

Better Homes, Better Health

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1. Purpose of Report

This paper recommends the strengthening of the partnership between health and housing and summarises the potential opportunities to develop strategic partnerships with all local housing providers to support an integrated health and well-being improvement offer together. Through this partnership it will allow a targeted approach to help tackle fuel poverty, falls prevention, excess winter deaths, social isolation and homelessness.

There is a wealth of evidence that supports the links between good housing and good health. Poor housing that is cold, damp and hazardous contribute to slips, trips and falls resulting in injuries, worsened chronic conditions and mental health. Support with housing can improve the health of individuals and help reduce overall demand for health and social care services. Good standard housing also provides the basis for individuals to build a more independent life, in many cases returning to work or education. Barnsley MBC and its social housing providers have considerable experience in designing and delivering services that enable positive health outcomes however the private rented sector does not always practice the same ethical approach on this. Working in partnership, health providers, housing associations, Berneslai Homes and private landlords can make those transitions easier and provide advice and support as well as provide better pathways and outcomes for service users.

2. Recommendations

Health and Wellbeing Board members are asked to:-

2.1 Support the development of a stronger health and housing partnership to better address shared health and housing outcomes.

2.2 To position and embed housing tenure and housing need into existing pathways and support service provision to enable people to access practical preventative support measures tailored to their needs. The proposed new social prescribing liaison service could be an intermediary through which health and social care professionals provide support & signposting for relevant housing advice and support.

2.3 Encourage, subject to budget availability, Health & Wellbeing Board partners to better align resources with the Council to take forward front line practical support measures and consider joint investment proposals to strengthen bids to finance interventions to address health and housing issues.

2.4 Encourage partner organisations to share data and intelligence to strengthen funding bids and better target front-line service delivery.

2.5 Support the inclusion of relevant health & social care representatives on the housing and health task group which monitors the impact of these recommendations.

2.6 Support the development of a local Memorandum of Understanding setting out those areas in which partners will cooperate and work together to better tackle health and housing issues.

A commitment to work to the key principles for this agenda:

- 1. Recognising and acting upon the shared agenda between housing and health.**
- 2. Offering a safe environment for all with a key focus on vulnerable people in Barnsley.**
- 3. Working towards affordable warmth for all to reduce fuel poverty.**
- 4. Preventing ill health exacerbated by poor housing conditions.**
- 5. Preventing excess winter deaths in the home.**
- 6. Supporting vulnerable residents to maintain their homes to reduce isolation and loneliness and prevent homelessness**
- 7. Managing the health response to rough sleepers and transient populations**

The implementation and maintenance of these recommendations will be progressed by the health and housing task group. This group consist of;

- **Helen Jagger – CEO, Berneslai Homes (Chair)**
- **Richard Kershaw – Group Leader (Housing and Energy), BMBC**
- **Julie Tolhurst – Public Health Principal, BMBC**
- **Phil Parkes - Area Lead, Care Health and Wellbeing, SYHA**
- **Phil Ainsworth – Senior Health Improvement Officer, BMBC**
- **Jade Rose – Head of Commissioning for Partnership and Integration, Barnsley Clinical Commissioning Group**
- **Jayne Hellowell- Head of Locality Commissioning & Healthy Communities, Communities, BMBC**

3. Introduction/Background

Our home is our health setting for most, if not all, of our life. Lives start in the home and often end there too. Poor housing, however, is estimated to cost the NHS at least £2 billion every year. We want people in Barnsley to have healthier, happier and longer lives. What we also know is those living in more deprived communities tend to contain the most vulnerable people which also have direct effects on health. Housing conditions are often conceptualised as an issue for the elderly and sick, but these types of living conditions also affect families and young children. Once a child starts to become ill from a cold home, poor attendance and attainment in schools can occur, consequently effecting personal developments academically and socially which has a detrimental effect on opportunities later in life.


Marmot (2011) reviewed the existing evidence of the direct and indirect health impacts suffered by those living in fuel poverty and cold housing. The evidence reviewed in this paper shows the dramatic impact that cold housing has on the population in terms of cardio-vascular and respiratory morbidity and on the elderly in terms of winter mortality. It also highlights the stark effect that fuel poverty has on mental health across many different groups, while also having an impact on children and young people's well-being and opportunities.

What We Know Locally

3.1 Excess Winter Deaths (EWDs)

Excess winter deaths are a statistical measure, expressed as the number of extra people who have died, or as an index comparing winter deaths to the number that occur at other times of the year.

EWDs in Barnsley:

- 2011/12 **100**
 - 2012/13 **163**
 - 2013/14 **140**
- 
- 134 average deaths per year**

The Office of National Statistics, which publishes the figures, acknowledges that the numbers involved are relatively small statistically and are subject to random fluctuation; therefore there is no consistent pattern across local authorities. These EWDs are a result of illness, disease and long term health conditions that can be exacerbated by poor housing conditions.

3.2 Falls Prevention

- The number of over 65s being admitted to hospital with an injury due to a fall is increasing in Barnsley. This is in contrast with the national picture, where the

number of admissions due to injuries from falls in the 65+ age range has remained stable over the last 5 years.

- In 2014/15 there were 1,195 emergency admissions to hospital in the 65s and over from injuries due to falls. This was significantly more than expected when compared to the national rate, by the high age sex standardised rate of emergency hospital admissions from injuries due to falls in people aged 65 and over per 100,000 in 2014/2015

An understanding of the seasonal variations and the location of where trips and falls occur, could allow resources to be targeted appropriately and reduce admissions to hospital and health and social care services. For example, trips and falls can occur within the home, around the curtilage of a person's home and within public spaces. The Council's management agent Berneslai Homes provides equipment and modifications to council houses to minimise trips and falls within the home and during the winter months pay for gritting around high density elderly population areas such as sheltered housing schemes to mitigate trips and falls.

3.3 Fuel Poverty

- **9.2%** of households in Barnsley are in fuel poverty – (Public Health England, 2015). Low Income High Cost indicator (LIHC).
- **9,421** households in Barnsley are living in fuel poverty being exposed to health risks through the lack of affordable warmth. (PHE 2016)
- **Over 17%** of households in the private rented sector are in 'fuel poverty'.

3.4 Housing Standards in Barnsley

Private Rented Sector

Almost 31,000 private sector dwellings are classified as non-decent

	Owner Occupied	Private Rented	All Private Sector
Number of non-decent homes	25,950	4,850	30,800
Percentage of total stock that is non-decent	36.3%	45.7%	37.5%

**Private Sector House Condition Survey 2010*

A home is considered to be non-decent if it fails to meet all of the following criteria:

- Meet minimum standards for housing under the Housing Health and Safety Rating System (HHSRS)
- Be in a reasonable state of repair

- Have reasonably modern facilities and services
- Have efficient heating and effective insulation

A significant proportion of the housing stock in Barnsley is nearly 100 years old and it is in the oldest properties that the very worst housing conditions are found. The majority of this aged stock is in the private sector, with a particular concentration towards the bottom end of the private rented sector, occupied by vulnerable households.

Owner occupied Sector

In the owner occupied sector there is also a significant proportion of housing in poor condition, often occupied by asset rich, cash poor elderly residents.

Social housing/Stock decency

Ongoing capital investment programmes have ensured that vast majority of social housing providers meet the Decent Homes standard. For example, in 2010 council housing in Barnsley achieved full decency for all its stock and has a rolling investment programme to ensure decency is maintained.

3.5 My Best life - Social Prescribing

Social Prescribing involves linking people to activities in the community that they might benefit from, connecting them to non-medical sources of support. Many small scale studies of social prescribing schemes describe the benefits of a range of interventions for people experiencing a range of common mental health problems, long term physical health problems and social isolation. Advocates suggest that at its best, social prescribing can:

- Support people to overcome chronic illness and unhealthy lifestyles.
- Enable people to learn new skills.
- Support people to become less dependent on financial assistance and help to seek work.
- Provide the tools to create an enterprising community.
- Deliver better social and clinical outcomes for people with long term conditions as well as their carer's.
- Allow more cost efficient and effective use of NHS and social care resources.
- Provide a wider, more diverse and responsive local provider base. Connect people to their community to build resilience.

Through this work we want identify residents housing tenure at the start of any referral. We also need to observe how a person's tenure is affecting their health and also distinguish which referrals maybe generated by property related issues but also which referrals may be due to social isolation. Case studies would be the preferred method of evaluation to capture this. Below is an example of how housing related support could contribute to improved health outcomes. Mapping of these services is currently underway. The service is currently out for tender and aims to be functional from April 1st 2017. In Barnsley, a three tier model of social prescribing services is

being commissioned, level one and two are signposting/self-referral and direct referral from a health/social care professional to community activity or voluntary/statutory sector provider. The proposal is that a health and housing referral route is developed and embedded as part of this model.

Example Pathways

- **Fuel Poverty** – Debt management services, Citizens Advice Bureau (CAB), Community shop, National Energy Advice (NEA) workshops, Credit Union, Green Doctors, DIAL services.
- **Falls**- Falls pathways through SWYPT & BHFT, Healthy Bones Classes, SYFRS safe and well checks, Stay Put.
- **Housing standards** - Better Homes Barnsley, BMBC Enforcement service, Stay Put.

4. National Policy

While the main focus has been on integration of health and social care, there are also new directives for the NHS relating to housing. The Care Act 2014 states that **“the provision of housing accommodation is a health-related provision”** in relation to the duty on the NHS, clinical commissioning groups and local authorities to promote integration of care and support, health and health-related provision.

4.1 NICE Guidance

‘Excess winter deaths and morbidity and the health risks associated with cold homes’ published in March 2015 provides a call for action and includes recommendations for a health and housing referral service – to identify people at risk of ill health from living in a cold home and provide tailored solutions accessed through a single point of contact. It places a requirement for the NHS to work with others beyond its boundaries to address the problem of deaths caused by cold homes, and recommends integrated teams. The social prescribing model will start to address these recommendations. Other content is around provision and discharging vulnerable people from health or social care settings to a warm home to relieve service pressures and better place patients, joint working through the SSDG around system change are able to facilitate these discussions.

4.2 Memorandum of Understanding (MoU)

This national document sets out a commitment from 20 key organisations to understand the benefits of a practical partnership between housing and health. Public Health England, Local Government Association, Department of Health and NHS England are just a few of those signed up. Under the Care Act there is a requirement for closer cooperation of services that support the health and wellbeing of those who may be in need of care and support. An emphasis is placed on greater integration between health and social services to deliver more person-centred outcomes. The MoU details areas of improvement and the action plan that will ensure organizations work together to:

- Establish and support national and local dialogue.
- Information exchange and decision-making across government, health, social care and housing sectors.
- Coordinate health, social care, and housing policy.
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services
- Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improvements to patient experience and develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.

4.3 The NHS Five Year Forward View

This document recommends 'New Models of Care' to create a health service that has **prevention** at its core and is sustainable in the long term. This new long-term vision, coupled with the unprecedented pressure on NHS, is causing CCGs and others to look more widely for solutions. Local authorities have statutory responsibilities for housing, including providing advice and assistance and securing accommodation for the homeless, the maintenance of council stock to decency standard and monitoring and enforcement of housing health and safety standards within the private rented sector and ensuring the availability of affordable housing to all those who need it.

The 2016/17 to 2021/22 planning guidance for the NHS requires local health care systems to work together to produce a Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.

Barnsley CCG is finalising its Sustainability and Transformation Plan, to address health and wellbeing, quality and outcomes and finance and efficiency gaps. The SSDG have identified the priorities for a local STP for Barnsley which includes urgent care and complex patients, adult's social care and early help and prevention. This presents an opportunity to ensure joined up working and to consider the housing impact and solutions required when considering these priorities.

5. Conclusions/ next steps

For Health & Wellbeing Board to:

- Note the potential health, social care and financial gains for developing the health and housing offer
- Discuss recommendations and make any further suggestions as to how the housing and health offer could be enhanced
- Support the inclusion of this agenda in the developing Sustainability and Transformation Plan
- Subject to H&WBB approval, support the implementation of the recommendations

6. Financial Implications.

- Research by the Chartered Institute of Housing found that **every £1 spent adapting a home this could save the NHS £69.37 over 10 years and that every £1 spent improving a cold home, could save the NHS £34.19 over 10 years** (Housing Learning & Improving network 2011). **See Appendix 1**
- Falls and fractures in the over 65's, account for 4 million hospital bed days each year in England, costing the NHS around **£2 billion per annum** (Royal College of Physicians 2011).
- Treating children and young people injured by accidents in the home costs A&E departments across the UK around **£146 million per year** (NICE 2010).
- If just **10%** of injuries were prevented, this would save Councils around **£80,000 a year** (NICE 2010).
- **Excess cold costs Barnsley costs £1.7million per year, damp and mold £2.5 million per year and falls, trips and slips costs around £4.8 million per year.** BRE (2013). **See Appendix 2**

Pooling resources across all sectors would allow for better investment with better returns on health outcomes. Not only does this have a better impact on services financially but also influences social capital. The Better Care Fund and the inclusion of the aids and adaptations grant is an example of this and there is an opportunity to discuss how this budget is used, should it be extended to include assistive telehealth as an “aids and adaptations” option. **See appendix 3**

7. Consultation with stakeholders

Barnsley Council has been in consultation with a variety of stakeholders in relation to this agenda. The housing and health task group is currently made up of several housing providers, social care, public health, BMBC's Housing and energy lead and chaired by CEO of Berneslai homes. We have had national influence from the leading charity in this area, National Energy Action (NEA) who strongly advised this

paper to the health and well-being board and fully support our collaborative work.

See Appendix 4

This work has also gained political interest locally in which Barnsley Council has been working with councillors and MP Dan Jarvis to look at how policy in this area can be challenged to improve the health of our residents. This work also feeds into other key work priorities and partnerships such as;

- The Strategic Housing Partnership Board, where the link with the private rented landlord associations can be utilised
- Stronger Communities Partnership (Early Help & Prevention)
- Health & Wellbeing Provider Forum
- Anti-Poverty Delivery Group

Barnsley Council is also working with South Yorkshire Fire and Rescue to implement safe and well checks across the borough. These checks influence health and the service acts as an additional referral arm to local services. This will allow access into properties by a trusted service of the community as well as identifying vulnerable people who are not known to existing services. Berneslai Homes and SYFRS have a long standing partnership and this service is already in place within the Council's housing stock for all new tenancies and where vulnerability concerns are identified with existing tenants.

Governance

Accountability of the agreed recommendations and actions will be driven by the Early Help Adults subgroup of the Stronger Communities Partnership. Transparency of the actions will be available to ensure partners understand all decision making processes abiding to legislative requirements.

8. Appendices

8.1 Appendix 1 - Return on investment for housing and health



Return on investment

Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.

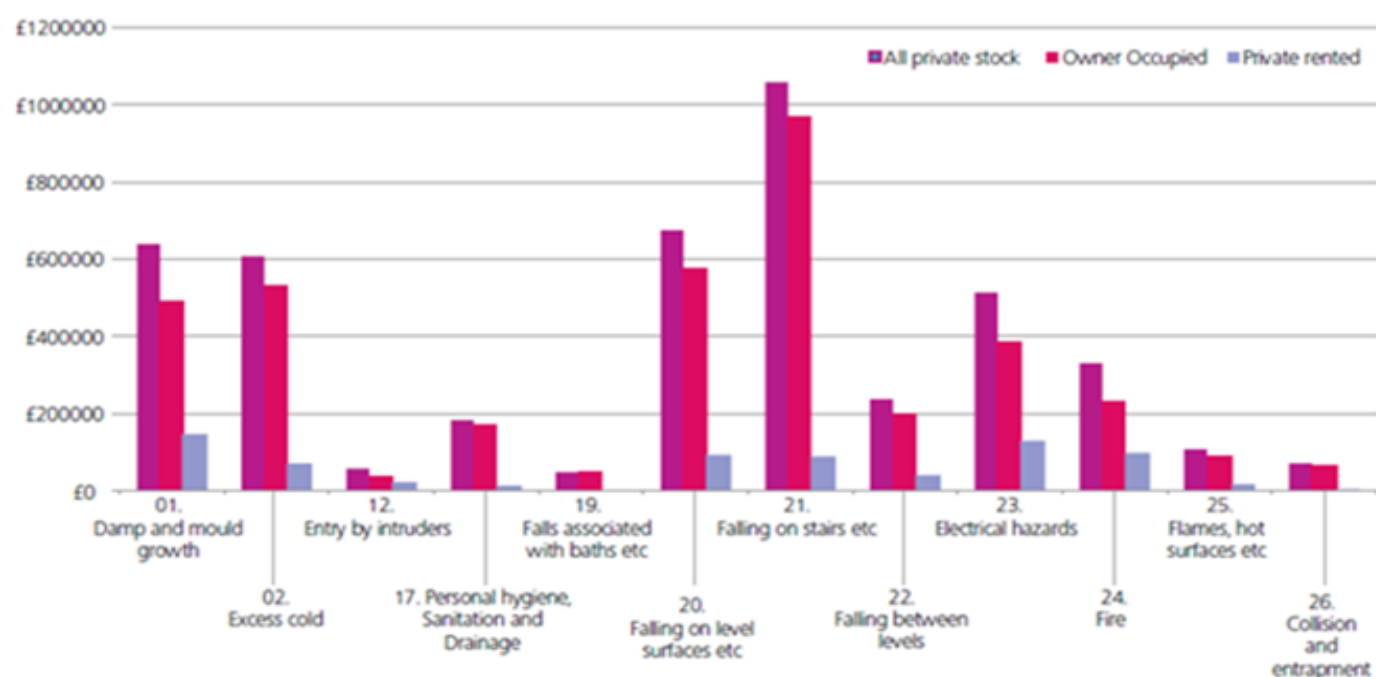
8.2 Appendix 2 - Cost savings for Barnsley from BRE report

Table 3. The annual costs to society of Category 1 housing hazards in Barnsley by tenure

Cost to society before work	All private stock	Owner Occupied	Private rented
01. Damp and mould growth	£1,604,200	£1,234,450	£369,725
02. Excess cold	£1,687,100	£1,482,800	£204,300
12. Entry by intruders	£161,525	£94,925	£66,600
17. Personal hygiene, Sanitation and Drainage	£458,525	£420,425	£38,075
19. Falls associated with baths etc	£121,400	£121,400	£0
20. Falling on level surfaces etc	£1,869,950	£1,603,425	£266,500
21. Falling on stairs etc	£2,840,350	£2,602,675	£237,650
22. Falling between levels	£596,200	£500,375	£95,825
23. Electrical hazards	£1,292,025	£963,225	£328,800
24. Fire	£839,025	£586,350	£252,650
25. Flames, hot surfaces etc	£281,350	£231,250	£50,075
26. Collision and entrapment	£189,800	£182,125	£7,675
Total	£11,941,450	£10,023,425	£1,917,875

Saving to society	All private stock	Owner Occupied	Private rented
01. Damp and mould growth	£1,599,050	£1,230,500	£368,525
02. Excess cold	£1,518,400	£1,334,525	£183,875
12. Entry by intruders	£145,425	£85,450	£59,950
17. Personal hygiene, Sanitation and Drainage	£458,050	£419,975	£38,050
19. Falls associated with baths etc	£120,725	£120,725	£0
20. Falling on level surfaces etc	£1,682,950	£1,443,100	£239,850
21. Falling on stairs etc	£2,643,800	£2,422,575	£221,225
22. Falling between levels	£592,900	£497,600	£95,300
23. Electrical hazards	£1,287,575	£959,900	£327,650
24. Fire	£830,625	£580,475	£250,125
25. Flames, hot surfaces etc	£272,675	£224,125	£48,550
26. Collision and entrapment	£174,875	£167,800	£7,075
Total	£11,327,050	£9,486,750	£1,840,175

Figure 4. Potential annual savings to the NHS



8.3 Appendix 3- How housing can deliver on health outcomes



8.4 Appendix 4 – Letter of support from National Energy Action



Action for Warm Homes

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Level 6 (Elswick)
West One
Forth Banks
Newcastle upon Tyne
NE1 3PA
Tel: 0191 261 5677
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e-mail: info@nea.org.uk
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Cllr Houghton
Barnsley Health and Wellbeing Board
Civic Hall
Eldon Street
BARNSELEY
S70 2JL

18th March 2016

Dear Cllr Houghton,

National Energy Action (NEA), the national fuel poverty charity, is concerned that the UK is approaching a cold homes crisis. NEA is committed to influencing and increasing strategic action against fuel poverty, progressing solutions to improve access to energy efficiency products and providing advice on fuel poverty alleviation services to benefit the health of vulnerable households.

There is now a longstanding recognised connection between living in a cold home and the impact to a person's health and wellbeing. In the 5 years leading up to 2012/13 (the last year where local data is available), there were 600 excess winter deaths in Barnsley, people who may not have died if they were living in a safe and warm home. Additionally, for every death it is assumed that there are around 8 hospital admissions that go uncaptured by the excess winter death figures.

Whilst over 80% of the excess winter deaths last year were those aged over 75, it must not be forgotten the devastating impact that living in a cold home can have on a child's health and their potential for the future. Children living in a cold home are twice as likely to develop asthma and up to three times more likely to experience coughing or wheezing – a child is admitted to hospital every 18 minutes due to asthma. Cold homes are intrinsically linked to poor housing, in Barnsley almost 31,000 private sector dwellings are classified as non-decent and over 17% of households in the private rented sector are in 'fuel poverty'.¹

NEA has worked in Barnsley and with Barnsley Metropolitan Borough Council for a number of years. Barnsley MBC has consistently supported NEA's Warm Homes Campaign to raise awareness of people living in fuel poverty. During 2015, Barnsley MBC took part in NEA's Improving Energy Efficiency in Communities project with 57 professionals trained in Energy Awareness and 2 energy awareness sessions held to the job club and the local food bank.

¹https://www2.barnsley.gov.uk/media/3140485/final_barnsley_jsna_2013_summary_ss_14-10-13.pdf

the national energy action charity

President: Charles Hendry MP Vice Presidents: David Green OBE; Baroness Hilton of Eggardon; Ruth Thompson OBE; David Porter OBE;
Baroness Maddock; Lord O'Neill of Clackmannan, Lord Shipley of Gosforth OBE. Chairman: Derek Lickorish MBE, Chief Executive: Jenny Saunders OBE.
NEA is an independent charity, Registration No. 290511. Company limited by guarantee. Registered in England No. 1853927.
Registered office as above.

NEA fully supports the work of Barnsley MBC in tackling fuel poverty, excess winter deaths and the impacts of living in a cold home and echo the recommendations made in the paper. As the national energy policy is typically unstable, it highlights the need for a strong, local single point of contact to help Barnsley residents navigate the complex landscape of assistance. Additionally we would advocate greater collaboration between existing agencies to provide a better service to the community; only by working together can the full needs of the individual be met. The assistance and resource for a closer strategic and operational relationship between the housing and health disciplines is required to recognise the benefits of joint preventative action to improve poor health outcomes caused / exacerbated by poor housing conditions.

We look forward to working with you to tackle fuel poverty and cold homes in Barnsley.

Yours sincerely



Maria Wardrobe
Director of External Affairs

8.5 Appendix 5- Case study

In March 2016 BMBC received a call from a resident seeking help for improvement works for their home. The residents were disabled women with numerous conditions including, asthma, fibromyalgia and a recent diagnosis of chronic bronchitis. Other residents included a disabled daughter who suffers from asthma and is recently due to undergo surgery with asthma. Her elderly father lives at the property next door and is no longer to help financially to tackle issues with his daughter's property.

Issues within the property such as black mould existed in every room in the house. The property is a 200 year old stone built property which she owns. The residents stated that the walls felt wet all of the time and there was a possible leak in the roof.

The lady attends her doctor every week due to ongoing illnesses which undoubtedly are worsened by the state of house, especially considering the nature of the respiratory and musculoskeletal conditions.

Their financial situation means they simply cannot afford to pay for the works needed on the property. Nor are they eligible for works to be taken out via current schemes because of the tenure.

We have given the residents contact details to social services, welfare assistance, Stayput, DIAL and the Disabled facilities grants and any other service we felt maybe able to assist.

BMBC often get calls from people in these kinds of circumstances, home owners with long term health conditions, and there is nothing available to offer them. These are the vulnerable people living in poor housing conditions who are falling through the gaps of current provision. This case study highlights the effects housing can have on health locally. With the right support mechanisms and funding streams to be able to improve homes in the private sector we can unquestionably reduce admissions to services and improve resident's quality of life and enable them to manage their long term conditions within their own home as well as help offset further illnesses.

9. Background Papers

- British Research Institute (2013). Health Impact Assessment of Private Sector Housing in Barnsley - An evaluation of the impact of poor private sector housing on health in Barnsley. 1. UK: BRE.
- Department of Health, (2014). A Memorandum of Understanding (MoU) to support joint action on improving health through the home. 1. UK: Housing Learning and Improvement Network.
- Marmot Review Team (2011). The Health Impacts of Cold Homes and Fuel Poverty. London: Friends of the Earth and the Marmot Review Team. Available at: www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty
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- NHS Alliance (2016), Social Prescribing [Homepage of Primary Care Foundation], [Online]. Available: <http://www.nhsalliance.org/making-time-in-general-practice/part-2-social-prescribing-health-and-housing/>
- Public Health England (2016), Public Health Outcomes Framework - Over Arching Indicators [Homepage of Public Health England], [Online]. Available: <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000003/ati/102/are/E08000016>

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