

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Agenda Item 38

Brighton & Hove City Council

Subject:	Update: Health & Housing Inequalities Steering Group		
Date of Meeting:	4 November 2010		
Report of:	The Director of Housing		
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Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

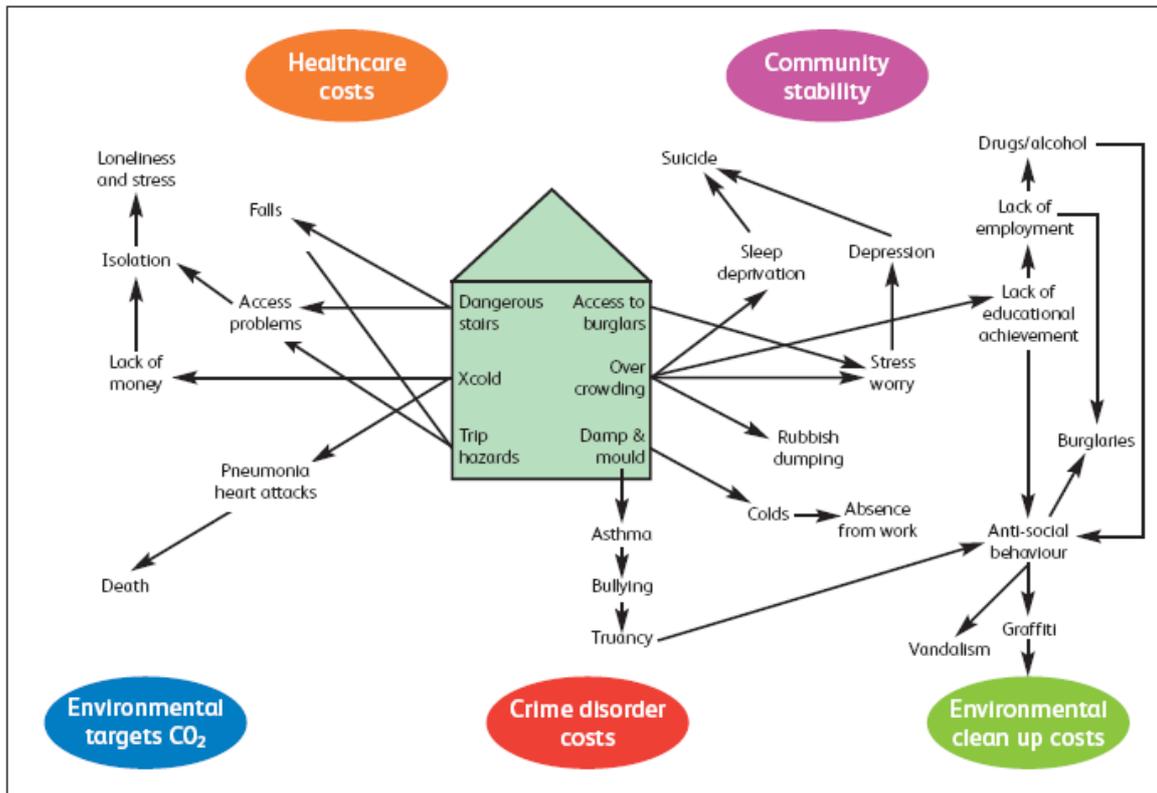
- 1.1 The Housing & Health Inequalities Steering Group has arisen as a result of the Health Impact Assessment that was carried out as part of the development of the Housing Strategy 2009-2014.
- 1.2 The HIA identified a number of key recommendations to improve partnership working and facilitate joint commissioning between housing, health and care services that have the potential to improve value for money and reduce or prevent health inequalities.
- 1.3 At ASCHOSC on 24 June 2010, Committee requested that an update on the work of this group is brought to this meeting.

2. RECOMMENDATIONS:

- 2.1 That members note the contents of the report.

3. BACKGROUND INFORMATION:

3.1.1 The Health Impact Assessment carried out as part of the development of the **Housing Strategy 2009-2014: healthy homes, healthy lives, healthy city** identified a wealth of research illustrating the negative impact on health and quality of life arising from poor housing and support.



Source: Chartered Institute of Environmental Health, (2008)

3.3 Improving housing and support services promotes independence and reduces the number of people from having a crisis in their lives. This limits pressure on health and care sectors as fewer people would require hospital admissions or residential care. Evidence also shows how improving housing and support can reduce anti-social behaviour and crime, improving the quality of life in communities.

3.4 An additional consideration is that if housing and support services were to be reduced, this would place an extra burden on health and care services as more people would have a crisis in their lives that would require more intensive and costly services (in addition to the reduction to the quality of life of the resident and their family).

3.5 This presents three key questions:

1. How much are housing services improving quality of life and reducing demand for high cost crisis services?

2. What would be the impact on people's wellbeing and other public sector budgets if housing services were reduced?
 3. What is the scope to expand or remodel housing and support services in partnership with health and care to achieve greater benefits to local people and reduced costs to the wider public sector
- 3.6 Developing robust evidence will support the role of housing services in influencing Intelligent Commissioning and joint commissioning decisions by allowing commissioners to compare the relative benefits to residents and the public purse of housing prevention services alongside medical evidence on treatment in determining the best course of action.

4. HOUSING & HEALTH INEQUALITIES STEERING GROUP:

- 4.1 The Housing & Health Inequalities Steering Group was set up to support the Cabinet Member for Housing to develop the necessary evidence around housing's contribution to the local health and care economy and to develop joint commissioning proposals to improve services in the city.
- 4.2 In addition, the group is well placed to become a sounding board and provide a valuable consultation role to support needs assessments and strategy development across the partner organisations.
- 4.3 Membership of the group comprises of key officers and commissioners from the Council's housing and social care services, the Primary Care Trust and also the joint PCT/BHCC Public Health directorate.
- 4.4 The group primarily reports to the Strategic Housing Partnership however, members are linked to a wide range of partnerships and forums to tap into the latest thinking and ensure recommendations can be channelled through the most appropriate route.
- 4.5 **Work stream 1: Evidencing**
This work stream is developing a portfolio of evidence and tools, validated by health professionals that demonstrate the housing contribution to reducing health inequalities and improving quality of life.
 - 4.5.1 The portfolio is currently in development and highlights a number of key studies, including:
 - 4.5.2 **Stepney Health Gains Project 1995-2000, "A Drop in the Ocean", Peter Ambrose, University of Brighton, 2000**

This research assessed the 'health gain' arising from the improvement in housing conditions carried out as part of the SRB Regeneration Programme in Central Stepney between 1995/6 and 2000.

Additional research looked at comparative costs between Stepney pre improvement and Paddington post housing and community improvement which identified marked differences in healthcare and policing costs between two similar areas:

Annual Cost Per Household		
	Stepney pre improvement works	Paddington post improvement works
Healthcare costs	£ 515	£ 72
Policing costs	£ 380	£ 85

Barrow, M. and Bachan, R. (1997) The Real Cost of Poor Homes: Footing the Bill: How Poor Quality Housing Affects the Lives of Residents and Service Providers, Royal Institution of Chartered Surveyors

Detailed interviews in Stepney both before and after the SRB improvement works highlighted marked differences in residents' quality of life and perception of their community:

Key Findings		
	Stepney 1996	Stepney 2000
Illness days per person	1 in 3 days	1 in 20 days
Satisfaction with the estate (quite satisfied)	58%	90%
Feeling safe on the estate (quite safe)	46%	74%
Do you feel you belong to the community (very/fairly well)	62%	92%
How satisfied with children's schools (very satisfied)	51%	74%

4.5.3 “The Real Cost of Poor Housing” report by the Building Research Establishment (BRE) & Chartered Institute of Environmental Health (CIEH), 2010

This report was accompanied by a calculator allowing authorities to estimate the annual cost to the NHS from a range of housing related health conditions and the estimated cost to the local authority of carrying out improvement works and adaptations to homes to mitigate the risk of ill health.

In Brighton & Hove the calculator estimated that stair falls, level falls and excess cold costs the local NHS £8m per annum. The cost to housing to remedy these issues is estimated to be £2m. This research

helps to inform our Private Sector Renewal and Disabled Facilities Grants programmes.

In addition, follow up research suggests that the cost to the NHS is only 40% of the cost to society and the public purse. Additional costs arise from a range of factors such as missed work, the payments of additional benefits and the provision of extra support. Based on this calculation, the £8m cost to the NHS equated to a total cost to Brighton & Hove of £20m.

4.5.4 Brighton & Hove Supporting People Programme Cost Benefit Analysis 2009

This study used local data in a nationally developed model to estimate the impact on public services from the extra demand which would be generated if there was no Supporting People programme. From this model the toolkit calculates the savings to the public purse from the Supporting People programme.

Nationally the analysis estimated that every £1 spent on Supporting People saved an additional £2, however, locally it has been calculated that every £1 spent saves £3.24 in Brighton & Hove. As a result, the city's Supporting People programme improves the quality of life of around 5,000 people and saves an estimated £36.6m after allowing for the £11.3m invested:

	Cost Category Totals (£m)		
	With Supporting People	Without Supporting People	Net Benefit
Supporting People Package	£11.3	-	-£11.3
Residential Package	-	£32.7	£32.7
Housing Costs	£48.3	£49.3	£0.9
Homelessness	£2.4	£7.9	£5.5
Tenancy failure costs	£0.3	£0.4	£0.1
Health service costs	£14.6	£18.6	£4.1
Social services care	£12.4	£10.2	-£2.2
Crime costs	£72.3	£79.8	£7.5
Benefits & Related Services	£21.0	£20.4	-£0.5
Other Services	£2.3	£2.0	-£0.2
TOTAL	£184.8	£221.4	£36.6

4.5.5 "Building Better Lives: getting the best from strategic housing", Audit Commission, Sept 2009

This study highlighted that Spending £2,000-£20,000 on adaptations to support an elderly person at home can save £6,000 per year in care costs. This evidence is contributing to the ongoing work around improving access to adaptations.

4.6 **Work stream 2: Joint Commissioning**

This work stream is using the housing and health evidence to develop a robust business case for multi agency joint commissioning proposals to enhance and develop housing services as preventative services.

4.6.1 **Example: Liverpool Healthy Homes Programme:**

A PCT funded £4.5m housing improvement programme which started in 2008. Over a three year period, the Healthy Homes Programme is visiting 15,000 private rented properties in Liverpool and working with landlords and tenants to improve the quality of the housing stock. In addition, residents are being referred to other programmes such as smoking cessation and healthy eating to improve other factors affecting quality of life.

Through the removal of hazard exposure and other interventions the programme is designed to:

- Prevent up to 100 premature deaths when fully implemented
Reduce GP consultations and hospital admissions by an estimated 1000 cases.
- Improve clinical understanding of poor housing on local health via communication with GPs and other clinical services.
- Reduce reliance on secondary and tertiary treatment.
- Increase community capacity to support housing improvements.

4.6.2 **Brighton & Hove Repairs on Prescription:**

A joint housing, public health and PCT “Repairs on Prescription” scheme has recently begun to train home call (roving) GPs with the ability to make housing referrals when the quality of someone’s home or unmet support needs may be contributing to their ill health. This is also designed to prevent unnecessary hospital admission.

This scheme is based on recommendations from a Health Impact Assessment of the Housing Strategy in Brighton and Hove in relation to addressing health inequalities and improving health and wellbeing for the most vulnerable people in the city.

As the Roving GPs service will target mainly older people the project is looking at additional options to target the wider population, such as through District Nurses; Health Visitors; Community Paediatricians and the Rapid Community Response Team.

4.6.3 **Brighton & Hove Mental Health Joint Commissioning:**

This PCT led review of the city's mental health services is being carried out in partnership with social care and housing services. Accommodation based mental health services amount to £31m per annum.

The transformation agenda in the city is looking to create tiered accommodation and support pathways to ensure service users receive a level of support that maximises their independence within a re-ablement and recovery model. We will do this through joint commissioning and reconfiguring existing services to meet this strategic aim. The LA and NHS are committed to ensuring that people are in appropriate accommodation and that people are supported to move on to greater independence.

To enable these aims significant work is taking place with providers to refocus services towards re-ablement and recovery, and working with individual clients to move on from services where there is an insufficient focus on maximising independent and supporting move on.

5. CONSULTATION:

5.1 No formal consultation has been undertaken in preparing this paper.

6. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

6.1 Total Place pilots nationally have suggested that around £200bn per annum could be saved by more effective joint commissioning across public sector bodies. Recommendations from the Housing & Health Inequalities Steering Group will be presented for approval at their most appropriate forum.

Legal Implications:

5.2 There are none for Overview & Scrutiny. Recommendations from the Housing & Health Inequalities Steering Group will be presented for approval at their most appropriate forum.

Equalities Implications:

6.3 Health Inequalities have synergies with the traditional equalities groups with evidence highlighting that those with a poor education, on lower incomes, or living in more deprived areas have a poorer health and lower quality of life than others. Recommendations from the Housing &

Health Inequalities Steering Group will be presented for approval at their most appropriate forum.

Sustainability Implications:

- 6.4 There are none for Overview & Scrutiny. Recommendations from the Housing & Health Inequalities Steering Group will be presented for approval at their most appropriate forum.

Crime & Disorder Implications:

- 6.5 The provision of suitable housing and support for particular groups is known to have a crime reduction impact, such as in reducing anti-social behaviour caused by rough sleeping. Recommendations from the Housing & Health Inequalities Steering Group will be presented for approval at their most appropriate forum.

Risk and Opportunity Management Implications:

- 6.6 There are none for Overview & Scrutiny. Recommendations from the Housing & Health Inequalities Steering Group will be presented for approval at their most appropriate forum.

Corporate / Citywide Implications:

- 6.7 Tackling health inequalities is a core priority of the Council (“A city where people can access the housing they need” and “A city where people can live long, healthy & fulfilling lives”). It is also a significant driver for the Local Strategic Partnership and one of the key determinants of NHS Brighton & Hove’s commissioning strategy. Recommendations from the Housing & Health Inequalities Steering Group will be presented for approval at their most appropriate forum.

SUPPORTING DOCUMENTATION

Appendices: None

Documents in Members’ Rooms: None

Background Documents:

NHS Brighton & Hove Housing Strategy Health Impact Assessment Report
Available at: <http://www.brighton-hove.gov.uk/index.cfm?request=c1188834>

