

<b>DECISION-MAKER:</b>	SHADOW HEALTH AND WELLBEING BOARD
<b>SUBJECT:</b>	IMPROVING HOUSING OPTIONS AND CONDITIONS FOR PEOPLE IN THE CITY TO SUPPORT HEALTHY LIFESTYLES
<b>DATE OF DECISION:</b>	19 <sup>TH</sup> SEPTEMBER 2012
<b>REPORT OF:</b>	SENIOR MANAGER, HOUSING SERVICES
<b>STATEMENT OF CONFIDENTIALITY</b>	
None	

### **BRIEF SUMMARY**

Good Housing is fundamental to the Health and Wellbeing of the city and its population. Southampton is in an almost unique position due to the level of social and private rented accommodation within the City to be able to influence the condition and delivery of housing and housing services to support the long term wellbeing of our residents.

The positive effect of involving Housing in the delivery of key strategies in the City will be significant. Housing is not a service that should be tacked on to other initiatives but can be placed directly at the heart of improving the City. As a key priority within the Health & Wellbeing Strategy the City can ensure that it is taking a holistic approach to improving the lives of its citizens.

This report provides a brief insight into the potential for Housing to support the aspirations of the Health & Wellbeing Board through the delivery of the strategy.

### **RECOMMENDATIONS:**

- (i) The content of the report is noted.
- (ii) To seek views from the Board as to any priorities it would like to see added to this section.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. Housing has been included as priority 6 in the draft Health and Wellbeing Strategy due to the key role it plays within the City. The report is intended to provide an insight into the importance of Housing; the benefits working with Housing can bring to the City and therefore support it's inclusion within the strategy.

### **DETAIL (Including consultation carried out)**

- 2 *“Housing is one of the most basic human needs. The availability, existence and condition of homes has a fundamental impact on the health and well-being, educational attainment, employment opportunities and safety of those who live within them. If affordable housing is managed effectively, social and economic development, regeneration and planning deliver far greater added value. There are also vital links between housing and social care and transport, local neighbourhoods and wider environmental impacts.”*

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- 3 Poor housing and cold homes in particular have profound negative affects on both physical and mental health. The annual cost to the NHS of treating winter related disease due to cold private housing was estimated to be £859 million in 2009. In a review of the health impacts of cold homes and fuel poverty the Marmot team (2011) argued that because much of the UK's housing is old and cold, many have come to regard this as the norm. Cold housing and fuel poverty can be successfully tackled through policies and interventions where there is a will to do so. The Council and the Southampton Warmth for All partnership (SWAP) are working to address this issue. The time is now ripe for a more strategic approach to housing and health through the Health and Wellbeing Board.

(Ref: Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty. Friends of the Earth and Marmot Review Team.)

**The health impacts of poor housing:**

Cardio-vascular disease:

- The cold increases blood pressure.
- Increased risk of heart attacks and strokes.

Respiratory Illness:

- The cold lowers resistance to respiratory infections.
- Coldness impairs lung function and can trigger broncho-constriction in asthma and COPD. Dampness is associated with cold houses; damp increases mould growths, which can cause asthma and respiratory infections.

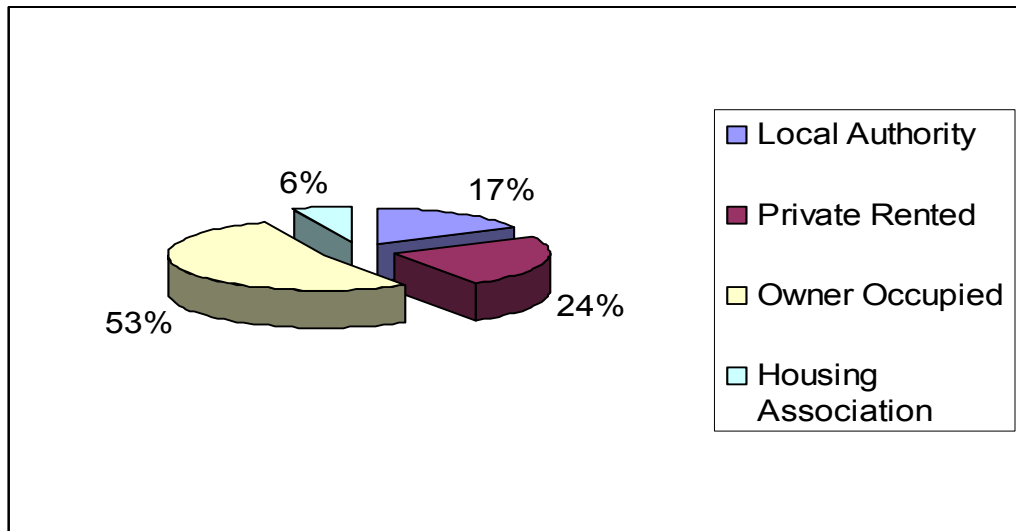
Cold houses affect mobility and increase falls and other injuries:

- Symptoms of arthritis become worse in cold damp houses.
- Strength and dexterity decrease as temperatures drop, increasing the risk of non-intentional injuries.
- A cold house increases the risk of falls in the elderly – the number of recorded falls in the city attending the Emergency Department has doubled in the past 5 years with a fractured neck of femur occurring every 26.5 hours in the City.

Mental and social health:

- Damp, cold housing is associated with an increase in mental health and respiratory problems
- Some people become socially isolated as they are reluctant to invite friends to a cold home.

#### 4 **Housing Tenure in Southampton**



- The City Council has direct influence over 41% of homes in the City
- We have one of the largest private rental sectors of any non-metropolitan City
- We are the largest local authority Landlord in the South East of England outside London
- Estate Regeneration and Housing Development will see significant numbers of new homes in the City over the next 10 years

#### 5 **Housing in numbers – private sector**

- 53,000 (53%) owner occupied homes
- 24,000 (24%) privately rented homes – over twice the national average
- 6,000 (6%) housing association homes
- Average house price (Jan 2012) - £140,000 (a fall of 2.5% over the last year)
- 38% (over 28,000) of privately owned and rented homes do not meet the Decent Homes Standard, of which 8,500 are occupied by vulnerable people
- The total cost of dealing with unsafe private housing is estimated at £111M. Older properties (pre-1919) and privately rented homes are generally in the worst condition.
- There is an estimated need for 3,900 adaptations for disabled people, at an estimated cost of £21M.

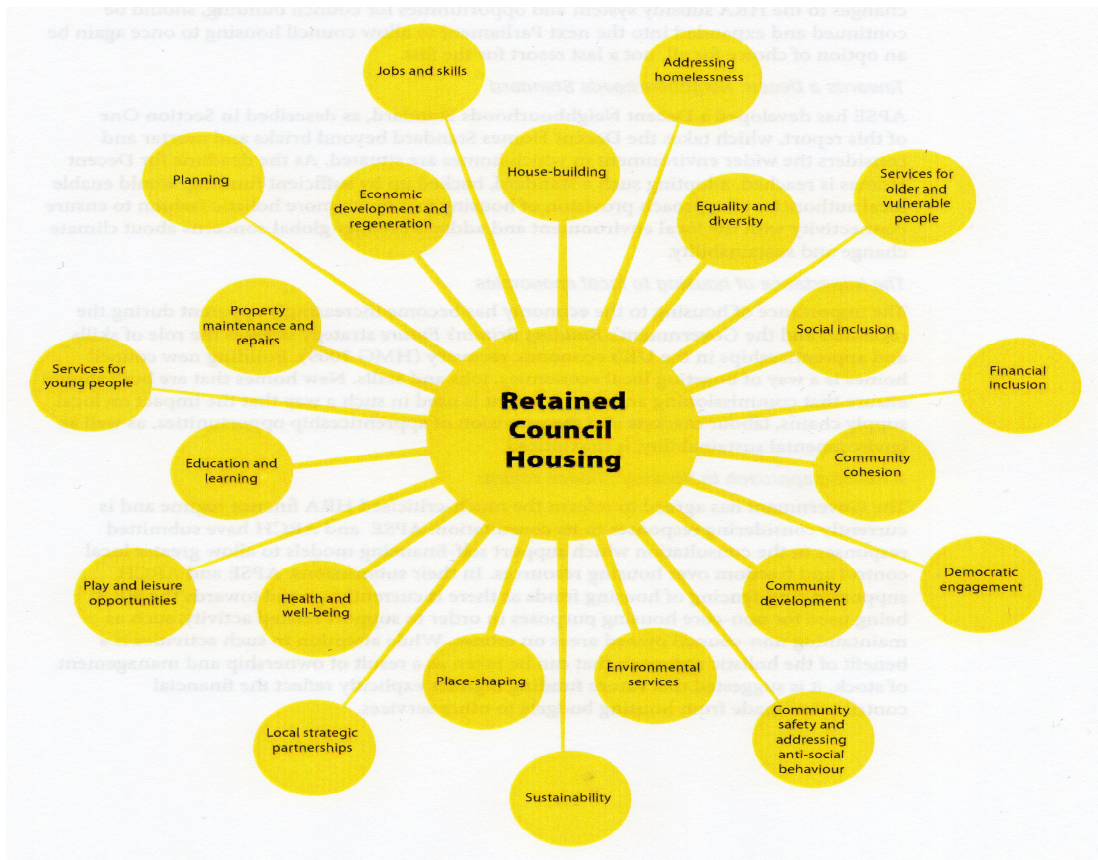
#### 6 **Housing in numbers – Council Housing**

- > 17,000 rented properties incl over 11,000 flats
- > 1,700 leasehold flats
- £68.5m turnover for 2012/13
- £200m anticipated spending on Capital and Revenue to maintain and

improve our homes in the next 4 years

- 5 LSOA's in the top 10% most deprived in the Country
- Woolston in the top 1% of LSOA's for out of work benefits
- Bitterne LSOA has over 58% of all children living in poverty (City average 28% - 2009 data)
- > 3,300 properties specifically designated for older people
- > 14,000 households waiting to access social housing
- Of which over half state medical issues are exacerbated by their current housing situation

## 7 Council Housing at the heart of the city



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8 Housing is about both people and buildings. As a Council landlord we invest a significant amount in improving the buildings but on a day to day basis our service is about the people. And Council Tenants are also citizens of Southampton and users of other services across the public sector. In some key areas of the city it would be fair to say that occupants of Council Housing are disproportional users of certain services. How much of this is about Housing as a building or is it more about Housing as a product?

9 There is a clear link between the actual building and wider issues for the residents – living in overcrowded households due to lack of suitable large properties; living in fuel poverty due to the high cost of heating some of the older buildings in the city; isolation from living on the 13<sup>th</sup> floor of a tower block or being confined to the dwelling due to lack of adaptation; and lacking a

settled home from which to put down roots and develop social networks that combat isolation and provide support.

10 However, there is far more complex link between the nature of social housing and private rented housing and wider health and wellbeing in the city. Changes in the housing market and social conditions over the last 30 years has meant that the needs threshold for accessing social housing has steadily increased leaving many of the poorest and most vulnerable residents having limited choices in their housing future. And for those not lucky enough to achieve access to social housing, high cost and low quality private rented accommodation of uncertain duration is often the only alternative.

11 Five areas in the City feature in the 10% most deprived areas in the country but the measure of deprivation has only a very limited link to the type of housing someone is in. Deprivation is more likely to be measured by health outcomes, educational attainment and poverty. The fact that in these five areas there is a large proportion of Council Housing should not be considered as the cause of the deprivation but rather the opportunity to provide the solution. The right investment, the right services and a focus on prevention joined up through a Health and Wellbeing Strategy can help lift these citizens out of deprivation and support positive life chances for the future.

12 Four illustrations below provide an insight into the key themes.

### 13 **Housing & poverty**

Social Housing and dependencies on state benefits have often been seen as interlinked and around 60% of all current council tenants are in receipt of some form of housing benefit to meet their housing costs. In 2011/12 around 8% of families who presented as homeless did so because they lost their home as a result of debt. In Weston over 24% of the working age population claim out of work benefits which is almost double the City average. The loss of major industries in this area of the City has radically affected the access to employment for many local residents. In addition at Weston Shore the Council has the highest concentration of high rise flats anywhere in the City (700 one and two bed flats) which has over the years shaped how this community has developed.

The opportunities in Weston are two fold:

- **Investment in the properties** – the Council tower blocks are some of the most expensive properties to heat in the City due to their age and construction. A significant investment programme is underway to dramatically improve the thermal efficiency of the buildings which will reduce residents heating bills by an estimated 50%. For those on benefits this could mean as much as an extra £10 a week in the household budget.
- **Investment in the people** – poverty is shown to lead to poorer diet and health. Colder properties are less conducive to young people and educational attainment. And living in a high-rise tower block can lead to isolation, depression and mental health. Working directly with families in Weston to develop their confidence, skills and self esteem will not only give them a better chance of gaining employment but can

help address their wider wellbeing and reduce their reliance on other public services.

## 14 Homelessness & prevention

The average life expectancy of a homeless man in the UK is 47 years. Southampton as a port and a gateway city generates a greater demand for homelessness prevention than much of the sub-region and services are focussed on prevention and early intervention. Homeless people suffer from much higher levels of illness and issues than the average population – 30% have drug issues, 48% alcohol problems and 30% mental health issues yet often they are outside of the mainstream health and support provision. The age profile of those in homeless services has changed with more young people requiring assistance. The impact of the crisis of homelessness on families in many ways is greater. The long term impacts on health, relationships, educational attainment and work prospects are not positive. Multiple issues for families affected include family breakdown, mental health difficulties, and 10% of those accepted as homeless did so as a result of suffering domestic violence. There are significant costs related to homelessness in other services, particularly Health and more detail can be found in the recent Government report 'Evidence review of the cost of Homelessness which can be found at the following link <http://www.communities.gov.uk/documents/housing/pdf/2200485.pdf>. For this reason the focus on preventing homeless amongst families has been operating since early 2002.

The focus in the city includes:

- **Street Homeless Prevention Team** – 250 people are seen each month by the team who work to intervene in their circumstances to prevent them living on the streets. In many cases this is about mediation, support and intervention to help them address personal issues before they become entrenched in to a lifestyle. The team also works directly with on average 10 rough sleepers a week many of whom are not British nationals and often the solution is reconnection.
- **Homeless Healthcare Team** – provide primary care services for over 400 people including GP, practice nursing and community psychiatric provision for the homeless and rough sleepers. The team are sited in the Homeless day centre hosted by Two Saints. They deal with complex health issues including TB and Hepatitis screening and are involved in end of life care in the community. This team works closely with the Street Prevention Team.
- **Homeless advice service** – provide a response to statutory priority needs cases predominantly families and young people including providing temporary accommodation whilst waiting for a settled home to be provided. In 2011/12 249 families had to seek help following loss of their home but a further 850 families were helped to prevent homelessness by mediation with landlords, and families maximising

income or tackling debt issues.

## 15 **Addressing poor housing conditions in the private sector**

Approximately 7,000 houses in the city are classified as houses in multiple occupation (HMO's) and fewer than 500 of the largest are currently licensed. Whilst a large number of landlords and owners of these HMO's are responsible landlords many are not and are providing housing that is unsafe and of very low quality. The team currently focus a significant amount of their time addressing the most serious hazards under the Housing Health and Safety Rating System (HHSRS), which by definition have the potential to significantly affect the health and wellbeing of occupants such as unsanitary conditions, cold and damp, fire safety risk and risks to falls and major injury. The Council is currently consulting on extending its **HMO licensing scheme** to include all HMO's in the City with the intention of driving up housing conditions and tackling neighbourhood issues associated with high densities of HMO's over the next five years.

Over 46% of homeowners over 85 years old currently live in non-decent housing. It is also estimated that there is a need for over 3,900 major adaptations for older and disabled people in the private sector and the council currently funds and delivers these in about 200 private homes every year. Therefore some of the most vulnerable residents in the City are living in inadequate housing conditions despite being property owners. The **City's Handyman Plus service** helps older, disabled and vulnerable residents with small scale improvements and adaptations and carries out home safety checks to help alleviate risks. Although the service has recently been extended to identify additional support needs and make the appropriate referrals, it remains a very small service and is only scratching the surface.

There has recently been a renewed focus on improving home energy efficiency and tackling fuel poverty, in particular in privately rented properties. The council offers free cavity wall and loft insulation and is working with the **Southampton Warmth For All (SWAP) Partnership** to update its fuel poverty strategy to reduce excess winter deaths and deliver further health and wellbeing improvements while reducing carbon emissions.

## 16 **Promoting active older age**

Older people are predicted to be the single largest growing part of the City's demography over the next 20 years. Large numbers of hospital beds are occupied by older people in the city many suffering with dementia or having been hospitalised due to injuries as a result of falls. For many an acute episode can be a life changing experience often resulting in not only a change in lifestyle but also a change in housing. For some the housing options are limited by supply or unsuitable housing is adapted either physically or by the addition of significant care and support services to allow someone to return home.

The current focus in the City is in two areas:

- **Prevention** – through the Housing Support Service targeted support is provided to residents from Telecare, floating support or specialist supported housing. Services are designed to support people for longer and include dedicated Activity Coordinators who run a programme of events and activities specifically to help promote movement, healthy eating and health information. They also promote volunteering opportunities within older people to help support active engagement and wellbeing. Services are well placed, connected and deliver support to people both short term such as early intervention and reablement as well as longer term e.g. living with long term illness through to end of life. Services have a good existing base of tenant involvement on which to build better delivery of services with residents, their families and neighbours in the community.
- **Design** – The City Council has over 3,300 properties that are specifically designated for older people within the city. These homes are of varying types and locations offer different levels of support and facilities. Through its Housing Investment programme the Council is modernising and refurbishing a number of complexes to take account of the longer term needs of the city both for extra care, dementia and ongoing mobility and care needs. It is crucial that this investment is best directed to help the future needs of the City with potential to make these hubs delivering health and social care for older people in the wider community.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

- 17 Not having Housing referenced within the Health & Wellbeing Strategy would leave a missing link in the ability of the Board to effectively address the needs of the City.
- 18 Housing could make individual contributions to the other 5 priorities within the Strategy but this would not give the focus and opportunity that identifying Housing as a key priority brings.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

- 19 There are no specific implications as a result of this report however the implementation of the Strategy will bring with it opportunities to consider the best options for future spending on initiatives to help deliver potential savings in wider public sector budgets.

### **Property/Other**

- 20 There are no specific implications as a result of this report.

## **LEGAL IMPLICATIONS**

### **Statutory Power to undertake the proposals in the report:**

- 21 Not Applicable



**Other Legal Implications:**

22 None

**POLICY FRAMEWORK IMPLICATIONS**

23 Changes as a result of the Health and Wellbeing Strategy will need to be reflected in the future Housing Strategy and potentially the Housing Revenue Account Business Plan.

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**SUPPORTING DOCUMENTATION**

**Non-confidential appendices are in the Members' Rooms and can be accessed on-line**

**Appendices**

1.	None
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**Documents In Members' Rooms**

1.	None
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**Integrated Impact Assessment**

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	No
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**Other Background Documents**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
NONE	

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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