougham Ward, Bury St Edmunds it is 87.9 years, 12 years longer than the 75.9 years for those in the deprived ward of Kirkley, Lowestoft. There are pockets of deprivation in all the districts of Suffolk which can be very local and hidden within more affluent communities.

The key issues for Suffolk, all of which impact upon health, care and housing are described fully elsewhere. The Better Care Fund Two and Five Year Suffolk Plans elaborate at length on the wider system integration intentions in Suffolk. The Suffolk Joint Strategic Needs Assessment, nonetheless, highlights that:

- 1 in 6 children live in relative poverty
- educational attainment is below national rates
- Suffolk has a low wage economy

- general affluence masks pockets of deprivation and inequality gaps
- the comparative risk of dying prematurely has increased if you are from a deprived area of Suffolk,
- there are a growing number of people living with mental health issues and
- Suffolk has an ageing population.

Meanwhile, Suffolk's housing needs are constantly changing. The demand for smaller homes has increased, as has the need for housing that suits older and disabled people. At the same time, in some locations, the quality of our housing stock needs attention, to make sure all residents live in warm and safe accommodation.

There are a range of housing needs within Suffolk including very sheltered and specialist accommodation for the frail elderly and older people with mental health problems including dementia. There are also shortages for people with disabilities and marginalised young people aged 16-25.

6. Challenges and opportunities for our communities

Challenges

- An ageing population
- Affordable housing shortage
- Welfare benefit reforms
- Rising demand for services and reducing public resources
- Changing the way we work with residents and communities towards personalisation, early intervention, prevention, re-enablement, care at home
- To improve housing design to allow people to live well and safe, in their own homes, for longer
- To ensure better and more consistent use of Disabled Facilities Grants
- Addressing domestic fuel poverty
- Housing for Young People and the Homeless

Opportunities

- A system wide commitment to ensure that housing, health and care are fully integrated
- Linking advice and information systems
- Support to enable older and disabled people to live at home for longer

- A joined up approach to investment in housing and care solutions to embed 'prevention' and to maximise capital and revenue streams
- Smarter use of property assets, both publicly and privately owned
- Unlocking untapped assets and potential within communities
- Improving housing standards
- Housing related support tied to prevention and personalisation reaching across all tenures
- Assistive technology solutions to support prevention and independence at home
- Joined up support for the Suffolk Troubled Families Programme

7. Housing as prevention: focus areas for action

We know there is a particular need to stimulate the market in housing for older people though better planning. Despite growing demand for specialist housing, and the substantial wealth held by some older people, there is still a gap in the market.

A YouGov poll for Shelter concluded that 33% of people over 55 were interested in specialist housing, which equates to more than six million people. However just 1% of over-60s in the UK are estimated to be living in retirement homes. We need to work with private developers and others to address the barriers that are preventing them from delivering more specialist new housing for older people in suitable, well connected locations.

The rising demand for health and social care related support, coupled with the need to make best use of all public expenditure in Suffolk, provides a compelling argument for greater collaboration with housing enablers and providers across Suffolk. There is clear evidence that investment in housing can increase the number of people living safely and well at home, preserving their independence and also reducing admissions to hospitals, residential and nursing care homes.

To achieve the benefits of extra care* housing for older people, we need to support the move into an extra care design by people who are not yet in crisis. This presents a financial challenge to extra care development when the associated support is not yet needed and there is reluctance to buy it. Partnership working will help us to balance the need for investment now against the need to manage future health and social care expenditure.

*Extra care 'housing is used to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living.

Suffolk's sheltered housing has potential to act as a hub for localised care and support with more deliberately designed community support. When reviewing current sheltered housing in Suffolk we will make sure that we deliver sheltered housing that is fit for purpose; which tenants choose to live in; which supports independent living and provides community hubs for older people. This will consider age barriers to accessing sheltered housing, especially where disability means that individuals, particularly those with a learning disability, are more vulnerable than others at age 50.

Working together to ensure that Suffolk has an adequate supply of suitably located, well designed, supported housing for older people could result in an increased release onto the market of currently under-occupied family housing across all tenure types, expanding the supply available for younger adults and families.

8. Our commitments

We commit to:

1. Working together to develop a fully integrated approach to housing, health and social care with the voluntary and community sector to harness the ambitions, experience and skills of partners and communities across Suffolk.
2. Establishing a culture of togetherness and common use of language based on a shared understanding of the key issues and needs of Suffolk people.
3. Focusing on outcomes with a particular emphasis on ensuring equality of access to services and on narrowing the gap between Suffolk's most and least health deprived.
4. Ensuring that new housing and infrastructure is designed to be sustainable into the future by leading the way on initiatives such as adaptable homes and the use of technology in the home to support older and disabled people.
5. Co-producing new models of joined-up delivery and evidence-based interventions (again, will need clarifying for the public) that are responsive to people's needs and expectations, providing choice and ensuring the views of individuals and communities are taken into account (e.g. falls prevention, dementia care).
6. Developing a shared approach to the opportunities and costs presented by investing in community-based housing, care and support prevention and reablement interventions

7. Improving our collective impact and resilience by using all our resources more flexibly and creatively (e.g. by aligning and/or pooling budgets) whilst building the capacity of communities to do more for themselves.
8. Working together to ensure people take more responsibility for their own health and wellbeing by improving people's understanding of how housing choices can affect their health and by providing access to the information needed to make the right choices at the right time.

We endorse the principles of this Charter and will work towards shaping Suffolk's Health and Wellbeing Board's resources, support and services to match its vision and commitments

9. HWB Board membership organisations

- Suffolk County Council
- Babergh and Mid Suffolk District Councils
- Ipswich Borough Council
- Forest Heath District Council and St Edmundsbury Borough Council
- Suffolk Coastal and Waveney District Councils
- NHS Ipswich and East Clinical Commissioning Group
- NHS West Suffolk Clinical Commissioning Group
- HealthEast: NHS Great Yarmouth and Waveney Clinical Commissioning Group
- Police and Crime Commissioner's Office
- Suffolk Constabulary
- Suffolk's Voluntary and Community Sector Congress
- HealthWatch Suffolk
- Suffolk Chief Executives' Group (SCEG)
- NHS England

