

HOUSING AND COMMUNITY SAFETY ADVISORY COMMITTEE

17 June 2014 at 7.00 pm
Conference Room, Argyle Road, Sevenoaks

AGENDA

Membership:

Cllrs. Ayres, Mrs. Ayres, Ms. Chetram, Mrs. Clark, Mrs. Cook, Eyre, Gaywood, Mrs. George,
Ms. Lowe, Mrs. Parkin, Raikes and Towell

	<u>Pages</u>	<u>Contact</u>
Apologies for Absence		
1. Appointment of Chairman		
2. Appointment of Vice Chairman		
3. Minutes	(Pages 1 - 4)	
To agree the Minutes of the meeting of the Committee held on 29 April 2014, as a correct record		
4. Declarations of Interest		
Any interests not already registered		
5. Actions from Previous Meeting		
6. Update from Portfolio Holder	(Pages 5 - 6)	Cllr Ms. Lowe
7. Referrals from Cabinet or the Audit Committee (if any)		
8. Confirmation of Working Groups	(Pages 7 - 10)	
9. Anti Fraud Team Report 2013/14	(Pages 11 - 16)	Adrian Rowbotham Tel: 01732 227153
10. Health Agenda with specific reference to Housing	(Pages 17 - 40)	Lesley Bowles Tel: 01732 227335
Cllr. Mrs. Cook will speak as Lead Member for Health and advise on the work of the Health Liaison Board.		
Cllr. Mrs. Parkin will speak as Lead Member for older people - particularly Dementia sufferers.		
11. Work Plan	(Pages 41 - 42)	

EXEMPT ITEMS

(At the time of preparing this agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public.)

INFORMATION RECENTLY UPLOADED ON TO MEMBERS' PORTAL

Title of Document	Date published
1. Sevenoaks District and Dartford Borough Council Green Deal Communities Bid Update (Green Deal)	15.05.2014
2. Community Safety Annual Report	09.06.2014

To assist in the speedy and efficient despatch of business, Members wishing to obtain factual information on items included on the Agenda are asked to enquire of the appropriate Contact Officer named on a report prior to the day of the meeting.

Should you require a copy of this agenda or any of the reports listed on it in another format please do not hesitate to contact the Democratic Services Team as set out below.

For any other queries concerning this agenda or the meeting please contact:

The Democratic Services Team (01732 227241)

HOUSING AND COMMUNITY SAFETY ADVISORY COMMITTEE

Minutes of the meeting held on 29 April 2014 commencing at 7.00 pm

Present: Cllr. Ms. Lowe (Chairman)

Cllr. Mrs. Clark (Vice Chairman)

Cllrs. Ayres, Mrs. Ayres, Eyre, Firth, Mrs. George, Raikes and Towell

Cllr. Fittock was also present.

31. Minutes

Resolved: That the Minutes of the meeting of the Committee held on 11 February 2014 be approved and signed by the Chairman as a correct record.

32. Declarations of Interest

No additional declarations of interest were made.

33. Actions from Previous Meeting

A further report on the monitoring and management of air quality would be submitted to the Committee's October 2014 meeting (Minute 41 refers).

34. Update from Portfolio Holder

The Portfolio Holder's update was noted. Referring to the Slavery and Human Trafficking conference the Chief Housing Officer reported that the possibility of establishing a Kent-wide stakeholder group was being pursued, including a training programme for Local Authority Officers and Members. The Chairman suggested that the subject should feature within the next Community Safety Plan for the District. She also requested that, if the matter had been sufficiently progressed at county level, a related item be included on the agenda for the next meeting.

35. Referrals from Cabinet or the Audit Committee

There were none.

36. Affordable Housing

The Housing Projects Manager gave a [presentation](#) on the provision of affordable housing in the District, within the context of limited development opportunities and the fact that local property prices were among the highest in the UK. The presentation covered s.106 Planning Agreements contributions in line with the Core Strategy; measures to enhance the effectiveness of existing affordable stock; maximisation of opportunities for meeting housing needs, including the highly commended 'Home of Your Own' Scheme; on-going efforts to bring empty homes back into use; the potential for

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Housing and Community Safety Advisory Committee - 29 April 2014

Housing Associations to offer housing for private rent / sale in order to cross subsidise affordable elements; and an analysis of local affordable housing delivery throughout the District since 2001/02, including the fact that 81 units were planned for 2014/15.

In response to a Member's question, the Housing Projects Manager commented on the Government's proposal to introduce a blanket restriction on the use of s.106 planning obligations associated with developments of ten units or less. He confirmed that the Council was opposing this on the basis that the economic viability of smaller developments in the District should not be compromised. This argument was supported by a recent development viability study.

Responding to further questions the Housing Projects Manager stated that over 380 residential properties throughout the District had remained empty for a lengthy period. He explained that the circumstances behind their non-occupation varied greatly and that the task of encouraging owners to take positive action required a range of different approaches. Regarding brown field sites in public ownership, he considered that the pressures on authorities to secure best value for any disposals limited the prospect of social housing solutions coming forward. With regards to housing need in the District the Housing Projects Manager explained that the Strategic Housing Market Assessment (SHMA) identified an annual Affordable Housing shortfall of 646 units per annum for the District, although delivery on this scale was accepted as being idealistic. He advised that a further SHMA was planned for the end of the year. The Chief Housing Officer also referred to initiatives undertaken with the private sector to provide accommodation and prevent homelessness, which had contributed to the Housing Register being reduced from its previous peak of over 2000.

37. Housing Energy Retraining Options (HERO) Scheme Update

The Chief Housing Officer reported that the popular scheme provided free, tailored advisory services on a range of issues including: housing problems; saving money on fuel bills; debt or mortgage advice; welfare benefits; retraining and further education options; and getting back to work. She confirmed that regular HERO surgeries were being conducted at Children's Centres and MOAT Housing offices throughout the District and emphasised that the Scheme was entirely reliant upon funding from non-SDC sources. The Chief Housing Officer had spoken at a recent CAPITA Housing Conference promoting the HERO service and as a result of this Other authorities had been asked to consider buying into the scheme on the basis of the potential for preventing homelessness and helping to offset bed & breakfast and other temporary accommodation costs. The Chief Housing Officer also highlighted the potential for adapting the scope of the service in response to emerging issues.

38. Update on Policing Model

Councillor Ayres gave a [presentation](#) which covered: the objectives of the forthcoming Kent Police re-organisation effective from 24 June 2014, including more visible community policing and measures to ensure compliance with the Police & Crime Plan for the county; the impact of the re-organisation upon the structure of the team serving the Sevenoaks District, including a more focused chain of command for Police Community Support Officers (PCSO) and the intention to have a PCSO working in each of the

District's 26 Wards; along with clarification on the distinct objectives of the 999 (for urgent assistance requirements) and 101 (for other police enquiries) phone line services.

39. Sevenoaks District Community Safety Strategy & Action Plan 2014/15

The Chief Officer for Communities and Business presented a report which sought approval for the adoption of the Sevenoaks District Community Safety Strategy & Action Plan 2014-15, which took into account the Strategic Assessment undertaken during September 2012 and October 2013 as well as more recent data where available. Members' attention was brought to the replacement Plan which contained updated information and had been circulated after the agenda, and it was noted that this version was the version being submitted to the Cabinet at its meeting on 8 May 2014.

In response to a question about the links between unemployment and re-offending, Officers confirmed that one of the initiatives within the Action Plan focused on providing positive incentives for younger people serving short custodial sentences. Officers also referred to targeted projects to prevent younger people entering the youth justice system.

A Member questioned why the eight priorities referred to were not ranked. The Chief Officer for Communities and Business explained that the priorities were, inevitably, weighted differently by the various agencies. However, she advised that each of the priorities had emerged from a systematic impact assessment process which had involved scoring the various issues against specific criteria details of which were contained within the Strategic Assessment which could be accessed via the Council's [website](#).

The Chairman invited Mr. John Morrison to address the Committee. Mr. Morrison co-ordinated a Speed Watch Group in Sevenoaks and welcomed the support received from SDC, urging Councillors to become involved in their local Speed Watch schemes. Maintaining the enthusiasm of trained volunteers and lack of response to warning letters sent by the Police were some of the issues facing the Group. Mr Morrison called upon the Police to address the 'enforcement gap' by deploying Neighbourhood Police teams to apprehend offenders. He commented that the adverse impact of speeding vehicles on local communities was not properly reflected by casualty and crash statistics. The Chairman thanked him for his comments and confirmed that the matter would be looked into by the Road Safety Working Group.

Public Sector Equality Duty

Members noted that consideration had been given to impacts under the Public Sector Equality Duty.

Resolved: That it be recommended to Cabinet that the Sevenoaks District Community Safety Action Plan be adopted.

40. Safeguarding Policy For the Protection Of Children And Vulnerable Adults

The Chief Officer for Communities and Business presented a report which contained an updated and refreshed Safeguarding Policy which would enable the Council to more effectively meet its responsibilities to safeguard children and vulnerable adults under s.11 of the Children's Act 2004 and guidance published by the Department of Health and Kent County Council in relation to vulnerable adults. Members' attention was

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brought to the replacement Appendix 1 and updated Policy which had been circulated after the agenda was despatched - reflecting legislation brought into effect this month. It was noted that this version was the version being submitted to the Cabinet at its meeting on 8 May 2014.

Public Sector Equality Duty

Members noted that consideration had been given to impacts under the Public Sector Equality Duty.

Resolved: That it be recommended to Cabinet that the updated Safeguarding Policy for the protection of children and vulnerable adults be adopted.

41. Work Plan

The work plan was noted with the following amendments: an 'Update on measures to combat slavery and human trafficking' to be added to the June meeting; the update on affordable housing and feedback from the Road Safety working group to be moved to the October meeting; and the report from the Joint Working Group with the Local Planning & Environment Advisory Committee along the invitation to the Area Commander to attend, be moved to the meeting in February 2015.

THE MEETING WAS CONCLUDED AT 9.10 PM

CHAIRMAN

Housing & Community Safety Advisory Committee

June 2014

Portfolio Holders Report

Housing Strategy/Policy and Housing needs

I attended the Kent Health & Wellbeing Strategy Workshop on Wednesday 30 April. This workshop made clear that all agencies that impact on health need to be pulling in the same strategic direction and pooling resources in order to achieve the county's health objectives. Although Health comes under the Portfolio Holder for Economic & Community Development; housing policy underpins many of the health outcomes so this committee needs to be aware of our role in improving the health of the people of the District. For more information read the 'Think Housing First: Reducing health inequalities through access to good quality and affordable housing'

<http://www.kentjppbhousing.org/uploads/ThinkHousingFirstNov13.pdf>

I am delighted that Alison Cook, Chairman of the SDC Health Liaison Board is now serving on both this committee and the Economic & Community Development Advisory Committee to provide a health link between the three committees that deal with health. I am also pleased that Faye Parkin has agreed to lead on issues to do with the elderly with her wealth of experience as a Trustee of the Darent Valley Age Concern. Hopefully both Alison and Faye will help to continue to make sure that SDC achieves the health agenda objectives in a joined up fashion.

I received positive feedback from Eric Pickles, Secretary of State for Communities and Local Government, (via Michael Fallon MP) regarding extending Rural Designation Orders to allow the building of affordable housing on Greenbelt land where local communities feel there is a need. The next steps involve: liaising with Planning Policy as far as SP4, Consulting with Housing Associations with stock in respective areas and get their current views on the process (most of these views have now been collated), Check how far and wide any consultations should go, take legal advice about removing any established rights from existing tenants, consult with the relevant parish councils and then bring it all together and consult with this committee and the Department for Communities and Local Government.

I attended the West Kent Housing AGM on Thursday 22 May.

Community Safety

Positive feedback was received from schools that requested e-safety mouse mats for their ICT suites. In total 15 schools (as of 19 May) requested mouse mats and a short article for their parents newsletter. I am in correspondence with Lizzy Yarnold to see if she would endorse the Secondary School campaign.

On 19 May, Kelly Webb and I attended the Anthony Roper school in Eynsford to talk to the children about E-safety as part of their awareness campaign.

I attended the Kent and Medway Community Safety Conference in Ashford on 4 June that focussed on e-safety.

I have a briefing with the Police on slavery on 1 July and will report back to this committee in October.

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Challenges facing Housing & Community Safety

- Reducing expenditure and maximising income to help make the council self-sufficient within a decade
- How we can further support the middle income group of people (£33,000 to £60,000) to step onto the housing ladder
- How we can better work with planning to provide the District's housing needs
- Securing HERO
- Changes to DFG funding: challenges and opportunities
- Further consolidation and shared working in environmental health
- Continue with internet safety improvements
- Troubled families – exploring the links between housing and community safety as well as better joint working with KCC
- Slavery and Human Trafficking
- Focusing on how housing policy impacts on the health agenda

CONFIRMATION OF WORKING GROUPS

Housing & Community Safety Advisory Committee – 17 June 2014

Report of Chief Officer Legal and Governance

Status: For Decision

Key Decision: No

Portfolio Holder Cllr. Ms Lowe

Contact Officer Vanessa Etheridge Ext. 7199

Recommendation to Housing & Community Safety Advisory Committee: That the Committee consider whether the working groups as detailed in the report should continue, and if so, agree membership and terms of reference.

Reason for recommendation: It is necessary to review and if necessary reconstitute any working groups each municipal year, especially in light of changed membership to the Advisory Committee.

Introduction and Background

- 1 During the last municipal year the Advisory Committee formed three working groups. It is necessary for the Committee to review the need for these working groups and confirm the terms of reference and membership.

CCTV Working Group

- 2 At the meeting held on 9 July 2014 (Minute 4) it was resolved that a Working Group be set up to review CCTV and its overall benefits and value for money, and the membership agreed as Cllrs Ayres, Mrs. Bracken and Eyre.
- 3 At the meeting held on 29 April 2014 (Minute 30) it was agreed that this group should report back to the Committee. It should be noted that Cllr. Mrs. Bracken is no longer a member of this advisory committee.

Road Safety Working Group

- 4 At the meeting held on 9 July 2014 (Minute 6) it was resolved that a Working Group be set up to consider Road Safety, in particular around schools, and consist of Cllrs. Eyre, Mrs. George, Raikes and Towell.
- 5 At the meeting held on 29 April 2014 (Minute 30) it was agreed that this group should report back to the Committee. All members of this group are still members of this advisory committee.

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'Squaring the housing circle, Joint Working Group with Local Planning & Environment Advisory Committee

- 6 At the meeting of the Committee held on 11 February 2014 (Minute 30) it was resolved that a joint Working Group with the Local Planning & Environment Advisory Committee be set up to consider Squaring the Housing Circle in using the planning system to provide more properties of the type needed within the District; that it consist of four Members, two from each Advisory Committee; and that Cllrs. Mrs. Clark and Mrs. Ayres be the Members from the Housing and Community Safety Advisory Committee.
- 7 Both appointees are still members of this advisory committee.

Key Implications

Financial

None directly arising from this report.

Legal Implications and Risk Assessment Statement

Working groups are only constituted for a municipal year, and must be reconstituted each new municipal year. Members would only be allowed to claim travel expenses for formally constituted working groups.

Equality Impacts

Consideration of impacts under the Public Sector Equality Duty:		
Question	Answer	Explanation / Evidence
a. Does the decision being made or recommended through this paper have potential to disadvantage or discriminate against different groups in the community?	No	
b. Does the decision being made or recommended through this paper have the potential to promote equality of opportunity?	No	
c. What steps can be taken to mitigate, reduce, avoid or minimise the impacts identified above?		

Conclusions

Members should consider whether they wish the three working groups to continue to meet, agree the membership and reconfirm the terms of reference for each one.

Background Papers:

[Housing & Community Safety Advisory Committee Minutes](#)

Christine Nuttall
Chief Officer for Legal and Governance

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ANTI-FRAUD TEAM REPORT 2013/14

Housing and Community Safety Advisory Committee – 17 June 2014

Report of Chief Finance Officer

Status: For Consideration

Key Decision: No

This report supports the Key Aim of Effective Delivery of the Corporate Plan

Portfolio Holder Cllr. Ramsay

Contact Officer(s) Bami Cole, Ext.7236, Glen Moore Ext. 3240.

Recommendation to Housing and Community Safety Advisory Committee: That Members note the content of the report and the work of the Anti-Fraud Team carried out in 2013/14 and that proposed for 2014/15.

Introduction and Background

- 1 This report sets out details of the activities of the Anti-Fraud Team during 2013/14, the team's work plan for 2014/15 and the potential impact on fraud investigation services within Sevenoaks District Council caused by the creation of the Single Fraud Investigation Service (S-FIS).
- 2 This is the second report of the Anti-Fraud Team to the Audit Committee. The Anti-Fraud Team is part of the Audit, Risk and Anti-Fraud shared services working jointly with Dartford Borough Council. The team is responsible for carrying out benefit fraud investigations and assists both Councils in highlighting instances of fraud which could adversely affect the level of taxes/income they collect/receive.

Summary of Key Issues in the Report

- 3 Details of the activities of the team during the year 2013/14 are attached as Appendix A to this report. The team's performance is set out in section three of Appendix A and section 4 outlines the implications for the local authority fraud investigation services in light of the creation of the Single Fraud Investigation Service. Section 5 sets out the team's priorities for 2014/2015.
- 4 A key highlight for the year is the Anti-Fraud Team's continued success in finding and sanctioning benefit fraud offenders and assisting the Council's Revenue Departments in highlighting falsely claimed Council Tax discounts which have a direct effect the amount of tax revenue the local authorities can collect.

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Key Implications

Financial

Not Applicable

Legal Implications and Risk Assessment Statement.

The Council is required to have effective anti-fraud arrangements in place in order to safeguard public funds and prevent the pursuance of crime. The anti-fraud team effectively contributes towards the council's fraud prevention initiatives. The DWP proposals may put at risk existing arrangements. Therefore the Council would need to assess the implications of the DWP proposals and its impact on existing arrangements.

Equality Impacts

Consideration of impacts under the Public Sector Equality Duty:		
Question	Answer	Explanation / Evidence
a. Does the decision being made or recommended through this paper have potential to disadvantage or discriminate against different groups in the community?	No	
b. Does the decision being made or recommended through this paper have the potential to promote equality of opportunity?	No	
c. What steps can be taken to mitigate, reduce, avoid or minimise the impacts identified above?		N/A

Conclusions

- 5 This report sets out the achievements of a successful year for the Anti-Fraud Team during 2013/14 and outlines it's priorities during 2014/15 taking account of the significant impact of the creation of the Single Fraud Investigation Service which is due to impact on fraud investigation services provided by the Council.

Appendices

Appendix A – Anti-Fraud Team End of Year Report 2013/14.

Background Papers:

None.

Adrian Rowbotham
Chief Finance Officer

Anti-Fraud Team 2013/14 – End of Year Report

1. Introduction

This report sets out the achievements of the Council's Anti-Fraud Team in 2013/14 and outlines the team's priorities for 2014/15.

It also provides an update in relation to the proposed Single Fraud Investigation Service (S-FIS) and the potential impact this will have on fraud investigations conducted by Sevenoaks District Council.

The Anti-Fraud Team conducts fraud investigations for both Sevenoaks District Council and Dartford Borough Council under a shared service arrangement. This report only relates to work completed by the Anti-Fraud Team on behalf of Sevenoaks District Council.

2. Background

The Anti-Fraud Team performs two main roles for the Council:

2.1- investigates instances of alleged benefit fraud which may require joint investigations with officers from the Fraud and Error Service at the Department for Work & Pensions (DWP); and,

2.2- assists the Council in highlighting instances of fraud which could adversely affect the level of taxes/income it collects/receives.

3. Performance

Benefit Fraud

Fraud investigators employed by Sevenoaks District Council investigate allegations of benefit fraud received from varying sources and participate in data-match exercises designed to pro-actively seek out fraud within the welfare system.

Investigations can review benefit claims paid out solely by Sevenoaks District Council or include cases where the claimant receives a mixture of benefits paid by the local council and the Department for Work & Pensions. Typically a fraud investigator's caseload within Sevenoaks District Council will be split equally between the two.

During 2013/14 fraud investigators working on behalf of Sevenoaks District Council discovered £288,263.64 of overpaid Housing Benefit, Council Tax Benefit and Council Tax Support. Joint investigations conducted during 2013/2014 with colleagues from the Department for Work & Pensions discovered a further £109,521.75 of DWP administered benefits which had been incorrectly paid out to benefit claimants.

Although not directly responsible for the collection of overpaid Housing Benefit, Council Tax Benefit and Council Tax Support the Anti-Fraud Team offers support to debt recovery colleagues within the Council's Revenues Department to ensure the speedy recovery of overpaid monies discovered through fraud investigations. To date the Council has already successfully recovered £134,825.52 of the overpaid Housing Benefit, Council Tax Benefit and Council Tax Support discovered by the Anti-Fraud Team during 2013/2014.

Sevenoaks District Council has a very strong anti-fraud culture and is committed to protecting valuable public funds wherever possible. In 2013/2014 The Anti-Fraud Team

successfully prosecuted 10 benefit fraud offenders and issued a further 4 Formal Cautions and 3 Administrative Penalties.

The local authority has the following sanctions available to it:

A Formal Caution – Claimant admits the offence in question, signs a declaration to this effect and repays all overpaid benefit back. The offence is relatively minor and the claimant has not committed benefit fraud in the last 5 years. For a case to be considered for a sanction the authority must be able to prosecute the offences involved and so the investigation file must be of a prosecution standard. If a claimant is offered either a Formal Caution or Administrative Penalty, but chooses to decline this sanction, then the authority has within its powers to prosecute that individual.

An Administrative Penalty – Claimant does not admit the offence in question, but agrees to repay all overpaid benefit plus a penalty on top as an alternative to legal action being taken against them. The offence is relatively minor and the claimant has not committed before fraud in the last 5 years.

Prosecution – Claimant has to repay all overpaid benefit and legal action is instigated because offence is deemed too serious for an alternative sanction to be considered.

Council Tax (Discounts & Exemptions)

Members will be aware that in October 2012 the Anti-Fraud Team commenced an anti-fraud drive to pro-actively seek out Council Tax payers who were incorrectly claiming discounts on their Council Tax bills by falsely stating that they were the only eligible adult in their household.

The Audit Commission in their 'Protecting the Public Pursue Report 2010' estimated that 4 – 6% of all single person discount claims are fraudulent and in their latest report issued in 2013 they reported that local authorities discovered £19.6m of Council Tax discount fraud in 2012/2013.

The Anti-Fraud Team annual report 2012/2013 confirmed to Members that the team had discovered 79 incorrectly awarded discounts during 2012/13 which allowed the Revenues Department to re-bill SDC tax payers for a further £53,131.18.

This exercise has continued during 2013/2014 and the team have discovered a further 94 incorrectly awarded discounts allowing Sevenoaks District Council to request a further £96,537.91 in Council Tax. The exercise has now removed a total of 173 discounts which would have resulted in £149,669.09 of Council Tax not being collected.

The accumulative effect of this refund will be realised in subsequent years unless the tax payer reports a change in their circumstances. Therefore, the £149,669.09 value is only a proportion of the true value that this exercise has brought to both Sevenoaks District Council and to Kent County Council.

4. The Single Fraud Investigation Service

In December 2013, The Chancellor of the Exchequer confirmed in his autumn statement, the creation of a Single Fraud Investigation Service (S-FIS) which will bring together the expertise of welfare benefits investigators from local authorities, the Department for Work

& Pensions and Tax Credits investigators from Her Majesty's Revenues and Customs into one body operating within the Department for Work & Pensions.

The transfer of staff will be conducted in a phased approach between October 2014 and March 2016. Sevenoaks District Council has recently been informed that eligible staff from its investigation service will be able to transfer to the new organisation in February 2016.

The Single Fraud Investigation Service will only investigate welfare fraud and so the investigation of fraud within Council Tax Support claims and Council Tax (discounts & exemptions) will remain the responsibility of the local authority.

5. Priorities for 14/15

Benefit Fraud Investigations

As Sevenoaks investigation staff are not due to transfer to the Single Fraud Investigation Service until February 2016, The Anti-Fraud Team will continue to provide high quality fraud investigation work, and where appropriate, conduct joint investigations with colleagues from the Department for Work & Pensions during 2014/15.

Anti-Fraud Team staff will work with management to prepare for the impending change so that a satisfactory solution is found to address both individual staff concerns and the Council's requirements after the transformation has taken place.

Data Match Schemes

The Anti-Fraud Team will continue to participate in all available anti-fraud data-match schemes, for example, the Housing Benefit Matching Service (HBMS) and The National Fraud Initiative (NFI), in order to identify potential discrepancies in benefit payments and to take action against those found to have claimed public money fraudulently.

In April 2014 Sevenoaks District Council received over 400 referrals from the National Fraud Initiative Council Tax (Single Person Discount) Exercise 2014. This is a data-match exercise co-ordinated by the Audit Commission to highlight Council Tax accounts where there is a claim for a single person discount, but the voters register shows two people being registered to vote. The Anti-Fraud Team will co-ordinate the reviews of these claims and work closely with the Revenues Department to remove any incorrectly awarded discounts.

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Think Housing First

Reducing health inequalities through access to good quality and affordable housing

2013 – 2015



Joint Policy and Planning
Board (Housing)
Working with Partners across Kent



Kent Housing Group
The Voice of Housing in Kent

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Foreword

Roger Gough

Chair of the Kent Health and Wellbeing Board



Improving health and reducing the health inequalities that still exist in different areas of Kent is at the heart of all of our collaborative work. We all have a role to play, whether we work at county or district level and whichever organisation we represent.

With responsibility for public health having moved from the NHS to Kent County Council in April 2013, we have an even greater opportunity to focus on the things that we can do to prevent illness and increase healthy life expectancy across the county. Local Government has long seen its housing role as a vital part of the health improvement agenda and the return of public health functions to Kent County Council gives us an opportunity to renew this tradition.

The relationship between poor housing and ill health is well documented. Poor housing can lead to an increased risk of cardiovascular and respiratory disease as well as to anxiety and depression. Problems such as damp, excess cold and structural defects also present hazards to health.

Housing colleagues are central to many health improvement issues including preventing falls, linking homeless households to GP services, the provision of accessible and safe green spaces and play areas and preventing unnecessary hospital admissions.

Professor Chris Bentley has been working with the Kent Health and Wellbeing Board to demonstrate a number of models to help us to understand and reduce the health inequalities gap in Kent. Think Housing First supports and complements Kent's Health Inequalities Action Plan, 'Mind the Gap' produced by Kent County Council in collaboration with district councils and a wide range of partners.

Think Housing First reflects the important role that housing has in the lives of the people of Kent and illustrates the breadth and range of initiatives that can be delivered across the public and private sector to play a part in reducing health inequalities.

Foreword

John Littlemore

Chair of the Kent Joint Policy and Planning Board (Housing) (JPPB)



In March 1840, the Government was so concerned about sanitation and living conditions that it set up a Parliamentary Health Select Committee to report on the Health of Towns. Its findings revealed the scale of overcrowding, and the descriptions from health specialists drew a vivid picture of the extreme filth and disease that resulted in widespread death.

The links between health and housing remain very real today and it was for this reason that the Kent Joint Policy and Planning Board (Housing) (JPPB) was instigated, to better promote a strategic partnership between health, housing and social care.

Together with the Kent Housing Group, the JPPB was pleased to be invited by its health partners to develop this action plan, which focuses on how the housing sector can play its part in reducing health inequalities in Kent.

The condition and location of our homes can have a fundamental impact on our health. Yet the gap between the housing haves and have-nots is widening and there is a danger of it becoming entrenched for generations. We know there is a strong correlation between housing inequality and health inequality. Neighbourhoods and housing matter to health in many ways from homelessness, the physical attributes of housing failing to provide adequate, safe, dry, warm and not overcrowded accommodation to neighbourhoods with concentrated disadvantage, where services are overburdened, basic amenities in short supply and issues such as high crime, challenging schools and poor transport mar the life chances for many.

Think Housing First creates a framework and understanding of the role of the housing sector and provides the opportunities for sharing good ideas, support and resources to support the impact of our housing on health inequalities.

1. Introduction

About Think Housing First

It is a well known fact that housing is intrinsically linked to health inequalities. It is one of the many reasons for the existence of poorer health outcomes between different population groups. In short, without access to good quality and affordable housing, the chances of enjoying good health and a long life are hindered.

Think Housing First sets out the role of the housing sector; the relationship between health inequalities and housing; and what can be done in Kent in addition to current housing interventions under the action plan.

It is an action plan that very much builds on the good work already being undertaken in the overarching Kent health inequalities action plan [Mind the Gap](#) (2012-15) which takes account of all of the strands affecting population health outcomes. Think Housing First presents a more in-depth look at the housing strand in particular, to complement the efforts of Mind the Gap.

Local needs and priorities will of course be different in each district of Kent as health inequalities exist in varying degrees across the county, which is why each district is developing their own local health inequality plans. It is the intention that Think Housing First will be a reference point on the housing strand, recommending actions that can feed into emerging and future district plans, and delivered locally.

Think Housing First also complements the Housing Renewal theme of the [Kent and Medway Housing Strategy](#) (2012-15) which tasks the JPPB to 'promote with the Health and Wellbeing Board the importance of housing conditions to quality of life and health outcomes and establish stronger links and closer working relationships with health agencies'. This action plan is testament to the joint effort being made between housing and health to deliver a more targeted and focused approach to the health outcomes of the Kent population.

Why housing is important

Many of the people that the housing sector work with will be those who are living in deprivation, are hard to reach, and most affected by health inequalities. This is why the housing sector is well placed to contribute towards reducing the disparities in health.

Reducing health inequalities through housing can also bring economic gains to health care budgets. It is estimated that poor housing costs the NHS at least £600million per year¹, but by spending relatively modest sums through housing can give real cost benefits to health.

Vision

The vision is to raise the profile of 'thinking about housing first' in addressing health inequalities in Kent. In doing so the aims are:

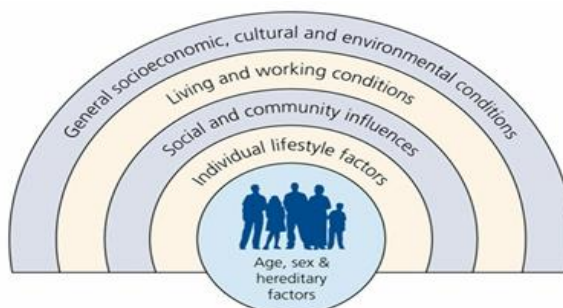
- To take advantage of the new opportunities, driven by the recent health reforms, for housing to strengthen collaboration and engagement with health
- To maximise the contribution of housing in improving people's health and wellbeing
- To raise awareness to health colleagues of the role of the housing sector
- To reliably inform commissioning priorities and decisions, by demonstrating how investing in housing can save in health bills

2. Background

What are health inequalities?

Health inequalities are disparities in health outcomes between individuals or groups. They arise from differences in social and economic conditions that influence people's health behaviours and lifestyle choices, their risk of illness and actions taken to deal with illness when it occurs. Those differences are not inevitable and are therefore considered unfair and avoidable.

In general, having a higher socio-economic position will make you more likely to enjoy good health, including mental health, and a longer life (the social gradient of health). Determinants that impact on health inequalities include lifestyle, access to services, and socio-economic and environmental factors such as educational attainment, employment status, income levels, and **housing**. Addressing the determinants of health, such as housing, is one of the crucial elements in reducing health inequalities.



Dahlgren and Whitehead (1991)

The Marmot Review

The Marmot Review (Fair Society, Healthy Lives, 2010) proposed an evidence-based national strategy to reduce health inequalities. It recognises that disadvantage starts before birth and accumulates throughout life and action must be universal with a scale of intensity proportionate to the level of disadvantage. The policy objectives proposed to reduce health inequalities are:

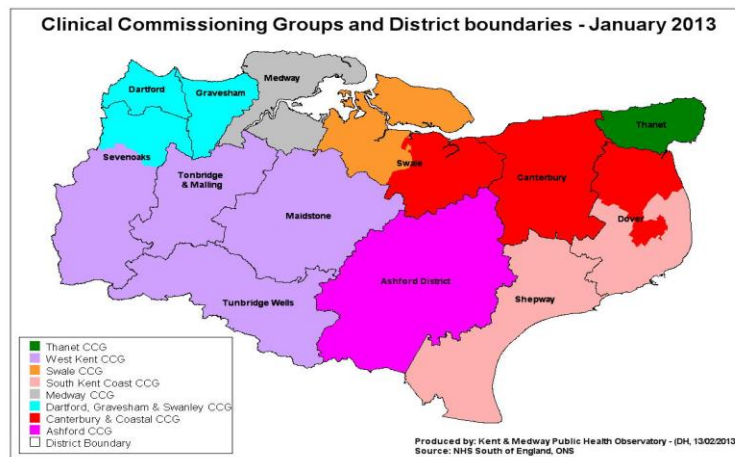
1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

Health inequalities in Kent

Kent is ranked 102 out of 152 authorities in the English Indices of Deprivation (2010) making it within England's least deprived third of authorities (a rank of 1 being the most deprived). Still there are significant areas in Kent that fall within the 20% most deprived in England.

Overall Kent has a good standard of health but there are pockets of considerable areas of poorer health and life expectancy. For example, a man living in a deprived area in Kent will live on average 8.2 years less, and a woman living in a deprived area will live on average 4.5 years less.ⁱⁱ

Public health in Kent



The Health and Social Care Act 2013 established the creation of Health and Wellbeing Boards with effect from April 2013. This essentially moved public health services into the responsibility of upper tier local authorities to enable closer working between health and local government.

The **Kent Health and Wellbeing Board** has oversight of all health care and public health activity in Kent. It also provides advice and

information to the seven Clinical Commissioning Groups (CCGs) across Kent that have responsibility for commissioning services to improve the health and wellbeing for their local areas. Medway, as a Unitary authority has one CCG. The CCGs work with local Health and Wellbeing Boards reflecting the same geography to help determine their local health and care priorities.

- **Thanet CCG**
- **West Kent CCG**
- **Swale CCG**
- **South Kent Coast CCG**
- **Medway CCG**
- **Dartford, Gravesham & Swanley CCG**
- **Canterbury & Coastal CCG**
- **Ashford CCG**

The Kent health inequalities action plan **Mind the Gap** (2012-15) sets out how Kent will tackle health inequalities. This is informed by the **Joint Strategic Needs Assessment (JSNA)** which analyses the health and wellbeing of the Kent community and the strategic direction of service delivery. Each local district in Kent is also developing their own health inequality plans to address local need.

3. The role of the housing sector

The housing sector encompasses a range of organisations including local housing authorities, housing associations (registered providers) and the voluntary sector. They carry out a wide variety of interventions that enable people to access suitable housing, help them to sustain their housing, and ensure it is of a decent standard thereby contributing towards good health.

Homelessness

Homelessness advice and assistance

Local housing authorities have a legal duty to secure accommodation for homeless people and people threatened with homelessness if they are eligible for assistance, not intentionally homeless, have a local connection and are in priority need, which includes people who are:

- Pregnant (and people who live with them)
- Responsible for dependent children
- Made homeless by fire, flood or disaster
- Vulnerable due to old age, mental illness, physical disability or other special reason
- Vulnerable due to time spent in care, in custody or in the HM Forces
- Vulnerable due to fleeing their home because of violence or threats of violence
- Aged 16 or 17 (unless the young person is a 'child in need', 'looked after' or a 'relevant child') and care leavers under the age of 21

Housing Options teams will give advice and assistance to homeless people and those seeking accommodation. At least every five years local housing authorities also carry out a review of homelessness in their district and publish a strategy for preventing homelessness.

Joint homeless protocols

Local housing authorities and other partner agencies have signed up to a set of joint working **homeless protocols**. Developed by the JPPB, these protocols ensure a consistency of working between partner agencies across Kent in the prevention of homelessness.

Housing related support

Housing related support helps vulnerable people live independently, sustain their accommodation, and prevent the problems that can cause homelessness. Services can be accommodation based, floating support, Home Improvement Agency and handyperson services, and community alarms.

Affordable housing provision

Supply of housing

Registered providers, who are housing associations and local housing authorities with retained stock, are the suppliers of social housing. Local housing authorities work with registered providers and developers to enable the provision of new affordable housing based on the vision and plans for current and future housing need set out in their housing strategies. Local planning authorities create local planning policy and determine what development takes place on all tenures of housing.

Housing allocation schemes

Local housing authorities work closely with housing associations to allocate social housing in their areas to local people in housing need using the choice based lettings service, **Kent Homechoice**. In allocating social housing, reasonable preference must be given to people:

- Who are homeless (within the meaning of Part 7 of the Housing Act 1996)
- Owed a duty by any housing authority under s190(2), 193(2) or 195(2) of the 1996 Act (or under section 65(2) or 68(2) of the Housing Act 1985) or who are occupying accommodation secured by any housing authority under s192(3)
- Occupying insanitary, overcrowded or living in unsatisfactory housing conditions
- Needing to move on medical, welfare, and disability grounds
- Needing to move to a particular locality, where failure to do so would cause hardship

Local housing authorities can on occasion also facilitate a move through the [Kent Agency Assessment](#), which is a way for health and social care agencies to refer service users with housing related health and/or support needs for help accessing suitable accommodation.

Private Sector Housing

Local housing authorities have a duty to review housing conditions in their district and to take enforcement action where hazards are identified in the home. The main hazards identified in private owned housing are cold, dampness, falls, and fire safety. Local authorities have identified a number of methods of dealing with poor quality housing through the implementation of initiatives to enhanced enforcement action.

Housing, Health and Safety Rating System (HHSRS)

The HHSRS is a risk assessment tool that is used to assess potential risks to the health and safety of occupants in all tenures and covers 29 potential hazards in the home. Most local authority activity is focused on design with the private rented sector as this sector often has the poorest housing conditions and often the most vulnerable members of the community. The local housing authority has a duty to take enforcement action where a serious hazard exists (category 1).

Green Deal

In Kent, the Green Deal Partnership (KMGDP) supports residents to take advantage of this initiative. Green Deal allows households to make energy saving improvements to their home without paying the costs upfront. A loan for the improvements is taken out and then paid back through the electricity bill. The amount paid back should be no more than the typical household will save on heating bills as most improvements will mean less energy is being used.

Extra support may be available from the Energy Company Obligation (ECO) which is an energy efficiency programme working alongside Green Deal, for those households where the savings will not be achieved to make them better off.

Accreditation schemes

Most local housing authorities in Kent have landlord accreditation schemes. These are designed to improve the quality of the private rented sector by recognising well maintained and managed properties through awarding accreditation and benefits to the landlord (e.g. discounts on local services). These schemes also enable prospective tenants to identify good quality homes.

Licensing

Local housing authorities are required to operate mandatory licensing schemes for Houses in Multiple Occupation (HMOs) which have three or more storeys and are occupied by five or more persons forming two or more households. The licence ensures that the HMO is managed appropriately by a fit and proper person, and it is suitable for occupation by a specified maximum number of people. The local authority can take over the management of the HMO if it is unable to grant a licence.

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Discretionary licensing schemes can also be designated. There are two types:

- Additional licensing – where an authority can require other types of HMOs to licence that fall outside of the mandatory scheme mentioned above. This can occur where there is evidence that there is a significant proportion of HMOs that are not being managed effectively, creating one or more problems to the residents or the community
- Selective licensing – these schemes can be designated in areas experiencing low housing demand and/or suffering from anti-social behaviour. This covers all private rented housing in the selected area

A selective licensing scheme has been put in place for the two most deprived areas in Kent, Cliftonville West and Margate Central in Thanet.

Safe and accessible housing

Disabled Facilities Grants (DFG)

DFGs are a mandatory grant that local housing authorities administer to improve the homes of disabled adults and children. The grants are means tested (apart from in children's cases) and can cover works that help to reduce hazards that lead to falls in the home such as the provision of stair lifts, replacing baths with level access showers, ramps or safer access.

This is a limited amount of funding and some districts have long waiting lists with applicants waiting a considerable time for the works to be carried out. Some local housing authorities do offer discretionary grants or loans that cover adaptations for falls prevention but they are usually based on limited eligibility criteria.

Changes to the funding regime are planned from 2015-16 where DFGs will be included in the new Integration Transformation Fund. This will be administered by top-tier local authorities (Kent County Council) as opposed to lower tier local authorities, as a single pooled budget for health and social care.

Housing Assistance

Some local housing authorities offer discretionary grants and/or loans to help households improve their home. The help is often targeted at low income households for making homes warmer, cutting fuel bills and/or to reduce hazards in the home that can, for example, lead to a fall or fire.

Private sector housing teams are also often involved in cases of vulnerable households who hoard and usually as a result of hoarding are living in poor, unsafe conditions. Local housing authorities have statutory powers under Public Health legislation in certain cases to take action. In most cases officers work alongside agencies such as GPs, Social Services, Kent Fire & Rescue Service and Home Improvement Agencies to gain the trust of the household and work with them to help improve their living conditions.

Home Improvement Agencies (HIA)

HIAs assist applicants with their DFG application and submit this to their local housing authority for approval. They help older, disabled and more vulnerable people repair or adapt their homes; run handy person, affordable decorating and gardening services; and signpost and refer to other services.

HIAs also deliver the Winter Intervention Support Kent (WISK) programme in partnership with Kent County Council and Age UK. Their role includes visiting people over 75 years with an underlying cardiac or respiratory condition to assess what support and assistance is needed to and then delivering a range of interventions to prevent excess winter deaths.

Referral schemes

Your Home Your Health

Your Home Your Health was designed in partnership with health, social care and housing and has been piloted in Thanet as a multi-agency referral scheme between housing, health and social care. When households are visited, a form is used to collect in-depth information about the condition of the property, security, health of the household, and their access to services. The data is collated and referrals are then made to partner agencies.

HELP

HELP is a referral system used by Ashford and Swale through Kent Homechoice that enables referrals to be made to various agencies and monitored. Referrals are made to advisory, employment and training, financial, housing, support, and health services.

4. How housing impacts on health inequalities

The social gradient of health means that the lower a person is on the socio-economic scale, the higher the chances they will smoke, lack physical activity, have poor nutrition, drink too much alcohol and misuse substances. These health behaviours contribute to the development of chronic illness leading to an earlier death.

Health inequalities can be compounded by the type of housing (or lack of housing) and communities in which people live. The people most vulnerable are those who are homeless; or living in poor quality or stressful housing conditions; or living in neighbourhoods that discourage a healthy lifestyle; or living in relative poverty with expensive housing and high living costs. Such disadvantages influence health behaviours, but they also influence the risk of developing illness and having accidents in the home, and the action taken on health problems when they arise.

In 2011, the Health Inequalities National Support Team produced 'Housing and Health'ⁱⁱⁱ, an evidence based workbook, which is a useful reference point to demonstrate the robust links between the key housing factors affecting health. These are expanded in the sections below with recommendations for further action.

Mental health and wellbeing

It is important to recognise that as well as disadvantages in housing having an impact on physical health and life chances, they also have an influence on mental health and wellbeing. Resilience levels will deteriorate and place a person at risk of poorer mental health, such as depression and anxiety, or exacerbate existing mental health conditions, if they are homeless or living in stressful housing conditions. The impact on mental health is a recurring theme throughout the issues covered.

Objective 1: Reduce the negative impact of homelessness on health

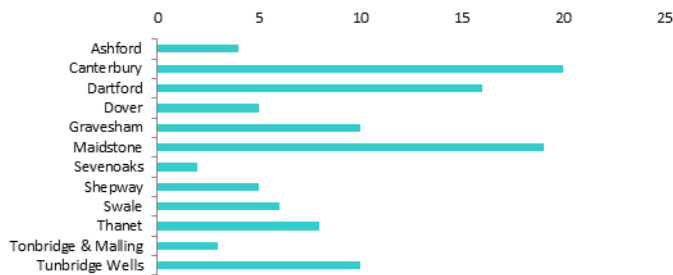
Rough sleeping

Rough sleepers experience significant health inequalities. They have higher rates than the general population of hepatitis, hypothermia, pneumonia, respiratory disease, tuberculosis, poor condition of teeth, skin conditions, infection, poorer mental health, greater prevalence of smoking, alcohol and substance misuse, and injuries following violence. The average death of a rough sleeper is 47 years, which is on average 30 years before the general population^{iv}.

The transient nature of rough sleeping and a lack of an address make it difficult for rough sleepers to register with GPs and receive primary health care services. Rough sleepers will instead access secondary acute health care services, such as A&E, for non-emergency health problems and again when conditions have worsened and reached crisis point. It is also more difficult to achieve a continuation of care once rough sleepers have been discharged from hospital. 70% of rough sleepers are discharged back onto the street without their housing or on-going care needs being properly addressed^v.

Because of barriers to accessing primary health care services, an overreliance on acute health care services costs more to health budgets than the general population. It is estimated that rough sleepers use acute health care services four times more than the general population and use inpatient health care services eight times more, staying in hospital three times longer at a cost of around £85.6million per year^{vi}.

The Kent picture – rough sleeping^{vii}



It was estimated that on a single night in Kent in 2012, there were 108 people sleeping rough. Canterbury and Maidstone had the highest levels of rough sleeping. Although, this is a snapshot on a given night and could fall short of the numbers that local agencies working with rough sleepers record over the year

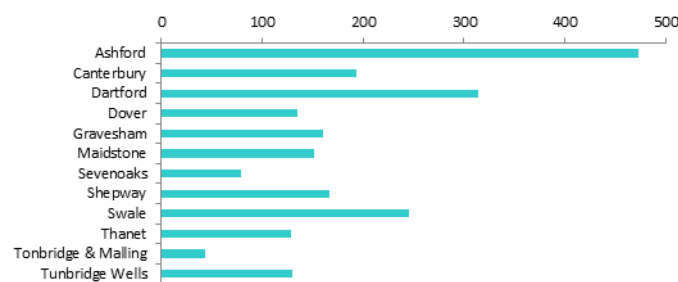
Homeless households in temporary accommodation

Homelessness can also be hidden from view in the form of sofa surfing or squatting and living in temporary accommodation such as hostels, bed & breakfast and other types of short term leased accommodation. The stress, insecurity and expense of being homeless and living in costly temporary accommodation can impact on health. 49% of a survey of households living in temporary accommodation said their health had suffered due to living in temporary accommodation. More than half (56%) said they were suffering from depression^{viii}.

Homeless households in temporary accommodation moving from one address to another can lose touch with primary healthcare services such as GPs, and so access secondary health services when problems become worse. As a consequence, children living in temporary accommodation are more likely to miss out on immunisations, which can have serious implications for their future health. And, children are at greater risk of infection, skin disorders, and experiencing difficulties at school whilst living in unsettled accommodation^{ix}.

Due to a lack of supply of available affordable social and private rented accommodation, people stay in temporary accommodation for longer periods than they should, exacerbating their health conditions. The impact of the welfare reforms could see the availability of temporary accommodation being further squeezed due to households migrating from more expensive areas, such London, in search of cheaper accommodation in Kent.

The Kent picture – Homeless households in temporary accommodation^x



In 2012, there were 1,015 households accepted as homeless and in priority need in Kent. Of the households who asked for assistance, a total of 2,220 were placed by local housing authorities in temporary accommodation in Kent. Ashford and Dartford had the highest number of households in temporary accommodation

Recommendations

- 1a Improve access and registration with GPs for rough sleepers
- 1b Take primary health care services to where rough sleepers are
- 1c Make plans for accommodation for rough sleepers upon hospital admission
- 1d Raise awareness of health, housing and support services available to rough sleepers
- 1e Link homeless households in temporary accommodation to GPs
- 1f Improve identification of people in housing need who have mental health problems
- 1g Raise awareness of resources for promoting healthy mental wellbeing

Objective 2: Encourage people to live in homes with good air quality

Smoking

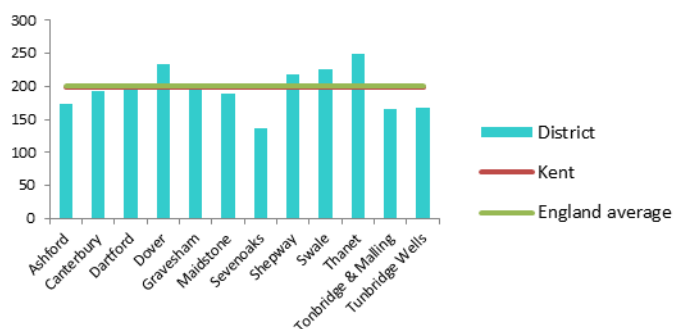
Smoking contributes to three main health problems; lung cancer, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. Smoking during pregnancy increases the risk of low birth weights, miscarriage and perinatal death. Smoking after pregnancy increases the risk of sudden infant death syndrome. Second hand smoke can increase the risk of cancer, and, children exposed to second hand smoke are particularly susceptible to developing respiratory illness, impaired lung function and middle ear disease (glue ear).

29% of men and 26% of women in routine and manual occupations smoke compared to 14% of men and 12% of women in managerial and professional occupations^{xi}. Smoking is the principle cause of the inequalities in death rates between the rich and poor and accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. Estimates on the cost to the NHS of treating diseases cause by smoking ranges from £2.7billion to £5.2billion a year^{xii}.

Emotional stress, anxiety and smoking are linked with living in stressful housing. For example, living in poor quality housing, suffering anti-social behaviour, the inability to afford housing costs, and having insecurity of tenure are all stress factors that increase the chances of smoking.

The type of housing a person lives in can compound the effects of second hand smoke. Factors that can give rise to poor air quality within the home are a lack of ventilation and air cleaning, and living in accommodation without access to the outdoors to use (such as a garden or balcony) to prevent household members inhaling second hand smoke. Homes with high radon levels increase the risk of developing lung cancer, particularly among smokers. And, the risk of accidental injury and death because of a fire in the home is also heightened due to the careless disposal of cigarettes.

The Kent picture – Smoking related deaths^{xiii}



Smoking related deaths in Kent in 2013 are not significantly different to the England average. Yet there are a higher number of deaths than the England average in East Kent. Smoking during pregnancy is also worse in Kent than the England average with 15.2% of mothers smoking in pregnancy compared to the England average of 13.3%

Tuberculosis

Tuberculosis is an airborne infection spread through coughing and sneezing. In most healthy people the immune system kills the bacteria and there are no further symptoms. But if the immune system cannot kill or contain the infection, it can spread to the lungs or other parts of the body turning into active tuberculosis. Left untreated, tuberculosis can be fatal.

Social risk factors that make certain people more vulnerable to developing active tuberculosis are those who lack consuming food rich in protein, vitamins and minerals; those who take drugs, smoke or abuse alcohol; and those with a lack of access to healthcare. These factors can weaken the immune system making the body less able to kill the infection.

People who have tuberculosis are more likely to be homeless people and those living in poor housing, overcrowded housing and houses in multiple occupation (HMOs), where the infection can be spread more easily. Areas with higher rates of migration or established communities originating from countries with higher tuberculosis levels are also likely to experience higher rates of the infection.

Rates of tuberculosis have stabilised in the UK over the past few years following the increase in incidence from 1990 to 2005. However, despite efforts to improve tuberculosis prevention, treatment and control, it remains high compared to most other Western European countries.

Although tuberculosis incidence levels are low, it can be a costly infection to treat. Uncomplicated cases usually require a six month course of antibiotics costing around £5,000. Left untreated or if the course of antibiotics is not completed, the tuberculosis is more likely to become complex or drug resistant, requiring more intensive and expensive treatment that can cost between £50,000 to £70,000 per case^{xiv}.

People who lead chaotic lives such as the homeless or those living in overcrowded and insecure housing may be less likely to know the symptoms of tuberculosis and/or seek assistance for early diagnosis. If they do, they may have a lower chance of completing the course of treatment because of their lifestyle.

The Kent picture – New cases of tuberculosis^{xv}



Recommendations

- 2a Promote smoke free homes
- 2b Prevent accidental deaths due to fire caused by careless disposal of cigarettes
- 2c Provide information to at risk households on recognising the signs of tuberculosis

Objective 3: Ensure homes are warm, dry and free from hazards

Excess winter deaths

Excess winter deaths are the difference between the number of deaths during the four winter months (December to March) and the average number of deaths during the preceding months (August to November) to the following four months (April to July).

The main causes of mortality from excess winter deaths include cardiovascular disease, circulatory disease and respiratory disease. Being cold can also raise blood pressure and clotting which increases the risk of heart attack and stroke, exacerbate existing cardiovascular conditions, impair lung function, trigger bronchial-constriction in asthma and COPD, worsen the symptoms of arthritis and impair mobility.

Damp and cold housing is thought to be a significant contributor towards excess winter deaths, especially among older people over the age of 75 who are at the greatest risk and suffer the highest rates of mortality.

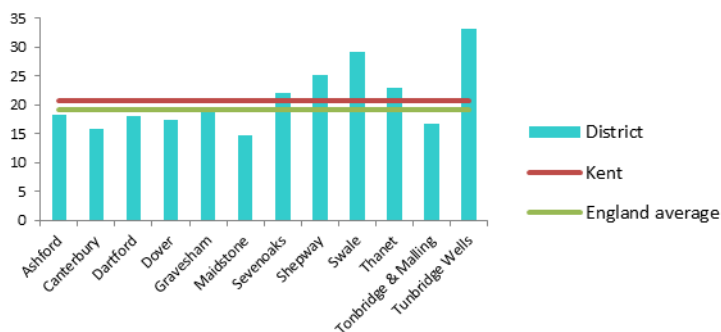
Damp housing can be caused by poor maintenance such as a leaky roof or from water from the ground getting into floors and walls. Condensation can also cause dampness and lead to black mould forming. This increases the risk of causing or exacerbating asthma and other respiratory illnesses due to the inhalation of the mould spores. Sometimes this is just a matter of education around how to prevent condensation but can require increased ventilation and heating.

Energy inefficient homes and fuel poverty are the primary factors of living in cold housing. Fuel poverty exists when a household has to spend more than 10% of its income on fuel to adequately heat the home (although this definition has been challenged by the Hills Poverty Review 2010 because it does not take account of rising fuel prices).

But relative deprivation is not necessarily associated with all excess winter deaths. Those who are most affected are some of the most affluent, such as single person households living in under-occupied larger homes and owner occupying asset rich and cash poor households. Fuel poverty is also prevalent in rural areas where households are less likely to be connected to mains gas and are reliant on more expensive fuels such as heating oils and solid fuel.

Age UK estimates that cold homes are costing the NHS in England £1.36billion every year^{xvi}. Deaths caused by this are preventable through improving heating, insulation and addressing fuel poverty. The Kent Health and Affordable Warmth Strategy (KHAWS) (2013-15) is in place to work across partners in Kent to put in place programmes to reduce excess winter deaths; link affordable warmth measures to the falls prevention framework; increase awareness amongst households and professionals of the health risks associated with excess cold and the services available; and help disadvantaged groups access all the benefits and services available to them.

The Kent picture – Excess winter deaths^{xvii}



In Kent, the level of excess winter deaths in 2013 is slightly higher than the England average. Districts that have significantly higher levels of excess winter deaths above the England average are Tunbridge Wells, Swale and Shepway.

Falls

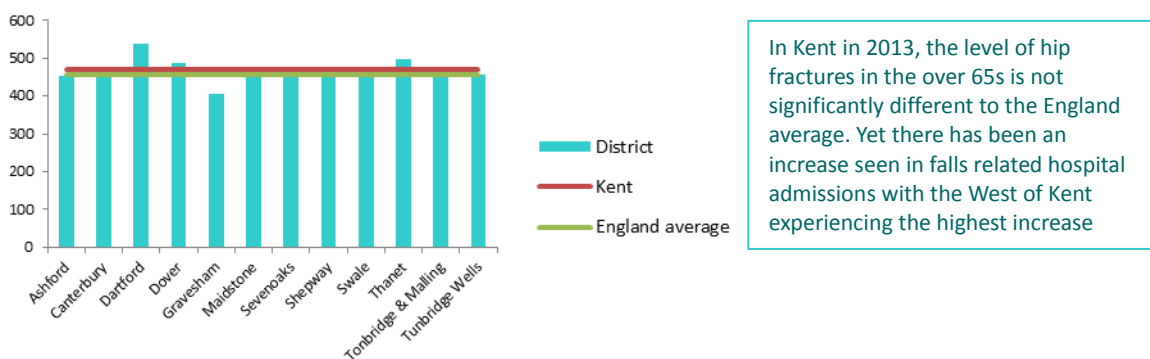
Falls are a significant health issue that can lead to fractures and broken bones, particularly hip fractures in older people. There is a high mortality rate after a hip fracture which is around 30% after one year of having the fracture. Health related causes of falls include the use of certain medications, having a chronic condition such as heart disease, dementia, and low blood pressure which can cause dizziness and a brief loss of consciousness. It can also be caused by conditions that affect balance such as labyrinthitis, poor eyesight, and loss of muscle strength.

There is a high prevalence of falls in the older population over the age of 65 years. Kent has an aging population and the number of people aged 65 and over is expected to rise by 21% over the next ten years^{xviii}. For older people who have had a fall, this can have an adverse psychological impact as some people can lose confidence, become withdrawn and may feel as if they have lost their independence.

Most falls occur within the home environment. In 2009 to 2011, 55% of falls in Kent took place in the home while 15% of falls were in a residential care setting^{xix}. The housing conditions that contribute to falls include poor maintenance, slippery floors, bad lighting, loose carpets, difficulty getting in and out of the bath and using stairs, reaching for storage areas such as cupboards, clutter and excessive cold.

Older people who fall are likely to suffer a repeat fall and in most cases this will require the recurrent use of health and social care services. Falls related to hip fracture is estimated to cost the NHS over £2.3billion per year^{xx}. Therefore, preventing falls through addressing home adaptations and trip hazards will enable older people to stay living independently in their homes for longer, increasing their quality of life, preventing hospital admissions and residential care, as well as providing substantial cost savings to health and social care budgets.

The Kent picture – Hip fractures in the over 65s^{xxi}



Recommendations

- 3a Improve identification of people at risk of excess winter deaths and falls**
- 3b Improve the coordination between housing, health and social care in falls programmes**
- 3c Improve housing conditions so people can return home from hospital sooner after a fall**
- 3d Increase the activity by housing on falls prevention**
- 3e Increase the activity by housing on preventing a second fall**

Objective 4: Develop our neighbourhoods to be healthy places

Obesity

Eating healthily and taking part in regular physical activity helps to control weight and prevent obesity which is a predisposing factor for developing diabetes, coronary heart disease, stroke, and certain forms of cancer. According to Public Health England, life expectancy from obesity is reduced by an average of three years, and in severely obese cases, by eight to ten years. It is estimated to cost the NHS over £5billion per year^{xxii}.

There is a strong correlation between deprivation and obesity. For adults, this correlation is found to be strongest in women where obesity prevalence rises from 21.5% in the least deprived quintile to 31.5% in the most deprived quintile^{xxiii}. For children, the prevalence of obesity in the least deprived quintile rises from 12.8% in 10 to 12 year olds to 24.2% in the most deprived quintile^{xxiv}.

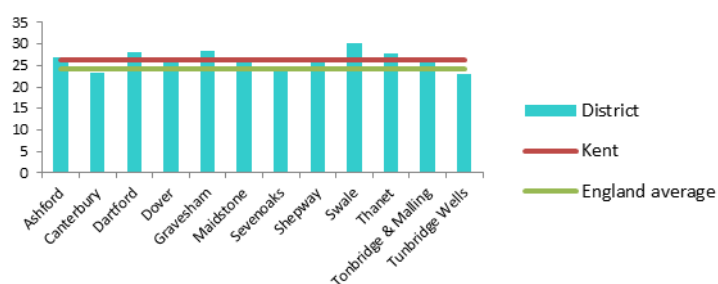
Where people live affects their chances of having an active life. The built environment helps to shape the communities in which people live and their access to amenities. Public spaces and transport networks can facilitate healthy lifestyles by providing opportunities for physical activity, social interaction and access to social goods.

Disadvantaged people are more likely to live in poor quality built environments. If you live in a deprived inner-city area, you have access to five times fewer public parks and good quality general green space than people in more affluent areas^{xxv}. If public space is available, a lack of use can be due to concerns about it being of poor quality and unsafe.

Housing is closely linked to the provision of accessible, safe, green space and play areas, and 'walkable' neighbourhoods. Housing providers and local housing authorities are often responsible for the areas of existing green spaces that incorporate their housing developments. They are also responsible for the design of well laid out new affordable housing development.

There are also clear links between poverty and poor diet. Low income households with high housing and living costs, and the impact of a reduction in benefits under the welfare reforms, can lead to unhealthy diet choices. This will make healthier and more expensive foods, such as fresh fruit and vegetables, a less likely option over cheaper and less nutritious food. There is also an issue with the lack of proper kitchen facilities for people living in temporary accommodation, including bed & breakfast, which can affect the ability to prepare healthy food.

The Kent picture – Obese adults^{xxvi}



The level of obese adults in Kent in 2013 is significantly worse than the England average. All districts apart from Canterbury, Sevenoaks, Shepway, Tonbridge & Malling and Tunbridge Wells have significantly worse levels of obese adults than the England average.

Recommendations

- 4a Ensure well designed and well laid out housing with access to open and green spaces**
- 4b Encourage residents to make use of existing open spaces**
- 4c Play a role on getting across the messages on healthy eating**

Objective 5: Strengthen the role housing plays in ill health prevention

Preventing ill health by recognising the early warning signs and understanding the way people live their lives on a strategic level helps to inform future plans for reducing health inequalities.

Various tools are used for assessing the health impacts and needs of a population from Joint Strategic Needs Assessments (JSNA), risk stratification and predicting risk to impact assessments and screening. These are all tools that the housing sector has the potential to embrace.

It is also important to understand the resources that will be required for the housing sector, health and its partners to make the recommendations happen, and the likely savings that could be made to health budgets as a result of preventing ill health through the action plan.

For housing and health to come together to work collaboratively on ill health prevention will require the careful sharing of information, which will be an area needing attention and improvement to achieve the best possible outcomes when working together.

Recommendations

- 5a Understand the costs for delivering the recommendations and the savings made to health**
- 5b Include housing in future Joint Strategic Needs Assessments (JSNA)**
- 5c Involve housing in risk stratification to predict those most at risk of poorer health in the future**
- 5d Measure the impact of housing services on health inequalities**

5. Action plan

Objective 1: Reduce the negative impact of homelessness on health					
Recommendation	Action	Outcomes	Lead	Timescales	
1a	Improve access and registration with GPs for rough sleepers	Explore the feasibility of introducing joint GP and housing appointment systems for rough sleepers in GP surgeries	Increase no. of rough sleepers accessing primary health care and housing services	GPs LHAs Support Providers	Jun 2015
1b	Take primary health care services to where rough sleepers are	Explore the feasibility of introducing a mobile GP outreach service in areas with a high concentration of rough sleeping	Increase no. of rough sleepers accessing primary health care services	GPs LHAs	Jun 2015
1c	Make plans for accommodation for rough sleepers upon hospital admission	Introduce homeless hospital discharge protocols in every district	Homeless people have accommodation upon discharge so increasing opportunities for continuation of care and reduction of readmission	Hospitals LHAs	Jun 2015
1d	Raise awareness of health, housing and support services available to rough sleepers	Develop a publicity campaign on housing and health services available to rough sleepers	Rough sleepers are signposted and connected to housing, primary health care, mental health and substance misuse services	JPPB LHAs Support Providers	Jun 2014
1e	Link homeless households in temporary accommodation to GPs	Signpost households placed in temporary accommodation to GPs	Increase no. of homeless households accessing primary health care services	LHAs	Jun 2014
1f	Improve identification of people in housing need who have mental health problems	Set up a Task & Finish Group to explore how to identify people in housing need who have mental health problems and ensure they are appropriately assessed	Increase no. of households receiving help from mental health services	JPPB	Dec 2014
1g	Raise awareness of resources for promoting healthy mental wellbeing	Publicise the 6 ways to wellbeing, Live It Well website and Mental Health Matters helpline	Increased awareness of the resources available to promote mental wellbeing	LHAs Registered Providers	Jun 2014
Objective 2: Encourage people to live in homes with good air quality					
Recommendation	Action	Outcomes	Lead	Timescales	
2a	Promote smoke free homes	Investigate the feasibility of housing providers introducing no smoking clauses in tenancy agreements	Increase no. of smoke free homes	LHAs Registered Providers	Dec 2014
2b	Prevent accidental deaths due to fire caused by careless disposal of cigarettes	Target referrals to the Kent Fire & Rescue Service home safety visits scheme	Decrease in no. of accidental fires caused by careless disposal of cigarettes	LHAs Registered Providers	Jun 2014
2c	Provide information to at risk households on recognising the signs of tuberculosis	Housing to take part in public health publicity campaigns on tuberculosis targeting those who are in temporary accommodation, living in poor housing, overcrowded housing and HMOs	Increased awareness of recognising the signs of tuberculosis to encourage earlier diagnosis and treatment	LHAs Registered Providers Public Health	Dec 2014
Objective 3: Ensure homes are warm, dry and free from hazards					
Recommendation	Action	Outcomes	Lead	Timescales	
3a	Improve identification of people at risk of excess winter deaths and falls	Explore funding opportunities with health to roll out Your Home Your Health in areas of Kent with high prevalence of excess winter deaths and falls	Improved housing conditions Reduction of nos. in fuel poverty Reduction of no. excess winter deaths and falls	LHAs HIAs H&WBs	Dec 2014

3b	Improve the coordination between housing, health and social care in falls programmes	Include private sector teams and HIAs in the falls prevention pathway and home care reablement service	Increased number of homes made safe from the risk factors of falling	LHAs Public Health Social Care H&WBs	Jun 2015
3c	Improve housing conditions so people can return from hospital sooner after a fall	Develop a falls hospital to home referral protocol for those requiring a return home to a safe environment (i.e. a 'safe room') using minor adaptations	People who have had a fall can return home sooner from hospital as their home will be adapted and made safe preventing a second fall	Hospitals LHAs RPs Social Care H&WBs	Jun 2015
3d	Increase the activity by housing on falls prevention	Expand postural stability exercise classes in sheltered accommodation schemes and include access to the wider community	Improves muscle strength and balance and reduces the risk of a fall	Registered Providers LHAs Public Health H&WBs	Dec 2014
3e	Increase the activity by housing on preventing a second fall	Pilot a rapid response team for those who have had a fall to make their home safe	Prevents a second fall	Ambulance Service Nurses LHAs HIAs H&WBs	Jun 2015

Objective 4: Develop our neighbourhoods to be healthy places

Recommendation	Action	Outcomes	Lead	Timescales	
4a	Ensure well designed and well laid out housing with access to open and green spaces	Develop a housing and health design guide incorporating the Health Inequalities and Wellbeing Impact Assessment (HIWA) and Screening Toolkit	New affordable housing developments and the re-design of existing schemes are well designed, inclusive and encourage participation in open spaces and local services	LHAs Registered Providers Planning Officers	Dec 2014
4b	Encourage residents to make use of existing open spaces	Housing providers to encourage community engagement in using open spaces	Increased participation in the use of open spaces	Registered Providers LHAs KCC	Dec 2014
4c	Play a role in getting across messages on healthy eating	Add a 'healthy eating on a budget' course to the future programme of tenancy training events delivered by the Kent Engagement Group	Increased awareness of making healthy and cost effective choices over diet	KEG LHAs RPs	Jun 2014

Objective 5: Strengthen the role housing plays in ill health prevention

Recommendation	Action	Outcomes	Lead	Timescales	
5a	Understand the costs for delivering the recommendations and the savings made to health	Undertake a cost-benefit analysis of the savings to health under the above actions	Enables a case to be presented to local Health and Wellbeing Boards and CCGs for additional funding	LHAs Public Health H&WBs	Jun 2014
5b	Include housing in future Joint Strategic Needs Assessments (JSNA)	Ensure housing is included in future Joint Strategic Needs Assessments (JSNA)	Housing informs and guides county health inequality plans and the commissioning of health, wellbeing and social care services	JPPB	Jun 2014
5c	Involve housing in risk stratification to predict those most at risk of poor health in the future	Pilot risk stratification involving housing data in one district and roll out if successful	The most appropriate people for whom interventions in health are identified for actions to be taken to prevent future ill health	LHAs Public Health	Jun 2015
5d	Measure the impact of housing services on health inequalities	Provide training to housing partners on the Health Inequalities and Wellbeing Impact Assessment (HIWA)	The housing sector actively considers the impact of their policies and services on health inequalities	Public Health LHAs Registered Providers	Dec 2014

6. Implementation and monitoring success

Given the role of districts to work with their local Health and Wellbeing Boards and CCGs to plan and develop services based on local needs and issues, the ambition is that districts will implement this action plan locally, integrating it as appropriate into their individual health inequality plans.

The success of the action plan will be monitored by the JPPB and Kent Housing Group. Progress will be reported to Kent Health and Wellbeing Board on an annual basis.

The following monitoring data will be collected on a bi-annual basis by the JPPB to inform of the progress of the implementation of the action plan. This will be collected in conjunction with key health data to measure the impact of the interventions on health inequalities:

Objective 1: Reduce the negative impact of homelessness on health

- Number of rough sleepers accessing GP surgeries and outreach clinics
- Number of homeless households signposted to local GPs
- Number of referrals made under homeless hospital discharge protocols and outcomes
- Number of homeless households placed in temporary accommodation
- Number of housing referrals to mental health services

Objective 2: Encourage people to live in homes with good indoor air quality

- Number of housing providers with no smoking clauses in tenancy agreements
- Number of referrals by housing providers to the Kent Fire & Rescue home safety visit scheme
- Number of households reached in tuberculosis publicity campaigns

Objective 3: Ensure homes are warm, dry and free from hazards

- Number of referrals made after risk assessments carried out and outcomes
- Number of interventions for excess winter death and falls prevention
- Number of homes made free from category 1 hazards

Objective 4: Develop our neighbourhoods to be healthy places

- Number of housing schemes designed and existing schemes re-designed using the housing and health design guide
- Number of community engagement projects to encourage use of open spaces
- Number of participants who attended 'healthy eating on a budget' training courses

Objective 5: Strengthen the role housing plays in ill health prevention

- Number of housing organisations that have received Health Inequalities and Wellbeing Impact Assessment (HIWA) and Screening Toolkit training

References

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- vii Rough Sleeping Statistics England: Autumn 2012, Department of Communities and Local Government, 2013
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- ix Chances of a Lifetime: The impact of bad housing on children's lives, Shelter, 2006
- x Kent Homelessness Information: Business Intelligence Statistical Bulletin, Kent County Council, 2013
- xi General Lifestyle Survey 2011, Office of National Statistics, March 2013
- xii The Economics of Tobacco: Factsheet, Action on Smoking and Health, July 2013
- xiii Health Profiles 2013, Public Health England, 2013
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- xix Falls Admissions by Place of Occurrence and CCGs in Kent and Medway (age 65+), KCC, 2009-10 to 2011-12
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- xxii Reducing Obesity and Improving Diet, Department of Health, March 2013
- xxiii Adult Weight Factsheet, National Obesity Observatory, February 2013
- xxiv Child Weight Factsheet, National Obesity Observatory, February 2013
- xxv Urban Green Nation: Building the Evidence Case, CABE, 2010
- xxvi Health Profiles 2013, Public Health England, 2013

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Housing and Community Safety Advisory Committee Work Plan 2013/14 (as at 20.05 14)

17 June 2014	14 October 2014	10 February 2015	26 March 2015
<p>Benefit Fraud – Adrian Rowbotham & Glen Moore – Maximising income from fraud</p> <p>Community Safety Annual report</p> <p>Health & Housing</p>	<p>Air quality – Central Government report & Savings Scrutiny joint report</p> <p>Update on affordable housing, how much have we got, is it improving etc.</p> <p>Road Safety feedback from Working Group</p> <p>HERO Update</p> <p>CCTV review</p> <p>Update on measures to combat slavery and human trafficking</p>	<p>Joint working group with Local Planning & Environment – how do we square the circle of needing more housing with our physical environment (greenbelt, AONB etc) and planning restrictions.</p> <p>Invite District Area Commander</p>	

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