



Report of: Corporate Director Housing & Adult Social Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	15 October 2014	Item	All
<b>Delete as appropriate</b>	Exempt	Non-exempt	

## SUBJECT: Housing and Health progress report

### 1. Synopsis

- 1.1 A summit organised by the Health & Wellbeing Board on Housing and Health took place on the Andover Estate, N7 in September 2013, to explore how Islington Council, the NHS and social housing providers can work together to improve health and tackle health inequality.
- 1.2 This paper presents progress made since that summit and sets out areas where joint working between health and housing can be further developed and strengthened, including some key actions to be taken going forward to maximise the positive impact on health and wellbeing for Islington residents.

### 2. Recommendations

- 2.1 The Health and Wellbeing Board is asked to:
  - NOTE the range of work going on across the council and with key external partners
  - CONSIDER how, as a Board, it can support and promote further action in this area.

### 3. Background

- The relationship between housing and health is well documented, and is known to be very complex with many different levels and directions of causal interaction between housing characteristics and health. Decent affordable housing is the cornerstone of good physical and mental health, but we know that decent housing on its own is insufficient. We know that people living in social housing in Islington have poorer health than local residents not living in social housing, yet we also know that the quality of social housing is good (as measured by the percentage of homes meeting the decent homes standard). Twenty-two percent of people living in areas with high proportions of social housing have a long-term health condition, compared with 9% in areas with no social housing. We also know that private sector housing conditions vary dramatically between properties, but don't necessarily know which properties need improvements.

- In social housing, there are high proportions of disabled people, people with long-term conditions, and older people, homelessness, and problems associated with high density housing such as noise, antisocial behaviour, and harassment. There is not enough social and affordable rental housing to meet demand. Problems associated with private housing include poor quality housing, poorly insulated properties, and a greater prevalence of damp and condensation compared with social housing. Issues affecting both social and private housing include overcrowding, poverty and fuel poverty.
- In September 2013, a summit organised by the Health and Wellbeing Board on Housing and Health took place at The Andover Estate, N7, to explore how Islington Council, the NHS and social housing providers can work together to improve health and tackle health inequality. Themes that emerged from the summit included more integrated working and information sharing, and the development of approaches based on needs defined by communities.
- This report presents the progress that has been made since the summit and sets out what is needed to maximise the impact of better coordinated joint working.

### **3.1 Influencing strategy and policy**

- Outputs from the summit were fed into the consultation on Islington Council's Housing Strategy 2014-2019. Improving health and wellbeing is one of the four priorities in the strategy which makes a commitment to: reduce fuel poverty and help with the cost of healthy living; make homes more sustainable; look for new ways of working together to increase support and choice for older people to deliver better housing options and services; increase levels of independence; work to provide a better quality of life for some of our most vulnerable residents, building on the good working relationships between public health, housing and social care.
- There is a statutory duty on the Director of Public Health to produce an independent Annual Public Health Report (APHR) on the health of their population, highlighting key issues. Camden and Islington's 2013 APHR included a chapter focussing on healthier homes and makes a series of recommendations for building on existing work to tackle homelessness, overcrowding and poor and unsafe housing conditions.
- The council has been working with Islington CCG and the Local Medical Committee (LMC) on how we can better support claimants and GPs in relation to the provision of medical evidence as part of housing applications and benefits assessments. This includes awareness raising sessions and providing GPs and other health services with information and resources regarding welfare reform and local services and support.

### **3.2 Tackling cold homes and damp**

- Tackling cold and damp housing is important because of its association with a range of health conditions, from common colds and asthma through to respiratory and heart conditions that can lead to early death. Cold and damp homes are also associated with poor mental health and poor social and economic outcomes as well as fuel poverty.
- The Council has insulated 99% of cavity walls in its own stock, and is currently insulating 623 of its remaining "hard to treat" properties with cavity walls. The Council has fitted external wall insulation to 269 solid walled properties at the Holly Park estate and 36 properties at Neptune House.
- The Holly Park external wall insulation work is being evaluated over three stages, measuring the impact on residents' self-reported thermal comfort, energy use and bills, damp and mould, and health and wellbeing. In Bunhill, the Council's Decentralised Energy Network is delivering reduced energy costs to 700 homes on three estates (and two leisure centres), among other benefits. A second phase will add to this by extracting heat from an electricity substation and a tube ventilation shaft.

- As part of Islington's Warm Healthy Homes Programme, residents receiving certain benefits with an older boiler can apply for an energy efficient replacement, whilst those not on benefits can apply for a grant towards a new boiler. In 2013/2014, 533 boilers were replaced under the Safe and Warm (6), Private landlords (13) and Boiler Replacement Programme (514) schemes. 109 of these were fitted in the homes of vulnerable households.
- Islington's Housing Services developed a condensation protocol in 2014 with colleagues in Environment and Regeneration, for the purpose of having an agreed, consistent approach to tackling the problem of condensation and damp in council homes. Addressing damp and condensation can be challenging as the source of the problem is not always easily identified and can be a mixture of factors including structural deficits, a lack of or faulty damp coursing or condensation dampness caused by both human and building factors. The protocol commits the council to identifying the source of damp and taking action to address it, through improvements and repairs to its properties and by educating residents about lifestyle changes they can make to reduce condensation in their home. The council invests £2m per year in addressing dampness in its properties and £10m in improving energy efficiency to help relieve these problems.
- Residential Environmental Health take action against private landlords where properties fall below regulatory standards. The council also runs a boiler replacement programme which includes private tenants.

### **3.3 Better partnership working and single point of contact**

- A single point of contact makes it easier for residents to access the service they need, and provides the additional benefit of assessing the person for other services that they may benefit from, and making appropriate referrals. This was raised as a significant point at the summit, and over the past year, the council, with its partners, has been working to develop better partnership working and more joined up services.
- In March 2014 Residential Environmental Health introduced a single point of contact. Private tenants and landlords now only have to remember one number for all their housing queries. It's now easier for tenants to get through to the right person for advice about renting a property in the private rented sector, complaints or queries about repairs and standards, and for housing benefit and council tax advice. The lines are also for landlords interested in renting properties to the council or wanting advice about being a landlord. Within this service, there is a new post holder in the joint NHS/LBI funded Environmental Health Officer (EHO) role. Their primary objective is to develop partnerships and proactive referral streams with NHS colleagues such as GPs, to support the integration of housing into the multi-disciplinary team approach in Islington, and to also develop referrals from other health and social care professionals e.g. mental health workers and health visitors.
- The Seasonal Health Intervention Network (SHINE) is a referral system offering advice and support to Islington residents. The network co-ordinates 132 teams across 86 referring organisations, with 30 interventions helping to improve health. Interventions include working with Council services such as Residential Environmental Health, health services (falls assessments and smoking cessation), and general support such as AGE UK's enablement services and Disability Action in Islington's services to mitigate risk factors for poor seasonal health outcomes such as cold homes, trips and falls, etc. New services developed since the summit include support for accessing energy and water bill discounts, financial capability training and mental health enablement. During winter 2013/14, Islington piloted the country's first data sharing system to access energy rebates worth £135 for over 1,000 vulnerable households. In September 2014 SHINE joined the four locality multi-disciplinary teams, bringing housing and financial needs into the care plans of the borough's 2% most vulnerable patients.
- In 2013/14, 'Well Winter', a cold weather campaign coordinated by SHINE, worked with many local partners to help vulnerable people stay well over the winter. It worked with the Pillion Trust to provide cold weather shelters and support to access accommodation, jobs and training for rough sleepers; with North London Cares to reach over 2,100 residents aged 65 and over, connecting over 800 people at 34 social events, and providing additional support such as blankets or coats to 95 residents;

and with Age Concern to deliver a cold weather contact service. It also received additional funding for the Friendship Network for work to reduce social isolation.

- As part of its programme of out-reach work, Healthwatch Islington has been working with the local organisation Help On Your Doorstep to reach people on local estates. Through this work they have had a number of enquiries relating to housing and the potential impact on people's health. These queries are forwarded to the SHINE (Seasonal Health Intervention Network) team.
- Camden and Islington Public Health is looking at opportunities to develop a single point of access for local lifestyle services. This would potentially be a branded lifestyle service that would coordinate all referrals (self, GP, other services) through a central contact point/channel for a range of lifestyle and behavioural risk factors. The opportunity to link this service with other services provided across the council that tackle some of the wider determinants of health, such as income maximisation, affordable warmth, employment etc. is being developed as part of this new approach.
- A recommendation from the Housing and Health Summit was the inclusion of housing representation on the multi-disciplinary team meetings that are designed to co-ordinate and improve the care of people with complex physical and mental health needs linking into locality navigators and the integrated care pioneer. Now, a housing representative is working with the two Age Concern health navigators and another sits on the steering group of the Prevention and Early Intervention work stream of the Islington Integrated Care Pioneer programme.
- The N19 Pilot began in June 2013 and ran until March 2014. It involved a multi-disciplinary team comprised of social workers, district nurses, occupational therapists, physiotherapists, rehabilitation team members, mental health workers and administrators. The multi-disciplinary team, based in the same office, screens and assesses the service users. Where multiple services are needed, a care co-ordinator is allocated to bring together all the elements. Age UK has been commissioned to evaluate the pilot and the council and Islington Clinical Commissioning Group, with input from users and carers, are reviewing this evaluation and evidence. So far, there has been positive feedback for the model and learning from the pilot is informing our local integrated care work. Integrated care offers the opportunity to benefit 28,000 Islington residents who have one or more long-term conditions. People who could benefit most are identified through risk stratification, with multi-disciplinary teams involved in planning care for those people with the most complex needs. The systematic inclusion of housing within these multi-disciplinary teams has the potential to further improve outcomes and ensure a patient or user-centred approach

### **3.4 Supporting independent living**

- Independent living is important because it enables people to have the same choice, control and freedom as any other citizen, either at home, at work, and as members of the community. Independence is a key factor in maintaining health and wellbeing, and quality of life.
- A work stream within the Adult Social Care Transformation Programme is looking at the supply of accommodation – specifically, how to meet the long term housing needs of older people, those with learning disabilities or mental health issues. This has already resulted in the council building and opening new accommodation for people with learning disabilities at Leigh Road. This is due to open in 2014.
- The Supporting People partnership delivers locally relevant, housing-related support services to help vulnerable people live independently in the community. This is achieved by providing housing-related support to prevent problems that can often lead to tenancy failure, hospitalisation, institutional care or homelessness. It can also help smooth the transition from accommodation-based residential support to independent living. It is a co-ordinated programme, where referrals received from a number of agencies are assessed and the most appropriate support needs arranged. In Islington, during 2013/14 there were 725 referrals. 60% of support needs were generic, 19% were for mental health and 7% for older people's needs. Less than 3% of people referred were not eligible for services. Short-term outcomes are measured when people leave a service, whilst long-term outcomes are

recorded for a sample of people in long-term services. Short-term outcomes were met for 77% of people in Islington in 2013/14 across the five supporting people outcome domains (achieving economic wellbeing, enjoy and achieve, be healthy, stay safe, and making a positive contribution). Long-term outcomes are available for 2012/13, during which period 98% of people were supported to maintain independent living.

- Through the Supporting People programme, the Council is about to jointly procure a Lesbian, Gay, Bisexual and Transgender (LGBT) young people's service in conjunction with Hackney and Haringey to provide supported housing to people between 16 and 25 years old. This supported housing service aims to assist young people who may have been excluded from their home in any of the three local authorities and also have support needs around their sexuality. In addition, these young people may have support needs as a result of offending, substance misuse, mental health needs or may have experienced domestic violence. The joint procurement aims to realise efficiencies and provide a more cohesive service across the three local authorities that have typically protected access to services based on the origin of the individual seeking housing assistance.
- We have also commissioned substance misuse, offender and young people services in the last year that are more outcomes focussed than in previous commissioning cycles. It is anticipated that this approach will enhance performance within these services and crucially better meet the needs of the service users accessing the service. These short term services will seek to move people on from supported housing more swiftly (from 2 years down to 6-12 months) to ensure that greater numbers of Islington residents are able to access housing related services and support.
- People who have a permanent or substantial disability may be eligible for equipment or adaptations in their home, to help manage everyday tasks. Islington made 392 adaptations in 2013/14, up from 350 the year before and 338 in 2010/11.

### 3.5 Prioritising need

- In some circumstances, a person's medical condition is made worse by their housing conditions. In such cases, additional points are awarded, effectively helping to prioritise their application for housing. Medical and welfare points are now assessed on a household basis with all household members assessed. There are currently 1,422 applicants on the Council's list who have a medical priority, which represents 8% of the housing list. In 2013/14, the Council housed 304 people with a medical priority, which represents 21% of the total number of applicants with a medical priority. This compares with 9% of all applicants being housed. 108 applicants were in the most pressing Category A, (20 housed, 19%), 465 in Category B (74 housed, 16%) and 849 in Category C (210 housed, 25%). Applicants who have a Category A need often require a specific type of accommodation, which can delay re-housing. Severe overcrowding and homelessness are also considered when prioritising housing applications.
- There were 2,436 overcrowded households in Islington in April 2014 waiting to be rehoused in a larger property, with 308 of those families classed as severely overcrowded (defined as households lacking two or more bedrooms). The Council moved 162 severely overcrowded households during 2014. The Council also offers advice on how to maximise space within the home and on rehousing older children into their own accommodation under the New Generation scheme. The Council also assists social housing tenants to downsize, thereby releasing larger homes for availability to overcrowded households. In addition, the Council's *New Generation* scheme for sons and daughters of residents living in social housing has been extended to those in private rented accommodation, helping to prioritise rehousing for overcrowded families irrespective of tenure.

### 3.6 Developing evidence based interventions

- Public Health have been working closely with Family Mosaic on their *Health begins at home* project, which is using a randomised controlled trial methodology. 600 social tenants aged over 50 (about 200 from Islington) have been allocated to one of three groups: regular assessments only; one group receives support from housing officers with extra training, and one group receives intensive help from

a new team of health support workers. The research has found that 92% of tenants aged 50 and over had a long-term condition.

- Having reached a point where the vast majority of participants (442 of 497) have now had their second assessment (9 month milestone), some interim results are now available (Sep 2014). Overall, the changes observed have largely not been statistically significant. However, on some measures some significant changes (at 95% CI) are starting to emerge. For example, group 2 participants (those receiving signposting support from their trained Neighbourhood Managers) are reporting a significantly improved ONS wellbeing score in comparison to the control group, and group 3 participants (those receiving intensive, 'hand-holding' support from a dedicated support worker) are showing a significantly reduced number of planned hospital appointments compared to both groups 1 and 2. It therefore seems that it is too early to yet observe any consistent significant changes in the overall health and wellbeing of the participants, but some improvements are starting to be seen across both group 2 and 3 participants. Further analysis will be conducted in spring 2015, by which point most participants will have completed their full 18 months in the study.
- During the project, 26 participants have been identified as having such a high level of need that they were removed from the trial and placed into group 3b, where they could receive the intensive support they required. Several of these individuals were not known to or engaged with local health services and consequently were not receiving the treatment they required. This has indicated the crucial role that housing associations can play in identifying and supporting some of our most vulnerable older people. Public Health is working with Family Mosaic to build profiles of these residents to better understand what action could have been taken earlier to support them and what barriers they faced in accessing services and support. These findings will be available in early 2015.
- Islington Council's tenancy management team carry out annual visits to residents aged over 75, living in a one-bedroom property or bedsit, whether or not they have a known vulnerability. The visits are to check how these residents are managing in their home, whether they need extra support to continue to live independently, and to make referrals if appropriate. In addition, the Housing Investigations Team carries out an audit of 10% of properties in the borough, and vulnerability checks will be undertaken during visits. Using learning from the findings from the Family Mosaic research, we will look at how these home visits could be used more effectively to identify health and care needs early and to support residents to access services, and how other services, including locality navigators and Help On Your Doorstep, could both learn from and support this work.
- The *Good Neighbours Scheme* aims to build a more cohesive community, to tackle isolation through residents volunteering to give one to one support to another neighbour, and helping out in an event or activity put on by the Good Neighbours Scheme. The scheme operates on the New River Green Estate. Islington CCG is funding a community wellbeing project and recently took part in a joint Community Fun, Health and Wellbeing event through the Good Neighbours Scheme, to improve the health and wellbeing of the residents of the estate and the surrounding area. The project aims to encourage local people to discuss their thoughts and opinions on how communities can work together to improve their overall health and wellbeing. This has included focus groups and surveys to encourage discussion while young people have been taking part in a filming project where they are gathering healthy insights from their families and social circles.
- The Council's Planning department will be commissioning a research project in 2015 which aims to find out if, following cycling infrastructure improvements, the uptake of cycling among its residents on housing estates matches the average take up, and if not then the reasons why it varies from the average. This research will help provide information to ensure that the delivery of these cycling infrastructure improvements will provide benefits to all groups, particularly those who stand to benefit the most from them.
- The Holly Park external wall insulation evaluation discussed in section 3.2 is also a key piece of research that will contribute to the evidence base. The full picture will not be available until after spring 2015, but interim findings are encouraging. Residents have reported a significant improvement in the temperature and comfort of their properties, reducing energy use and bills, and a small number

of residents reported an improvement in the damp and mould. This kind of evaluation helps gather intelligence to make better evidence based decisions and commissioning.

### **3.7 Better housing support**

- Anti-social behaviour can pose a serious threat to community life, undermining people's sense of safety, their well-being and, ultimately, their health. In 203/14, 386 repeat callers made 1,679 calls to the ASB team, with noisy neighbours (408 calls) and noisy music (403 calls) being the most frequent complaints. The ASB out of hours team undertakes a vulnerability risk assessment and makes referrals as appropriate. Currently some work is underway to look at the mental health needs of people involved in ASB and the thresholds that trigger intervention, to understand the opportunities for earlier intervention and referral to mental health services, before crisis point is reached. At present, referrals are made to voluntary sector organisations for non-crisis point interventions.
- A new Joint Working Protocol (May 2014) sets out how Camden & Islington NHS Foundation Trust (C&IFT) and Islington Council Housing Services, (IHS) will work in partnership to promote the welfare of service users in Islington who experience mental health issues. It sets out what should be done when concerns about a client arise, arrangements for sharing information, and arrangements for accessing partners' services. A training programme is being designed for housing staff on how to better recognise and understand signs and symptoms of mental health conditions.

### **3.8 Targeted health promotion**

- The evidence base in relation to which targeted health promotion activities and interventions are most effective in improving the health and wellbeing of social housing tenants is relatively weak, although local evidence tells us that positive activities like exercise classes and cookery classes are well received by tenants. We plan to continue using community venues for these activities and explore options for expanding these activities through greater partnership working with current providers.
- "NHS Health Checks" is a national programme to reduce people's risk of high blood pressure, heart disease, stroke, and kidney disease. Islington has taken a proactive approach to this programme because of high rates of cardiovascular deaths among people aged under 75, and high prevalence of long-term conditions, particularly among residents living in social housing. As well offering NHS Health Checks via GPs and some community pharmacies, Islington has taken advantage of community centres and community locations, including housing estates, to deliver targeted health checks. In 2014 these venues and locations have included:
  - Andover Estate events
  - Highbury fields community festival
  - Manor Gardens summer Fair
  - Holloway Neighbourhood group
  - Hanley crouch community centre
  - St Luke's community centre
  - Elizabeth house community centre
- Public Health, SHINE and other council colleagues have been working with Circle Housing to deliver health promotion information at their annual summer 'Pop-up' events. We will continue to work with Circle Housing, as well as with other Housing Associations, to explore other ways of working together.

### **3.9 Next steps**

The activity in this report represents significant process in the year. However more needs to be done to tie this activity to health outcomes for residents.

- The evidence base for improving health outcomes through housing services needs to be strengthened. Work underway at Holly Park and with Family Mosaic needs to be built upon. Public

health will work with housing to carry out a longer term evaluation of housing redevelopment/ regeneration in health terms.

- There is scope to increase prevention and early intervention work by continuing to expand Islington's *Every Contact Counts* across all front-line staff. This still requires better information sharing and joint work between different services. Given that people in social housing have poorer health, there are opportunities to do more work with council services and housing associations to promote better health, building on the findings from Family Mosaic as they emerge.
- Whilst all of Islington Council's social housing meets the Decent Homes standard, available data on homes in the private rented sector suggests that it is falling behind. There is a need to do more to improve standards in the private rented sector in Islington. Work in Residential Environmental Health on expanding licensing of houses in multiple occupation will contribute to this, as will the setting up of a council Social Lettings Agency.
- Work to plan to meet housing need for an aging population, as well as those with higher support needs is in development. In future this work needs to encompass existing general needs housing as well as supported accommodation, and to draw in all relevant services.
- Housing and health services need to work more closely with GPs to develop a shared understanding of how medical need relates to housing need and how to work together to secure suitable housing for residents.
- The locality model and multi-disciplinary team approach seems to offer opportunities to work more closely around how someone's home affects their health. The council, health and social care services need to monitor and review both the nature of presenting housing problems, and how having housing services working with MDTs can improve outcomes.

## **4. Implications**

### **4.1. Financial implications**

None identified.

This paper provides an update across a wide range of programmes and services across the Council.

### **4.2. Legal Implications**

Section 195 of the Health and Social Care Act 2012 requires the Health and Wellbeing Board to encourage integrated working.

Specifically section 195(4) provides that the Health and Wellbeing Board has power to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area, to work closely together. This means that Health and Wellbeing Boards can encourage bodies involved in the wider determinants of public health, such as housing to work closely with those commissioning health services as well as with the Health and Wellbeing Board itself.

### **4.3. Equalities Impact Assessment**

This paper provides an update report on Housing and Health work. Reducing health inequalities is an underpinning principle across the Board's work and poor housing is a key determinant of health inequalities. This report aims to identify ways in which interventions, services and programmes related to health and housing can reduce health inequalities.

### **4.4. Environmental Implications**

None identified

## 5. Conclusion and reasons for recommendations

The Health and Wellbeing Board is asked to:

- NOTE the feedback and next steps of the summit
- CONSIDER how, as a Board, it can support and promote further action in this area.

**Final report clearance:**



**Signed by:**

Corporate Director of Housing and Adult Social Services

**Date:** 3 October 2014