

Housing and Health in Southampton Report

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INTRODUCTION

1 The purpose of this report is to describe:

- (1) The link between housing and health,
- (2) Housing related strategies and initiatives to tackle poor health and
- (3) Future opportunities in light of recent national strategic direction and funding opportunities

2 Good quality homes in decent neighbourhoods enable people to live safe, healthy and happy lives. Housing standards (including the need for adaptations to keep people in their own homes for longer), homelessness and fuel poverty¹ have a major impact on the health and well-being of our local population.

3 The UK has the highest rate of deaths due to cold homes because of poor quality, inefficient housing. It has one of the most poorly insulated housing stocks in Western Europe. Fuel poverty is associated with cold homes, being driven by household income, cost of energy and the energy efficiency of the home. One in ten households are in fuel poverty yet almost half of all households in fuel poverty are in work. Fuel poverty has been made worse by rising energy bills (up 128% from 2003 to 2013) and households in the most energy inefficient properties now have to spend up to £1,700 extra a year to heat their homes to a suitable level.

¹ Fuel poverty definition: A household is considered to be in fuel poverty if:

- they have required fuel costs that are above average (the national median level)
- were they to spend that amount they would be left with a residual income below the official poverty line

IMPACT ON HEALTH

- 4 The majority of evidence on housing and health is in relation to the impact of cold homes.

- 5 The World Health Organisation estimates that 30% of Excess Winter Deaths are due to people living in cold homes. These deaths could be prevented if people were kept warm during the winter months. Over 25,000 people die per annum in UK as a result of living in cold temperatures mainly due to poorly heated homes. We have seen a small increase in excess winter deaths in Southampton over the past 4 years compared to a slight reduction for England (figure1). In 2012/13 there were 100 excess winter deaths in Southampton (table 1).

Figure 1 Excess Winter Deaths index for Southampton and England 2006 to 2013

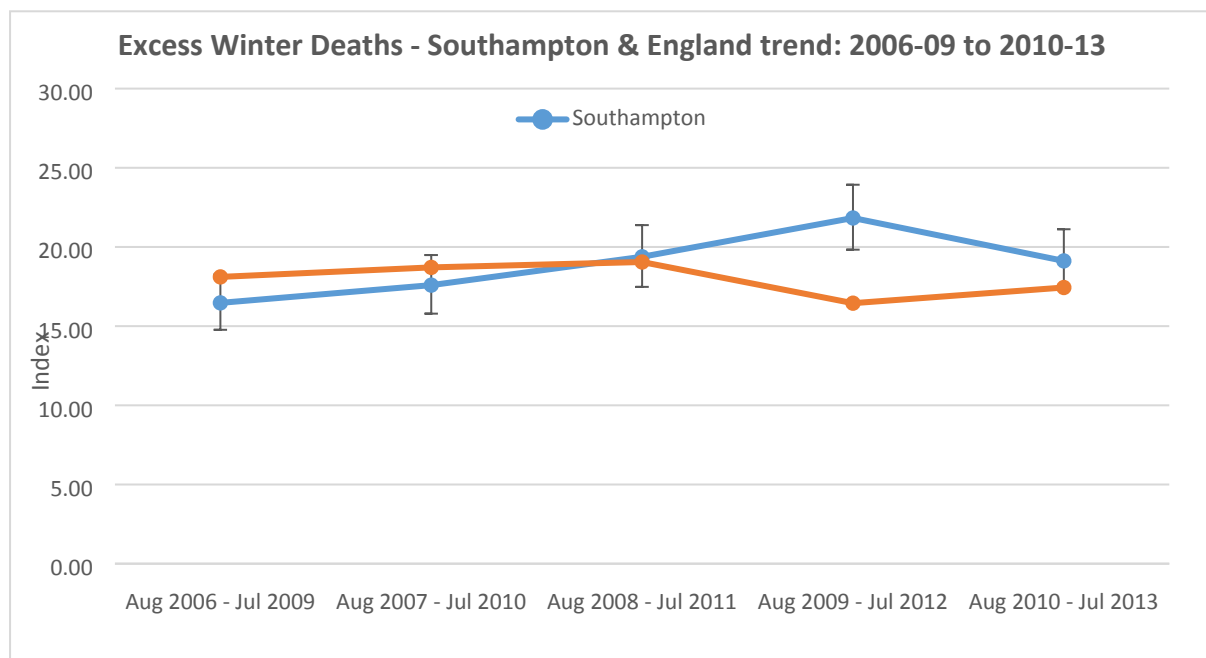


Table 1 Number of excess winter deaths in Southampton per annum

Period	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	2012/13
EWD	80	130	110	80	90	130	100	120	100

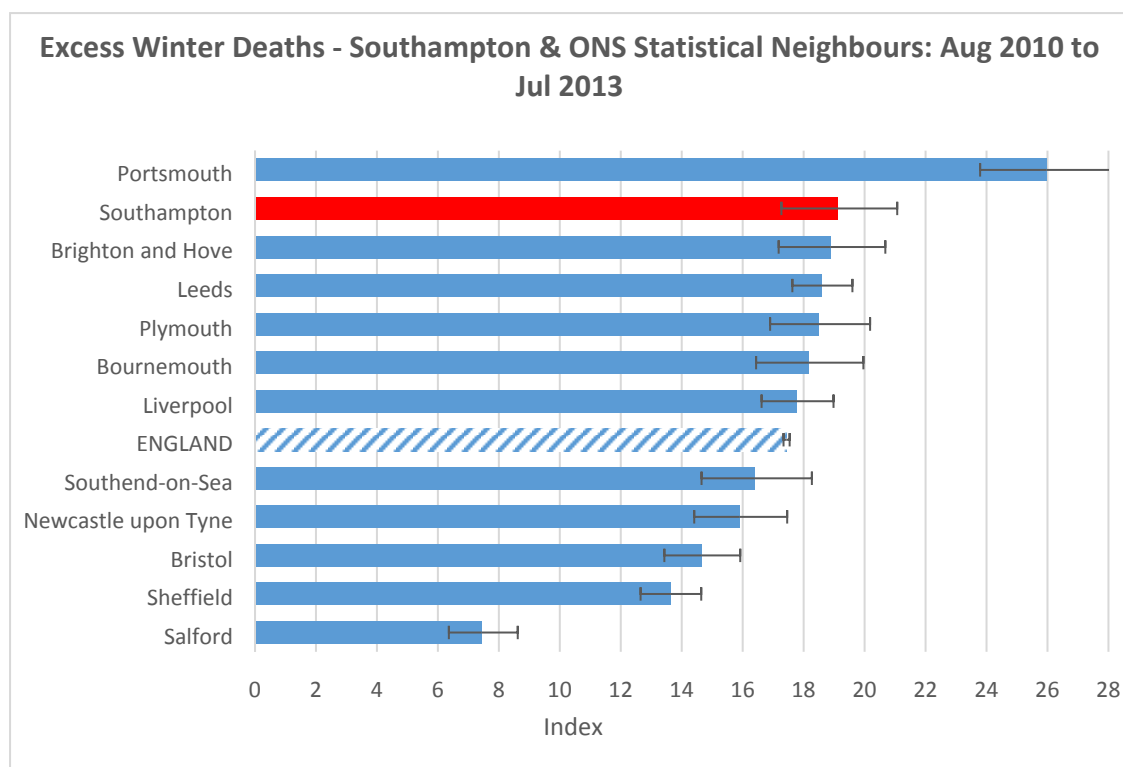


Figure 2 above shows that Southampton has the second highest excess winter deaths rate (expressed as an index for deaths from 2010 to 2013) compared with statistical neighbours.

The table below shows number of deaths within the winter by health condition and the percentage increase in these deaths in the winter as opposed to the rest of the year. As can be seen from the table, the largest increase in deaths is in the older age groups.

Table 2: Mortality by month of death, Winter months (December to March) verses Rest of year (April to November)

Type	Age group	Total deaths	Winter months	Rest of year	% increase
Cardiovascular diseases	All age	4505	1650	2855	13.5%
	Aged 35 to 64	558	197	361	8.4%
	Aged 65 and over	3926	1444	2482	14.1%
	Aged 75 and over	3291	1214	2077	14.5%
Coronary heart disease or stroke	Aged 35 to 64	411	141	270	4.3%
All-cause mortality	Aged 75 and over	10,222	3,859	6,363	17.6%

Source: ONS Mortality data. Pooled 2006 to 2013

Beyond an increase in winter deaths, cold homes affect health in other ways. Further evidence of the impact on health is shown in box 1 below.

BOX 1: Health impact of the cold (ref UCL)

Respiratory problems

- GP visits for respiratory tract infections increase by up to 19% for every one degree drop in mean temperature below 5°C
- People with asthma are two to three times more likely to live in cold and damp household conditions than non-asthmatics

Circulatory problems

- Deaths from cardiovascular disease in England 22.9% higher in winter months than the average for other times for the year.

Mental health

- Evaluation of the government's Warm Front scheme found increases in room temperature were associated with reduced likelihood of experiencing depression and anxiety.
- Young people living in cold homes more likely to be at risk of multiple mental health symptoms, experiencing four or more negative mental health symptoms.
- 28% of young people lacking affordable warmth at risk of multiple mental health symptoms, compared with just 4% of young people living in sufficiently warm homes.
- A significant proportion (10%) of children living in cold homes reported feeling unhappy compared with 2% of children living in warm homes

Children and young people

- Children growing up in poor housing conditions (including cold living conditions) were more likely than others to experience mental health problems, such as depression and anxiety; more likely to experience slower physical growth and cognitive development; and had higher risks of respiratory problems, long term ill-health and disability
- Children living in cold, damp and mouldy homes have been found to be between 1.5 and 3 times more likely to develop symptoms of asthma than children living in warm and dry homes.

Older people

- One study examined residents aged over 65 across the London Borough of Newham and hospital admissions for respiratory diagnosis, ranking these against the Fuel Poverty Index (FPI). The study found the FPI to be a predictor of hospital admittance
- Cold homes have been associated with lower strength and dexterity and exacerbated symptoms of arthritis, which can increase the risk of falls and unintentional injury.

Wider determinants of health

- Research has found an association between cold homes and poor educational performance among children, partly due to higher rates of sickness and absence from school.
- Children living in cold homes were more likely to lack an adequate and quiet environment to carry out homework.
- A systematic review looking at housing improvements and socio-economic outcomes indicates that improvements in the warmth of the home could reduce absences from work, which is likely to have a positive impact on work-related health.

Cost

Estimates of the health care costs of poor housing are as follows:

- Poor housing costs the NHS at least £2.5 billion per annum in treating people with illnesses directly linked to living in cold, damp and dangerous homes¹
- Treating children and young people injured by accidents in the home costs A&E departments in UK around £146 million per annum¹
- Among over 65s, falls and fractures account for 4 million hospital bed days in England per annum costing £2bn¹

Number of vulnerable people in fuel poverty in Southampton

In Southampton, there were 9,889 households in fuel poverty in 2012. Estimates of the number of vulnerable people who are in fuel poverty within Southampton is shown below.

Table 3 Estimate of number of people living in fuel poverty

Population group	Southampton	Estimated number living in fuel poverty*	Proportion
Asthma	26,245	2,656	10.1%
COPD	5,215	487	9.3%
Depression	27,595	2,697	9.8%
Ischemic Heart Disease (IHD) or Congestive Heart Failure	41,944	4,236	10.1%
Asthma & depression	3,750	363	9.7%
IHD & depression	1,171	112	9.5%
IHD and COPD	949	90	9.5%
COPD and depression	1,272	119	9.4%
Children aged 0-17	47,887	4,837	10.1%
Aged 65 and over	32,194	2,946	9.1%

Source: Adjusted Clinical Groups 2013, Mid Year Estimate 2013, Fuel poverty data DECC 2012. Includes patients who have been diagnosed but are not on medication or patients that have been diagnosed and are on a prescription.

* Compared proportion of households in fuel poverty in Southampton, with the number of people with each area. To give an estimated number of people living in fuel poverty

It is important to note that this estimate is a comparison of the proportion of households in fuel poverty with the number of people within an area. On this basis, Almost 1 in 10 people in all vulnerable groups are living in fuel poverty in Southampton.

STRATEGIC OVERVIEW

- 6 The Government has set a fuel poverty target within the National Fuel Poverty Strategy: to ensure that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency standard of band C by 2030². The principles of this approach are to prioritise the most severely fuel poor, and deploy cost-effective policies while having regard for the most vulnerable.
- 7 Alongside the national strategy, the Department of Energy and Climate Change (DECC) is making up to £3 million of funding available for new fuel poverty pilots to encourage innovation. Up to £1 million of funding will be made available immediately to scale up a selection of local 'warmth-on-prescription' projects to help people who face health risks because of the cold. Up to another £2 million will support local fuel poverty innovation over the next year.
- 8 A previous and current policy enabler is the Green Deal. This was introduced in 2012. The scheme allows households to pay for some or all of the improvements over time through additional costs on their energy bill. The Energy Company Obligation, introduced in 2013, places a legal obligation on the main energy suppliers to deliver subsidised energy efficiency improvements to low income households to enable them to heat their homes to a comfortable thermal level. Other schemes such as the warm home discount scheme, big energy saving scheme, winter fuel payment and cold weather payment were subsequently introduced to support the vulnerable and those on low income. The future of such schemes, including the Green Deal, is uncertain.
- 9 The Cold Weather Plan for England is a framework for protecting the population of England from harm to health from cold weather³. It aims to prevent major avoidable effects of cold weather on people's health by alerting them to the negative effects and enabling them to prepare and respond appropriately.
- 10 Health based recommendations have been described in the Health Equity Evidence Review on tackling fuel poverty and cold home related health problems to improve health outcomes and reduce inequalities and NICE guidelines (March 2015) on reducing the risk of death and ill health associated with living in a cold home^{4,5}. These recommendations are described in box 2.

Box 2: The Health Equity Evidence Review:

- Acknowledges important role of Health and wellbeing boards in collaborating and working with other parts of the local authority, other stakeholders and local organisations including primary care and clinical commissioning groups to drive improvements.
- Recommends the UK Health Forum's fuel poverty guide as a resource for action that can be taken by partners to reduce fuel poverty

NICE guidelines (March 2015):

- HWBB should include the health consequences of living in a cold home in the joint strategic needs assessment process and develop a strategy to address the health consequences of cold homes
- Ensure that there is a single point of contact health and housing referral service to help vulnerable people living in cold homes
- Provide tailored solutions via the single point-of-contact health and housing referral service for people living in cold homes. Solutions should take account of the language and reading ability of recipients
- Identify people at risk of ill health from living in a cold home
- Make every contact count by assessing the heating needs of people who use primary health and home care services
- Non-health and social care workers who visit people at home should assess their heating needs
- Discharge vulnerable people from health or social care settings to a warm home
- Train health and social care practitioners to help people whose homes may be too cold
- Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing
- Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home
- Raise awareness among practitioners and the public about how to keep warm at home
- Ensure buildings meet ventilation and other building and trading standards

SOUTHAMPTON'S STRATEGIC APPROACH

- 11 The current Southampton health and well-being strategy⁶ makes the following recommendations in relation to housing:
1. Endeavour to help people to have access to good quality, energy efficient housing that is both affordable and meets their needs.
 2. Provide a comprehensive homelessness service that supports people to make independent choices about their housing future
 3. Work with the voluntary and supported housing sectors and the Homeless Healthcare Team to ensure that provision in the city meets the needs of the most challenging people to safeguard both their housing and health needs and reduce the impact on the general population
 4. Having an additional Licensing scheme for all HMOs in the city to help ensure the conditions in the private rented sector are improved and poor or inadequate housing is brought up to acceptable standards
 5. Develop local hubs for quality support and care in the city, for example dementia friendly facilities with support activities and interactions for people with dementia from the wider community
 6. Raise awareness of falls and reduce or prevent trips, slips and falls within Council older people's accommodation.
- 12 The Health and Well-Being Strategy is scheduled for update in 2016.
- 13 There are a number of local strategies and plans that have an impact on health through the link with housing.

Housing Strategy

- 15 The Housing Strategy 2011-2015 'Homes for Growth' Strategy Context Paper has the strategic objective of maximising homes for the city so that the right mix of housing will support economic growth⁷. The vision is for housing to work towards attracting more jobs for local people, securing more investment in the city and delivering high quality, low cost services that meet customer needs.
- 16 The strategy promotes home ownership and encourages community sustainability. There is a focus on improving existing homes and transforming neighbourhoods, particularly through the estate regeneration programme, energy efficiency, tackling fuel poverty and improving poor housing conditions in the private sector. The Southampton Homes Standard has been agreed with tenants and leaseholds to ensure all homes are: Safe, wind and weather tight, warm and will use as small an energy footprint as possible, have reasonably modern facilities inside the home and well maintained communal facilities. Southampton has a target to deliver new 16,300 homes over the period 2006-2026.

- 17 The recent fairness commission set a recommendation to increase the availability of affordable and good quality housing through short and long term creative housing solutions.

Low Carbon City strategy

- 18 The residential sector contributes 27% of UK carbon emissions. It is widely acknowledged that we cannot meet our climate change targets without addressing emissions from our homes.
- 19 The Southampton Green City Strategy outlines the city council's vision for a low carbon city⁸. It sets out the key target to reduce carbon emissions by 40% by 2020 and 80% by 2040. Plans for housing within its existing stock, new developments and through the regeneration programmes help to deliver this target and tackle fuel poverty.

Homelessness prevention strategy

- 20 Homelessness is the most acute form of housing need. The city has a homelessness prevention strategy (2013/18) backed by a range of agencies including the voluntary sector⁹. The objectives are to: 1. Prevent homelessness, 2. Maximise the number of available homes in the city to all sectors of the community including homeless people, 3. Provide good quality accommodation with support for short periods only, in order to enable successful move on and maintenance of a settled home and 4. Improve positive outcomes for homeless people or people at risk of homelessness.

Recommendations from the recent Health and Overview Scrutiny Panel on homelessness are shown in appendix 1.

Fuel Poverty Plan

- 21 The Southampton Warmth for all Partnership (SWAP) is a multi-agency response to the issue of fuel poverty, led by Public Health. This key partnership includes statutory services and third sector organisations and aims to raise awareness of fuel poverty and coordinate action to alleviate it. The partnership has been operating for almost 15 years and more recently has a core membership from Public Health (SCC), Environmental Health (SCC), Housing Services (SCC) the Environment Centre and Age UK Southampton. It has produced a fuel poverty plan¹⁷.

Better Care

- 22 Better Care is about joining up care around individuals so they are seamless, co-ordinated and give patients/service users a better experience. There are several services provided by the city council and the NHS whose sole aim is to support recovery from an illness or injury. Staying as independent as possible for as long as possible is a key priority for many older people in the city¹⁸.
- 23 Targets for Better Care are:
- Reducing admissions to residential care

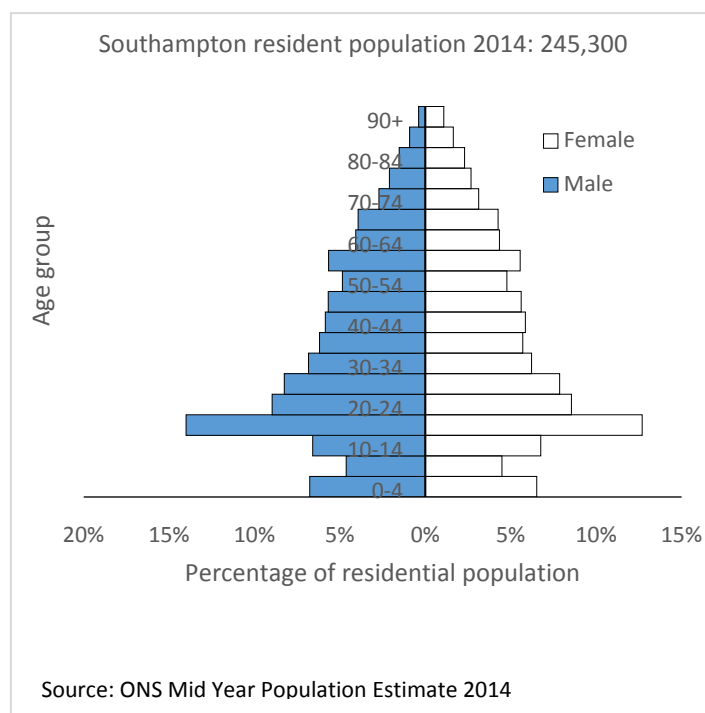
- Reducing hospital admissions through integrated care services
- Reducing falls with injury in the over 65 year population
- Reducing readmissions
- Reduced Delayed Transfers of Care from acute hospitals
- Risk Stratification
- Case Management
- Single Care Plans accessible across health & social care system, which are person centred
- Single case coordination for most complex
- Self-Management
- Telecare/telemedicine
- Prevention agenda
- Information & advice
- Support to change behaviour/take action
- Personalisation of services individual social and health budgets
- Integrated rehabilitation/reablement a rapid response services to promote independence and improve discharge

HOUSING NEEDS, STANDARDS AND AVAILABILITY

Demography

24 There are 242,100 residents in Southampton, 52,900 with an ethnic origin other than White British (2011 Census). Figure 3 shows the age breakdown for our population. There are approximately 47,000 students. The employment rate is 69.3% and unemployment rate 6.7%. The median gross annual pay for residents of Southampton is £24,913 based on the 2014 Annual Survey of Hours and Earnings, this compares to the England median gross pay of £27,500.

Figure 3 – Residential population 2014



- 25 The city is growing, between 2013 and 2017 the population is forecast to increase by 35,800 people (14.8%). Compared to 15.5% in England and 17.3% in the South East region. The 20-29 age range, who traditionally form new households requiring homes, will grow by 12.6%. The 30-44 age group, the main economically active and moving group also shows a rise of 3%. 15,000 residents live in the city's top 5 priority areas (LSOAs).

Poverty within the City

- 26 Although Southampton is a relatively prosperous city, there are areas of significant deprivation. We have a higher percentage of residents claiming key 'out of work' benefits than the regional average (9.1% compared to 6.8% for the South East) and 'in-work poverty' is a growing issue - 20% of households are receiving housing or council tax benefit; well above the national average¹⁹.
- 27 Nearly a quarter of children (23.4%) live in poverty compared to a regional average of 13.6% and a national average of 19.2% and this figure rises to over 40% for our most deprived wards. In relation to income deprivation affecting older people, the city has seven areas that fall into the 10% most deprived in England.
- 28 The national programme of welfare reforms has been underway since 2010. It has brought changes to a range of working age benefits including housing, health and disability, crisis support and tax credits. The changes have affected in-work and out-of-work claimants. The Centre for Economic and Social Inclusion (CESI) has predicted the overall financial impact to Southampton for 2015/16 will be a loss of £53 million compared to if the

reforms had not been implemented; affecting 34,157 households with an average loss of £1,551 per year.

- 29 For housing, the Housing Benefit Size Criteria ('Bedroom Tax'/ 'Spare Room Subsidy) has affected social housing tenants (1612 households in the city were affected in 2014/15). Households within the private rented sector have also been affected by recent changes. Local Housing Allowance (LHA) rates now only cover the 30th percentile. This is pushing claimants into often poorer quality housing. In 2012, the age threshold for the shared accommodation rate of LHA was increased from 25 to 35 years. This means single claimants up to the age of 35 now have their LHA based on a room in a shared property rather than a self-contained one bedroom property and this creates demand for Houses in Multiple Occupation (HMO) type accommodation.
- 30 Fuel poverty is a significant issue in the city. During 2014/15, Southampton Local Welfare Provision accepted over 900 referrals for emergency utility top-ups (key meters) from local agencies. Funding for this has been reduced significantly will cease at the end of March 2016.

Overview of housing in the city

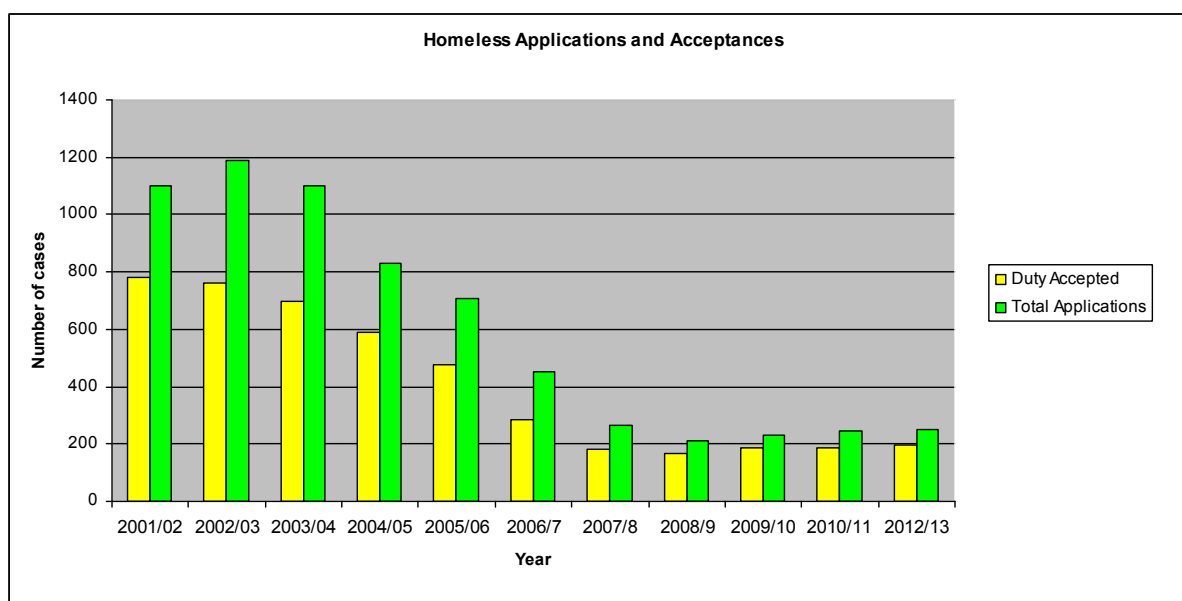
- 31 Southampton has an estimated 104,000 homes providing accommodation to 245,300 (mid-year estimate 2014), of which 53% are owner occupied, 24% are privately rented, 17% are local authority and 6% are housing association. The city has over twice the national average of privately rented accommodation (11% nationally) and below the average number of owner occupied homes (71% nationally).
- 32 The proportion of privately rented homes is higher in Southampton than other comparable local authorities for example Portsmouth has 18%, Brighton and Hove 23% and Bournemouth 22%. All of which are on the south coast with universities.
- 33 The South Hampshire Strategic Housing Market Assessment 2014 quotes a standard house price of £216,815 with 41.6% 3 bed, 26.6% 2 bed (Census 2011). The average cost of a home in the city has risen by 140% since 1999. Entry level private rent for 3 bed households is £825 and £675 for 2 bed households per annum. The estimated proportion of households unable to afford market housing without subsidy is 51.4%. The survey estimates that the 4,008 households (4%) are unsuitable.

Homelessness

- 34 There has been a 50% increase in the number of recorded homelessness preventions from 2008 to 2013. In 2008 the number of households prevented from becoming homeless was 902, but five years later this increased to 1486 cases (2013). Whilst homeless acceptances have increased nationally by 20% over the last four years, in Southampton this has been restricted to 10%.

Figure 4 below shows the number of homeless applications and acceptances in Southampton from 2001/02 to 2012/13.

Figure 4 Statutory homeless statistics



35 The number of individuals found rough sleeping on weekly outreach sessions was 8 in 2011/12 increasing to 9 in 2014/15.

Housing standards and conditions affecting health

36 Of the council stock, 99% met the Government’s Decent Homes Standard (1st April 2011) and the council is the largest landlord in the south with over 18,000 properties let to households including tenants and leaseholders. A large scale stock condition survey carried out in 2008 showed that 38% (28,400) of all private homes did not meet the Decent Homes Standard, of which 8,500 are occupied by vulnerable people. 16,000 fail to meet the standard because of poor insulation and heating and 14,000 because of one or more serious housing hazards – the most common are excess cold, falls (especially in owner occupied homes) and fire (especially in privately rented homes). The total cost of dealing with this is estimated at £111M.

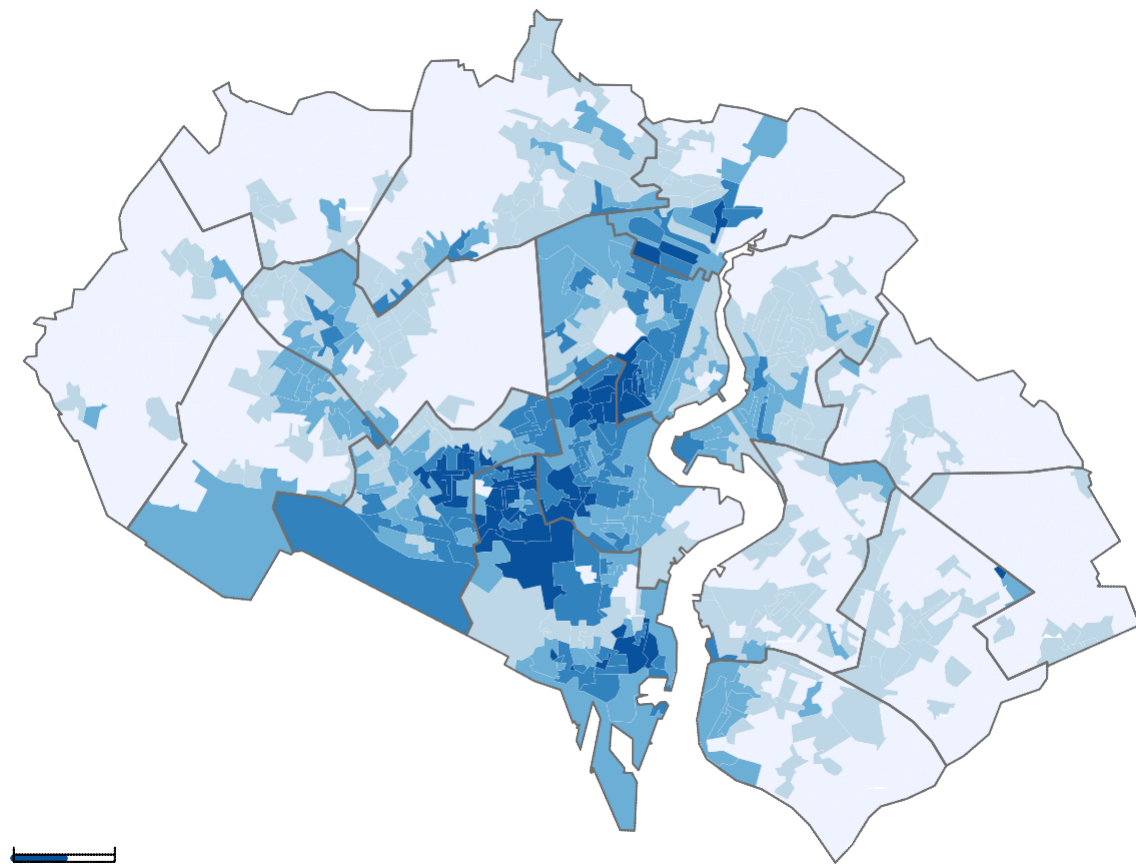
37 Older properties (pre-1919) and privately rented homes are generally in the worst condition. There is an estimated need for 3,900 adaptations for disabled people, at an estimated cost of £21M. Research suggests that the most effective use of council resources to improve private homes is to target energy efficiency and adaptations in all private homes and to focus on those privately rented properties in the worst condition.

38 Poor private housing is more concentrated in Bevois, Bargate and Portswood wards. 14,000 private homes have a serious housing hazard, with a quarter of homes built before 1919 and a quarter of privately rented homes having a

hazard that is likely to result in harm that needs medical treatment. The cost of dealing with a serious hazard is estimated at £5,000, rising to an average of £19,000 for more comprehensive repairs.

- 39 In terms of energy efficiency, the average SAP rating is 51 (equivalent to energy rating band E on a scale of A to G). There is the potential to improve energy efficiency in 95% of private homes and there remain 7,000 homes with a dangerously low SAP rating of under 35 and an estimated 6,000 vulnerable households in fuel poverty. There are similar levels across owner occupied and privately rented homes however the numbers of households in fuel poverty is forecast to rise with increasing energy costs and the effects of other fiscal and economic factors. The private rented stock is spread across the city and details from the 2011 Census show the spread as in Figure 5.

Figure 5: Tenure (Private rented: Private landlord or letting agency)



1.1 Percentage

	under 13.2
	13.2 to 27.9
	27.9 to 44.8
	44.8 to 63.1
	Over 63.1

Variable ID – KS402EW0015.
 Contains National Statistics data © Crown copyright and database right
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Houses in Multiple Occupation in Southampton

40 The council administers a mandatory licensing scheme for HMOs of three storeys and above occupied by five or more unrelated people. This helps ensure that minimum safety and management standards are met in these properties. New powers will allow the council to protect family homes and control where houses in multiple occupation (HMOs) are permitted by using an Article 4 Direction to control HMOs (rented homes where three or more unrelated people live.) This means it will be able to refuse new HMOs in any one area in the future. Article 4 powers allow local authorities to implement strict planning rules in specific areas of cities or towns. In this instance landlords would have to obtain planning permission before turning homes into rented HMOs.

- 41 There are about 7,000 Houses in Multiple Occupation (HMOs) of all types (9.3% of private sector dwellings), of which 444 of the largest have been licensed. There are an estimated 130 licensable HMOs that continue to operate without a licence. These are not spread evenly across the city but there are areas of very high density, moderate density and low density as well as areas where there are not believed to be HMOs.
- 42 The national average proportion of private dwellings that are HMOs is 2% (EHCS). Southampton has a higher HMO rate than Portsmouth (5.9%) and Bournemouth (7.3%) but the rate is less than that in Brighton and Hove (20%).

Social housing

- 43 Southampton operates a Housing Register and Choice Based Lettings system called Homebid. This is a list of households who want to move into or between homes owned by the city council and participating housing associations. There are 11673 households waiting for a social rented home. The current breakdown by size of property households are waiting for is shown in table 4 below. As can be seen from the table, the majority of households are awaiting studio accommodation, followed by two and three bed homes.

Table 4 Households awaiting a social rented home

Over 60's	1689
Studios	4328
1 Beds	585
2 Beds	2436
3 Beds	1562
4 Beds	390
5+ Beds	66
Unknown	617
Total	11673

- 44 There were 1900 households who were housed into social housing (2014/15) which is both council and registered providers' vacancies. Of these 380 were households who we had accepted as being homeless. Demand is far greater than supply and the average waiting time is in excess of 5 years. Families needing larger 3 + bedroomed accommodation wait usually 6-7 years.
- 45 The CORE dataset (2013-2014) of letting and sales of social housing in England provides information on tenancy. The majority of tenants in social housing in Southampton have fixed term tenancy of 5 years (60% of tenants). In 62% of homes, head of the household is female (compared to 59% in England) with 34% single adult and 24% lone parent households. 31% not seeking work (23% working full time, 18% working part time, 16% job seekers and 8% long term sick/disabled). 85% are White British. The average weekly

income of Southampton City Council tenants is £254. As would be expected, the highest concentration of SCC housing stock is in areas of greatest deprivation within the city.

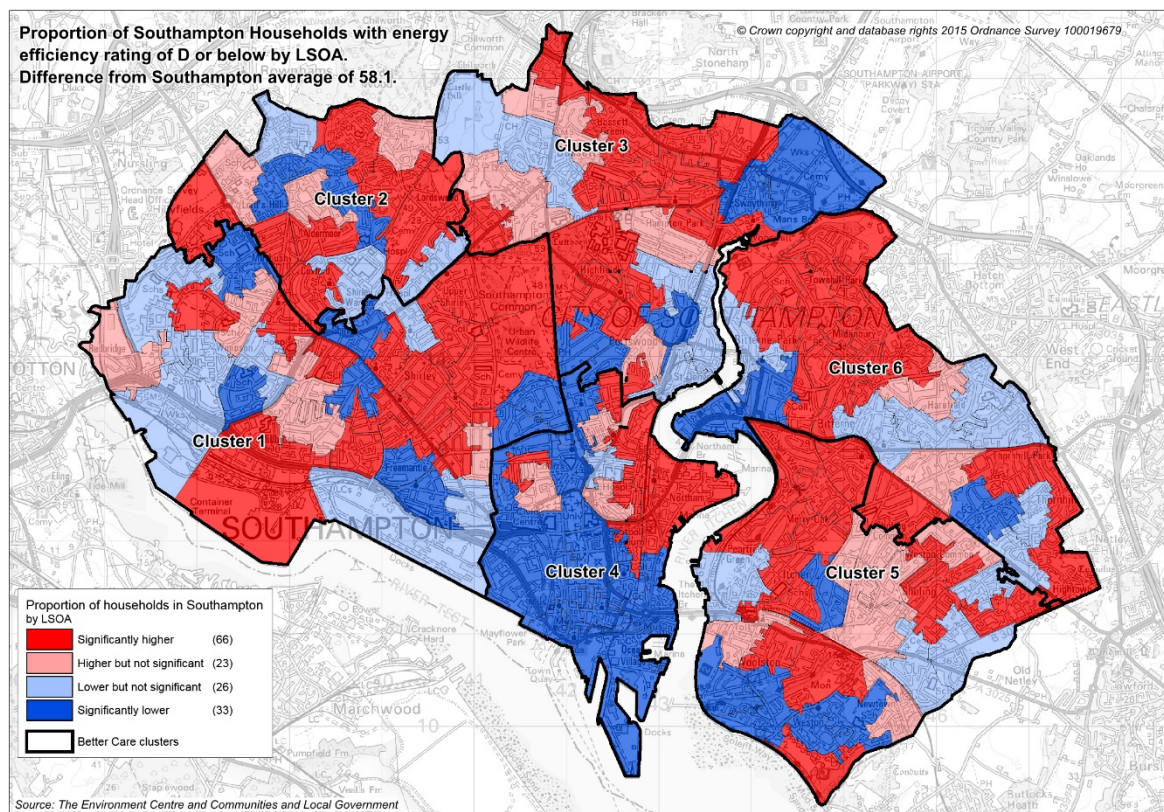
Care and nursing homes

- 46 Southampton currently has 11 nursing homes and 46 care and residential homes. These facilities provide a total of 1457 beds, with the smallest facility providing accommodation for 3 residents and the largest having 104 beds. The average size is 17 beds for Care Homes and 61 for Nursing Homes. Most beds within the city are privately owned and managed. BUPA is the largest provider in terms of nursing beds managing 241 beds within the city and a further 124 beds at centres that lie on the periphery of the city but into which both the CCG and SCC place clients.
- 47 There are 2 residential homes which are Southampton City Council run properties – Holcroft House and Brownhill House, the third property Woodside is currently in the process of closing. This means that the council provide for up to 71 clients within their properties; less than 5% of health or social care beds within the city are located within council run facilities.
- 48 Of concern is the state of the properties offered as health & social care client funded facilities. While some of the large nursing, and in one case residential care facilities, are provided within purpose built facilities these are the minority. The majority of properties used are mid to late Victorian or early 20th century houses which have undergone significant alterations. The majority of these 'old' properties are in need of refurbishment to make them 'fit for purpose'. Within the CQC regulated work mechanism there is no specific review of whether a home/facility meets energy efficiencies or are 'fit for purpose'.
- 49 From the perspective of health and safety legislation, the Fire & Rescue service and Environmental Health (in terms of kitchen facilities) monitor adherence to requirements. A significant number of our homes into which we place residents of Southampton are reliant on shared toilet and bathing facilities. A significant piece of legislation which refers to the environment of a care or nursing home is Health and Safety in Care Homes HSG220 (2nd edition) Published 2014. This work covers additional requirements such as equipment safety; general environment; incident reporting and Infection Prevention and Control among many. All the sections of this work is tied to specific legislation which relates to varying aspects of health & safety.
- 50 As indicated earlier many of the properties used as care facilities are adapted from housing stock and therefore the inclusion of a suitable size laundry facility is a challenge. Having a well laid out laundry with correct clean dirty flows is essential in reducing the risk of cross-contamination of the environment; it is essential that when a property is being registered as a care facility that this is a requirement.

Mapping of household energy efficiency ratings

- 51 Of 104,000 properties within the city, 50,000 properties have energy efficiency ratings. Of these 50,000 properties, 42% (21,055 properties) have been graded A to C and 58% (29,149 properties) graded D to E. The map below shows, of those properties with an energy efficiency rating, the proportion of households in graded D-G within each Lower Super Output Area that have ratings higher (worse) and lower (better) than the average D-G energy efficiency rating for the city.

Figure 6 Proportion of households with energy efficiency ratings of D or below



- 52 The highest proportion of properties with the lowest energy efficiency ratings (significantly worse than the average for D-G rated properties across the city) is in a number of areas across the city (shown in red) including Shirley, Millbrook, Bevois, Swaythling, Bitterne Park and Peartree.

Mapping of fuel poverty

Figure 7 below shows households living in fuel poverty within Southampton. As can be seen, the greatest density of households with the highest level of fuel poverty are located in central Southampton, mainly within Portswood, Bevois and Swaythling wards (located in clusters 3 and 4).

Figure 7 Southampton households living in fuel poverty 2012 by the Better Care Fund primary care clusters

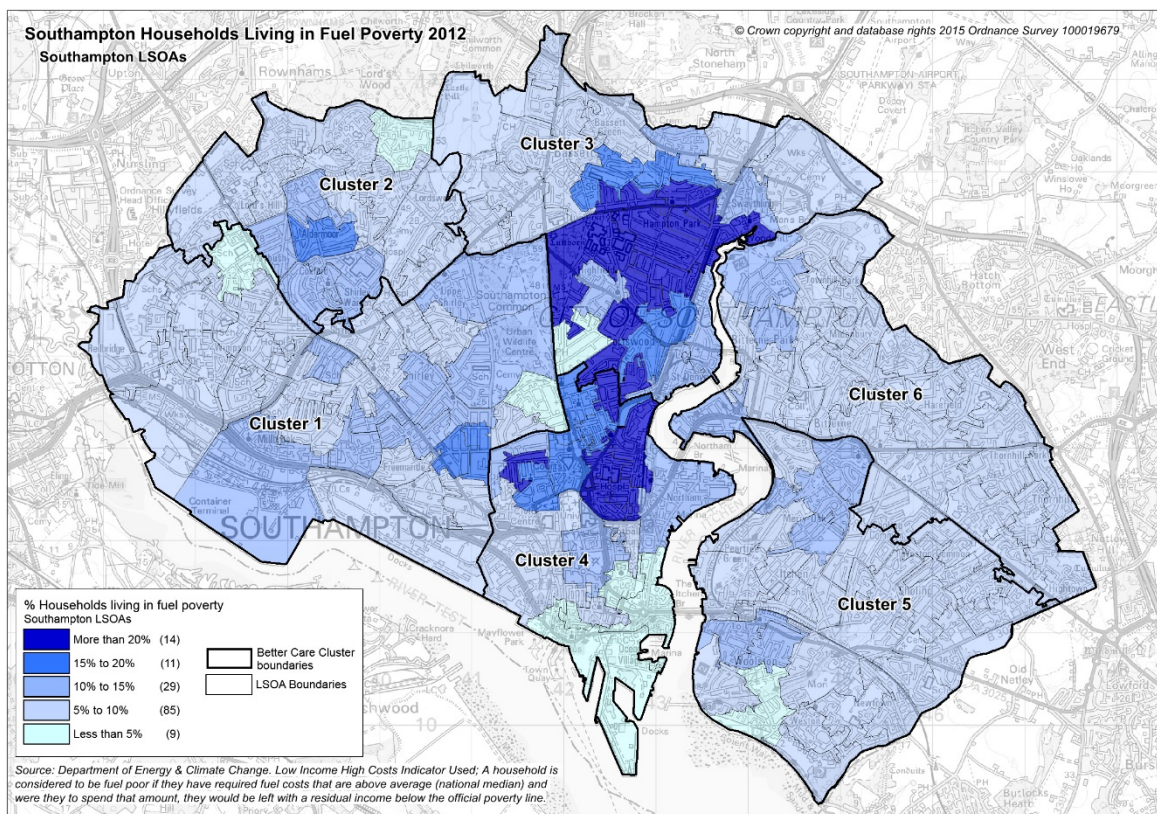
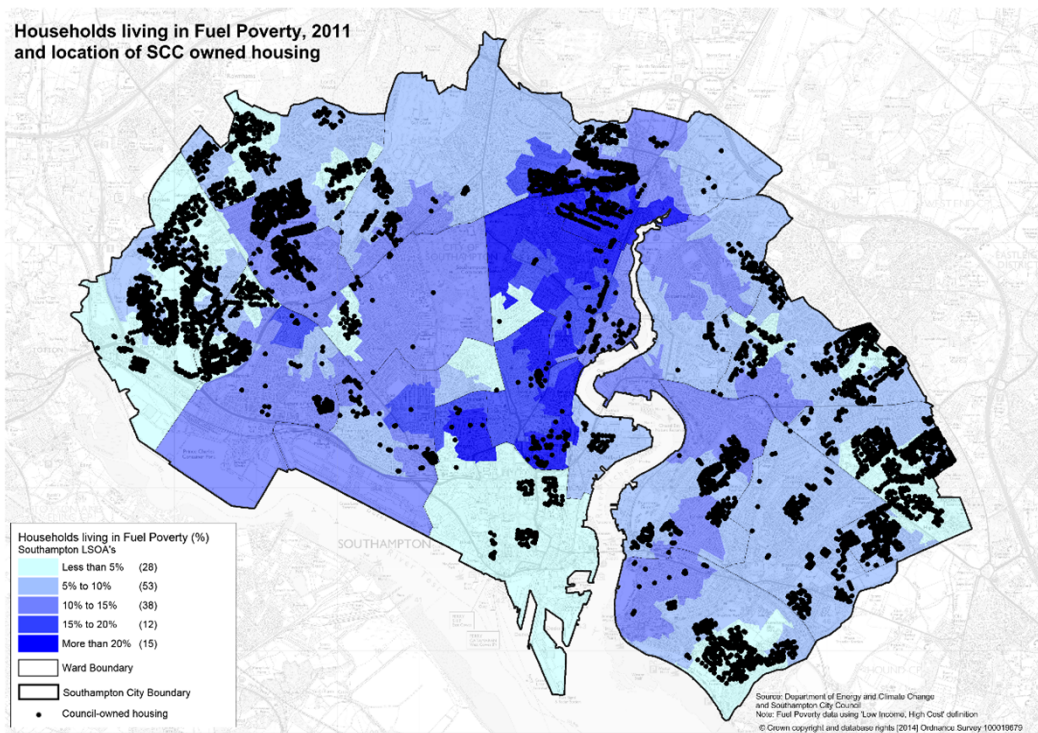
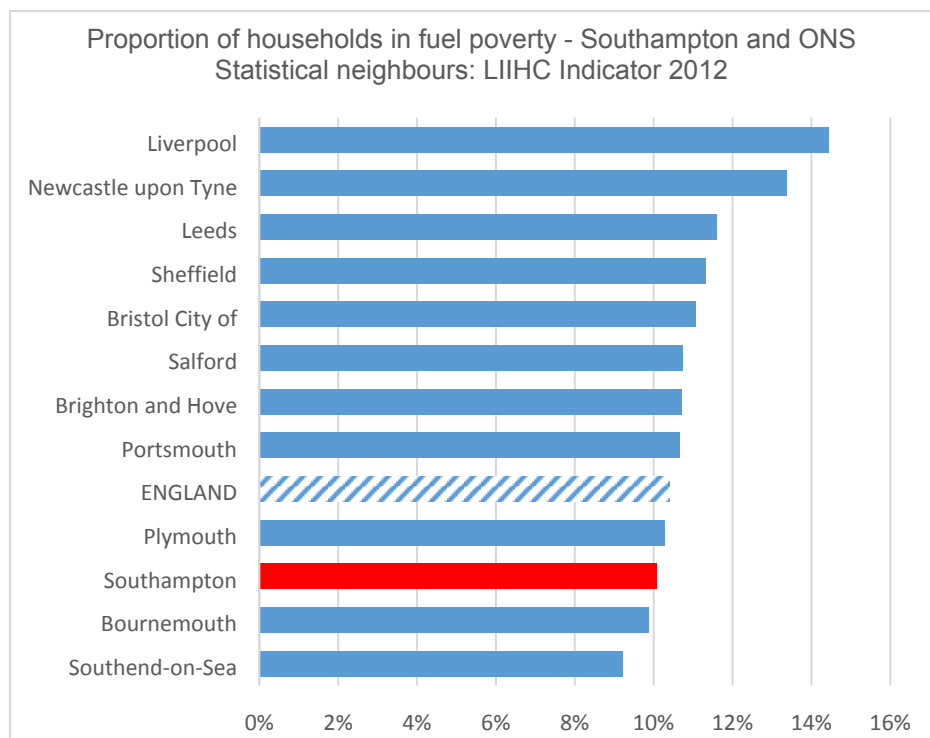


Figure 8 below shows concentrations of SCC owned housing (and levels of fuel poverty). As can be seen, there isn't an association between fuel poverty and degree of social housing provided through SCC in Southampton. At an area level, there is no association between fuel poverty levels and deprivation.

Figure 8 Southampton households living in fuel poverty and location of SCC owned housing 2011



Southampton has a lower proportion of households in fuel poverty than the England average (figure 9). In comparison with our statistical neighbours, Southampton is 10th of 12 areas in relation to fuel poverty.



Promoting independent living

- 53 A significant population growth is forecasted in the over 65 age group in Southampton, with an increase of 13,500 people (+ 43.8%) over a period up to 2033. There is a need to plan housing, support and care solutions which will enable people to live independently. The effective adaptations in people's homes are an important part of this planning.
- 54 The need for a range of housing with support options have been identified through the Supporting People and other health and social care strategies. These identify the support and care required across the spectrum of needs including; young people, people with physical disabilities, people with learning disabilities, people with mental health problems and people fleeing domestic violence. This could be in their own homes or in hostels, sheltered housing or other specialised supported housing. However, there is a need to ensure housing and social care requirements are fully aligned so that the city is able to meet needs in the longer term.
- 55 There are a range of different needs to respond to including:
- Short-term/emergency responses – particularly for people who are homeless
 - Adapted housing – for those with disabilities and mobility issues
 - Medium term options – for people who may remain vulnerable
 - Longer term options – particularly for older people, those with learning disabilities, people with mental health problems, and those with long term conditions and disabilities.
- 56 The Supporting People Programme assists over 6,000 people in Southampton providing a variety of services which offer the opportunity to improve quality of life and a stable environment to enable greater independence for vulnerable residents.
- 57 The Extra care housing provision supports independent living by providing onsite care and support. There are two purpose built schemes of extra care for the elderly, one in the east provided by Saxon Weald HA called Rosebrook Court, and one in the West owned by SCC housing; Manston Court. SCC care alarm service is also providing support for older people to live in their own homes and developing new initiatives such as telecare.

Adaptations:

- 58 These are provided in both SCC owned homes and private homes in the city. There is a £1.2 million programme to complete adaptations in private homes in the city, this is funded through the Better Care Fund. Funding provision is means tested and provides a maximum of £30,000 per household. The aim is to provide for 120 homes per annum. The programme is delivered in accordance with the Housing Grants, Construction and Regeneration Act 1996.

- 59 Last year the average age of applicants was 64 (although there has been a steady increase in the number of applications for children). The average grant was £6,400 and the average time taken from assessing need to completing the installation was 8 months. More referrals are received for level access showers and stair lifts than any other type of adaptation.

DETERMINANTS OF HOUSING NEED

- 60 There are longer term measures that can be taken to reduce demand for social housing, reduce need for adaptations and enable people to afford and continue to live in a home that meets their needs.

Poverty

- 61 Reduction in poverty and increase in employment and training opportunities, particularly for young people is crucial in reducing social housing need and enabling people to live in the homes that meet their needs. Continued economic development within the city is clearly the driver with a focus on provision of higher level jobs for residents. Linked to this is the need for a good quality education.

Prevention and early intervention

- 62 Ensuring children have the best start in life, promoting and enabling individual lifestyle choices to reduce consumption of sugar, take physical exercise, stop smoking and reduce alcohol intake, all contribute to reducing the need for housing support and adaptations as a result of lifestyle factors. Public health programmes and services aim to promote health and protect against risk to health.

City planning

- 63 Ensuring the development of a healthy city with sufficient green space, walking and cycling routes and reduction in road transport. A city with local shops and health services within easy walking distance.

LOCAL SCHEMES AND SOCIAL RETURN ON INVESTMENT

- 64 This section of the report highlights some of the local schemes in place to support health through housing related initiatives and some initial calculations of return on investment. Case studies describing the impact of initiatives on individuals' lives in Southampton are shown in appendix 2.

Local Schemes

STOP the cold (Advice line funded until March 2016)

- 65 STOP the cold provides practical advice and support through a freephone advice line, contact number and webpages. It enables referrals to complimentary projects including Local Welfare Provision Service, Money Matters and Green Deal Assessments (115 completed so far). In 2014-15, 306

Southampton residents were supported through the advice line and 'STOP the cold' was promoted at over 70 local meetings and events.

Local Welfare Provision Service (LWPS) (closed – short term continuation)

- 66 LWPS (Officially closed April 2015 but we are continuing to run the service in the short term). This is a free, confidential service available to working age clients of any tenure type, focussing on those who meet LWP criteria and are struggling to keep warm or pay their bills. The scheme supports clients with: Home energy efficiency, energy efficiency grants and finance options, draught-proofing (and materials), heating and hot water controls and dealing with condensation and mould. Advice and information is provided by home visits, phone, email, post and at drop-ins. 127 households have been helped (estimated 188 adults and 90 children).

Money Matters (Due to close September 2015)

- 67 This is a partnership project with Age UK Southampton aiming to support older people all around Southampton helping to 'put more money in their pockets'. The service provides a friendly and confidential home visit service, with advice and practical help on keeping warm and well, saving energy and managing gas and electric bills, household budgeting and benefit entitlements and applications
- 68 The final report for Money Matters is imminent. To date tEC have undertaken 220 home visits either with the Age UK Southampton office or on their own. The current total for increased benefits through the Money Matters Project is £485,687. The funding to pay for the project from Comic Relief is just under £200,000

Southampton Warmth for all (Scottish Power People Energy Trust – begins September 2015)

- 69 The aim is to reach out to vulnerable households in Southampton to provide advice and practical help with home energy, helping to keep people warm and lift them out of fuel poverty. The services will be made available to low income households with young children or other vulnerabilities due to ill health or disability, and will largely be targeted at people in private rented accommodation.

Social Return on Investment

- 70 Some of the many local initiatives in place to provide decent housing, adaptations and enable warm homes have been assessed to determine social return on investment.

- 71 Social Return on Investment covers two aspects:
- Actual Cashable Savings and;
 - The impact on people
- 72 There are a number of approaches that can be used to assess return on investment, four of these are described below. This section assesses the impact of local approaches using four methods. **Calculations described are examples should be considered with caution. Validation of estimates and assumptions is required.**

Community Energy Saving Programme Project (CESP) and other energy efficiency works:

- 73 The CESP Project delivered extensive energy improvements to 520 properties to the five tower blocks in International Way in Weston (Oslo Towers, Havre Towers, Hampton Towers, Copenhagen Towers and Rotterdam Towers), an area of high deprivation measured by the Indices of Multiple Deprivation (IMD). The project was funded by a £6.2M Grant from the CESP via British Gas. Rotterdam Towers was initially excluded from the CESP works and was later funded separately from the Energy Company Obligation (ECO) part of Ofgem for an identical programme of work. An additional £3M was added to this budget by Southampton City Council
- 74 The Ofgem target was to reduce fuel bills for residents by an average of one third. The project has met and extended this target by reducing fuel bills by an average of 60%. Before the project average fuel bills were £1000 p.a. for a two bedroom property. Following the project average fuel bills are now £400 p.a. for a two bedroom property. This gives households an average £600 per year saving, with a large reduction in energy use and significant improvements in thermal comfort. In some one bedroom properties for example, residents do not have to put their heating on at all because their flat is now warm enough all year round as a result of significantly better insulation.
- 75 Additionally 107 properties in Farringford Road in Thornhill, have received EWI (External Wall Insulation), around 150 - 200 properties have received CWI (Cavity Wall Insulation) or loft upgrades and approximately 30 properties have received fuel switching systems. This is estimated to save an average of £500 per year on heating bills assuming a move from a Band D to Band C.
- 76 Since April 2010, a further 2,900 properties have benefitted from either a new A grade efficiency gas boiler or heat exchanger; split between c2,400 gas boilers and c500 heat exchangers. The gas boilers installed are more energy efficient than those replaced and the heat exchangers are linked to a district heating system.
- 77 Based on Energy Saving Trust figures for low income homes, the estimated annual fuel savings after installing a new A rated condensing boiler are

between £145 p.a. (for a mid floor flat) and £570 (detached house); depending on the types of different property; assuming that the old boiler is rated at under 70%. If we average this out this amounts to an average of £325 per year.

- 78 If we take the average fuel costs per year and multiply it by the number of properties receiving improvements, we find the estimated average fuel costs representing cashable savings to our tenants.

Table 5 Return on Investment for tenants as a result of housing improvement programmes

Stakeholder	Input	Output	Outcome
SCC Tenant	520 properties benefitting from energy improvements in CESP Project	Average fuel savings £600 p.a.	520 x £600 = £312,000 cash saving p.a.
SCC Tenant	337 properties benefitting from EWI / CWI / loft upgrade / heat exchangers	Average fuel savings £500 p.a. (from A Fuel Poverty Strategy for England March 2015)	337 x £500 = £168,500 p.a.
SCC Tenant	2,900 properties benefitting from new boiler exchange / heat exchanger	Average fuel saving £325 p.a. (From Energy Savings Trust)	2,900 x £325 = £942,500 cash saving p.a.
Total	3757 properties	Average Savings £475 p.a.	£1,423,000 p.a.

Cross Benefit Savings to NHS: Cashable Savings

- 79 The Housing Health and Safety Rating System (HHSRS) is a government risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. It was introduced under the Housing Act 2004 and applies to residential properties in England and Wales.
- 80 BRE (Building Research Establishment) an independent and impartial housing consultancy have devised a calculator that uses the HHSRS to calculate the risk of hazards and the costs averted to the NHS following improvement work. BRE have consolidated the risks of certain hazards to high risk groups (e.g.

falls and the over 65's) and brought together all NHS costs to average them out across four categories; from Class I (the most serious to Class IV the least serious).

81 The average NHS costs are:

Class 1	£50,000
Class 2	£20,000
Class 3	£1,500
Class 4	£100

82 The online calculator focuses on six specific hazards (Excess Cold, Crowding and Spacing, Damp, Entry by Intruders, Level Falls and Stair Falls) and can be found here

www.cieh.org/library/knowledge/housing/HHSRS_cost_calculator.xls

83 Using the Calculator, it is possible to estimate the risks, numbers of cases averted and the NHS cost savings by inputting the number of properties that have received interventions into the calculator.

84 We can assess the impact of scenarios, for instance:

- Approximately 3757 households receiving interventions to mitigate excess cold hazard and damp (520 households from CESP, 337 households with CWI / EWI / loft upgrade / fuel switching and 2,900 households receiving new boiler exchange / heat exchanger)
- 6,468 properties receiving new bathrooms and / or kitchens that mitigate the risk of falls on the Level

Table 6 Return on investment – assessment of cash savings to NHS of interventions

Measure	Number	Benefit	Cash Savings p.a. NHS
HHSRS Calculator: 3757 households receiving energy improvements			
BRE HHSRS Calculator Cost Excess Cold Class I Hazard Over 65's (most serious harm – e.g. EWD)	Risk: 1 in 1013	4 cases per year averted	£200,000
BRE HHSRS Calculator Class II	Risk: Less	N/A	N/A

Hazard: Excess Cold (Over 65's)	than 1		
BRE HHSRS Calculator Class III Hazard: Excess Cold (Over 65's)	Risk: 1 in 1488	3 cases per year averted	£4,500
BRE HHSRS Calculator Class IV Hazard (least serious): Excess Cold (Over 65's)	Risk: 1 in 757	5 cases per year averted	£500
Total		12 cases per year averted	£205,000
BRE HHSRS Calculator Class I - III Hazards: Damp (Under 14's)	Risk: Less than 1	N/A	N/A
BRE HHSRS Calculator Class IV Hazard (Least Serious): Damp (under 14's)	Risk: 1 in 629	6 cases averted per year	£600
BRE HHSRS Calculator: 6,468 properties receiving new kitchens and / or bathrooms			
BRE HHSRS Calculator Class I Hazard (Most Serious): Falls on the level (Over 60's)	Risk: Less than 1	N/A	N/A
BRE HHSRS Calculator Class II Hazard: Level Falls (Over 60's)	Risk: 1 in 1800	4 cases averted per year	£80,000
BRE HHSRS Calculator Class III Hazard: Level Falls (Over 60's)	Risk: 1 in 570	11 cases averted per year	£16,500
BRE HHSRS Calculator Class IV Hazard: Level Falls (Over 60's)	Risk: 1 in 309	21 cases per year averted	£2,100
BRE HHSRS Calculator All Hazards Level Falls: Total	Risk: 1 in 180	36 cases per year averted	£98,600
HHSRS Grand Total: All hazards NHS Savings		54 Cases per year averted	£304,200 p.a.

Health and Wellbeing:

85 Regional and National Statistics: Evaluation from Warm Front scheme and Scottish CHP Evaluation

- Two thirds of participants reported increased comfort
- 20% reported less minor illnesses during the winter
- 24.5% reported feeling more relaxed and content
- 55.1% reported feeling better and 26.5% reported better mood and temperature
- 24.5% reported easing of chronic conditions such as arthritis
- 10% of householders felt more and better quality of food could be purchased due to cost savings
- 20% reported improved cooking (Gilbertson et al "Home is where the Hearth is: Grant recipients' views of England's home energy schemes" Warm Front 2006)

Table 7 Estimated impact of a warm front scheme on the health and well-being of Southampton City Council Tenants

Outcome: Subjective measure out of 3,800 households	Measure from Warm Front and Scottish CHP Evaluation	SCC CESP	SCC Boiler / heat exchange	EWI / CWI	Total
Self reported increased comfort	33%	343 households	957 households	125.4 households	1425.4 households
Less minor illnesses during Winter	20%	104 households	580 households	76 households	760 households
Feeling more relaxed / content	24.5%	127 households	710.5 households	93.1 households	930.6 households
Feeling better (health)	55.1%	287 households	1597.9 households	209.3 households	2094.2 households
Better Mood and temperature	26.5%	138 households	768.5 households	100.7 households	1007.2 households
Easing of chronic conditions e.g. arthritis	24.5%	127 households	710.5 households	93.1 households	930.6 households
Reported improved cooking	20%	104 households	580 households	76 households	760 households

Wellbeing Valuation: HACT Calculator

86 The HACT calculator is a useful guide for Housing Providers to put an economic value on wellbeing following investment. It includes a Wellbeing Calculator to calculate social impact on data following an intervention and an easy read explanation of how to turn qualitative survey data into robust quantifiable data

How Social Value is calculated:

- 87 The results of four large national surveys (British Crime Survey, Taking Part survey, British Household Survey and Understanding Society survey) were analysed to isolate the effect of a particular factor on the average person's wellbeing. Analysis is then used to find the monetary equivalent that this is equivalent to. Together these datasets comprise tracked information of over 100K households and individuals. As a lot of this information comes from households or individuals who are interviewed on regular timescales; it is possible to measure, identify and isolate the factors that matter with regards to improving wellbeing or worsening it.
- 88 Based on the HACT calculator values; the following outputs might apply to these interventions:

Improved Health:

- 89 Health: Secondary data suggests that residents who have benefitted from energy efficiency improvements and have warmer households experience better self-reported health as a result (e.g. Warm Front and Scottish CHP evaluation suggests that 55.1% feel better and 20% report fewer winter illness.)
- 90 The measure of improvement using the HACT Calculator is going from self-reported poor or neutral health to 'Excellent' or 'Good' in the last 12 months 'compared with people your own age'. We do not know how many households who would report poor or neutral health, however we could make a conservative assumption that 10% of households would report someone living in the household reporting this, which would apply to 376 households (and more people).

Improved mental health:

- 91 Wellbeing / mental health: We know from secondary data that being in a warm home makes a significant improvement to mental health following energy improvements; with significant improvements to better mood and feeling more relaxed / content (26.5% and 24.5% respectively – Warm Front and Scottish CHP data) and there is an inverse relationship between the likelihood of avoiding anxiety or depression and bedroom temperatures – residents with bedroom temperatures of 21C are 50% less likely to suffer anxiety or depression than those with temperatures of 15C.
- 92 If we used the interim data unknown function on the HACT calculator of 10% we could make the conservative assumption that 10% of these households would experience relief from depression or anxiety. This would equate to 94 households and is equivalent to a HACT calculator value of £36,766 per individual per year. This would equate to a total value of £2,527,065 per year with the deadweight for Health (set at 27%) deducted.

Improved Financial Inclusion:

- 93 We know that energy improvements have made a significant average saving for our tenants. This is actual cash money that they have saved. As a result we can use HACT calculator values to estimate the wellbeing return that it generates.
- 94 **Financial Comfort:** Financial comfort, that of self-reported living 'comfortably' or 'doing alright' is rated at £8917 per individual per year. As we do not have the actual data to see how many households have moved from a negative or neutral value to a positive value, we assume that 10% of the 3757 households would report being comfortable following improvements that is rated at £8917 per individual per year that equates to £2,707,740 per year.
- 95 **Ability to Save Regularly:** HACT calculator rates the value of being able to save 'regularly' or from 'time-to-time' as £2155 per individual per year. As we do not have the data to show how many households had moved from a negative or neutral response we estimate that 10% of the 3757 households are now able to save regularly or from time-to-time as a result of the cost savings. This generates a benefit of £678,894.

Benefit of new kitchens and / or bathrooms:

- 96 In addition to the benefits of energy improvements; there are also wellbeing benefits from the households that have received new bathrooms and / or kitchens. This is slightly harder to apply as the HACT calculator questions do not exactly match the outcomes. The nearest outcome that might apply is the question; "Do you have enough money to keep your home in a decent state of decoration?" under Financial Inclusion.
- 97 While this does not meet exactly the data; the value of financial inclusion seems to best match an attempt to calculate the wellbeing received from having a new bathroom and / or kitchen. In this case a new bathroom and / or kitchen is essentially a significant financial benefit in keeping a home in a decent state of decoration to households in receipt of this.
- 98 With the caveat that this does not exactly meet HACT calculator values; we can attempt to estimate the wellbeing value of this. Using the HACT calculator value that rates this as £5326 per individual per year; we assume 10% of the total value of the 6468 households receiving new kitchens and / or bathrooms moving from a neutral or negative response to a positive response which would be £3,138,213 per year.

Table 8 Wellbeing value of measures using the HACT calculator

Measure	Households affected	Measure £ per individual	Benefit we can apply	Wellbeing Value (
HACT Calculator: Improved Health	10% of 3757 households (approx.)	£20,141	10% Unknown Value	£546,581
HACT Calculator: Relief from depression or anxiety	940 households (25% of 3757 households)	£36,766	10% Unknown Value	£2,527,065
HACT Calculator: Financial Comfort	3757 households	£8917	10% Unknown Value	£2,707,740
HACT Calculator: Ability to save regularly	3757 households	£2155	10% Unknown Value	£678,894
HACT Calculator: Enough money to keep house in decent state of decoration	6468 households	£5326	10% Unknown Value	£3,138,213
Total				£9,598,493

CONCLUSIONS AND RECOMMENDATIONS

- 99 Southampton's population is forecast to grow in number, with an increasing proportion of people living for longer with long term health conditions, a continued high level of deprivation (within the South East region) and a relatively young demographic with a high proportion of large families. This combination of population factors makes it particularly important that City wide strategies to ensure good quality housing, both private and social, are preserved and further developed. Furthermore, with recent welfare reforms and the economic climate, it is crucial that we ensure vulnerable people have a safe place to stay.
- 100 Determinants of housing need are poverty and coupled to this, education and consequent employment prospects. Housing is expensive and wages are low in Southampton compared with national estimates. Poverty is an increasing issue, with one quarter of children now living in poverty across the city. It is important that the links between education, employability, health and housing are well recognised and form a key part of the strategic approach to the provision and quality of homes.
- 101 Decent housing standards have been achieved for 99% of Southampton's social housing stock. However, over half of Southampton's housing stock is owner occupied and a quarter landlord owned. This is where energy efficiency ratings are lower, fewer households meet decent housing standards and there are a high number of houses of multiple occupancy. Older buildings are particularly at risk. Most of the care homes in our City are older buildings.
- 102 Evidence on the impact of housing on health is strongest in relation to cold and damp homes; with one third of excess winter deaths resulting from people living in cold homes. To reduce the risk of excess winter mortality and further poor health and well-being outcomes, we need to reduce the number of cold and damp homes across the City. This can be achieved through raising energy efficiency ratings in private dwellings in line with national targets. Previous local initiatives have been provided through self-referral. To ensure equity, in future we need to prioritise energy efficiency initiatives those people in greatest need i.e. for households where vulnerable people reside.
- 103 Comparison of areas in Southampton with a high proportion of households in fuel poverty against those with low energy efficiency rates does not suggest a direct relationship. If we simply target those areas in Southampton with lower energy efficiency ratings we will not reach the highest number of households in fuel poverty. It is therefore important that we triangulate energy efficiency, fuel poverty and health data to identify our priority areas. Linkage with the integrated care teams will ensure that we can direct efforts to vulnerable households. Primary Care Cluster areas 3 and 4 have the highest proportion of households in fuel poverty.
- 104 Poor housing comes at a substantial cost to individuals, the health and social care sector and essentially the economy. Return on investment approaches

have begun to assess the financial impact of housing initiatives. Four approaches were described in this report, with financial benefits to our population of estimated at over £1m for social housing improvement programmes, a conservative estimate of over £300K for the health sector in reducing health hazards and well-being benefits for over 2,000 households as a result of energy efficiency measures.

- 105 There is a lack of research and regulation relating to fuel poverty and cold home-related ill health in the private rented sector. Evidence of reducing fuel poverty is associated with improving the energy efficiency of the home (and finding best value energy tariffs) so that it can be heated to an adequate temperature for a lower cost. We need to ensure that future initiatives in Southampton are also assessed in relation to impact on well-being and potential reductions in health and social care costs.
- 106 We need to maintain housing initiatives in Southampton that are working well, with a focus on protecting the most vulnerable in our population i.e. homeless, young people coming out of the care system, families with young children living in poverty and older people (supporting independent living). Expansion and further development of the HMO licensing scheme is an important approach to ensure decent housing standards.
- 107 Opportunities to bring new funds into the city to tackle fuel poverty are arising as a result of the publication of the National Fuel Strategy and voluntary redress agreements between OFGEM and energy companies. It is likely that these bidding rounds will centre on health impact with a focus on links between local government and the health sector. The warmth on prescription scheme is an important aspect. It is unclear whether the Green Deal will continue. To preserve current initiatives and set up new ventures, City partnerships need to mobilise swiftly to capitalise on these opportunities.
- 108 In Southampton, we should align our fuel poverty initiatives with the Better Care Programme integrated care teams to ensure a strong link with health. Networks of care navigators could be trained to both raise awareness and provide support when needed. Further to this, we should expand the 'making every contact count' approach, such that heating engineers, health workers, police, fire and safety, churches and Council of Faiths and other agencies are aware of support that is available should they come in contact with someone in fuel poverty. In addition, we should expand the network of agencies receiving extreme temperature emergency alerts to ensure those at risk are protected at times of greatest need. Lastly, we need local awareness campaigns to ensure the public understand and can readily take advantage of low energy tariffs.

Recommendations:

109 The recommendations from this report are:

1. Align strategic intentions for housing and health under HWBB and ensure a strategic approach to provision of housing services for those who are most vulnerable i.e. needs based rather than self-referral
2. Protect housing initiatives that are working well, where possible, seek to evaluate the impact of local existing and new approaches on health and social care resource use and well-being
3. Support the Health Overview and Scrutiny Panel recommendations on homelessness
4. Extend the HMO licensing scheme to all HMOs across the City to ensure conditions in the private rented sector are improved
5. Support strategies to encourage behaviour change and early intervention to reduce demand for social housing and adaptations
6. Exploration of the use of Social Return On Investment approaches to determine future health and well-being priorities for the city
7. Support the Southampton Warmth for All Partnership (SWAP) to ensure City wide partnership working on this agenda, especially in the development of bids for future funding
8. Align the work of SWAP with the Better Care Programme Framework and engage the Integrated Care Board on fuel poverty agenda and potential for developing a warmth on prescription scheme

110 Report working group members included:

Debbie Chase, Consultant in Public Health SCC

Janet Hawkins, Interim Regulatory Services Manager SCC

Liz Slater, Housing Needs Manager SCC

Sherree Stanley Conroy, Housing Delivery and Renewal Manager SCC

Adam Goulden, CEO, the Environment Centre

Adrian Littlemore, Senior Commissioning Manager, Integrated Commissioning Unit

Julia Kennedy, Business research and analysis officer SCC

Dan King, Vanella Mead, Public Health Strategic Analysis SCC

With information and review from: Rob Kurn Healthwatch Southampton, Peter Bennie Age UK, Sara Crawford Chair of the Anti-Poverty network

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ANNEXE 1

HOSP INQUIRY RECOMMENDATIONS: THE IMPACT OF HOMELESSNESS AND POOR HOUSING ON THE HEALTH OF SINGLE PEOPLE:

Please note *highlighted recommendations denote the Panel's priorities.

i.	The Homelessness Prevention Strategy continues to support city-wide commitment for continued funding of the existing flexible and innovative partnership model of homelessness in the city.
i.	Commissioners undertake a feasibility study including a cost/benefit analysis, with providers, to consider whether a more intensive 'Housing First' model could provide the relatively small number but high cost entrenched homeless clients a potential route into sustainable and settled accommodation.*
i.	The Housing Strategy continues to prioritise an increase in affordable single person accommodation across the city, including new developments.
v.	Links are maintained and strengthened between homelessness prevention and employment projects such as City Limits and the new City Deal to increase the skills and employment opportunities for homeless and vulnerably housed individuals.
v.	Continue to build relationships with landlords to raise awareness and common understanding of the issues and barriers of homeless tenancies and increase social letting with relevant support agencies. This includes bringing together the current range of city approaches for social lettings to the private sector housing rental market.*
i.	Raise awareness of good practice and successful outcomes in homelessness prevention services as a means of reducing the stigma for homeless clients and encourage wider partnership involvement of other agencies including the Police and National Health Services including GPs and the University Hospital Southampton Trust.*
i.	Expand the partnership to wider health services to reduce inequalities for homeless people services through delivering a comprehensive framework of preventative and integrated services.*
i.	Raise the awareness of healthcare professionals of the role of homeless healthcare provider case workers and the value of their support of the single homeless, particularly through advocacy.*
c.	Maintain an overview of the cost benefit of key valued services within the city's Homelessness model, including the Homeless Health Care Team and dedicated specialist services supporting substance misuse and mental health problems.
c.	Consider outcomes from the Southampton Healthwatch review of GP registration and continue to work with GPs to improve access and integration

	to support homeless clients to move on from homeless health care to primary care services.
i.	The Homelessness Strategy Steering Group continue to support commissioners as they progress towards an evidence-based and outcome-focussed commissioning model so that the case for changes in policy and practice can be evidenced.
i.	Children and Family Services continue to prioritise the Multi-Agency Safeguarding Hub (MASH) and Early Help Team to ensure children in need are not falling through the gaps.*
xiii	Children in Care continue to be a priority, particularly in preparing those in care to lead an independent life and that care leavers have access to suitable accommodation and maximise opportunities for employment, education and training.*
xiv.	Homelessness Services work with National Probation Trust and the Hampshire Community Rehabilitation to support more pre-release planning to ensure emergency bed spaces are being used appropriately.
xv.	Commissioners of Homelessness services should consider the option of providing a ‘dry’ environment within the homelessness prevention model in the City to support those who want to become or stay sober.*
xvi.	Homelessness providers and commissioners should work towards developing ‘psychologically informed environments’ in hostels and develop a staff training programme as appropriate. Partnerships between the psychological support from the University of Southampton and local housing providers are essential to achieving this.*
xvii.	Undertake a fundamental review of Mental Health services for the city, specifically including improving access to behaviour therapies for homeless clients and considering raising the age for transition for young people into adult services to 24 years in line with the thresholds for the Integrated Substance Misuse Service. Early intervention should be prioritised alongside improving access to services from primary to acute care to ultimately reduce and better manage demand.*
xviii.	Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients.*
xix.	Expand training on homelessness services / welfare services to community first responders and primary care services e.g. Hampshire Police, Ambulance Services, GPs and community nurses
c.	Regulatory Services undertake an evidence based review of the effectiveness of the HMO licensing scheme to ensure that standards of quality are maintained for all private sector tenants in the city and to support the decision making process for whether to expand the scheme to other wards in the city. It should be recognised that those who have been homeless will be moving on into the lower cost / quality end of the market where risks to their health remain high.*
i.	Regulatory Services consider options to undertake a new stock

condition survey to gain a better understanding of the quality of the city's private housing stock and establish mechanisms and resources to secure an up to date survey at least every 6 years.*

i. Integrated Drug and Alcohol Substance misuse service to report to the Health Overview and Scrutiny Panel on how changes to service delivery will support homeless people more effectively, particularly in relation to raising the age of transition into adult services.

i. Continue to monitor homelessness trends and impacts of Welfare Reforms on homeless people to enable an evidence based response to adapt the Local Welfare Provision where necessary and report the impacts of Welfare Reforms to commissioners, the Jobcentre Plus and the Department of Work and Pensions.

v. The Homelessness Strategy Steering Group review the number, use and awareness of emergency weekend bed schedule for adults and especially for young homeless referrals and discharge from hospital or custody.

v. Homelessness commissioners undertake a city-wide review of valued services which may come under threat due to lack of funding. Immediate consideration should be given to determine their value to the city's Homelessness Model and health outcomes for individuals for The Two Saints Day Centre and 'Breathing Space' project and the Vulnerable Adult Support Team in the University Hospital Southampton NHS Trust's Emergency Department.

Annexe 2 Case studies 2014-15 from Southampton

Mr F and family – Local Welfare Provision Service (LWPS)

Mr F, 40+ years, from Southampton spoke to us at a drop-in session about his condemned boiler at risk of gas leak and carbon monoxide poisoning, which he was unable to replace due to the family's financial circumstances. There was a particular safety concern because of his two teenage children and two children under 5 living there and a health concern of no heating or hot water with young children and Mr F's own health issues: COPD, asthma, arthritis and recent knee replacement affecting his mobility.

Advisors visited and discovered further issues including draughty windows and front door, damp and mould problems, fuel debt, fire safety and home security concerns and a leaking toilet, contributing to higher water meter charges.

Following the visit SCC agreed to fund a boiler replacement for the family, and this work was coordinated between the advisors, HP+ and the approved contractor. The family also received additional follow up from the advisors regarding the other issues identified: draught-proofing provided for windows, doors and radiators, advice on minimising condensation and preventing mould, referrals for smoke alarms, carbon monoxide monitor, spyhole and other home security measures, information and application forms for applying for Warm Home Discount and clearing utility debts and signposting to BwC contractors for fixing water leaks.

Mr F was extremely grateful for this help and the immediate impact it had on their lives:

'I just wanted to say thank you for all the help you have given me and my family, we had the boiler installed this week and never thought it would all happen so quickly, we are really happy and it is such a weight off our minds to know we don't have to worry about it breaking or leaking anymore... this has been a positive change for us, we were in a difficult place when we met you and now through all of your help we can get on with our lives and look to the future... we have put up some of the draught-proofing you gave us, but to be honest getting this new boiler has inspired us to tidy up and redecorate inside the house'.

Ms M – LWPS

Single parent of four children aged between 3 and 19, and victim of domestic abuse, referred to us as her boiler was broken and she was unable to fund a repair, so had no heating or hot water and was boiling water in the kettle and saucepans to wash her young children. Ms M receives Income Support, Disability Living Allowance as she has limited mobility and agoraphobia, Child Tax Credits and Housing Benefit and was on a debt management plan with consolidated debts of £5399 from legal aid costs.

Based on her circumstances the tEC advisor made a referral for a boiler repair through SCC discretionary funding and for delivery of emergency temporary heater from SSJ HP+. At the visit Ms M was also given advice on reducing energy and water usage and on preventing condensation and mould, which was an issue by the front door, on a bedroom wall and in the loft. The tEC advisor completed a £140 Warm Home Discount application on Ms M's behalf and provided a carbon

monoxide detector as Ms M is not always able to afford a Gas Safety Check and boiler service.

Due to ageing, draughty double glazing, Ms M was provided with rubber seal draught-proofing strips, door brushes and curtain lining material and fixings. Following a successful application Ms M's boiler repair was fully funded.

Miss F – LWPS

50+ year old lady with mental health issues, living alone and receiving Employment and Support Allowance referred to us because she had recently moved into a private rented property for the first time and was unsure how to set up bills and heating controls.

At the visit the tEC advisor phoned the existing energy supplier to provide meter readings, switched Ms F to a better fixed tariff, saving her about £200/year, made arrangements for her to pay by monthly Direct Debit and applied for the £140 Warm Home Discount for her. The advisor explained to Ms F how the programmer on her boiler worked, set up heating and hot water timings that worked best for her routine and adjusted her thermostat and radiator valves to the most efficient settings.

Ms F was also using a second-hand gas heater, so the tEC advisor explained to her the additional costs of secondary heating compared to gas central heating and provided her with a carbon monoxide detector for additional gas safety. During the visit the advisor discussed tips for reducing energy and water usage, explained her assessed water tariff and how to prevent condensation and mould developing in the future.

As the flat was quite cold and draughty, Ms F was provided with reflective radiator panels to keep heat in the room, rubber seal draught-proofing tape for her windows and front door, as well as a door brush and letter box cover and step-by-step guidance of how to fit them.

Mrs A – Money Matters

80+ year old homeowner contacted us as her boiler was broken and she had no central heating, hot water or secondary heating. Mrs A receives Pension Credit and Council Tax Benefit, has been undergoing treatment for cancer, has asthma and incontinence, which all reduce her mobility and prevent her from leaving her home.

Under the Money Matters project tEC referred her to HP+ for emergency heating and due to her financial circumstances and health needs applied to SCC discretionary fund for her boiler to be assessed for repair or replacement.

At the Money Matters home visit it was also identified that Mrs A was eligible for her energy supplier's Priority Service Register, for Southern Water's WaterSure tariff due to her incontinence and had £3104 fuel debt from an increased heating need during her cancer treatment and using more expensive electric heating over gas central heating.

A tEC advisor spoke to Mrs A's energy supplier on her behalf, arranged for her to join the Priority Services Register and receive large print bills that were easier

for her to read, confirmed she was eligible for the £140 Warm Home Discount, arranged more manageable monthly Direct Debit payments and put debt repayments on hold whilst an application was made to their Charitable Trust to reduce the fuel debt.

The tEC advisor helped Mrs A complete the Charitable Trust application, as well as the WaterSure tariff application, which capped Mrs A's water bills, saving her over £100/year. Additionally Mrs A was provided with predicted running costs of electric heating and gas central heating to encourage her to change her energy habits and contact details for Buy with Confidence contractors to fix a blocked toilet.

Through our partnership with Age UK for this project a successful application was made for Mrs A to receive Attendance Allowance, increasing her income by £54.45/week, consequently she became eligible for full Council Tax Reduction, saving an additional £20/month and looking at her finances we identified she was paying for incontinence products when she would be able to get them on prescription for free, saving about £30/month.

Finally, Mrs A's application for boiler replacement was successful and she had a new boiler installed fully funded at a value of £2010.

Mrs A was very appreciative of the help and said

"I just wanted to say thank you, you've all been so helpful, ever since I contacted Age UK everything has moved so quickly, with my boiler and my electricity. Laura spent such a long time on the phone to Npower, I would have given up, but she was so good. And I am so grateful."

Mr & Mrs P Money Matters

Mr and Mrs P were referred to the project by their daughter as they were facing real financial distress. Having previously run their own business which went bust, they now have serious mortgage arrears and fuel debt and had been referred to the food bank by their local vicar. They had also been repeat victims of burglary. They had lived in their house for a very long time and were now in serious danger of losing it and both of them have poor health (Mrs P has Alzheimer's and Mr P has arthritis in his back and most of his joints).

We supported them to improve the energy efficiency of their home by providing draft proofing materials and advice about effective use of their heating controls. They were also added to the fuel providers Priority Services register to access free gas safety checks. We supported them to apply for a grant to address their fuel debt.

We also gave the daughter information about grants for people that had worked in their trade that might help with other home improvements such as replacing the old rotting window frames and mending the leaky roof in the kitchen. A referrals were made to: (1) the Blue Lamp trust for home security advice and to fit window locks for free, (2) the Handy Person service to mend dripping taps which was increasing their water bills and (3) the Hampshire Fire Service to supply smoke alarms and provide a home fire safety check.

As Mr P had very poor mobility we referred them for an occupational therapy assessment for aids and adaptations. Through our support to maximize benefits their income has increased by over £13,500 per year.

The family says... they are overwhelmed by all the wide ranging help that we were able to give and that they can now afford to buy food, pay their bills and also most crucially manage the mortgage repayments and so not have to leave their beloved home.

Mrs A

Mrs A is a lively 80+ year old, but with poor health as she suffers from respiratory illness as well as mobility issues and is on a very low income. She had contacted Money Matters in January when her boiler had broken. She had previously called in a boiler engineer that she had found in the Thompson Local and he had been out to her home and charged her £100 but the boiler was still broken.

Our first action was to organise emergency heating for her. A brief assessment identified that Mrs A was eligible for the Local Authority boiler replacement funding and she was referred to this scheme.

Mrs A also had a large debt with her fuel supplier which she had incurred during a period when she had been treated for cancer and one of her sons had sadly passed away and she had found it difficult to cope. The fuel provider was trying to insist that she pay the debt off at such a rate that it would have swallowed half her already low income. We helped negotiate with the company to put a stop on the repayments pending the outcome of an application to BGET for a grant to pay off the debt which is around £3100. Mrs A's poor health meant that she needed to use a lot of water and her water bills were high.

We supported her to apply to Southern Water's Watersure tariff which will save her £100 per year. Mrs A was unaware that she was eligible to claim further benefits because of her long term health condition and we helped her to make a successful application for Attendance Allowance and this has increased her income by £2831 per year.

Her son had recently become unemployed and had moved in with her and this had reduced the amount of Council Tax Reduction that she was eligible for. As she now receives the Attendance Allowance, the Council Tax Reduction rules means that the son will now be disregarded and she will get full Council Tax Reduction which will be an extra £200 per year. We also helped her to report the heating engineer from the directory to Trading Standards and advised her about the 'Buy with Confidence' for future use.

Mrs A had her new boiler installed within a month of contacting us and was extremely happy with all the other help and support that the Project was able to provide and she described the extra money as

Mrs A said....'Pennies from Heaven'.