Kent County Council

Annual Public Health Report 2016

Better Housing for Better Health

FOREWORD

I've chosen this year to continue with the theme of health inequalities and expand on that theme to review the influence housing has on health and wellbeing in the context of Kent.

As this report sets out, there are well established links between housing and health. These links broadly fit into three themes: growth, affordability and planning; indoor housing environment and maintaining a stable home life.

This report expands those themes into the context of Kent and additionally highlights some of the fantastic work happening in Kent to improve health and wellbeing through housing related services and interventions.

My report is presented in two parts; a summary of our findings presented graphically and a supporting technical document, detailing the findings sitting behind the summary.

I finally want to acknowledge the support and help in compiling the report from all those who contributed and are acknowledged in person in the technical documents.

Improving health requests and organising efforts for Kent's people ensures they benefit from a well organised housing sector.

Andrew Scott-Clark
Director of Public Health
Kent County Council

EXECUTIVE SUMMARY

Poor housing conditions, overcrowding, temporary accommodation, homelessness and insecurity are a risk to health therefore affordable quality housing is not only a basic need, but a major contributor to an individual's wellbeing. Suitable accommodation that is safe and warm is one of the foundations of personal wellbeing, whether in children, vulnerable groups or older adults. It enables people to access basic services, build good relationships and maintain independence, resulting in a better quality of life[1].

However, some of the most vulnerable groups in our society such as the sick, the elderly and the unemployed are among those most likely to live in poor housing[2] . Children living in poor housing are more likely to have mental health problems, slow physical growth, and delayed cognitive development, have respiratory conditions and experience long-term ill health and disability[3]. The association between damp or cold homes and falls, respiratory conditions in children and older people is well established, as is the link between homelessness, poor mental health, unemployment, access to services and lifestyle choice.

Poor housing conditions affect health, particularly for our most vulnerable people, who are more likely to experience higher rates of mortality and emergency hospital admissions.

Collaborative action across all agencies is required to address adverse health and wellbeing outcomes. As regeneration is taking place across Kent it is important that we plan for current and future predicted population growth, particularly for our ageing population. Through good planning we can create environments and buildings that facilitate independent living and reduce social isolation for older people while freeing up family homes.

We need to work together to provide a holistic approach to caring for our population and address housing related issues particularly with older housing that is cold and damp. There is a need to use initiatives such as social prescribing in a systematic manner across Kent to promote joined up working with housing officers, fire and rescue officers, doctors and nurses to support our residents.

Call to Action			
KCC Outcomes for Kent	**Children and Young People in Kent get the best start in life**	**Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life**	**Older and vulnerable residents are safe and supported with choices to live independently**
Policy makers and planners across health and care system	Include Health Impact Assessment (HIA) in planning and policy to ensure that risks to health outcomes for children are addressed. Planning should take into consideration availability of infrastructure such as open spaces that can enhance wellbeing outcomes of children.	Regeneration opportunities should provide opportunities for local employment and improve outcomes for our poorest communities. HIA should be undertaken to provide guidance on how affordable housing is complemented by green space and a variety of transport networks, encouraging cycling and walking, that improve access to services.	Planning should consider needs of current and predicted population and create safe and healthy environments with good access to services and social activities; particularly for older people and vulnerable groups, such as those with a disability. Design of new homes should meet Accessibility Standard 2 as a minimum to enable people to live at home for longer.
Commissioners of health and care services including districts and boroughs	All health and social care commissioned services to include in their contracts a duty from providers to consider vulnerable families in poor or inappropriate housing and connect them with support services that can assist in reducing health and wellbeing risks. Agencies working across housing, health and social care need to aim to reduce inequalities created by poor housing environments such as overcrowding.	Collaboratively work with partner agencies to develop place based services and implement social prescribing schemes to target areas with poor health outcomes.	Collaboratively work with partner agencies to develop integrated pathways for older and vulnerable residents so that they can be supported holistically. Collaboratively work with providers in implementing 'making every contact count' (MECC) for older and vulnerable groups.
Providers such as health and social care professionals, housing officers and voluntary sector	Services such as GPs, paediatric nurses, school nurses, health visitors, social care and education should include addressing housing conditions as part of holistic assessment for children, particularly for those suffering with health conditions such as respiratory conditions.	Poor housing should be addressed in local plans and raised with appropriate services and planners. Work collaboratively to 'Make every contact count' and consider how social prescribing could improve access to better opportunities for effective money management, employment and healthy lifestyle interventions Partners across the county need to continue to focus on continuing to reduce the number of empty properties.	Develop holistic services that will support older and vulnerable people with physical or mental disabilities through housing interventions. Make effective use of Disabled Facility Grants to promote independent living at home. Work collaboratively with voluntary sector to use resources such as welfare benefits effectively to aid living at home.

GROWTH, AFFORDABILITY AND PLANNING FOR HEALTH

Current Housing in Kent

Housing is fundamental to our health and wellbeing and for 1.5 million[4] people living in Kent, most enjoy this basic human need. Recent years have seen growth in housing capacity in Kent to accommodate an increasing population.

Between 2010 and 2015 the number of dwellings in Kent increased by approximately 3.5% to an estimated 650,010[5]. The majority of our properties are houses in the private sector (86%) including privately owned and privately rented. Largest conurbations are in Maidstone, Canterbury and Thanet. Nearly a third of Kent's properties are semi-detached (31%) followed by detached (25%) and terraced (25%), the remaining properties are purpose built or converted flats. Demand for affordable housing is high across the country and this type of housing is usually provided by district authorities or social housing landlords, now known as housing associations. This type of housing is less available across Kent when compared to the England average (13.4% and 17.4% respectively).

The availability of affordable housing varies across Kent, with a higher percentage of social housing in Gravesham (17%) while Shepway (11%) is below the Kent average[6]. Housing shortages in Kent are being addressed through a successful regeneration programme across the county. Regeneration is known to improve education, employment and environmental factors that consequently improve health outcomes – but this is only the case if it provides benefits to the original residents, rather than displacing them[7]. Therefore the growth agenda gives us a chance to provide good standard housing and also to shape local places to promote health and wellbeing.

However, there are a range of older properties that need to meet current housing standards. There are a high number of older properties that were built before 1900 in Kent compared to England and the South East. These older properties are mostly concentrated in coastal areas and historic towns such as Tunbridge Wells, while Ashford and areas in Tonbridge and Malling host the most new builds (72%)[8]. The English Housing Survey 'Standard Assessment Procedure' rating of energy efficiency found the rating to be poorest in older properties. These properties are often less well insulated and harder to retrofit. Consequently these households account for higher levels of fuel poverty and associated health risks[9].

Affordability Facts in Kent

The type and quality of accommodation that an individual can afford depends on a number of factors such as family income, geographical area and existing housing stock. The Kent population is expected to increase by twenty per cent over the next twenty years, and to meet housing demand an estimated 154,000 new homes need to be built by 2030. To meet this demand an annual average of 4,672 new homes were built in Kent between 2011 and 2015. This number increased over the last year, a trend that is expected to continue; enabling Kent to achieve the required amount of housing stock for projected population numbers[10]. The speed of delivery will be crucial to meeting increased market demand as housing shortages create higher purchase prices, rents and rising numbers of homelessness - a pattern that has been observed nationally[11].

Home Ownership

In 2015, the average house price in Kent was 9.8 times the average salary; this ratio is highest in Sevenoaks at 13.2 times the average salary and lowest in Swale at 7.8[12]. The Government 'Help to Buy' scheme was launched in March 2013 aimed to support the local population on a range of options for buying a property[13]. Although the scheme is now closed it enabled 2,136 properties to be purchased in Kent, mostly by first time buyers; the highest number of properties purchased through this scheme was in Dartford while the lowest number was in Sevenoaks.

Figure 1: Average house price compared to average salary 2014, Kent

Rental

Five of the district authorities in Kent have transferred their housing stock to independent housing associations. While seven district authorities still provide rented housing directly, they also have social housing organisations that provide affordable homes within these areas.

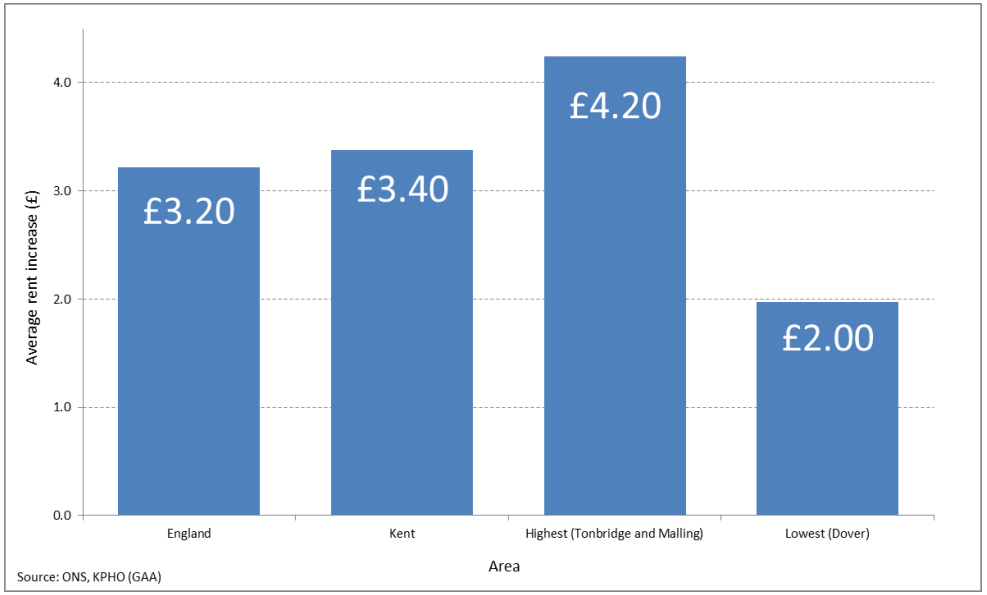
District Authority Housing

District authority housing is still the most affordable option for renting a property. In 2014/15 of the seven district authorities providing housing directly, weekly rental costs ranged from £81.03 in Thanet to £93.43 in Dartford. Five of the seven district authorities providing housing had weekly rental costs above the England average of £85.89, while three were lower[14].

Housing Associations

Housing associations manage affordable social housing stock on behalf of district authorities. In 2014/15 weekly rental costs for housing associations varied across the county from £113.50 in Tonbridge and Malling to £90.91 in Dover. In three Kent districts social housing costs were lower than the England average of £95.89[15]. Housing association rent has increased by approximately £3.30 per week over the last ten years in Kent, compared to the England average weekly increase of £3.22[16].

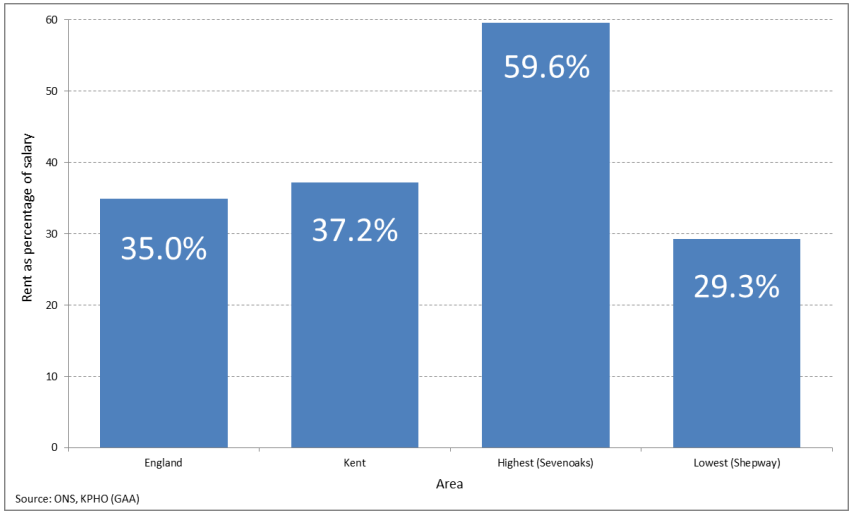
Figure 2: Social housing: Average weekly rent increase (£) for housing associations, 2005-2015



Private Rented Sector

In March 2016 the average cost of monthly private rented property in Kent was £793, slightly below the England average of £820. However there was significant variation across the county, for example the average for Dover was £564, while the average for Sevenoaks was £1,377 per month. For households renting properties in Sevenoaks the monthly cost of private rent is sixty per cent of the average monthly salary, while in Shepway it would equate to thirty per cent[17].

Figure 3: Median monthly private sector rent as a percentage of median gross monthly salary, Kent



The Impact of Affordability on Health

Housing costs are a driver for poverty and in turn create inequalities. Evidence suggests that arrears with either mortgage or rent payments are the top housing factors associated with both life satisfaction and anxiety. With regard to life satisfaction, there is evidence of an association with type of tenure, with social renters having higher levels of life satisfaction[18]. There seems to be little difference in life satisfaction between home owners, people with a mortgage and people living in private rented properties but people living in terraced houses or flats do report lower life satisfaction[19].

Nationally efforts are being made through initiatives such as the recent Housing and Planning Bill which aims to transform "*generation rent into generation buy*", with a clear focus on home ownership, starter homes and the 'Right to Buy' for housing association tenants[20]. It has been suggested that for young people and families on the national living wage, the planned affordable housing will only be accessible to people in 2% of district authority areas[21]; this could escalate other problems such as overcrowding and homelessness.

The rates of overcrowded accommodation and shared dwellings in Kent are strongly associated with levels of deprivation. Income, education, housing and neighbourhood are some of the important inequalities that impact on peoples' health outcomes, whether that is self-reported, mental health, or death and injury from accidents or violence[22].

Local Citizens Advice Bureaus and voluntary organisations offer support for households to manage financial difficulties by accessing benefits and debt and money management advice.

Additionally, Kent County Council 'No Use Empty' campaign offers grants to bring empty properties back into use as quality housing accommodation, while reducing problems arising in local communities from empty properties. Since the campaign launch in 2005, working with districts across the county, an investment of over forty million pounds has brought approximately four thousand seven hundred properties back into use[23].

Spatial Planning, Regeneration and Wellbeing

Planning and regeneration can play a key role in developing healthy towns and communities, such as the Ebbsfleet Garden City Healthy New Town development, which offers a unique opportunity to prioritise health within regeneration: Sponsored by NHS England this pilot project aims to embed health and wellbeing at the start of the creation of a 21st Century Garden City.

The home, street and neighbourhood design choices made now will influence the behaviours and independence of future generations, for example access to green spaces, including cycle paths, good transport networks which could assist in reducing car use and encourage physical activity, while at the same time reducing poor air quality.

Planning and building appropriate numbers of high quality accessible homes for the increasing ageing population will not only produce a healthier generation but also support more sustainable services.

Learning from Healthy New Town pilot projects will provide insight for areas where regeneration is due to take place and inform what can be achieved through good planning that has a health promoting effect. An enabling environment will make healthier choices easier, such as using open spaces for improving physical activity.

In Kent, green space is an asset with over 200 parks and open spaces accessible across the county[24]. The benefits to health of increased physical activity are well established, such as improved mental health, leading to increased community cohesion and participation, particularly for vulnerable groups[25].

Poor air quality has a negative impact on health across all ages, from conception to old age[26], particularly for those with heart and lung conditions[27]. It is estimated that 5.2% of deaths in people over 30 years old in the Kent population during 2015 could be associated with air pollutants, the equivalent of 72 deaths per 100,000 population in this age group[28]. Nationally, poorer communities tend to experience higher levels of pollution, and it is estimated that two thirds of carcinogenic chemicals emitted into the air are released in the ten per cent most deprived wards[29]. For individuals that have pre-disposed heart and lung conditions particularly due to smoking, poor air quality adds increased risk to their health outcomes.

This is evident in Kent with the more deprived coastal communities experiencing higher rates of deaths attributed to air quality[30]. Districts have a statutory requirement to monitor air pollution and declare air quality management areas where it exceeds certain levels. Typical measures to reduce emissions from local sources include traffic management, encouraging the uptake of cleaner vehicles, and increased use of public transport along with more sustainable transport methods such as walking and cycling[31]. Guidance on air pollution, outdoor air quality and health from the National Institute for Health and Care Excellence (NICE) is currently under consultation and is due to be published in June 2017[32].

Table 1: All cause adult mortality attributable to anthropogenic particulate air pollution

	Deaths aged 30+, 2015	
District authority	**Numbers**	**Rate per 100,000 population**
Ashford	56	64
Canterbury	82	80
Dartford	55	76
Dover	67	82
Gravesham	47	64
Maidstone	76	65
Sevenoaks	56	67
Shepway	64	79
Swale	70	70
Thanet	85	87
Tonbridge & Malling	53	61
Tunbridge Wells	48	58
Kent	**762**	**72**

Source: PHOF

Better Homes: Greater Choice

The KCC Accommodation Strategy for Adult Social Care[33] provides an outline of the housing, care and support services provision and demand and aspiration for Kent residents. Living independently will always be a preferred choice, but should this no longer be possible the right accommodation solutions have to be in the right places across the county, and they must be of the right type, tenure and size. A needs assessment and health impact assessment were undertaken as part of the strategy development, the main aims being to:

- provide a detailed understanding of existing housing and care-home provision across Kent for Adult Social Care client groups
- provide a detailed understanding of existing and predicted needs of Adult Social Care client groups
- to help plan for future housing and care home provision across Kent, to include re-modelling existing provision to meet identified predicted needs
- to help shape the housing and care home markets across Kent to ensure there is a range of appropriate accommodation available for all adult social care client groups
- to enable KCC to adequately plan for any future capital and revenue housing and care home expenditure.

Call to action

Deliver proposed number of new affordable homes to address future population changes. Engage with partners to undertake Health Impact Assessments so that opportunities for improving health and wellbeing can be adequately addressed

INDOOR HOUSING ENVIRONMENT

A suitable and safe indoor home environment is fundamental for people across all ages and sections of society, and more so for our most vulnerable populations such as children, those with poor physical and mental ill health, and older people. Poor quality housing constitutes a risk to health, whether it is environmental hazards or cold and damp[34]. Young people and those with cardiovascular and respiratory conditions and people with poor mobility are particularly affected by indoor housing conditions, particularly cold homes[35]. Nationally in 2014 an estimated 4.6 million homes failed to meet the decent homes standard, the highest proportion being in older housing and in the private rented sector[36].

Considering the number of older properties in Kent there could be an estimated 47,895 older homes that are poorly insulated or in disrepair. Thanet (6,747) and Tunbridge Wells (5,900) rank highest in this property type. Work is ongoing with the private rented sector to improve standards.

Marion Money, National Landlords Association:

"The National Landlords Association (NLA) has over 40 years' experience of working with private landlords and aims to promote sustainable tenancies and encourage fair and flexible renting for everyone by educating landlords about best practice and their statutory rights and responsibilities. The Kent NLA has established strategic relationships with the Kent Housing Group and the Kent & Medway Sustainable Energy Partnership. The NLA in Kent also acknowledges that the Private Rented Sector is a significant source of homes in Kent, particularly for those who are 'benefit dependent'. It also constitutes older properties that are challenging to upgrade to modern day energy efficiency targets. NLA in Kent works closely with local landlords to raise awareness of the benefits of longer-term tenants, both on residents and the private sector market and to raise standards."

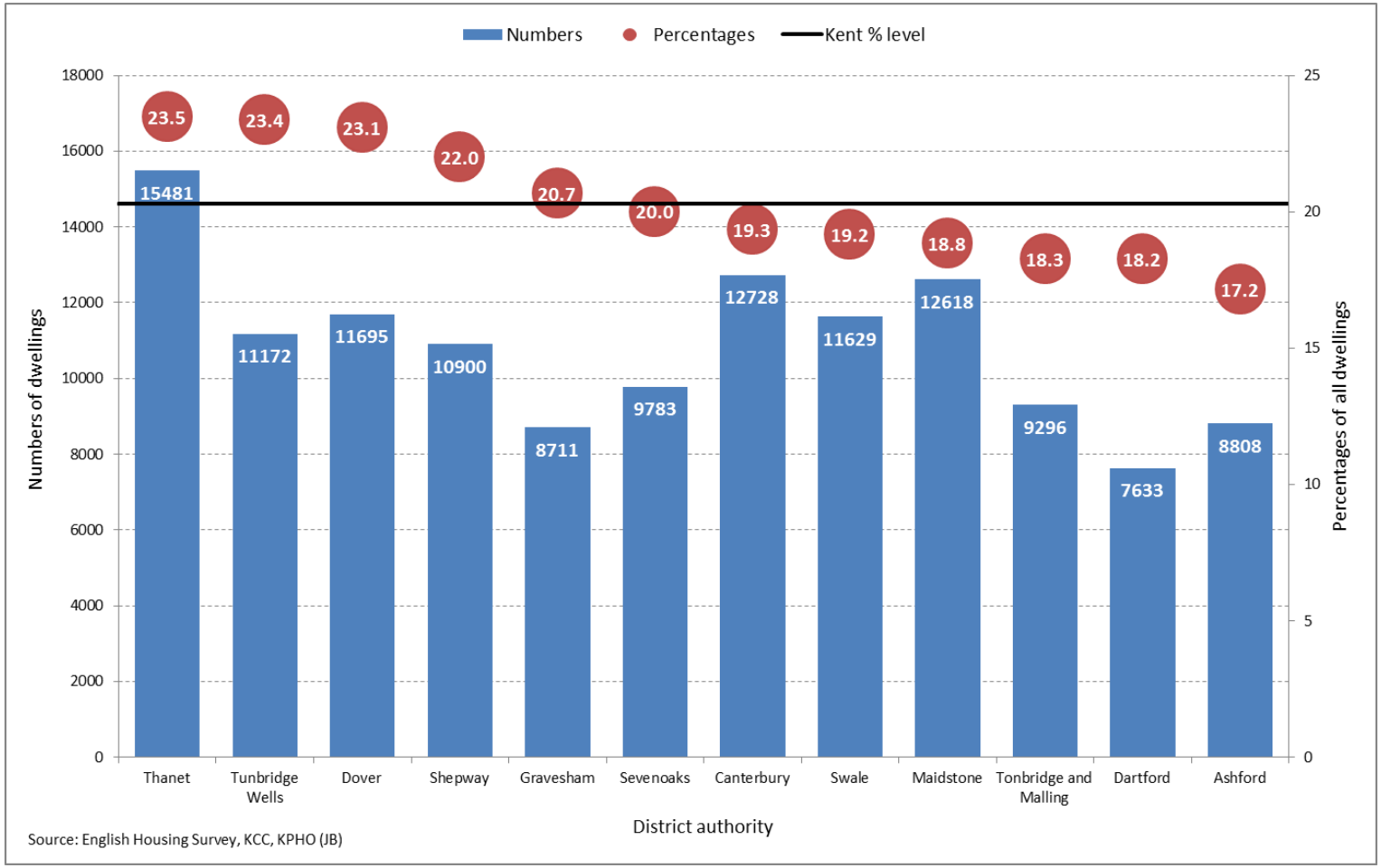
Table 2: Estimated number of dwellings classed as 'not meeting decent homes standard', Kent Districts

	Property build period								
District / area	Pre-1900	1900-1918	1919-44	1945-64	1965-80	1981-90	post 1990	Unknown	Total
Ashford	3,062	504	938	1,759	1,370	880	151	144	**8,808**
Canterbury	4,074	901	2,251	2,512	1,723	1,036	129	102	**12,728**
Dartford	1,875	733	1,937	1,599	785	579	101	24	**7,633**
Dover	5,384	787	1,705	1,744	1,124	708	60	185	**11,697**
Gravesham	2,184	1,062	1,664	2,078	1,169	464	51	39	**8,711**
Maidstone	3,899	1,008	1,800	2,677	1,759	1,193	141	140	**12,617**
Sevenoaks	2,975	668	1,541	2,079	1,548	832	70	69	**9,782**
Shepway	4,399	1,161	1,582	1,654	1,096	802	75	132	**10,901**
Swale	4,269	710	1,450	2,420	1,505	979	132	162	**11,627**
Thanet	6,747	1,722	2,372	2,246	1,503	709	76	106	**15,481**
Tonbridge and Malling	3,127	504	947	2,156	1,408	953	117	83	**9,295**
Tunbridge Wells	5,900	722	931	1,677	1,093	662	65	122	**11,172**
Kent	**47,895**	**10,482**	**19,118**	**24,601**	**16,083**	**9,797**	**1,169**	**1,307**	**130,453**

Source: English Housing Survey, KCC, KPHO (JB)

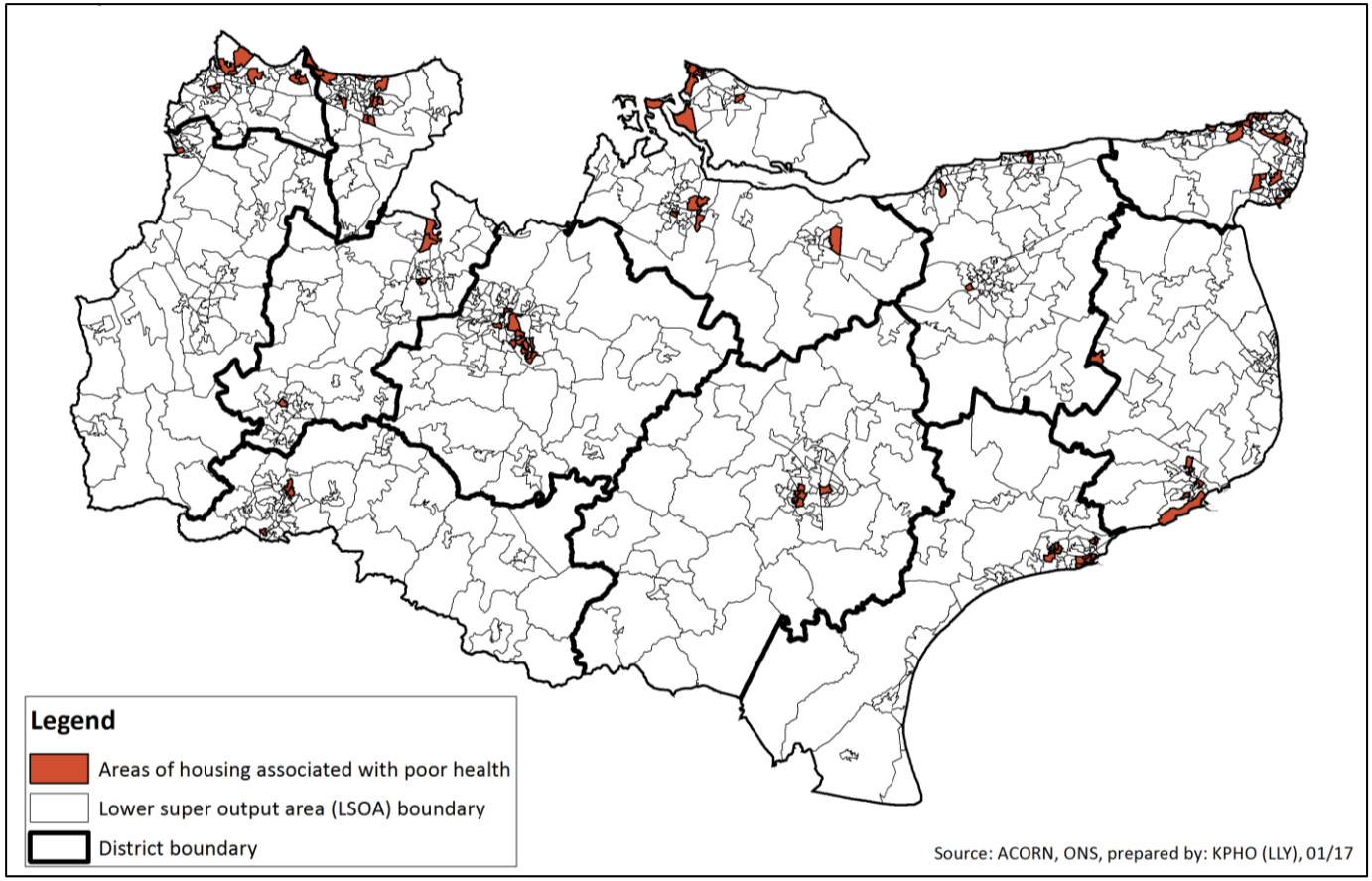
According to the English Housing Survey there are three districts in Kent where nearly one in four houses (around 23%) fail to meet decent housing standards: Thanet, Tunbridge Wells and Dover.

Figure 4: Estimated number and percentages of dwellings classed as 'not meeting the decent homes standards', Kent Districts



The Kent and Medway Public Health Observatory undertook modelling work to assess the potential impact of poor housing on health using the Acorn Index which is a classification of residential neighbourhoods. The index makes it is possible to identify areas where the health of residents might potentially be compromised. Using the Acorn 'housing types' it was possible to map areas with the highest concentration of residents where housing types may be associated with poor health. (A list of Acorn housing types used can be found at Appendix 1). In most cases the modelling showed a relationship between deprivation and the areas with the highest concentration of residents where housing types may be associated with poor health.

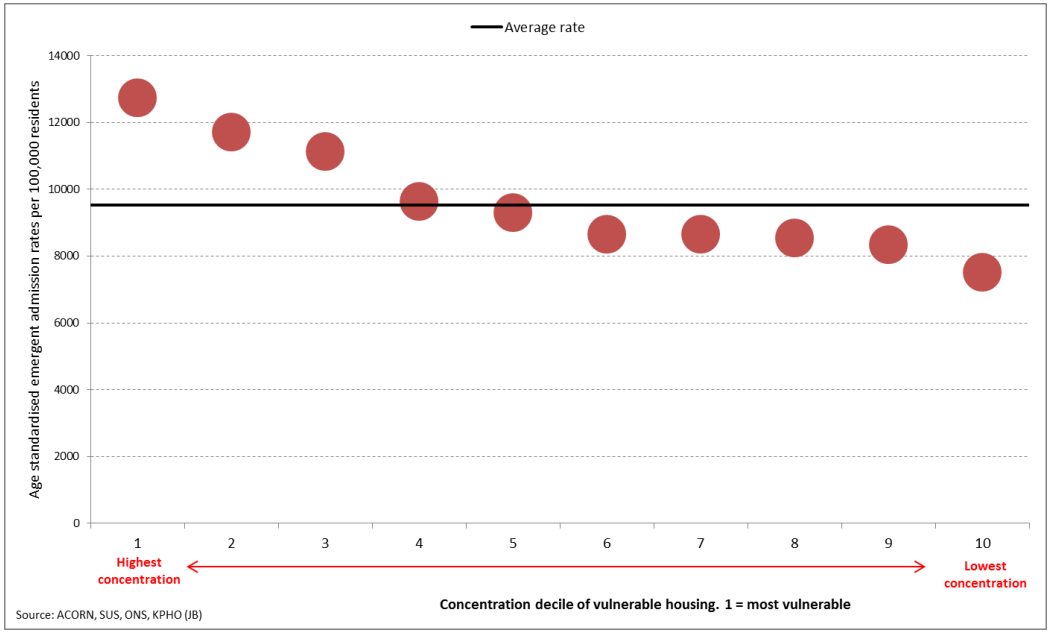
Figure 5: Map of lower layer super output areas with the highest concentration of residents where housing may be associated with poor health, Kent



The modelling points towards health inequalities between people living in the highest and lowest concentrations of poor housing. Vulnerable housing conditions affect health with poor housing conditions likely to contribute towards higher rates of mortality and emergency hospital admissions.

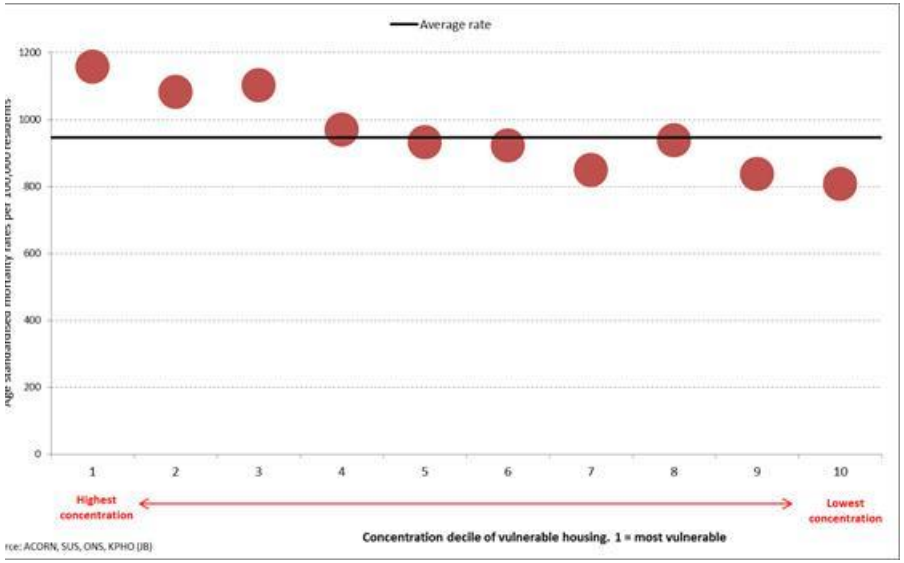
The modelling suggests that between 2013 and 2015 there were 12,730 emergency hospital admissions for every 100,000 people living in higher concentrations of poorer housing conditions. In comparison, for the same period there were 7,516 per 100,000 people from areas with less concentrations of poor housing. This equates to 69% more emergency hospital admissions in areas of higher concentrations of poor housing, compared with areas where the poor housing concentrations are lower.

Figure 6: Emergency admission rates for Acorn types by concentration decile - vulnerable housing group, all causes, 2013-2015



Mortality rates are also higher in areas where poor housing is more concentrated. For the period of 2013 to 2015 there were 1,157 deaths per 100,000 people living in high concentrations of poor housing compared to 806 in areas of lower concentrations of poor housing. This equates to 44% more deaths in areas of high concentration of poor housing, compared to areas with lower concentrations.

Figure 7: Mortality rates for Acorn types by concentration decile for vulnerable housing group, all causes, 2013-2015



Vulnerable Groups

Minority ethnic groups[37], undocumented migrants and asylum seekers[38], lesbian, gay and bisexual[39] and disabled people are often disadvantaged, living in poorer housing, with less expendable income for increasing utility costs[40]. According to 2011 census data there were 92,620 people from minority ethnic groups living in Kent.

Census data also found 257,038 people in Kent were living with a long-term health problem or disability, the highest numbers living in coastal communities[41] [42]. People with a disability may require support in addressing housing related needs. In Kent there is a county-wide group which considers housing related needs of people with people with learning disabilities. This group works with housing departments and other housing organisations to make sure people with learning disabilities and their families are treated equally and have choice about where they live and who they live with.

Cold Homes and Health

Many homes in England fall well below modern standards of insulation and heating. In England in 2013 it was estimated that 2.35 million households were considered to be in fuel poverty [43] of which almost 64,000 were in Kent[44]. Children growing up in cold homes are more likely to suffer respiratory problems, have low weight gain, high hospital admissions in their first three years, slower developmental progress and more minor illnesses. Approximately forty per cent of households living in fuel poverty are couples or lone parents with dependent children[45].

The risk to health increases as temperatures drop below 4 degrees Celsius. This is because exposure to cold increases blood pressure and suppresses the immune system[46]. Winter weather related deaths (referred to as Excess Winter Deaths) increase during cold snaps, the most vulnerable being children and older people, and those with a respiratory or circulatory condition, kidney disease, stroke, dementia or long-term disability[47]. For the last three year period (winter of 2012/13 to same period 2014/15) in Kent, there were 22% more deaths during winter than the non-winter period[48]. This is slightly higher than the previous three year period, mainly due to severe flu virus in 2014/15.

Addressing fuel poverty can offer a number of positive outcomes including: better living standards and conditions for those people on low incomes; improved and more energy efficient housing stock; fewer winter deaths and reduced costs for the NHS and wider society. In 2016 the Kent Energy Efficiency Partnership developed and consulted on “Delivering Affordable Warmth – a Fuel Poverty Strategy for Kent”[49] .

The strategy has four priorities: information gathering and sharing; improving energy efficiency; reducing fuel costs and increasing income. At the heart of the strategy is an action plan which aims to build on and increase partnership working across Kent, to broaden the evidence base, increase current levels of understanding of fuel poverty, prioritise interventions, and monitor and evaluate the effect of the strategy. The strategy demonstrates that Kent is serious about its ambition to address fuel poverty, which in itself will strengthen funding bids and make the county more attractive for future energy efficiency programmes/ funding.

The Fuel Poverty strategy is supported by the Kent and Medway ‘Warm Homes’ programme, which provides affordable solutions to housing retrofit, through Government Energy Company Obligation (ECO) funding. The Warm Homes programme offers people on a low income a single point of access and a consistent approach to affordable insulation and heating solutions with providers that are tested for quality. In some cases, districts are able to offer grants for interventions, although this is not consistent across the county. Since 2013, the Warm Homes initiative, run on behalf of the Kent

and Medway Sustainable Energy Partnership (KMSEP), has installed 2220 measures across 2075 homes in Kent and Medway. The initiative has utilised £1.6mil of ECO funding and £1.3mil public health and wider government funding. To date, this has saved residents an estimated £8.8 million and 38,000 tonnes of carbon dioxide.

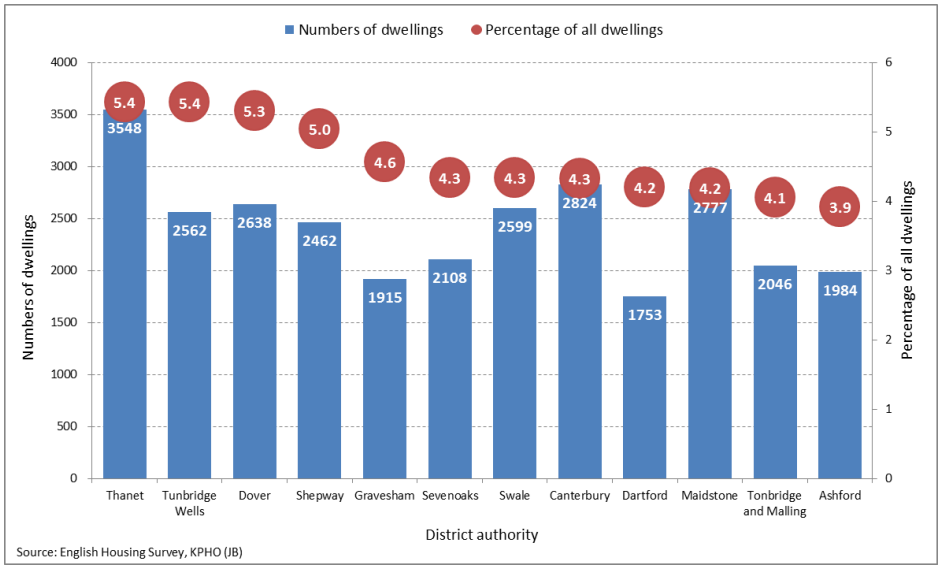
Dampness, Mould and Health

People living in homes that are damp and mouldy are more likely to experience respiratory infections, allergic rhinitis and asthma[50] and poorer mental health[51], although some research found reduced humidity improved respiratory and cardiovascular health[52]. Since 2006 the number of people living in homes that do not meet national standards has risen across all tenures, and there is little difference in proportions between home owners or social and private rented households. The gap is smallest in social housing and greatest in the private rented sector[53]. Evidence suggests that energy efficiency interventions appear to improve health - one key factor to consider is altering ventilation which can affect air quality in the home[54].

A district authority survey undertaken in Kent during 2015 provides a snapshot of the prevalence of damp and mould. Over a three month period over fifty per cent (247) of complaints to housing teams were related to damp and mould, most of which related to poor ventilation. Homes with extractor fans tended to have less severity of damp and mould[55]. The survey highlighted that in Kent the highest percentage of housing stock with damp and mould is in Thanet. The districts with newer housing stock tend to have lower percentages of damp and mould.

The Kent survey highlighted that a major reason for complaints from tenants about housing conditions were related to increasing fuel poverty, an older housing stock and lack of an effective means of ventilating their homes.

Figure 8: Numbers and percentage of dwellings with damp, Kent district authorities



Private Sector Housing Manager Robin Kennedy says:

"There is a need to take greater action to combat this risk to health from cold and damp conditions".

Addressing Indoor Hazards to Promote Health and Wellbeing

Indoor housing characteristics can create hazards to health. For example, poisoning amongst children is often related to lead piping or paint, while carbon monoxide is normally associated with a lack of safety equipment. This can create irreversible effects, such as reduced IQ, impaired growth and neurological development as well as behavioural problems[56]. In houses where windows had been replaced there was some observed reduction in lead dust[57].

Lack of smoke alarms or fire detection equipment may increase the risk of injury from fire[58]. Serious injuries and fatalities due to fire are most common in older people, and increase substantially over the age of 70. Evidence shows that installation of smoke alarms reduces this risk significantly and the community safety work of Kent Fire and Rescue Service (KFRS) has contributed to a reduction in fires in the home of more than a third over the last decade. KFRS provides free home safety advice to any resident in Kent and Medway and will undertake Safe and Well visits (formerly Home Safety Visits) to support individuals who meet the services or referring partner agencies vulnerability criteria; it has a respected brand and a high level of public awareness. KFRS are aware of the complex needs of many of the people it visits and is keen to broaden the scope of its work by providing "Safe and Well visits" beyond traditional fire safety. The home safety team takes a much more holistic view of the needs of the individuals they visit and make appropriate onwards referrals so as to reduce the risk of harm from common causes such as slips, trips and falls. The team also identifies health issues relating to frailty, disability, dementia as well as winter warmth, summer heat and poor housing conditions, while of course continuing to promote home fire safety issues. KFRS undertake an average of 10,000 visits each year to vulnerable people.

A typical visit lasts forty five minutes and allows time to engage with the client, look for environmental hazards and signs of risk-taking behaviours. The team are part of the Kent "Making Every Contact Count" (MECC) spearhead and are trained to have motivational conversations around behaviour change. They are also able to undertake assessment for those who are at risk of falls, support those with particular needs such as dementia and provide specialist equipment where required. KFRS have undertaken joint visits with occupational therapists, and in many cases they will refer into another organisation for targeted interventions. KFRS have worked closely with the Public Health team to produce and fund winter warmth information leaflets, with a thermometer to measure temperatures in the home, and provide winter warmth packs to reduce the immediate risk. Nationally and locally conversations continue with Public Health professionals to explore further ways in which that KFRS can support the delivery of the Public Health agenda.

Mark Rist, KFRS Area Manager says:

"Kent Fire and Rescue Service are dedicated to improving the health, safety and wellbeing of the residents of Kent and Medway, by working closely with statutory and voluntary partners in Health and Social care. KFRS undertake Safe and Well visits to provide holistic support to some of the most vulnerable people in Kent."

Prevention of Falls

Falls predominantly occur either within the home or in close proximity, particularly in cold weather[59]. It is difficult to ascertain if the person has had a fall indoors or out, but overall there are over 2,700 hospital admissions annually due to falls in Kent; this is slightly higher than expected, compared with the South East and England[60].

There is evidence to suggest that minor indoor interventions can have positive health impact particularly for vulnerable groups, such as those with existing health conditions. These interventions include, but are not limited to, improving warmth and energy efficiency, environmental changes to reduce risk of falls and installing smoke alarms for reducing risk of injury through fire[61]. Such interventions provide benefit not only to the individual but to the wider society as well, with estimated average pay back time to the NHS in less than five years[62].

Table 3: Estimated savings to NHS in Kent from housing interventions to address falls

Intervention	Unit cost per intervention	Annual savings to NHS in Kent	Payback period (Years)
Falls on stairs	£857	£5,709,351	6
Falls on the level	£780	£3,524,094	3
Falls between levels	£927	£2,324,219	3
Falls - baths	£521	£433,912	3

Linda Hibbs, Private Sector Housing Manager;

"Falls in the home and garden remain one of the most commonly occurring hazards that are found during inspections under the Housing Health and Safety Rating System. Very low cost interventions such as provision of handrails, improved lighting or relaying uneven paths or patio areas can reduce the risk of falls and can save financial and human cost.

Promoting Wellbeing through Disabled Facilities Grants

Disabled facilities grants (DFGs) are administered by housing teams in district authorities and aim to help people stay and live independently in their own home for longer. Adaptations can include stair lifts, level access showers, ramping and in certain cases extensions to enable level living. The adaptations enable people to stay at home and live independently, prevent accidents, such as trips and falls, reduce the need for care packages and improve wellbeing.

In 2015-16 across Kent over 900 adaptations were completed by district housing teams through the DFG process[63]. There are a number of agencies involved in the DFG process, including district housing teams, occupational therapist services (who carry out assessments and provide recommendations). Home improvement agencies such as Family Mosaic and Staying Put in Swale help residents through the process, providing expert case worker and surveyor assistance. The number of agencies involved in the process can make pathways complicated and confusing for service users and this could potentially affect the use of these funds.

In total the DFG budget across Kent Districts for 2015/16 was £8,359,000. The DFG spend for 2015/16 across Kent was £8,188,754.

District authorities in partnership with KCC are taking the opportunity to review current processes and practices with a view to achieving a more seamless integrated pathway for clients. Pilots are taking place across the county such as hospital discharge schemes, enhanced handyperson schemes and integrated occupational therapy/housing teams, demonstrating how DFG funding can be used to ensure a joined-up approach to health, social care and housing. Through new models of delivery this funding can be effectively used to support people to live independently at home.

Satnam Kaur, Head of Housing at Tonbridge and Malling District, and Chair of Kent Housing Group:

"This is an exciting time for all partners involved in the delivery of DFGs and home adaptations. By placing the clients at the heart of delivery we have the opportunity to work more collaboratively and imaginatively in order to improve health and wellbeing outcomes for our clients. There are cost benefits across a range of public sector services including Public Health, NHS and social care and we need to use the Better Care funding effectively to maximise benefits in an integrated way"

Call to Action

Promote implementation of 'social prescribing' with partners across statutory and voluntary organisations. This will increase collaborative working to provide holistic advice, guidance, appropriate grants and enforcement to support home improvements that will consequently improve safety, health and wellbeing outcomes, particularly for vulnerable people.

MAINTAINING STABLE HOME LIFE AND HEALTH IMPACT

Insecure housing often results in poor health; equally it creates inequalities that impact on life outcomes, whether this is education, relationships or health. People with mental health conditions are more likely to be homeless, insecurely housed or living in areas of high deprivation[64]. For many people, losing their home or living in temporary accommodation creates chaos in lives leading to poorer attendances at school for children and reduced sustainable employment opportunities for adults[65]. This continues across the life-course, with evidence of adverse childhood experiences leading to development of harmful behaviours and consequently higher risk of poor mental health and diseases such as cancer and cardiovascular disease[66]. Overcrowding can also have negative impacts on health, education and family relationships, often masking hidden homelessness, with friends or family "sofa surfing". Transient populations are also vulnerable, and some of the worst health outcomes can be found in the gypsy and traveller communities, not just due to lifestyles and insecure housing, but exposure to hostility and hate crimes within local communities[67]. At the time of census in 2011, there were an estimated 4,685 gypsy and Irish travellers living in Kent[68].

Despite the increase in overcrowding, people living in temporary accommodation, and homeless rough sleepers, in 2015 there were an estimated 15,470 vacant properties in Kent; partners across the county need to continue to focus on reducing the number of empty properties[69].

Overcrowding and Health

Overcrowding is a growing problem and a blight on people's lives, particularly for children; affecting education, health and future prospects[70]. For adults there is a relationship between overcrowding, poor mental health and physical health conditions, such as respiratory or gastric and some evidence of increased risk to infectious diseases such as meningitis and tuberculosis[71].

As purchase and rental costs continue to rise there has been an increase nationally from five per cent in 2012 to eight per cent in 2016 in the number of people living in overcrowded homes[72]. Overcrowding is perceived to be equally distributed between private owners and the social and private rented sectors.

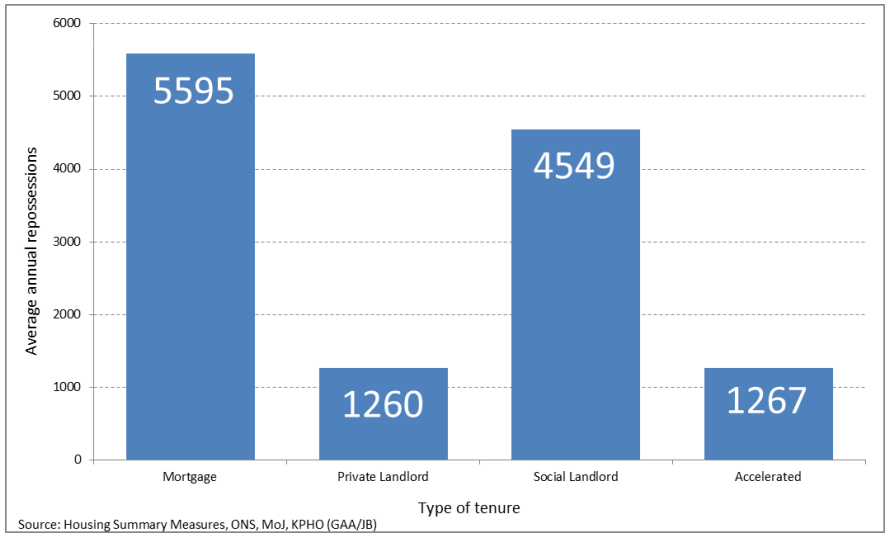
Certain population groups are particularly exposed to hidden exploitation and overcrowding, such as black and minority ethnic (BME), undocumented migrants and asylum seekers, but some cases are now coming to light in recent media coverage relating to overcrowded conditions[73]. A higher percentage of children than any other age group live in overcrowded accommodation, and associated outcomes range from obesity, lack of school readiness, entry into the youth justice system and increased hospital admissions[74]. Agencies working with children, BME groups and asylum seekers need to be aware of the impact of overcrowding on lifestyle behaviours and consequently their risk to poorer education and health outcomes. Agencies working across housing, health and social care need to aim to reduce inequalities created by overcrowding.

Repossessions

Arrears with either mortgage or rent payments are the two main factors associated with both life satisfaction and anxiety, while losing a home not only impacts on wellbeing, but can also reduce employment opportunities leading to further poverty[75]. Over the last ten years, mortgage repossessions in Kent have reduced as seen across England and Wales, while social landlord repossessions have remained fairly stable and below the national average[76]. The

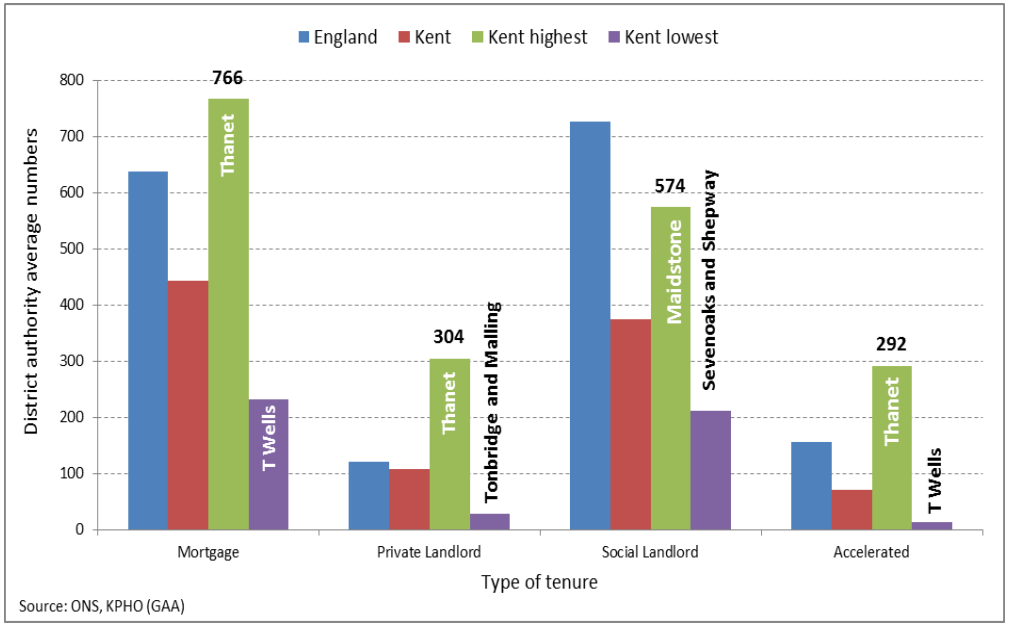
average annual accelerated repossessions, which are processed more quickly than other repossessions, is lower in Kent than the England annual average, private landlord repossessions however have increased in most of the county, with the exception of Sevenoaks, Tunbridge Wells, and Tonbridge and Malling, but the increase in Thanet is substantially higher than Kent, England and Wales[77].

Figure 9: Average annual repossessions (by tenure) in Kent, 2005-2015



Between 2005 and 2015 there were an average of 12,672 repossessions in Kent per year, and these were highest in Thanet across most types of tenure.

Figure 10: All tenure repossessions, district authorities in Kent



Homeless Applications

Since 2010 there has been an increase in homelessness acceptances in district authorities across England and Wales[79]. As a consequence the number of households placed in temporary accommodation at June 2016 was fifty two per cent higher than in December 2010[80]. This trend is reflected in Kent where in September 2016 there was a rise of five per cent in homeless applications, compared to previous year. Despite the increase in applications, the numbers accepted as homeless decreased by two per cent. There were 936 households in temporary accommodation in Kent in September 2016, an increase of twenty nine per cent on the previous year[81]. Research attributes this increase to short-term tenancies in the private rented sector, with an estimated forty per cent of homeless people in this sector having lived at their current address for less than twelve months[82], [83]. While district authorities have a duty to secure accommodation for unintentionally homeless who are classed as priority, the data does not reflect the full picture of homelessness, as many people considered to be intentionally homeless are sofa surfing or rough sleeping[84]. Homelessness is the most acute form of housing need and will take the combined efforts from a range of partners in order to resolve. Through various partnerships, Kent housing authorities and other agencies are well placed to meet the challenge to make a tangible difference to people's lives.

Temporary Accommodation

Living in temporary, often poorer accommodation particularly for long periods creates feelings of uncertainty, lack of control and social isolation. This population is likely to experience worse mental health and has an increased risk of contracting diseases such as bronchitis, asthma and tuberculosis[85]. Nationally the main reason given for loss of home was short term tenancy agreements. For those living in temporary accommodation in Kent they are predominantly housed in 'other accommodation' such as private landlord or increasingly in 'bed and breakfast' accommodation[86]:

In September 2016 Kent households accepted as homeless and living in temporary accommodation:

- 30% bed and breakfast
- 7% hostels
- 23% in district authority or social landlord
- 7% in leased private sector
- 33% in 'other' accommodation (eg private landlord)

Of these homeless households, vulnerable groups in temporary accommodation in September 2016 in Kent:

- 69% had dependent children
- 6% of households had a member pregnant
- 7% had a physical disability
- 9% other (including young people).

Homelessness

Government figures in autumn 2015 found there were an estimated 3,569 rough sleepers, an increase of 30% from the previous autumn 2014[87]. Government accept that there are limitations to this data, while Crisis charity states that these figures fall short of reports from local agencies[88]. The needs of homeless people are complex, often having experienced family crisis, mental health conditions and, as a consequence of their situation are likely to fall into use of drugs and alcohol[89]. This group compares poorly against the general population for lifestyle behaviours, physical health, communicable diseases and mental health[90]. The longer a person is homeless, the more likely they are to experience health problems. For example, single homeless people are four times more likely to use an acute hospital than the general population at an estimated cost of £85 million per year[91]. It is difficult to gain clear information regarding the profile of homeless rough sleepers, but based on research in London, over half of this group were Central

and Eastern European, or 'otherwise overseas'[92]. An estimated 1,200 UK service leavers, generally older than the average homeless population have experienced homelessness at some point[93]. Almost half of all prisoners are homeless on release, creating a cycle of re-offending[94].

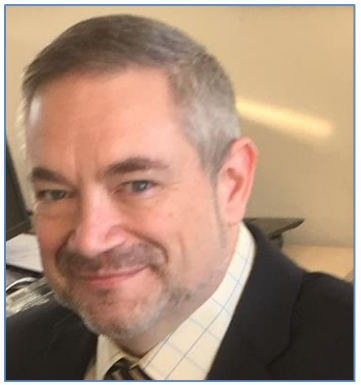
There were 53 more homeless applications to district authorities in Kent in September 2016, compared to September 2015:

- 1,039 applications September 2015
- 1,092 applications September 2016

Of which:

- 29% accepted as homeless
- 38% eligible but not homeless
- 21% eligible but not in priority need
- 6% eligible and in priority need but found to be intentionally homeless
- 6% unknown.

Homeless shelters are provided between January and March, predominantly by churches, with the assistance of funding from district authorities in Shepway, Maidstone and Tunbridge Wells. Additionally, Maidstone Borough Council alongside Canterbury and Tunbridge Wells' authorities were successful in a bid for funding from the DCLG in January 2017 to enhance current provision of a rough sleeper service emphasising early prevention. Case studies outlining how Maidstone and Tunbridge Wells Borough Councils are working to improve outcomes for homeless people are included later in this report.



John Littlemore, Head of Housing and Community at Maidstone Borough Council says:

"The three-way district partnership is excited to be able to progress the street outreach service that has already exceeded targets and helped 55 individuals off the streets.

The new service is aimed at those who are sofa surfing or new to the street and will promote self-help resilience, promoting services through colleges, GPs, Children's Centres and partner agencies.

CONCLUSION

In conclusion my report highlights that overall the state of housing in Kent is g
require collaborative working across all agencies. Housing interventions offer
vulnerable and will contribute to reducing health inequalities. There is an urge

Call to Action

Insecure housing leads to poor relationships, poor education and employment, and contributes to poor mental and physical health. Some of our most vulnerable people live in insecure housing and all professionals should be using the opportunity to implement 'Making Every Contact Count', having holistic conversations and signposting or referring for housing, debt, employment and health advice. Empty homes remain a source of accommodation in some areas of Kent that could be renovated to decent standards to provide housing for those most in need.

councils, KFRS and voluntary sector in Kent to work together to make a real difference to lives of the most vulnerable people such as children, people with disabilities and older people.

There are examples of good practice across Kent which is benefitting individuals. But there is a need to undertake such interventions at a population level in a systematic manner proportionately to local need. There are a number of interventions such as providing advice on prevention of falls, retrofitting for reducing dampness, improving cold environments, adaptions to help people manage independently at home and providing advice on financial management. Collaborative effort is required across agencies to identify the populations who will benefit through such interventions and then implementing these will contribute in the transformational change that is needed across the system. This will not only support those individuals who need such help but will also reduce pressure on health and care services.

Maidstone GP, Tony Jones:

"A roof over our heads is one of the most fundamental of human needs. Poor housing or a lack of housing can have a major impact on mental and physical health as it is one of the most significant of the factors affecting wellbeing. The Maidstone homeless population have some of the most complex health needs of any of our patients and without accommodation these health needs will only progress. It is for this reason we are working with partners and service users to implement social prescribing throughout NHS West Kent CCG"

CASE STUDIES

Planning for People in Ashford: Specifically Designed Accommodation to Support Community Living

Farrow Court

This redevelopment of an existing sheltered scheme has been innovatively designed to provide spacious communal facilities together with a substantial increase in the number of flats for older people including a small cluster for people with learning disabilities. The design of the buildings was based on the Ageing Population Panel for Innovation (HAPPI) principles. The buildings are dementia friendly throughout, taking into account colour schemes, lights, corridor lengths, patterns and memory shelves along with telecare facilities. The careful phasing of the build programme allowed the residents to remain in their homes until they could move into their new flats and then the existing buildings were demolished to make way for the additional units.

Communal facilities are open to the wider community, encouraging integration between the residents of the scheme and residents of the local community. Facilities also include the location of the Homebridge Recuperation Care Centre. Homebridge has been successfully running for 12 years and is a collaboration between the council, NHS and social services offering people a 'stepping stone' between a hospital stay and going home. This assists in earlier hospital discharge and reduces readmissions through a short period of assessment and rehabilitation in a safe, secure, homely environment.

Farrow Court was funded through the Housing Revenue Account (HRA), 1-4-1 monies and a £3.6m grant secured through Care and Support Specialised Housing (CASSH) funding – a grant fund from the Department of Health, administered by the HCA

Quarry House

Quarry House is a unique extra care scheme as it is the first to be built on a rural exception site in the Ashford borough. The council devised a policy that allows for specialist housing to be considered on land that would not normally be considered for development, where it can be demonstrated it will be satisfying a local need from a group of nearby parishes and will remain affordable in perpetuity. The scheme has been made possible by the council allowing owned land to be leased to housing association, Housing and Care 21 for 125 years at a nominal rate. Quarry House provides a mix of thirty three affordable rent and shared ownership homes helping older people move to more manageable accommodation but stay within or return to a rural community where they have strong ties and family connections.

Home Improvement Agencies and Early Discharge from Hospital

A gentleman with complex health issues was referred by Occupational Therapy at Faversham Hospital to the Home Improvement Agency. Unable to manage the stairs, the hospital could not discharge the gentleman until the front room of his property was cleared. The room was quite cluttered and some of the furniture needed taking upstairs to make room for his bed to be brought downstairs. Swale Staying Put, home improvement service visited and arrangements were made with contractors to move the necessary items both upstairs and downstairs. The gentleman was at the property on the day that the contractors undertook the work so that he could explain what items he wanted moved. The work was completed in a few days at a total cost of £165.60 enabling an earlier discharge from hospital. This was a far better outcome for the gentleman, while releasing an unnecessary hospital bed, providing savings for the NHS.

Shepway Enablement Service and Early Discharge Timely Hospital Discharge

The Shepway Enablement Service (SES) is a Home Improvement Agency handyperson service, funded by Shepway District Council to provide flexible support to meet client and or their family's needs, enable early hospital discharge and assist people to stay safely in their own homes. A client admitted to hospital as a result of a fall was referred by the Care Navigator Service at the William Harvey Hospital to the SES for minor home adaptions. The SES was asked to install a key safe to support the installation of a lifeline thereby enabling the client to be discharged from hospital. As a direct result of this service the key safe was fitted next day enabling a timely discharge from the hospital.

Disabled Facility Grants and Home Improvement Agency and Early Discharge: Supporting Independence at Home

Following an operation to amputate both legs a lady and her daughter were eager for her to return to her own home. The hospital would not discharge her until a ramp, which would ensure appropriate entry for the client, was in place. The occupational therapist referred the lady to the Home Improvement Agency for temporary wooden ramping to the front door and seven thresholds to be lowered to enable free wheelchair movement around **her** bungalow. The temporary work was given to a local builder and was completed in one week; enabling the lady to return home. On assessment the Home Improvement Agency found a shower room and lowered kitchen units were also required. An application was made for an urgent Disabled Facilities Grant and work started three months later and the lady has improved immensely from being home and is now looking forward to cooking her own meals in her new kitchen. The Home Improvement Agency's prompt response and access to a Disabled Facility Grant meant that the lady was able to safely leave hospital within a week while the other more permanent works were completed within three months.

Housing and Health Co-ordinator in Pembury Hospital Discharge Team Facilitating Hospital Discharges

Length of Pilot Model: November 2016 – December 2017

Tunbridge Wells, Tonbridge and Malling, and Sevenoaks District Councils are jointly funding and working with Family Mosaic Home Improvement Agency to employ a full time housing and health coordinator. This post is based in the Pembury Hospital and is part of the Integrated Discharge Scheme, assisting with discharge of patients and making referrals to an enhanced Handyperson Scheme, also jointly funded by the three authorities. Family Mosaic directly manages the coordinator post and provides the Handyperson service.

In addition to liaison with health colleagues and raising awareness of the role, the coordinator will facilitate home discharge and undertake a subsequent home visit to assess the home environment. Where appropriate, referrals will be made to both the handyperson and the occupational therapist co-located in the councils. The handyperson will undertake minor works and/or provide equipment to enable a safe and timely discharge from hospital and prevent re-admission. Works undertaken may include moving beds from upstairs to down, assisting with removal of clutter or hazards and installing key safes. This work is not prescribed and the service will aim to meet reasonable need to ensure a patient can return home, for example the handyperson collected some food ordered online and delivered it at the same time as fitting the key safe. The coordinator's role will also be to spend some time in the Accident and Emergency Department (to prevent unnecessary emergency admission) and generally understand and link housing and wider health and social care needs for patients coming into hospital. The coordinator will take referrals from any hospital and work with patients who are residents in any of the three local authority areas funding the scheme.

In addition to hospital discharge, the service will take preventative measures to stop people from going into hospital and will offer a similar range of handyman services. Referrals can only be accepted from health and social care professionals. (The service will not accept direct self-referrals from clients.)

This pilot will run from November 2016 to March 2017 after which it will be evaluated.

KFRS Dementia Friendly Case Study: Innovative Ways to Provide Support in the Community

Following a series of 999 calls from a dementia sufferer in Thanet, to gain access to his property, the KFRS Safe and Well Officer fitted a key press. However, due to his condition he forgot to put the spare key back in the key press. The officer applied an innovative approach to fit the key to a retractable cord which reminded the gentleman to put the key back in the key press. No further calls have been to da the gentleman was able to continue to live independently at home.

Tunbridge Wells Churches Winter Shelter

Tunbridge Wells Churches Winter Shelter opened for its sixth year of operation on 2nd January 2017 and closes on 5th March 2017. The purpose of the shelter is twofold: to help rough sleepers survive the cold weather at the beginning of the year; and to help them begin the process of 'moving on' into long-term/permanent accommodation appropriate for their needs. A support worker is employed for the duration of the shelter to work intensively with guests. Nine weeks is not always long enough to get someone from homelessness into accommodation, although this year so far eight people have been helped into accommodation of various types.

Tunbridge Wells hosts a twelve bed shelter open to men and women over the age of 18, of which those with a local connection are priortised. The shelter moves each night between eleven church venues and is supported by 190 volunteers who man the shelter, cook, wash bed linen and move beds and equipment.

This winter, eighteen different people have been hosted by the shelter, seven of whom have been working and simply need somewhere to stay. Some leave as early as 5.45am for work and come back in the evening, ready for some hot nutritious food, a clean bed and people who are genuinely interested in them. Two course evening meal, breakfast in the morning, snacks to take away for lunch and as much tea, coffee and hot chocolate as can be managed are provided. For the brief nine weeks the shelter is open, guests have somewhere they can call home, somewhere they are known, cared about, protected from the elements, well fed and well looked after. A hairdresser visits the shelter providing haircuts and optional activities such as table tennis, board games, puzzle books etc are available. This year the shelter chaplain is also running an art project.

The support worker is able to provide intenisive help to guests during their stay, for example around benefits, obtaining ID and registering with a GP. Many guests haven't seen a GP in years and some have medical conditions which are simply untreated until they come to the shelter. One guest has received dental treatment thanks to a local dental practice which is committed to helping rough sleepers. Clothing and toiletries are provided, largely thanks to donations from the local community. Working collaboratively with Tunbridge Wells Borough Council's Housing department, Porchilight, the CAB and other agencies/accommodation providers, guests are signposted to these services where appropriate.

During the period of the shelter, weekly meetings are held with all agencies involved in homelessness in the Tunbridge Wells area to see how guests can be assited to move on. When the shelter closes, nobody is abondoned and monthly meetings still continue. The project manager works as a rough sleeper support worker during the period the shelter is closed and work continues with guests of the shelter, as well as the other rough sleepers in Tunbridge Wells, until people find a place they can call 'home' and which is appropriate for their needs. People often stay in touch after leaving the shelter, even after three or four years, having moved into other accommodation, thanks to the strong relationships which

A guest who recently moved into private rented accommodation said recently:
The shelter gave me breathing space, space to think about what to do next, space to sleep safely, space to eat healthily. I was sleeping on the floor of a public toilet before I came into the shelter and you just can't think like that. You're simply trying to survive.'

Maidstone Borough Council Working to Address Homelessness

Maidstone Borough Council held a Homelessness and Health Seminar in May 2016 to provide a platform for organisations to work together to improve health outcomes for those who are homeless or at severe risk of becoming homeless. As a result of the seminar:

- A hospital discharge protocol is currently being developed to provide a clear framework to ensure local authority housing departments and in-patient facilities work together to address the needs of homeless people and to prevent individuals returning to rough sleeping/sofa surfing. A member of Maidstone Borough Council staff attends the discharge meetings at Maidstone Hospital on a regular basis providing advice, support and signposting; so those individuals at risk can be picked up as early as possible.

- In addition, a support pack has been developed for agencies to assist with signposting for health and wellbeing, housing, employment, education and training, and financial support.

- Maidstone Borough Council alongside Canterbury and Tunbridge Wells' authorities were successful in their bid to the Department for Communities and Local Government (DCLG) to enhance current provision of a rough sleeper service emphasising early intervention.

This work continues to develop according to need, and aims to assess the impact of homelessness on health; instruct initiatives to tackle homelessness and address the health needs of homeless and vulnerable people.

Making Every Contact Count within Housing Visits

Maidstone Borough Council's Housing and Health Team work in partnership with our health colleagues to address a spectrum of housing needs which in turn are affecting residents' health. Partnerships have been formed with GP Surgeries, Hospital Discharge Teams and Health and Social Care Workers to ensure people are living in suitable conditions and their health does not deteriorate due to poor housing conditions. Having undertaken 'Making Every Contact Count' training, these tools and techniques are used as part of the housing team visits, asking residents 'if there is anything else we can help with'. Often residents have concerns but they don't know who to turn to. Examples of how housing officers in Maidstone are 'Making Every Contact Count' in their home visits include:

- A visit regarding a Disabled Facilities Grant for access led to conversations about family, finance and eating habits. The resident had no relatives, had not left their property for twelve months, lived on take away food and had given their cash card to a neighbour to withdraw cash. We discussed some of the local services and the resident agreed for a referral to be made to Brighter Futures for support with food shopping and transport, a befriending service and the V-Team to assist with some small-scale DIY jobs.
- While visiting a property regarding a complaint of damp and mould, additional factors that were affecting the ladies' health were also discussed. The lady was sleeping on the sofa while the son had her room as she was worried about the damp and mould affecting him. The lady was a heavy smoker and the son asthmatic, which was exacerbating the situation. The lady was provided with a brief intervention for stop smoking and with details of the service. The damp and mould had occurred as a result of a previous water leak and the landlord completed the necessary repairs.
- An elderly blind lady discussed a home improvement grant with housing and while inspecting the property, the officers noticed smoke alarms had not been fitted. The lady was referred to Kent Fire and Rescue Service and its home safety team installed free smoke alarms as part of a safe and well visit and kept regular checks on the lady.

The Maidstone Housing Team has also undertaken some targeted unannounced door-to-door work within a particular area of Maidstone. The visits were primarily to check that residents were happy with their living conditions (majority were privately rented), if they had any housing concerns and if there were other services they could be assisted with. As part of this work some referrals took place:

- Maidstone Children's Centre - for a young mum recently moved into the area and didn't know what was available for her and her young child.
- Falls Prevention - an elderly lady was regularly suffering falls inside and outside the home as she was unsteady on her feet. She was worried about hurting herself and wanted to learn to fall safely. With consent, the resident was referred to Brighter Futures to attend falls prevention classes specifically designed to improve strength, increase stamina, raise confidence and improve posture.
- A lady was worried about her weight but didn't want to join the gym as she found it too intrusive. Housing and Health Officer explained the range of programmes Maidstone has to offer, referral was completed and the resident attended Counterweight programme which looks at behaviour change and lifestyle factors rather than exercise/dieting.

Building Affordable Homes and Life-skills together in Edenbridge

Through Section 106 monies Sevenoaks Borough Council have secured a new Learning Disabilities scheme for Edenbridge. The development to be launched in March 2017 will be a modern facility and an example of good practice. Sevenoaks Borough Council also secured an extra five thousand pounds to purchase a range of equipment for the new occupiers including computers, exercise and garden equipment, cooking equipment for classes, and a range of other support to help the new occupiers to improve their life skills.

Housing Health Cost Calculator

Through the Kent Joint Policy & Planning Board (JPPB) a local district housing authority has been able to utilise the Housing Health Cost Calculator (HHCC) tool. The tool measures the savings to the NHS and wider society (care, police, education etc.) from housing interventions.

For example, improving a home that had no heating and inadequate insulation to one that has a full gas central heating system and good loft and cavity wall insulation is estimated to save the NHS approximately £3,000 annually and wider society over £7,000 annually.

It is clear that housing interventions to improve the condition of the home and thereby the health of the occupant(s) will provide savings to health and wider society from less GP/hospital visits, less need for care packages, more secure properties and children performing better at school. Investing in housing interventions can save the health service money in both the short and long-term. The tool has been useful in raising awareness of how housing interventions can produce long-term savings and has encouraged partners to signpost or refer to district housing teams.

Home Insulation on a Scale to Tackle Cold Homes in Dover

There are several former coal mining villages in the Dover district. Some of the houses, built to accommodate coal miners, were pre-fabricated system-built, consisting of a steel frame structure with concrete panel in-fills and a smooth render finish. The thermal performance of these properties is notoriously poor and they can often suffer with penetrating damp issues.

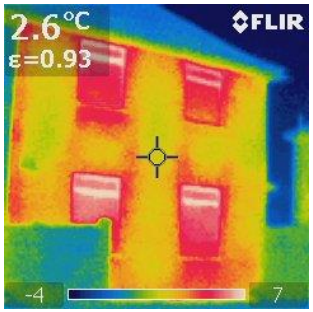
Dover District Council, in conjunction with East Kent Housing delivered a highly successful external wall insulation programme on solid wall social housing properties in the village of Aylesham. This was funded in the main from the council budget however funds from the Government's Green Deal Home Improvement Fund provided a contribution. Solid wall insulation is one of the most expensive forms of housing retrofit and the home owners were helped to afford to insulate their properties with a combination of financial assistance from DDC, KCC Public Health, Green Deal Home Improvement Fund (now closed), Green Deal Communities funds (now closed), and ECO (Energy Company Obligation) funding.

In total, seventy two social landlord and twenty five private ownership households have had external wall insulation installed during the last eighteen months. A monitoring and evaluation project is currently underway to fully understand the benefits of this type of insulation to the fabric of the house, energy costs, living environment and the householders' perception of the impact on their health of living in a warmer home.

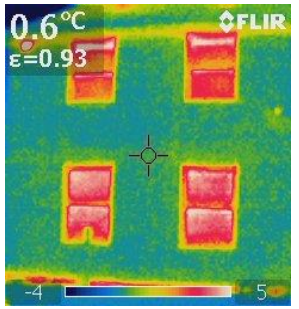
To validate the measurement, monitoring and evaluation project a control group of householders in non-insulated properties have been included. DDC housing assistance policy is likely to be amended this year to provide financial assistance to more householders living in pre-fabricated properties to enable them to install external wall insulation.

In addition to the above scheme Dover District Council in conjunction with South Kent Coast CCG are trialling a single referral form for use by health professionals, and other home visiting agencies to signpost/ refer individuals for assistance with their home environment to help residents live more independently and reduce hazards (including excess cold) in their homes.

Before Solid Wall insulation



After Solid Wall insulation



In April 2014 Dartford Borough Council, in partnership with Sevenoaks and Dover District Councils successfully procured £4.02m from Department of Energy and Climate Change (DECC) Green Deal Communities Fund to complete retrofit works in homes within the local authority areas. The scheme 'Warmer Streets', offered residents funding towards different energy efficiency measures including loft insulation with a focus on external wall insulation for hard to treat properties (solid wall properties fall in to this category). External wall insulation can be expensive to install, however has a positive impact making the home warmer and healthier to live in. In addition fuel bills are reduced. Kent has a high proportion of solid wall properties that require this type of insulation. The 'Warmer Streets' project officially closed in September 2016 but during the life of the project treated:

- 885 properties
- 1,250 measures (one property may need more than one measure)
- of which 443 properties have been treated with external wall insulation

Measurement, Monitoring and Evaluation: In an attempt to quantify the impact of external wall insulation on household energy consumption and the impact these improvements have had on living conditions and the health of those receiving an intervention, the Measurement, Monitoring and Evaluation project (MME) was established.

The project has targeted Warmer Streets participants and a number of properties now have monitoring equipment installed. These people also complete a questionnaire on a regular basis. Surveys to collect data took place in spring/summer 2016 and the second round of surveys are taking place in winter 2016/17. Participants in the scheme include properties with external wall insulation installed and a 'control group' of those who didn't have energy efficiency measures installed through the programme. It is envisaged that differences between treated and untreated homes can be assessed.

It was initially proposed that health professionals be asked to help to monitor changes in participants' health and lifestyles due to energy efficiency measures being installed; however, it was not possible to obtain the necessary level of commitment for this to happen. Therefore the questionnaires/survey asks a few questions that are about fuel cost, and if damp, mould, draughts and respiratory problems have changed as a result of the insulation work etc.

The data will be analysed after the winter period questionnaires are returned. It is important to recognise that making a home warmer and hopefully cheaper to heat should result in improved overall health and comfort.

The ability for patients to return home following stays in hospital is critical, and work that enables homes to be 'fit for purpose' plays an important role in achieving this.

Selective Licencing in Thanet

While Margate is undergoing a renaissance owing to the transformation of the 'Old Town' and key regeneration projects such as Dreamland and the Turner Centre Art Gallery, residents in parts of Cliftonville experience significant problems associated with the private rented sector. Poor property management by ineffective and rogue landlords has had a detrimental effect on the health, safety and wellbeing of residents. In response the council designated the most affected area of Cliftonville for selective licensing. In the designated area more than 70% of the homes are in the private rented sector.

The accommodation offered in this area has largely been aimed at the lower end of the rental market in recent decades. With many vulnerable households migrating inwards, the socio-economic shift has led to the area becoming one of the most deprived neighbourhoods in the country. The area has been characterised by unsafe and unhealthy housing, high levels of worklessness, benefit dependency, crime and anti-social behaviour, poor educational achievement, and health inequalities. The 4th, 21st and 35th most deprived neighbourhoods in England, out of 32,844 are located in the two wards.

Recognising the extreme challenges faced, Thanet District Council took the bold decision to designate parts of the two wards as a selective licensing area in 2011. The designation required every private landlord to obtain a licence from the council and comply with a wide range of conditions to ensure good property management. The council found that many landlords and agents were reluctant to comply with the scheme at first and tough enforcement action was required to secure compliance. Numerous landlords were prosecuted for failing to obtain a licence: the highest penalty being £20,000. Some landlords were also subject to Rent Repayment Orders which required up to a year's worth of housing benefit to be repaid owing to their failure to make a licence application.

A large scale inspection programme of licensed properties commenced in 2013. Over 1,400 inspections have so far taken place and around half have been found to contain hazards that could affect health or safety, and over 60% revealed that licence conditions had been breached. In total, around two-thirds of all rented homes were found to have hazards and/or licence breaches. The council has taken robust action to improve these homes and has served many improvement notices and more than a thousand breach of condition notices. Residents are now living in safer and healthier homes as a consequence of the council's intervention. During the first five years of selective licencing, anti-social behaviour incidents in the area reduced by 27%.

As no designation may have a life of more than five years, the original designation expired in 2016. However, the council recognised that while much good work had been done to promote community regeneration and improvements in public health, there was still much more to do. As a public consultation revealed support for continuing with selective licencing was high, a further five year designation was made in 2016. Some 2,300 privately rented homes are subject to the current selective licensing scheme. The council will continue to take a robust approach to enforcement and ensure that holistic approaches to residents needs are taken in partnership with other agencies.

Selective Licencing in Thanet

Furthermore, the council is committed to multi-agency approaches to improving community health. Therefore, all selective licensing inspectors take a holistic approach to tackling poor housing conditions and are able to offer residents assistance with their wider health and social care needs by making appropriate referrals through established networks. Working closely with other public services has added value to the work being undertaken.

Thanet council has also directly intervened in the area by acquiring some of the properties in the worst condition, refurbishing them and returning them use as good quality affordable homes. Over 100 homes, mainly within large houses in 'multiple occupation' have been acquired from the private sector in this way. Kent County Council has embarked on a similar programme of intervention, delivering refurbished properties for sale to owner occupiers.

Housing and health are inextricably linked. Better housing promotes better health, and only comprehensive and bold initiatives such as selective licensing can tackle the deeply entrenched problems faced by residents in Margate.

Before

After

Before

After

West Kent Housing Association

Housing Associations' main focus is on increasing the supply of good housing and maintaining good conditions within these homes. In addition they play a large role in preventative measures and adaptations (usually in partnership with local authorities) enabling people to return (assisting people coming out of hospital) or remain in their homes for longer. They also provide specific specialist accommodation for people with disabilities, or age specific homes, such as extra care, or wheelchair designed homes. These homes are designed to support tenants to stay at home with care much longer than may be possible in the general stock of housing. Where it is appropriate postponing entry into residential care for one year saves an average of £28,080 per person.

West Kent Housing Association provides 1,161 age specific homes of which 1,086 are designated sheltered and extra care homes for older people or for those with specific health conditions (including mental health). They also have communal facilities to support community activities to combat loneliness, recognised to impact adversely on health outcomes. Additionally, six extra care home schemes which have onsite restaurants to ensure that residents have a balanced diet and at least one hot meal a day (included in rent or pay as you go basis), they have gyms with equipment to support older people staying active. In one of our extra care schemes a locally based physiotherapist uses the gym to support the rehabilitation of tenants discharged from hospital. Staff support residents independence and support them collectively to design and put on social events (such as Christmas meals, entertainment; bingo, quiz nights, communal singing and to set up clubs, such as chess, sewing (two of these are making memory quilts), speakers on topics of interest).

There are a range of advice and support services available (these vary across providers), however at West Kent we provide:

- Financial wellbeing services – giving advice on claiming benefits, helping with debt management
- Support for those with a tendency to hoard, to try to change their behaviour and de-clutter, improving the safety of the home
- Social events and activities to combat loneliness
- Training and employment services and support to get into the volunteering sector to combat loneliness, to improve their financial and mental well-being
- Two memory cafes running with the Alzheimer and Dementia Society
- General advice and support services to tenants to access appropriate help, making referrals for care and support, help to access grants for adaptations, to enable moves to more appropriate housing, to find out about clubs and events in the area.
- A linking for tenants to organisations that can provide services or opportunities to engage with others, such as Age UK
- Handyperson services – for a small payment they will undertake small jobs, such as hanging pictures, assembling flat pack furniture
- Crisis support service – up to six weeks of intensive support on a range of issues, including finance, benefits, health
- Care Navigator Service (currently funded by KCC) to support any older person (private rented and owner occupiers, as well as in the social sector) in Sevenoaks who needs advice to find appropriate housing, obtain adaptations, access other care and support services.

All staff receive safeguarding, diversity and dementia training to ensure that they can recognise needs and concerns and provide appropriate referrals and support.

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Appendix 1 ACORN types

Active communal population
Affluent professionals
Asset rich families
Better-off villagers
Business areas without resident population
Career driven young families
Comfortably-off families in modern housing
Deprived and ethnically diverse in flats
Deprived areas and high-rise flats
Educated families in terraces, young children
Educated young people in flats and tenements
Elderly people in social rented flats
Elderly singles in purpose-built accommodation
Established suburbs, older families
Exclusive enclaves
Fading owner occupied terraces
Families in right-to-buy estates
Farms and cottages
Financially comfortable families
First time buyers in small, modern homes
High occupancy terraces, many Asian families
Inactive communal population
Labouring semi-rural estates
Large house luxury
Larger families in rural areas
Larger family homes, multi-ethnic areas
Low cost flats in suburban areas
Low income large families in social rented semis
Low income older people in smaller semis
Low income terraces
Metropolitan money
Metropolitan professionals
Mixed metropolitan areas
Older people, neat and tidy neighbourhoods
Owner occupied terraces, average income
Owner occupiers in small towns and villages
Pensioners and singles in social rented flats
Pensioners in social housing, semis and terraces
Poorer families, many children, terraced housing
Post-war estates, limited means
Prosperous suburban families
Retired and empty nesters
Semi-professional families, owner occupied neighbourhoods
Semi-skilled workers in traditional neighbourhoods
Settled suburbia, older people
Singles and young families, some receiving benefits
Smaller houses and starter homes
Social rented flats, families and single parents
Socialising young renters
Struggling young families in post-war terraces
Struggling younger people in mixed tenure
Student flats and halls of residence
Suburban semis, conventional attitudes
Term-time terraces
Townhouse cosmopolitans
Upmarket downsizers
Wealthy countryside commuters
Well-off edge of towners
Young families in low cost private flats
Young people in small, low cost terraces
Younger professionals in smaller flats