

BABERGH DISTRICT COUNCIL and MIDSUFFOLK DISTRICT COUNCIL

From: Heads of Housing and Communities	Report Number: P74
To: Executive Committee Strategy Committee	Dates of meetings: 17 November 2014 20 November 2014

HOUSING AND HEALTH CHARTER FOR SUFFOLK

1. Purpose of Report

- 1.1 To support the work of the Health and Wellbeing Board by orientating the Councils with the purpose and aims of the draft Housing and Health Charter for Suffolk.
- 1.2 All 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, care and community services across the county. Comments on the Charter are invited, to be submitted by 15 December 2014.

2. Recommendations

- 2.1 That the collective set of principles established in the Suffolk Housing and Health Charter (attached as Appendix A to this report) be endorsed.
- 2.2 That the Committee:
 - (a) notes the content of the Charter (Appendix A)
 - (b) agrees any comments it wishes to make on the Charter, including a response to the specific questions identified in paragraph 8.7 of this report.
- 2.3 That the Head of Housing in consultation with the Head of Communities be authorised to submit the Council's response to the Chairman of the Health and Wellbeing Board, incorporating any comments made in accordance with 2.2 (b) above.

The Committee is able to resolve this matter.

3. Financial Implications

- 3.1 There are no direct financial implications for the Council arising from endorsing the Charter. However, some of the commitments set out in the Charter may require the future aligning or pooling of our housing and other budgets or the introduction of cost sharing arrangements with partners, while others could result in long term savings for the Council and/or the wider public sector.

4. Risk Management

- 4.1 Key risks are set out below:

Risk Description	Likelihood	Impact	Mitigation Measures
Reputational damage if we are the only	1 – Rare or never	2 - Noticeable	Commitment to a fully engaged

Risk Description	Likelihood	Impact	Mitigation Measures
organisation represented on the Suffolk Health and Wellbeing Board not to endorse the Housing and Health Charter			scenario with our Health and Wellbeing Board partners to ensure realistic and deliverable outcomes are agreed
Partner organisations may have unrealistic expectations of our capacity to resource commitments arising from the Charter	2 – Occasional	1 - Minimal	Commitment to a fully engaged scenario with our Health and Wellbeing Board partners to ensure realistic and deliverable outcomes are agreed

5. Consultations

- 5.1 No consultation with the Unions required.

6. Equality Analysis

- 6.1 It is anticipated that the Health and Wellbeing Board will undertake an Equality Analysis as part of the adoption process for the Charter.

7. Shared Service / Partnership Implications

No new implications arising as a result of the Charter. The Council is already a member organisation of the statutory Suffolk Health and Wellbeing Board and has adopted the joint Health and Wellbeing Strategy as part of its policy framework.

8. Key Information

- 8.1 The Suffolk Health and Wellbeing Board has agreed that housing is a key determinant of health and is a cross-cutting issue for the four strategic outcomes identified in the Joint Health and Wellbeing Strategy. A housing symposium was held on the 7 February 2014 with a keynote speech from Dr Dan Poulter, M.P. This was attended by 90 senior representatives from the public, private and voluntary sectors. There was a collective agreement to develop a Housing and Health Charter for Suffolk and the Suffolk Strategic Housing Partnership (SSHP) together with the Health and Wellbeing Board Programme Office (HWBPO) were tasked with producing a draft for consideration and discussion by the Board.
- 8.2 The SSHP and HWBPO formed a task and finish group with representation from across the health, social care, and voluntary and community sectors to work together with housing partners to develop the charter. Babergh and Mid Suffolk officers played a key role in facilitating this process as a positive and creative experience which has been led by organisations that design, commission and deliver housing, health and care services and support within Suffolk.
- 8.3 The purpose of the charter is to improve the health and wellbeing and longer term independence of Suffolk residents through a collaborative approach to housing, health, care and community services. It sets out a shared vision and set of commitments and asks partners to commit to a strategic approach where the opportunities and costs presented by investing in housing, care and support and

community-based prevention and early interventions are shared. The commitments are set out in full in Section 8 of the Charter (see Appendix A).

8.4 The Charter is a principles document which is intended to influence partner organisations to work collaboratively and take strategic resourcing decisions that will support the outcomes. It also seeks to ensure that the voice and expertise of housing is fully embedded across the new integrated health and care delivery model in Suffolk, which incorporates the Better Care Fund.

8.5 There is no easy solution for improving the housing situation in Suffolk. No single organisation is responsible for or can provide all the answers. That's why this charter - a first for Suffolk - describes how by working in partnership with the Suffolk Health and Wellbeing Board, developers, public bodies, registered providers, the voluntary and community sector and residents themselves, we can support the right mix and quality of homes and services for our communities.

8.6 At its meeting on 24 July 2014, the Board endorsed the principles of the Charter, and subsequently it is now required that the document be circulated to member organisations of this Board for discussion and to invite formal comments and support for the Charter. Once all comments from member organisations of the Board have been received and considered, it is anticipated that the final version of the Charter will be formally launched by the Board at its January 2015 meeting.

8.7 As well as being asked to endorse the principles of the Charter partners are being asked to feed back any comments or suggested amendments before the 15 December 2014 deadline. Specifically, the Committee is asked to consider the following questions:

- *Does the Charter establish a clear vision and rationale for ensuring that housing is a major part of plans to bring together health and care in Suffolk? (Section 3 of the Charter)*
- *Taking into account the challenges and opportunities for our communities are the focus areas for action on housing as a form of prevention the right ones? Is there anything missing? (Section 7 of the Charter)*
- *Is there anything in the Charter's commitments that presents any significant problems for you in terms of organisation level sign-up?*

8.8 Doing nothing is not regarded as an appropriate option, as an integrated response is required to meet the needs of the current environment, particularly Suffolk's ageing population, rising demand for services and support, the rise in privately rented accommodation as a tenure of choice and increasing pressure to make better use of public sector resources.

9. Appendices

Title	Location
A - Draft Housing and Health Charter for Suffolk	Attached
B - Letter and consultation from Chairman of the Health and Wellbeing Board	Attached

10. Background Documents

10.1 None

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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 this Charter, and will work towards shaping Suffolk's resources, support and services to match our 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

Dear Colleague

A Housing and Health Charter for Suffolk

I am writing to update you on progress with Suffolk's pioneering Housing and Health Charter and to call on your continuing involvement to deliver the plan.

Suffolk's Health and Wellbeing Board laid the groundwork for the Charter by holding a Housing and Health symposium in February. This event positioned housing as a cross-cutting issue for the four strategic outcomes identified in the Joint Health and Wellbeing Strategy, influencing people's health and wellbeing at all ages.

This event brought together partners across the housing, health and care sectors galvanising our joint response to this issue and acknowledging that no single organisation can provide all the solutions for housing in Suffolk. This is why collaboration is the governing principle of our Charter, and our success will hinge on a joint approach.

Suffolk's Housing and Health Charter describes a shared vision and a set of commitments to improve the health and wellbeing of Suffolk's residents, now and in the future. The Charter has been developed by officers from the Health and Wellbeing Board Programme Office and the Suffolk Strategic Housing Partnership. This officer representation has been drawn from across the member organisations of the Suffolk Health and Wellbeing Board.

The Charter was agreed in draft format by the Health and Wellbeing Board, who recommended that a discussion period would give member organisations and other interested parties an opportunity to comment on the document before returning to the Board for final sign off in January 2015.

I am aware that many of the organisations affiliated to the Health and Wellbeing Board have already taken the Charter to their respective decision-making bodies and I ask that all member organisations of the Health and Wellbeing Board discuss the Charter over the next few weeks to ensure that it is understood by everyone, as a collective set of principles for working together in Suffolk.

As a brief reminder, I have described the purpose and objectives of the Housing and Health Charter as follows:

- To describe the principles for collaborative working and the strategic resourcing decisions that will support the outcomes of the Charter.
- To improve the health, wellbeing and longer term independence of Suffolk residents through a partnership approach to housing, health, care and community services.

- To gain commitment to a countywide approach where the opportunities and costs presented by investing in housing, care and support and community-based prevention and early interventions are shared (the commitments are set out in full in Section 8 of the Charter).
- To ensure that the voice and expertise of housing is fully embedded across the new integrated health and care model in Suffolk.

With these principles in mind, I want to pose some important questions for your consideration and to inform discussion within your respective organisations: Have we established a clear vision, and rationale for ensuring that housing is a major part of our plans to bring together health and care in Suffolk? (Section 3 of the Charter)

- Taking into account the challenges and opportunities for our communities, are the focus areas for action on housing as a form of prevention the right ones? Is there anything missing? (Section 7)
- Is there anything in the Charter's commitments that presents significant problems for you in terms of organisation level sign-up? (Section 8)

Please respond to Christine Barrett christine.barrett@suffolk.gov.uk by email or letter to confirm that your organisation endorses the Housing and Health Charter and to provide comments if applicable by 15 December 2014.

The Health and Wellbeing Board will provide 'sign off' to the Charter at its meeting in January, with a launch event to follow in February 2015.

I would be grateful if you could update me on work so far and results of discussions so far.

I look forward to hearing from you.

Yours sincerely



Councillor Alan Murray
Chairman
Health and Wellbeing Board