



**Report of Amanda Healy, Director of Public Health, and Geoff Paul, Corporate Director of Regeneration and Local Services, Durham County Council.**

**Purpose of the Report**

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of the importance of housing and the home environment in improving health outcomes for the population of County Durham.
- 2 The report provides an update on the work undertaken to address housing and health needs across the county. It also begins a conversation outlining the next steps for extending the action of the council and partners to promote a system-wide approach to promoting housing and health.

**Executive summary**

- 3 Housing is a key determinant to health and wellbeing. The Marmot Review commissioned by the Government concluded that housing is a 'social determinant of health', meaning that it can affect physical and mental health inequalities throughout life. Physical housing conditions (e.g. cold and damp) can affect health, as can factors such as the accessibility of the home.
- 4 The cost to the NHS from injuries and illness directly attributable to homes in poor condition is significant. The wider cost to society of leaving England's poor housing unimproved is £18.6 billion (BRE, 2016)
- 5 The County Durham Plan sets out a vision for housing, jobs and the environment until 2035, as well as the transport, schools and healthcare to support it. The plan aims to locate the new homes in the right places to contribute towards sustainable, balanced and regenerated communities across the county.

- 6 Measures are being introduced in County Durham to ensure a wide range of quality homes are built to meet the needs of residents. Opportunities for the improvement of physical accessibility, affordability and suitability are key factors when considering the impact of housing on the health of the local population.
- 7 In July 2019, the council proposed a new Housing Strategy for County Durham. Consultation with partners on the strategy has been used to consider housing issues in County Durham, including those relating to health and wellbeing. This process was undertaken by conducting a Health Impact Assessment (HIA) on the Housing Strategy.
- 8 An HIA process was also undertaken on the County Durham Homelessness Strategy (July 2019). This was to identify relevant strategic objectives which could be implemented to improve health outcomes for those at risk of becoming homeless or are rough sleeping.
- 9 One of the recommendations from the HIA on Homelessness was to undertake a Health Needs Assessment on those at risk of homelessness and rough sleepers. This was initiated in October 2019 and will be completed by Spring 2020.
- 10 The Health and Wellbeing Board have approved the development of a new Approach to Wellbeing for County Durham. This approach builds upon and strengthens community assets which places people and place at the centre of all activity. This will provide an opportunity to integrate the Wellbeing Approach into housing via Spatial Planning policy, housing support, working with housing providers, local communities and resident's groups.
- 11 There are still a number of housing support initiatives currently being implemented by Housing Solutions, housing providers, Public Health and CCG's which prioritise actions to promote housing and health.
- 12 With the advent of new strategies for Housing and Homelessness, the reinvigoration of a Housing and Health group could provide the strategic direction for opportunities to share learning and expand the delivery of health initiatives into other areas of the county.
- 13 This would provide opportunities for a range of partners including developers, private landlords, health and social care providers to create a system-wide approach to integrate health and wellbeing into housing, making it everyone's business.

## **Recommendation(s)**

- 14 Members of the Health and Wellbeing Board are asked to:
- a) Note the content of the report
  - b) Consider the options for Housing Partnership groups to work collaboratively to further explore opportunities to initiate a strategic Housing and Health Group which will include the council, NHS and housing provider partners.

## Background

- 15 The health and wellbeing of the people in County Durham has improved significantly over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average.
- 16 Mortality and morbidity, along with life expectancy and healthy life expectancy are influenced by wider determinants impacting on people throughout the life course. Many people in County Durham continue to engage in unhealthy behaviours when compared to England, directly linked to the social, economic and environmental factors such as their homes and communities.
- 17 Housing and a positive home environment is a key determinant to health and wellbeing. Poor quality housing is a risk to health - living in housing which is in poor condition, cold, overcrowded or unsuitable will adversely affect the health and wellbeing of individuals, families and communities. It can cause or exacerbate a range of underlying health conditions, from falls to poor mental health.
- 18 Housing plays an integral part in the health of individuals and the general population. The suitability of homes for people with a long-term condition, or the ability to adapt homes to changing needs as they get older makes a big difference to wellbeing, physical health, and independence.
- 19 It is therefore, important that all homes in County Durham provide a safe, inclusive and secure environment for people to live and grow within their local community.
- 20 Health and housing priorities within County Durham include social isolation associated with the scale and rurality of the county, fuel poverty associated with deprivation as well high hospital-related admissions associated with childhood injuries in the home; and falls and frailty in older people ([Durham Insight](#)).
- 21 Addressing the causes of homelessness and addressing people sleeping on the streets is a key public health priority within County Durham.
- 22 The cost to the NHS from injuries and illness directly attributable to homes in poor condition is calculated to be £1.4bn per year, and the wider cost to society (including medical costs, lost education and employment opportunities) of leaving England's poor housing unimproved is £18.6 billion.

## The Impact of Housing on Health

- 23 Poor housing has a major impact on health throughout the life course. Evidence highlights children are more likely to live in overcrowded housing than working-age adults and pensioners. This relates particularly to children living in low income families. (Department for Communities and Local Government 2015).
- 24 Children living in overcrowded and unfit conditions are more likely to experience respiratory problems such as coughing and asthmatic wheezing. For many children this means losing sleep, restricted physical activity, and missing school. Children living in overcrowded housing can also be up to 10 times more likely to contract meningitis than children in general.
- 25 There is a direct link between childhood tuberculosis (TB) and overcrowding. TB can lead to serious medical problems and is sometimes fatal.
- 26 Children living in cold, overcrowded or unsafe housing are more likely to be bullied, to not see friends, to have a longstanding health problem, disability or infirmity and be below average in key academic areas as a direct consequence of living in poor-quality housing.
- 27 For people with a diagnosed mental health problem, high quality and stable housing is key to maintaining good mental health and is important for recovery. However, people with mental health problems are much more likely to live in poor-quality accommodation and are more at risk of becoming homeless.
- 28 Research undertaken in older populations found a significant correlation between cold temperature and cardiovascular and respiratory disease. There are also links with colds, flu and pneumonia, as well as arthritis. Experiencing cold conditions in the elderly can also affect mental health, which is likely to be exacerbated by worries about high energy bills.
- 29 Specific groups identified as being vulnerable to the impact of housing on their health can be identified within Appendix 2. These include care leavers, veterans, ex-offenders, those suffering domestic abuse, Gypsy, Roma, Travellers, substance misusers, those with long-term conditions, those with mental ill-health.
- 30 For the Taylor family having an affordable, warm, safe and accessible home impacts on the health and wellbeing of each member of the family. This includes the family home in which Sarah and John reside, creating a healthy environment in which their children Dan, Olivia and Callum are able to flourish.

31. The ability of Jean and George to live independent lives is also key to improving their health outcomes, with the provision of a home adapted for their needs being fundamental for their quality of life.

### **The Taylor Family, Director of Public Health Annual Report 2019**



### **Those at Risk and Homelessness**

- 32 People become homeless for multiple reasons. Circumstances include a lack of affordable housing, poverty and unemployment; refugee status, poor mental and physical health and life events.
- 33 Homelessness is a late marker of exclusion and disadvantage. It may also signal underlying emotional and physical abuse and involvement with the criminal justice system.
- 34 When trying to understand the reasons for homelessness, all available national evidence points to Local Housing Allowance, as part of Universal Credit reforms, as a major driver of this association between loss of private tenancies and homelessness.
- 35 The number of Universal Credit claimants who are private tenants is now some 5 per cent lower than when the Local Housing Allowance reforms began in 2011, despite the continuing strong growth of the private rented sector overall.
- 36 Alongside the narrowing opportunities to access the private rented sector, there is growing evidence of a squeeze on homeless households' ability to access social tenancies.

- 37 This arises from pressure on the diminished pool of socially rented properties, with an 11 per cent national drop in new lettings in the past year alone. There is also a reported increase in the anxieties of social landlords in letting to benefit-reliant households and those with complex needs (JRF, 2017)
- 38 The numbers of individuals sleeping rough is hard to estimate and experiences of rough sleeping vary enormously. Some individuals have a short and very limited experience of rough sleeping and some may only sleep rough for a few days. Other individuals return to the streets when their housing fails or after a spell in hospital or prison.
- 39 On a national basis, local authorities have assessed over 59,000 annual homelessness acceptances, totals have increased by 19,000 across England in 2016/17 when compared to 2009/10. With a rise of 2 per cent over the past year, acceptances now stand 48 per cent above their 2009/10 low point.
- 40 The presence of co-morbidity (2 or more diseases or disorders occurring in the same person) in people sleeping on the street indicates they are almost 17 times more likely to have been victims of violence. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless.
- 41 The longer a person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing will be at risk. Homeless people are over nine times more likely to take their own life than the general population.
- 42 People who sleep on the streets in England tend to be male; aged between 25 and 55 years old; and predominantly white. In the 2017 rough sleeper counts, 83% of people found sleeping rough were men, while 14% were women (3% was unknown).
- 43 Evidence suggests women who sleep on the streets are more likely to have specific support needs and to have experienced traumas, including domestic abuse, mental ill health, substance misuse, and to have self-harmed. Less is known about the needs of women who sleep rough as they make themselves less visible in order to stay safe (Crisis, 2017).
- 44 In the 2017 national counts, estimates, 81% of people found sleeping on the streets were aged over 25 years. However, evidence suggests most people who sleep rough first became homeless at a young age, often in their early twenties. This may explain the numbers of single homeless.

- 45 There were an estimated 726 deaths of homeless people in England and Wales registered in 2018, the highest year-to-year increase (22%) since the time series began in 2013 (last year there were 594 recorded). ONS, 2018.
- 46 Most of the deaths in 2018 were among men (641 estimated deaths; 88% of the total)
- 47 A key driver of the change is the number of deaths related to drug poisoning which are up by 55% since 2017 compared to a 16% increase since 2017 for the population as a whole. Two in five deaths of homeless people were related to drug poisoning in 2018 (294 estimated deaths)

### **Action on Property Standards for Housing and Health in County Durham**

- 48 There are a range of activities currently being undertaken to assess and implement approaches to ensure the homes and buildings in County Durham are maintained to the highest standard to promote health and wellbeing.
- 49 This work needs to be identified and co-ordinated to using a system wide approach to help address where homes and buildings are causing health issues. By considering the provision of common definitions and approaches to policy, regulation and standards the gap in health inequalities can be reduced.
- 50 Growing the research and evidence base to develop a case for standards for new builds can set a precedent for taking account of the needs of vulnerable people and the ageing population.
- 51 Considering a review of housing and building standards to incorporate health and wellbeing into the core of housing and building design would be beneficial. However, national planning policy indicate technical standards for accessible and adaptable housing requires the identification of the need for such properties.
- 52 The All-Party Parliamentary Group for Housing and planning in 2019, called for a 'national renovation strategy', with some specific measures for the private rented sector being suggested, including a national registration system for the private rented sector in England. This is an option currently being considered as part of the Private Landlord Selective Licensing Scheme in County Durham.



## **The County Durham Plan**

- 53 In order to ensure that County Durham is a successful place to live, work, invest and visit the County Durham Plan focusses on supporting and creating vibrant communities by delivering:
- (a) More and better jobs and sustained economic growth;
  - (b) A wide choice of high-quality homes that supports economic growth and meets the needs of all people;
  - (c) A high quality built and enhanced natural environment; and
  - (d) The necessary supporting infrastructure including transport, health and educational needs.
- 54 A Health Impact Assessment (HIA) was undertaken working with a range of colleagues to inform the development of the County Durham Plan.
- 55 This process assessed the health impacts of different policies, including spatial policy further enhances the collaborations between health and planning colleagues. This helps to identifying the need for specific housing types, promoting a balanced community.
- 56 Measures will be introduced as part of the plan to ensure that a wide range of quality homes are built to meet the needs of residents. This would see a requirement that 10% of all homes on developments would have to be designed for older people to better support an aging population.
- 57 Between 10% and 25% would also have to be affordable homes, depending on the location.

## **HIA's on County Durham Housing Strategy and Homelessness Strategy**

- 58 Following on from the development of the Durham County Council Housing Strategy, opportunities to identify relevant strategic objectives to enhance population health priorities were considered. These included:
- (a) Better Housing Support for County Durham Residents
  - (b) Provide housing advice, assistance and support for older and vulnerable people
  - (c) Improve access to housing
  - (d) More and Better Homes
  - (e) Maintain and improve standards across county Durham's housing stock and wider housing environment

- 59 A HIA on the Housing Strategy has been undertaken, with the key recommendations made to help health outcomes for single people, families and older people highlighted within the outcome report (Appendix 3).
- 60 A HIA on factors leading to homelessness has also been completed. This was initiated to consider opportunities to address those most at risk and support those sleeping on the streets. The HIA considers health needs when supplying accommodation and ways improve health outcomes for people accessing housing support services.
- 61 Specific work on this agenda has been developed by working in partnership with Housing Solutions. This includes work on;
- (a) reducing social isolation;
  - (b) fuel poverty;
  - (c) childhood injuries in the home;
  - (d) falls and frailty in older people.
- 62 Recommendations within the HIA's for Housing and Homelessness have indicated future areas for development by working with relevant groups, including the Housing Support Group, Housing Poverty Group and the Rough Sleepers Working Group and will be supported by Public Health.
- 63 Prioritisation of key recommendations from both HIA processes include:
- (a) Roll-out of Make Every Contact Count (MECC) training to housing and welfare officers offering people brief advice on health or signposting to services in their community. This has now been actioned as part of the Wellbeing for Life training programme 2019/2
  - (b) Protecting non-smokers and children in communal areas or social settings by embedding Smoke-free Homes Standards into tenancy agreement. This action has been included within the Service Specification for the Stop Smoking Service procurement in 2019/20.
  - (c) Developing further links with partners and delivery groups to support new tenants with budget management and accessing resources, such as through furniture cooperatives.
  - (d) Identification for further consideration of the health needs of those at risk of homelessness, or those who are rough sleeping (see Appendix 4).
- 64 This best practice approach has been recognised regionally, when Durham's housing strategy HIA process and findings were selected for presentation at the Public Health England Health in All Policies North East event in April 2019.
- 65 The need to liaise with NHS colleagues to work in partnership to address hospital discharge and housing requirements for vulnerable people has

also been identified. This area of work will be progressed within future housing and health plans.

## Approach to Wellbeing

- 65 There are many definitions of wellbeing but it can broadly be recognised as feeling good and functioning well; how we are doing, how satisfied we are with our lives and our sense that what we do in life is worthwhile.
- 66 Public Health are working with partners to develop a new approach to wellbeing that builds upon and strengthens community assets and which places people and place at the centre of all activity.
- 67 County Durham's approach to wellbeing is underpinned by six principles that have been derived from the evidence base, and further informed by conversations with local partners:

## County Durham's Approach to Wellbeing



- 68 Consideration was given to the six principle of wellbeing, which included ways of enhancing engagement with local communities in the planning of developments, acknowledging the differing needs of local communities and aligning strategy and policies to reflect the population of County Durham.
- 69 The model for Wellbeing provides an opportunity to engage partners involved in housing from across the county to consider options for integrating the six principles for wellbeing into their policy work. The principles could also be used to benchmark project delivery work undertaken in partnership with tenants and local communities.

- 70 This work has commenced with housing providers who are now engaged in a programme of Making Every Contact Count (MECC) training. This provides an excellent introduction for housing workers in the mental health and wellbeing, engaging tenants in an effective conversation about their mental health and signposting to appropriate services.

## **Current Housing and Homeless Initiatives Impacting on Health**

### **Housing Solutions**

- 71 Despite the national challenges around homelessness, there has been significant progress made over the last three years to prevent homelessness in County Durham. Housing Solutions is based within the Regeneration and Local Services (REAL) area group at Durham County Council. The service area aims to help clients access a home, to assist clients to stay at home and live independently and to improve properties and housing management standards.
- 72 During 2017-18, Housing Solutions have helped almost 4000 households from becoming homeless by helping them to stay at home or find alternative accommodation (Homelessness Review, Housing Solutions. 2017).
- 73 Areas for the targeting of homeless prevention interventions have included people with vulnerabilities, specifically young people, women, older people, Gypsy Roma travellers and the protection of tenants through the Private Sector Landlord Accreditation Scheme within specified areas of the county.
- 74 In 2017-18, a review on homelessness indicated the main reasons for clients contacting Housing Solutions was for housing advice, which included financial hardship (868 individuals), domestic abuse (535 individuals) and being asked to leave by parents (249 individuals).
- 75 In the same period, there has been a slight decrease in the number of clients presenting due to rent arrears, but an increase in those sleeping rough and those suffering from fuel poverty in the county.
- 76 Durham have recently led on a funding bid for the region and have secured Government funding of £700,000. A Rough Sleeping Action Plan and Strategy has been developed and a meeting structure implemented to discuss the delivery of the strategic objectives and operationally the individual cases.
- 77 The funding has been used to employ two Rough Sleeper coordinators who work in partnership with the police, probation, housing solutions, the voluntary sector and public health. In addition, officers are working

in prisons to assist with planned release and substance misuse outreach working with Humankind.

- 78 A bi monthly Rough Sleeping Count will be undertaken to maintain an overview on the current position of those sleeping rough. An outreach worker is employed and over the last year has assisted over 100 people into finding accommodation.
- 79 Adoption of the six principle of wellbeing into all housing support work and the implementation of recommendations identified in the HIA on the Homelessness Strategy could provide further opportunities to promote the health and wellbeing of local residents, reducing levels on homelessness across the county.

### **Local Letting Agency (LLA)**

- 80 The County Durham Review of Homelessness (2018) highlighted that there are not enough properties with intense support available for those people with low to medium support needs.
- 81 In response to this Durham are setting up a local letting's agency enabling the council to own or lease properties. Government funding was applied for through the Rapid Rehousing Pathway Programme and Durham were awarded £253,538 to set up the LLA. The funding will be used to establish the LLA and appoint tenancy sustainment and housing management officers.
- 82 The role of the officers is vital to ensure the clients are supported in their tenancy, with any health needs being assessed and addressed by referral on to other relevant services. This project will contribute to reducing the risk of homelessness for vulnerable individuals including those leaving care, prison releases, veterans and substance misuse.

### **Private Landlord Selective Licensing**

- 83 One of the main aims of the Housing Strategy is to raise standards in the private sector. There are a large number of homes in the private rented sector which are in poor condition and this can have a serious impact on health including exacerbation of respiratory illness, accidents and mental ill-health.
- 84 It is proposed to introduce a selective licensing scheme across County Durham as a tool to improve housing standards. This would require private landlord to adhere to set criteria for maintaining the home environment in order to gain a license to rent.

- 85 Areas for the contribution to health outcomes including safe and warm homes with recommendations for a smoke-free environment could be stipulated as part of the licence criteria.

### **Warmer Homes**

- 86 The County Durham Warm Homes Campaign is the promotion and delivery mechanism for the County Durham AW Strategy. It provides training for front line health and social care professionals from the statutory and voluntary sectors who visit patients/clients in their home.
- 87 Referrals are made to the councils Warmer Homes Team within Housing Solutions and through assessment offer a menu of interventions. These currently include; boiler replacements, central heating upgrades, loft and wall insulation measures; Managing Money Better service assisting households to access lower energy tariffs and to switch energy providers and grant assistance for boiler repairs and assistance with gap funding or any client contribution requirement for warmer homes.

### **Silverdale Pilot**

- 88 This Public Health research project aims to test the impact of a range of fuel poverty interventions for patients with Chronic Obstructive Pulmonary Disease (COPD) and asthma. The Silverdale GP Practice in South Hetton was identified by the Housing and Health Matrix as having the highest prevalence of patients with the two conditions and was the most appropriate test site.
- 89 The full results of the research project suggest the promotion of the scheme could be increased to integrated into the primary care and housing providers offer. The project has already resulted in over £51,000 of energy efficient boilers and home insulation measures installed for Silverdale patients involved in the project.

### **Unintentional injuries / minor illness – targeted work with social housing**

- 90 Multi-Agency workforce development training has been commissioned to deliver unintentional injury from August 2019 with a focus on reducing accidents in the home for the under-fives. The training offer is to be delivered 2019-2022 and will offer a monthly session across all parts of the County to reach a minimum of 100 participants across County Durham per year.
- 91 The 0-19 commissioned service will provide a quarterly progress report will be shared at the Unintentional Injuries Steering Group and reported through to the BSIL steering group. All training sessions for the rest of the year are now fully booked (150 places, exceeding the target of 100 in the first year).

- 92 A bespoke session is being delivered to housing colleagues in the first instance. It is expected that all housing colleagues will engage with the training offer.

## **NHS**

- 93 The new Homelessness Act has introduced a new 'duty to refer', from October 2018, requiring specified public authorities in England to notify LHAs of individuals they think may be homeless or threatened with becoming homeless in 56 days, with the person's consent.
- 94 The health services that the new duty applies to are accident and emergency services provided in a hospital urgent treatment centres, hospital-based in-patient treatment services
- 95 Other public authorities to whom the duty to refer applies includes prisons, probation and Jobcentre Plus. The aim of the new duty is to help people who come into contact with a range of public services get access to homelessness services as soon as possible so their homelessness can be prevented from reaching crisis.
- 96 The HIA conducted on the Homelessness Strategy recommends a review of housing status as part of patient assessment processes for those individuals accessing primary care, with a robust mechanism for referral into Housing Solutions for those at risk.

## **Conclusion**

- 97 Housing is a key determinant to health and wellbeing. The Marmot Review states housing is a 'social determinant of health', meaning that it can affect physical and mental health inequalities in populations throughout the life course.
- 98 The County Durham Plan sets out a vision for housing, jobs and the environment until 2035, as well as the transport, schools and healthcare to support it. The plan aims to locate the new homes in the right places to contribute towards sustainable, balanced and regenerated communities across the county. Health impact will now be a key factor included in this work.
- 99 Improving housing and the home environment is key to improving health outcomes for individuals, families and the elderly as identified by the HIA's conducted on the Housing and Homelessness Strategy's in 2018.
- 100 The consideration of physical and mental health needs should be addressed when supplying accommodation and housing support services for those most in need.

- 101 To progress this process the engagement of Housing Providers is essential to understand the issues presented when trying to address the health needs of tenants. This should also be extended to owner occupiers.
- 102 The advent of the new Housing and Homelessness strategies for the county, plus recommendations identified in the associated HIA's and findings from the proposed HNA on homelessness, could all provide a new starting point for improved partnership working on housing and health.
- 103 This will require engagement at a local level with NHS, CCG's commissioning, housing, planning, public health and Voluntary and Community Sector and housing providers to develop a plan of action to ensure the health needs of tenants, owner occupiers and those at risk of homelessness are addressed using a system-wide approach.
- 104 This work could be initiated by reinvigorating a county wide strategic group for Housing and Health.

### **Background papers**

- County Durham Plan 2018-2035
- Health Impact Assessment on the Housing, June 2019
- Health Impact Assessment on Homelessness, July 2019

### **Other useful documents**

- County Durham Housing Strategy 2018-21
- County Durham Homelessness Strategy 2018-21

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## Appendix 1

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### **Legal Implications**

The Homes (Fitness for Human Habitation) Act 2018 received Royal Assent on 20 December 2018 and came into force on 20 March 2019. The Act amends the current fitness for human habitation found in the Landlord and Tenant Act 1985

The Homelessness Reduction Act published in 2017, signalled a significant change to homelessness protection across England over the next 3 years. The Act aims to reduce homelessness by joining up services to provide better support for people, especially those leaving prison/hospital and other groups at increased risk of homelessness, such as people fleeing domestic abuse and care leavers

### **Finance**

No implications

### **Consultation**

a consultation with housing provider will be required to

### **Equality and Diversity / Public Sector Equality Duty**

Not applicable

### **Climate Change**

A warm, but energy efficient home will contribute to the reduction of carbon emissions.

### **Human Rights**

Does not impact on human rights.

### **Crime and Disorder**

A reduction in homelessness and risk of homelessness will contribute to a reduction in antisocial behaviour in local communities.

### **Staffing**

None.

### **Accommodation**

Housing has a significant impact on health and wellbeing. The Housing Act contributes to ensuring tenants have a right to safe and warm housing.

### **Risk**

None

### **Procurement**

None.

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## Appendix 2: Population groups vulnerable to the impact of housing on their health

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- Older people
- Children and young people
- Single person households
- People who have been in care and aged over 21
- People who have been in the armed forces
- People who have been in custody
- People / families fleeing violence or threats of violence
- People in receipt of welfare
- People who lack budgeting / numeracy skills
- People with debt or previous arrears
- Working poor (employed on low and / or inconsistent wages)
- Private renters
- People living in poverty
- Single parent families
- People with mental health problems
- People with physical disabilities and long term conditions
- People with chronic respiratory disease
- People with learning difficulties
- People receiving end of life care -
- People who smoke
- Analysis of public health intelligence data indicates that key priorities include:
  - Childhood Injuries
  - Fuel Poverty
  - Mental health and isolation
  - Falls and frailty in older people
  - Household smoking
  - Homelessness

## Appendix 3: HIA on Housing Findings

Actions	Population Affected	Potential Impact	Health Implications		Recommendation
			Positive	Negative	
<b>Provide care and support for older and vulnerable people</b>					
1.1; 1,2	<p>Older people</p> <p>People with mental health problems</p> <p>People with learning difficulties</p> <p>Single person households</p> <p>People with physical disabilities and long term conditions</p> <p>Children (as occupants but not tenants)</p> <p>People receiving end of life care</p>	<p>People have different housing needs associated with their health and social context. These needs are not static and require review either due to significant life event (e.g. change in health, co-habitants status etc.) or on a routine basis over a life course.</p> <p>Physical impairments mean that people are more likely experience injuries or falls in the home, more likely to be isolated and less safe if they need to</p>	<p>Appropriate housing for people with additional health or social needs can reduce demand on acute services through improved mental wellbeing, reduced antisocial behaviour and less accidents in the home. Over time this can reduce the risk of long term conditions, premature mortality and promote community cohesion.</p>	<p>People may not identify as vulnerable or been known to services e.g. young adults in the private rental sectors; people in receipt of informal care; or owner-occupying older people. There is potential negative impacts to vulnerable groups if they can't easily access support services or aren't aware of how it can benefit them leading to inequalities.</p> <p>Systems and processes for</p>	<p>Assessments for additional support needs should consider mental and physical health needs equally and consider many people have multiple additional support needs.</p> <p>Explicit use of the Housing Act 1996 to define her/his vulnerability within support criteria.</p> <p>Identify children as vulnerable occupants within the home despite not directly being the tenant but who may have health needs and who are more vulnerable to housing quality by virtue of</p>

	<p>People who have been in care and aged over 21          People who have been in the armed forces          People who have been in custody          People / families fleeing violence or threats of violence          Unspecified (other special reason)</p>	<p>evacuate the property quickly.</p> <p>People with chronic respiratory illnesses are particularly vulnerable to cold homes increase risk of flu and pneumonia, which may lead to excess winter mortality.</p> <p>Mental health problems and learning disabilities means that people are more likely to have less social support, are vulnerable to people entering their homes, may have reduced capacity to budget / manage a home and may be more disrupted by changes to their home environment.</p> <p>Smoking is associated with poor physical and mental health and</p>	<p>When efforts are made to understand the needs of individuals who require support, the allocated home is more likely to be fit for purpose and be less likely to require multiple moves, to the disruption of individuals and detriment communities.</p> <p>Appropriate homes improve wellbeing and reducing physical or social risks, promoting independence and self-efficacy.</p> <p>Many adaptations, technology and tailored support is available to improve people's experience in the home.</p>	<p>assessment and allocation of homes can increase inequalities if tailored support is not widely promoted and offered to accommodate range of cultural, physical, language and sensory needs.</p> <p>Children are particularly vulnerable to poor housing in relation to respiratory health (cold homes, poor ventilation, second-hand smoke and proximity to major roads) and household injuries but often only represented by-proxy unless they have a specific disability.</p> <p>Housing officers and providers may take on roles and responsibilities that are beyond the scope of their professional expertise or job</p>	<p>their age, physical size and autonomy.          Extend criteria considerations to people with common long term conditions, and dementia explicitly.</p> <p>Explore the use of technology to ensure safety and promote inclusion for people with sensory impairments.</p> <p>Adapting homes to meet people's needs should be preferable to moving people in order to enable the maintenance of social networks and continuity of services within communities.</p> <p>Housing support available should be proactively promoted through a range of communications measures and in particular through health and social care interfaces such as discharge planning.</p>
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		<p>strongly patterned by deprivation. Smoking contributes to people living in poverty and in early deaths amongst the smoking population. Children are most vulnerable to second hand smoke harms, leading to approximately 30% increased asthma admissions to hospital.</p> <p>Inappropriate housing can mean that people are unable to receive the treatment and care that they need for example, choosing to die at home .</p>	<p>When people benefit from proportionate support to meet their needs it promotes equity and inclusion within Durham's communities, reducing inequalities and isolation.</p>	<p>description if asked to deal with health or social issues in relation to 'support'.</p> <p>Limited stock of 2 bedroomed bungalows and homes that are adaptable to make accessible for wheelchairs etc.</p> <p>Some properties in the current stock are incapable of being adapted meaning people may have to move homes (that they may have been in for many years) to meet their needs.</p> <p>Older people and single person households do not necessarily have additional needs. This group could experience positive discrimination whereby vulnerability</p>	<p>Promote the support available for the housing application process and housing support that is available through community based services (i.e. not only health and social care) through a range of media formats and communications at community and voluntary sector locations / services.</p> <p>Ensure eligibility for carers (informal / formal) to represent people who may require for additional support within processes.</p> <p>Ensure that system and procedures proactively enquiry regarding additional needs that individuals may have, including a range of physical, mental and social examples, so the emphasis of responsibility is not on the individual to only self-identify.</p>
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				<p>is assumed and autonomy compromised.</p>	<p>Ensure that housing officers receive appropriate training on relevant aspects of their job and client groups' e.g. MECC, mental health first aid; dementia-friendly training; domestic violence etc. with support from health and social care partners.</p> <p>Private and social landlords to include smoke free homes standards as part of their tenancy agreement to improve the health of non-smokers in the home, particularly children.</p> <p>Communal outdoor areas within housing estates should be protected fresh-air spaces where smoking is prohibited for the protection of children and vulnerable groups.</p> <p>Where tenants are identified as smokers, landlords should consider</p>
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					<p>a referral to fire &amp; rescue services for appropriate risk assessment and advice.</p> <p>Increase the number of DKO properties with wrap around support to support vulnerable people to achieve and maintain tenancies.</p> <p>Ensure people know about what succession tenancies are and how they can apply for them.</p> <p>Encourage the benefits of smoke-free, accessible and safe greenspace and garden areas to health and wellbeing of residents to housing providers, including physical activity promotion, play in childhood and mental wellbeing.</p>
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## Addressing poverty and the impacts of welfare reform in a housing context

2.1-2.4	<p>People in receipt of welfare Single occupant households</p> <p>Older people</p> <p>People with disabilities</p> <p>People with long term conditions</p> <p>Single parents families</p> <p>Home-owners not in contact with services</p> <p>People who lack budgeting / numeracy skills</p> <p>People who regularly smoke</p>	<p>Over the life course, people are most likely to experience poverty as young people, as a young family and in retirement. Supporting young families and older people out of poverty is strongly associated with reduced inequalities.</p> <p>People who have long term conditions, older people, people with disabilities and the unemployed are among those most likely to live in poor housing.</p> <p>Individuals living in poverty are more likely to live in a cold home, leading to risk of reduced mental wellbeing, isolation and respiratory illness. People living in</p>	<p>Addressing poverty can support people to maintain a warm and safe home and prevent homelessness.</p> <p>Addressing poverty can reduce crime and antisocial behaviour, giving children the best start in life in healthy communities.</p> <p>Smoking is highly associated with deprivation and increasing poverty. Social landlords are a previously under-utilised setting for targeting smokers to support them to stop.</p>	<p>Financial problems and increased housing costs are associated with increased suicide and crime.</p> <p>Increased housing costs are associated with people having poorer diets as healthy food becomes less affordable.</p> <p>Families may be excluded from close proximity where no affordable or appropriate housing is identified. This can lead to reduced social support and displacement.</p> <p>Not everyone is able to routinely budget due to a range of issues such as inconsistent income</p>	<p>Build on existing good practice to support people find appropriate energy suppliers and assessment for fuel poverty support (top ups/discounts) – see below.</p> <p>Support for new tenants / people moving into their first independent home should be given an understanding/ knowledge of budgeting skills for people in the social/private rented sector.</p> <p>Allocations of homes should be considered in relation to access to support, including services and informal family support.</p> <p>Where money management and budgeting is found to be difficult for individuals, or can be anticipated to be</p>
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	<p>People with debt or previous arrears</p> <p>Working poor (those in employments on low and / or inconsistent wages)</p> <p>Children growing up in poor households</p> <p>Ex-offenders</p>	<p>poverty tend to spend long periods of time indoors at home, exposed to potentially hazardous environments if the homes are cold and unsafe which is further exacerbated if they smoke or have a long term condition.</p> <p>Despite perceptions, 40% of people affected by the bedroom tax are not in receipt of welfare benefits. This therefore increases the risk of in work poverty.</p> <p>One parent of split families often have contributions to two households, pushing them into poverty and lowering living standards, including distance to their children / work.</p>		<p>or inexperience of financial management, which is magnified by the UC system (now paying recipients directly as a single payment) leading to a risk of rent arrears and further poverty.</p> <p>People living in poverty are less likely to own their own car and be dependent on public transport making services and employment more difficult.</p> <p>Council tax concessions means that landlords are incentivised to provider unfurnished properties which disadvantages people living in poverty to have necessary goods e.g. separate beds, table for meals etc.</p>	<p>difficult, welfare support and housing providers should work to agree payment methods not dependent on individual behaviours or abilities.</p> <p>Build and develop links with public transport providers, employer transport schemes, active travel options, and car-shares schemes to enable routine travel / access across Co. Durham to maximise employment opportunities for working age people.</p> <p>Explore opportunities to make initial allowances and delayed payments during the first few weeks of tenancy to enable people to receive their first pay check / welfare payments to prevent barriers to food / transport or heating.</p> <p>Steps should be taken to raise awareness amongst</p>
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		<p>Older home owners in County Durham may be asset-rich but may live in poverty and not be known to services prior to a significant event (e.g. a fall, flu) occurring which leads to reactive rather than preventative actions. Long term home ownership means that properties may be not be adequately maintained.</p> <p>People living in poverty are more dependent on local services and shops, and therefore more vulnerable to quality of the products and prices on sale (e.g. unhealthy foods).</p> <p>People living in deprivation disproportionately represent smokers. Smoking contributes to people living in</p>			<p>providers and landlords about the high proportion of people who are working poor but living in social housing and therefore the specific impact of the bedroom tax on this group, focused on advocacy for tenants on UC revisions and reducing stigma associated with social housing.</p> <p>Offering financial support / incentives to older owner-occupying residents so that they can make improvements or update their property can make homes safer and warmer for their duration, reducing risk of illness as well as increase the value of the asset for any potential care provision required in the future. Enhancing dilapidated properties can also increase the attractiveness of streets, increasing value of housing stock enabling social good.</p>
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		<p>poverty and in premature mortality amongst the smoking population with profound impact of families.</p>			<p>Promote and develop links within communities to furniture cooperatives, food banks and clothing banks to ensure people can access necessary resources to properly furnish their homes and thrive in communities.</p> <p>Identify smoking status and amount spent on smoking as part of affordability assessment. Information on the financial gains from quitting could also be shared at this point.</p> <p>Social housing providers to engage with specialist stop smoking services to ensure tenants have access to a free specialist service.</p> <p>Encourage and promote the benefits of greenspace and garden areas to health and wellbeing of residents particularly as a free</p>
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					approach to be physically active, childhood activities and promotion of mental wellbeing.
<b>Prevention of homelessness in County Durham</b>					
Public Health consultation to be submitted to County Durham’s Homelessness Strategy specifically.					
<b>Ensure Durham Key Options Choice Based Lettings is accessible and easy to use for the residents of County Durham</b>					
4.1-4.4	<p>Anyone who requires access to Durham Key Options (DKO)</p> <p>Professionals who support people around holistic needs</p>	<p>Social housing is much more regulated and offers much more support to vulnerable people than the private sector.</p> <p>DKO to be established as the single point of contact for the affordable sector, based on a ‘RightMove’ model.</p> <p>Social landlords are a previously under-utilised setting for targeting smokers to</p>	<p>Supporting the most vulnerable people, who are at risk of poorer health than many others within the overarching population to access, achieve and sustain tenancies will help to reduce inequalities and improve the health of the poorest fastest.</p>	<p>People may not currently understand what Durham Key Options is, because of its name, how it works and how it can support people to access affordable homes. Lack of understanding of what DKO is and what it does could mean people miss out on accessing suitable and affordable housing for their needs</p>	<p>Re-brand DKO to make more recognisable and convey to the user what it is.</p> <p>Undertake a PR campaign across Co. Durham targeting across the life stage and range of properties on offer.</p> <p>Undertake training of relevant professionals who can support people to complete their applications.</p>

		<p>support them to stop due to the disproportionately high number of smokers in social housing.</p> <p>Properties of former smokers have reduced value and require additional preparation in order to subsequently re-let.</p> <p>Many of the most vulnerable people in our communities are being forced into lower standard homes through the private rented sector due to the criteria and process requirements of social housing.</p> <p>People bid for properties depending on their current household size.</p>	<p>DKO acting as a one-stop shop for affordable housing means that social housing is seen as available for people even if they do not have pressing “need” but as a positive option. This may reduce stigma.</p> <p>The single-point service model enables people to have easier access to review all the social housing options across Co. Durham.</p>	<p>Current processes may be increasing inequalities through not everyone having access to DKO and therefore increasing the likelihood people will opt to apply for private sector housing which is generally of a poorer standard</p> <p>People who have preceding behaviours considered ‘undesirable’ may not be able to access social housing e.g. People with existing debt People with historic breach of tenancy agreement People with history of rent arrears People with criminal records People with substance misuse issues</p>	<p>Ensure that the support available to apply for DKO is widely promoted for people in a range of locations / services, particularly to those who do not have access to technology or the necessary computer literacy skills to complete the application form.</p> <p>Streamline the application process to reduce the length of time for applications to at least that of the private rented sector.</p> <p>Ensure that systems and staff training can respond to identifying urgent housing needs for vulnerable people (e.g. those fleeing domestic violence) and mechanisms are in place for appropriate referral or immediate placement / support where necessary.</p>
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				<p>Current processes may be increasing inequalities through not everyone having access to DKO and therefore increasing the likelihood people will opt to apply for private sector housing which is generally of a poorer standard.</p> <p>Current routes and criteria in DKO may particularly negatively impact people without access to technology and poor computer literacy in particular:</p> <ul style="list-style-type: none"> <li>• Older people</li> <li>• Dementia</li> <li>• Mental Ill health</li> <li>• Literacy issues</li> <li>• LTCs/disability</li> </ul> <p>People who have an expanding or changing family sizes need to immediately</p>	<p>Ensure that any changes to the application process or to design/functionality of accessing the application process involves service users/ customers to ensure that the service is tailored to the needs of service users and can be accessed by potential users.</p> <p>Increase the supply and support in homes for people with chaotic/complex needs. Ensure holistic assessment of individuals and families to ensure they are given the right support/services to achieve and sustain tenancies</p> <p>Expanding DKO to be a place where everyone can access all properties (including private landlords) not just social housing</p>
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				<p>move which is disruptive to the family, reducing likelihood to adopt / foster and detriments community cohesion through reduce population stability.</p>	<p>Increase understanding of professionals, CVS and people in co. Durham the role of affordable housing (DKO) to support:</p> <ul style="list-style-type: none"> <li>• People who have welfare/medical needs;</li> <li>• people to get onto the housing ladder; and</li> <li>• people who want to live and stay in County Durham</li> </ul> <p>Property allocations should consider the needs of young families as they are likely to expand or have changing needs as children grow to promote appropriate development and privacy in childhood (e.g. mixed gender families have separate bedrooms for boys and girls).</p>
<b>Raise quality standards within the private rented sector</b>					
10.1-10.3	Private renters	Problems with private landlords and factors can lead to anxiety	Housing that is of a high standard and meets their	Potential negative impacts if private rented sector	Target investment and information / advice services to vulnerable

	<p>People who are not eligible / do not apply via DKO</p>	<p>and stress for tenants and their families due to the imbalance of power.</p> <p>Overcrowding is most common in the private rental sector.</p> <p>People in the private rented sector are at risk of poor energy efficiency and have increased physical hazards.</p>	<p>needs, there will be a positive impact on their health.</p> <p>Improving private rentals quality and management can positively impact mental and physical health particularly for vulnerable groups who are more likely to be living in the rental sector.</p> <p>Improving the physical space available for individuals and families can reduce the incidence of communicable diseases, promote wellbeing, reduce antisocial behaviour and promote positive childhood development</p>	<p>discriminates against certain population groups in the allocation of tenancies for example welfare recipients, ex-offenders and refugees and asylum seekers</p> <p>Private rentals available at short notice without appropriate screening processes may take advantage of vulnerable groups in need of urgent accommodation.</p>	<p>households living in the private sector.</p> <p>The private rented sector standards should consider requirements to address the quality of physical space in relation to energy efficiency and space. Outdoor spaces for safe lightening, security and greenspace should also be considered within private rental offers.</p> <p>All private rental households should receive standard communications to make them aware of:</p> <ul style="list-style-type: none"> <li>- the Tenancy Deposit Scheme and legal responsibilities of all landlord, irrespective of license status,</li> <li>- Energy efficiency measures, including fuel poverty supplements</li> <li>- Mechanisms to report inappropriate or unfair behaviour of landlords</li> </ul>
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					<p>who have significant power imbalance.</p> <p>Developmental work with private sector landlords to make inclusive eligibility criteria should be undertaken to reduce stigmatisation of specific groups, learning from social housing approaches to make adaptations and offer appropriate support for vulnerable groups.</p> <p>Social housing providers to engage with specialist stop smoking services to ensure tenants have access to a specialist service. Explore opportunities to gain insights from private renters on the service experience e.g. service user questionnaires offered through letting agents.</p>
<b>Improve energy efficiency of properties to ensure County Durham has a stock of warm, healthy and energy efficient homes.</b>					
13.1-13.5	People living in poverty	Conditions such as cardiovascular disease and	Improved energy efficiency leads to less school time	Where support in available, often those engaged with	Build on existing good practice to support people find appropriate energy

	<p>Single parent families</p> <p>Children and young people</p> <p>People with mental health and learning disabilities</p> <p>People with respiratory diseases</p> <p>People with long term conditions causing immunosuppression</p>	<p>respiratory illness are likely to be exacerbated by cold, damp homes.</p> <p>In addition, those living in cold, damp conditions are at a higher risk of falls and accidents in the home. The mental health impact of inadequate housing is still an emerging field of study, although evidence supports the view that householders do suffer stress that is detrimental to their quality of life and general wellbeing.</p> <p>Those who are fuel poor may also become more socially isolated due to economising and reluctance to invite friends into a cold home environment.</p>	<p>lost due to asthma symptoms.</p> <p>Improved energy efficiency may reduce respiratory symptoms in people at increased risk, this can reduce demand on primary care for self-limiting conditions and reduces demand on acute services for serious respiratory illness (e.g. pneumonia )</p> <p>Targeting vulnerable groups who are fuel poor, including higher risk groups who are more susceptible to illnesses caused by the cold/ damp and those who tend to spend longer at home.</p>	<p>services or with high social support / agency may have easier access to support than others. This can increase inequalities if support is not tailored to varying needs.</p>	<p>suppliers and assessment for fuel poverty support (top ups / discounts) through primary care disease registers of vulnerable groups (e.g. Silverdale Pilot).</p> <p>Specifically targeted the roles of health and social care providers to deliver the NICE guidelines for fuel poverty advice and referral pathways.</p> <p>Work with health and social care providers to combine winter warmth messages associated with both the seasonal influenza vaccine and fuel efficiency measures at vulnerable groups.</p> <p>Raise awareness of fuel poverty affecting not only older people, but particularly single parent families and single occupancy households amongst professionals and the public.</p>
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		<p>Homes in fuel poverty have a choice between keeping warm and spending money on other essentials. Poor diet can potentially be the results, with increased long-term health risks of obesity, cancer malnutrition, and CVD.</p>			<p>Increase the energy efficiency of Durham's social housing stock to reduce the amount of energy that is needed to heat the home adequately.</p> <p>Work towards zero carbon standards and eradicate fuel poverty in existing housing through investment in energy efficiency, renewable energy and appropriate advice.</p> <p>Target older people who lives in their own home owner proactively with advice on fuel efficiency and fuel poverty support available.</p>
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## Appendix 4: HIA on Homelessness Findings

Actions	Population Affected	Potential impact	Health implications		Recommendations
			Positive	Negative	
<b>Prevention of Homelessness</b>					
P1 Review housing advice line and early intervention services	Those who are homeless, or are at risk of homelessness and their families  Hidden homeless  Housing providers and wider workforce	Underlying mental health, poverty, substance misuse, domestic abuse and safeguarding issues can be screened and addressed.	Underlying health issues are assessed and referred to appropriate services improving health outcome and individuals ability to retain housing/tenancy.	Disclosure of health issues to an advice line may not be given consent by the client and therefore will not be addressed  Housing staff teams may not feel confident or skills in making the health assessment and health outcomes will not be addressed.	Ensure health assessments for all individuals referred to Housing Solutions are undertaken as part of an early intervention by housing staff, housing providers and wider partners  Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid  Comprehensive pathways are developed to

					ensure early intervention on health issues are actioned
P2 Introduction to service standards	Those who are homeless, or are at risk of homelessness and their families  Hidden homeless	Ensure high quality referrals are made into partners to address underlying health needs and improve health outcomes.	Increase in early screening and intervention opportunities.  Underlying health issues are addressed appropriately referred on as standard practice helping individuals retain housing/tenancies.	Housing staff teams may not feel confident or skills in making the health assessment and opportunities for improving health outcomes are lost.	Health and wellbeing is integrated into the standards to ensure a systematic approach to addressing health needs of individuals, and families  Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid  Comprehensive pathways are developed to ensure early intervention into health is actioned
P3 Review existing prevention tools	Those who are homeless, or	Prevention and early intervention	All prevention tools and ways of	Prevention tools relating	Prevention tools are promoted as

	<p>are at risk of homelessness and their families</p> <p>Hidden homeless</p>	<p>agenda is factored into all housing prevention tools as standard practice. This will include health screening and assessment of wider determinants including income, debt, substance misuse, domestic abuse, employment and training.</p>	<p>working between housing health and wider partners are aligned to help improve health outcomes. this helps individuals retain housing/tenancies</p>	<p>to health are seen as relevant with all housing colleagues and are not utilised</p>	<p>relevant ways to improve the health and wellbeing for those vulnerable clients at risk of homelessness .</p>
<p>P4 Promotion of Housing Solutions</p>	<p>Health and social care partners including those engaged with vulnerable groups including health, social care, criminal justice, substance misuse, domestic abuse services, veterans and GRT.</p>	<p>Work of housing Solutions and associated pathways to prevent homelessness are acknowledged increasing positive outcomes for general population</p>	<p>Integration of housing and health agenda is achieved</p> <p>Partners prevented from working in silos</p>	<p>No negative impact.</p>	<p>Housing Solutions incorporate health colleagues into all communications</p>
<p>P5 Duty to refer requirements promoted through data sharing and networking</p>	<p>All individuals and families at</p>	<p>Improved communications between partners</p>	<p>Integration of housing and health agenda is</p>	<p>GDPR needs to be considered</p>	<p>Common assessments developed to</p>

	<p>risk of homelessness.</p> <p>Hidden homelessness</p> <p>All partners engaged with vulnerable groups including health, social care, criminal justice, substance misuse, domestic abuse services.</p>	<p>and opportunities for joint working across health and social care to improve health outcomes.</p> <p>Appropriate referrals on to relevant agencies to support the retention of housing/tenancies</p> <p>Improved working arrangements and shared agendas</p>	<p>achieved to achieve positive health outcomes</p> <p>Partners prevented from working in silos</p>	<p>between partners and integrated to address all needs and data requirements.</p>	<p>incorporate health into the housing agenda.</p>
Improved prevention monitoring process	<p>Those who are homeless, or are at risk of homelessness and their families</p> <p>Hidden homeless</p>	<p>Improved communications between partners and opportunities for joint working</p>	<p>Reduction in homelessness and achievement of KPI's</p>	<p>No negative outcomes</p>	<p>Ensuring health outcomes are integrated as part of the prevention monitoring process.</p>
Develop tenancy sustained model in partnership with landlords	<p>All individuals and families at risk of homelessness.</p> <p>Landlords</p>	<p>Awareness of health and wellbeing with landlords</p> <p>Opportunities for landlord to understand referral processes</p>	<p>Increase positive working relations with landlords and improved outcomes for tenants</p>	<p>Landlords do not see it as their agenda and do not work to support improved</p>	<p>Provide an overview on health impact with landlords</p> <p>Promote schemes to address fuel</p>

		for challenging tenants  Opportunities to promote a reduction in fuel poverty, winter warmth and smoke free homes	Reduction in fuel poverty.  Reduction in smoking within the home	health outcomes	poverty and winter warmth
<b>1. Supply of Accommodation</b>					
<b>Action</b>	<b>Population</b>	<b>Potential impact</b>	<b>Health Implications</b>		<b>Recommendations</b>
			<b>Positive</b>	<b>Negative</b>	
A1 Review suitability of temp accommodation	The population also includes those living in insecure accommodation, 'sofa surfing', squatting, people at risk of homelessness and those who have a history of episodic homelessness.	There is a strong overlap between homelessness and multiple and complex needs which impacts on the ability of individuals to retain housing./tenancies  This leads to the requirement for temporary accommodation and other floating support  This requires positive links to improve access to support needs	A reduction in homelessness can result in a reduction in rough sleeping, crime and disorder, family breakdown, poverty, chronic mental and physical health problems, suicide and substance misuse related deaths  The identification of those at risk of homelessness can improve access to suitable homes and improve	Housing providers identify a lack of knowledge and skills in identifying health needs and underlying conditions leading to poor health outcomes  Changes to benefits system, resulting sanctions and increasing debt and	Provide and promote a standard definition of homelessness for partners and understand how it is measured when applying to those with multiple and complex needs.  Ensure all housing health and other partners assess the need for housing provision on a systematic basis  Emphasise and fund prevention and early intervention initiatives



		such as substance misuse, mental ill health, long-term physical conditions, physical and emotional abuse and cycles of involvement with the criminal justice system.	health and social care outcomes.	arrears can compound and increase in negative coping mechanisms impacting on the whole family leading to evictions.  Increase in long-term conditions such as coronary vascular disease, respiratory conditions and infections.  Negative impact on family unit	Partnership working with JCP for those with rent arrears benefit issues and living in fuel poverty to help reduce fiscal challenges and sanctions and retain tenancies.  Partnership approach to monitor and intervene with 'regular attenders', rough sleepers.to address ongoing need, and the ability to source secure and appropriate accommodation.  Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid
A2 Review existing provision of supported accommodation	The population are often homeless due to multiple	The impact on families and relationship breakdown can	A mapping of supported housing and other floating support to ensure	Many of those at risk may not identify to	Identify and address gaps in data collated by housing providers in

	<p>vulnerabilities, which may include adverse childhood experiences (ACE's), underlying mental and physical health problems, circumstantial events and those experiencing stigma and discrimination.</p> <p>Multiple and complex needs may manifest themselves in substance misuse including tobacco, poor and enduring mental health problems, long term physical health conditions, poverty and debt, family breakdown, social exclusion,</p>	<p>result in an increase in ACE's for children and young people within the family unit. This can result in a perpetration of a generational cycle of vulnerabilities.</p> <p>Groups encountering stigma and discrimination are also at risk of mental ill health. These groups in County Durham can include GRT community, LGBT, minority ethnic communities, ex-offenders and veterans.</p>	<p>adequate support is available can improve access and improve health outcomes. This can need to independent tenancies, and further opportunities for training and employment.</p>	<p>housing providers and therefore may not access appropriate support</p> <p>Proposals for Selective Licensing for Landlords may reduce accessibility to suitable housing for those displaying challenging behaviours.</p>	<p>order to quantify and understand the needs of homeless adults with multiple and complex needs.</p> <p>Emphasise and fund prevention and early intervention initiatives</p> <p>Target area for interventions need to include support for young people, women, older people and vulnerable groups</p> <p>Partnership working with JCP for those with rent arrears benefit issues and living in fuel poverty to help reduce fiscal challenges and sanctions and retain tenancies.</p> <p>Consider opportunities to increase tenant IT literacy skills to enhance the</p>
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	<p>physical and emotional abuse and involvement with the criminal justice system</p>				<p>successful completion of benefit forms to help gain money/tenancy.</p> <p>Support the development of pathways for signpost into health and social care services e.g. JCP, GP's, and adult social care, mental health services, CVS and drug and alcohol services.</p> <p>. Increase the ability for tenants to access travel cost to enable tenants to visit JCP, or other support services to address need.</p> <p>Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid</p>
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<p>A3 Increase existing housing supply to utilise empty properties by working with landlords and partners</p>	<p>Those who are homeless, or are at risk of homelessness and their families</p> <p>Hidden homeless</p> <p>Utilising data to ensure housing made available is in areas of high need</p>	<p>Increase supply of quality, affordable housing is targeted in areas of high social economic need.</p> <p>Easy access into amenities such as schools, local communities' affordable food, transport, health and social services to avoid social isolation</p>	<p>Data mapping to identify areas requiring more homes close to community networks to improve family ties.</p>	<p>No negative outcomes</p>	<p>To integrate health data into assessment process for scoping of local areas to source properties .</p>
<p>A4 Increase existing housing supply and conversions</p>	<p>Those who are homeless, or are at risk of homelessness and their families</p> <p>Hidden homeless</p> <p>Utilising data to ensure housing made available is in areas of high need</p>	<p>Increase supply of quality, affordable housing is targeted in areas of high social economic need.</p> <p>Conversions for those families requiring home adaptations for health needs e.g. disability or long-term conditions are represented</p>	<p>Access to affordable and sustained housing is increased.</p> <p>Houses are converted to address health needs.</p>	<p>Converted housing stock is maintained, with the ability to revert the house back to basics to remain attractive to the tenant.</p>	<p>To integrate health data into assessment process for scoping of local areas to source properties.</p> <p>To assess individual needs for adaptations on houses to be made to maintain tenancy.</p>

<p>A5 Develop a proposal for a buy to lease model working with partners</p>	<p>Provide bespoke properties targeting multiple vulnerabilities, which may include underlying mental and physical health problems and those experiencing stigma and discrimination</p>	<p>Increase supply of quality, affordable housing is targeted in areas of high social economic need.</p>	<p>Access to affordable and sustained housing is increased for those displaying vulnerabilities</p>	<p>No negative outcomes if equity on entry is achieved</p>	<p>To integrate health data into assessment process for scoping of local areas to source properties.</p> <p>To assess individual needs based on health and wellbeing to help maintain tenancy.</p>
<p><b>Provision of Support</b></p>					
<p><b>Action</b></p>	<p><b>Population</b></p>	<p><b>Potential Impact</b></p>	<p><b>Health implications</b></p>		<p><b>Recommendations</b></p>
			<p><b>Positive</b></p>	<p><b>Negatives</b></p>	
<p>S1 Review Housing Options and Planned exit team around supporting clients</p>	<p>Housing Solutions staff.</p> <p>Vulnerable groups including rough sleepers and those accessing services on multiple occasions</p>	<p>Ensuring all agencies are engaged to support clients</p> <p>Referral pathways are robust and well promoted to maintain co-working facilities on those most in needs.</p>	<p>Multiagency approach to engaging those at risk and/or accessing services on multiple occasions leading to increased ability to retain housing/tenancies.</p>	<p>Does not address those who are hidden from statutory services and at risk.</p>	<p>To ensure all referral routes and pathways into support services remain up to date and relevant. Support the development of pathways for signpost into health and social care services e.g. JCP, GP's, and adult</p>

			Standardise methods to address health and wellbeing needs including financial support to maintain tenancies		social care, mental health services, CVS and drug and alcohol services.  Develop opportunities for a comprehensive training programme for housing provider workers in MECC and mental health first aid
S2 Review current advice and support given to clients experiencing financial difficulty	Those who are homeless, or are at risk of homelessness and their families  The population includes those living in insecure accommodation, 'sofa surfing', squatting, people at risk of homelessness and those who have a history of episodic homelessness.	There is a strong overlap between homelessness and multiple and complex needs leading to poor health outcomes and reduction in the ability to retain housing/tenancies  This links to the requirement for other support needs such as substance misuse, mental ill health, long-term physical conditions, physical and emotional abuse	A reduction in clients experiencing financial can reduce rough sleeping, crime and disorder, family breakdown, poverty, chronic mental and physical health problems, suicide and substance misuse related deaths  The identification of those at risk of homelessness due to financial difficulty can	Perpetual cycles of debt can impact significantly on mental health and wellbeing which may then cause an inability to engage with training and employment opportunities	To ensure all referral routes and pathways into financial support services remain up to date and relevant.  These include: welfare rights, citizens advice and JCP.

		and cycles of involvement with the criminal justice system.	improve access to suitable homes and improve health and social care outcomes.		
S3 Monitor support needs within Housing Plans to identify gaps in service	Housing Solution staff and wider partners working with vulnerable groups	Assessment of underlying mental health, substance misuse, domestic abuse and financial and safeguarding issues can be addressed	Standardise and monitor the approach to address health and wellbeing needs of those most at risk to provide support to maintain tenancies	Housing plans need to be monitored to ensure they remain of a high quality and are maintained	Provide Housing Solutions with templates to integrate the assessment, monitoring and evaluation of all interventions for health and wellbeing issues into Housing plans.