

Better HOUSING for Better HEALTH



Annual Public Health Report 2016

Foreword



**Director of
Public Health
Kent County
Council**

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.

Key findings

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 for vulnerable children, or older adults. It enables people to access basic services, build good relationships and maintain independence, resulting in a better quality of life. Houses and places where people live are dependent on many factors including housing stock, availability and the internal and external environment. This report has three main themes and their relationship to health:

- **Growth, affordability and planning**
- **Indoor housing environment**
- **Maintaining stable home life**

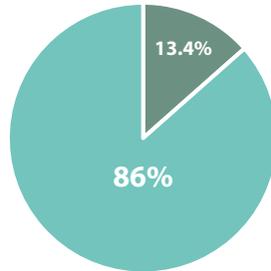
Growth, affordability and planning

Between 2010 and 2015 the number of dwellings in Kent increased by approximately three and a half percent to an estimated 650,010. The majority of our properties are houses in the private sector including privately owned and privately rented. Housing costs are a driver for poverty and in turn create inequalities, yet we are seeing increases particularly in housing purchase and private rental. Arrears with either mortgage or rent payments are the top housing factors associated with both life satisfaction and anxiety and people living in terraced houses or flats also report lower life satisfaction.

Current housing in Kent

TENURE OF DWELLINGS IN KENT

Local Authority/Social housing
Privately Owned
(including Private Rented)

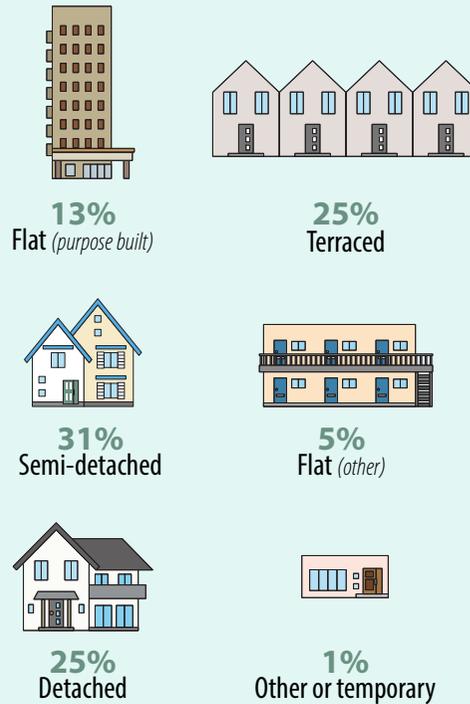


There is less social housing in Kent than England, but provision varies across the County.

Social housing stock in Kent

13.4%	Kent
17.4%	England
17%	Gravesham (highest)
11%	Shepway (lowest)

Types of housing in Kent



10X SALARY

The average house in Kent costs 10 times the average salary

9.8	Kent
13.2	Sevenoaks
7.8	Swale
8.6	England



Average **WEEKLY** social housing rent increases per year (2005 - 2015)

3.4%	Kent
4.2%	Tonbridge and Malling
2.0%	Dover
3.2%	England



Average **MONTHLY** private sector rent as percentage of salary (2016)

37.2%	Kent
59.6%	Sevenoaks
29.3%	Shepway
35%	England

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. 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. 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.

Age of housing in Kent

BUILT BEFORE 1900

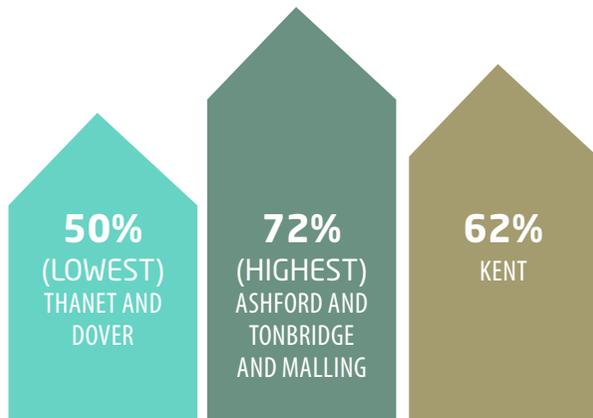
20%	Kent
23%	Thanet, Tunbridge Wells, Ashford
16%	England
14%	South East



Planning and regeneration can play a key role in developing healthy towns and communities, such as the Ebbsfleet Healthy New Town development which offers a unique opportunity to bring together health and regeneration. The 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, whilst at the same time reducing poor air quality.

Planning and building appropriate numbers of high quality homes, including for the increasing ageing population will not only produce a healthier generation but also make services more sustainable. The KCC 'No Use Empty' campaign has successfully brought empty properties back into use as quality accommodation. The Kent and Medway Growth and Infrastructure Framework outlines intentions to address housing deficits and work undertaken in the KCC accommodation strategy identifies the number of people and type of suitable homes for vulnerable people.

NEW BUILDS (LAST 70 YEARS)



Poor air quality has a negative impact on health across all ages, particularly for those with heart and lung conditions. 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 people for every 100,000 deaths. Nationally, poorer communities tend to experience higher levels of pollution. For individuals or communities that have pre-disposed heart and lung conditions particularly due to smoking, poor air quality adds increased risk to their health outcomes.

Air Quality

Estimated annual deaths per 100,000 residents aged over 30, that are attributable to exposure to poor air quality

72	Kent
87	Thanet
82	Dover
79	Shepway
76	Dartford



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 provided.

Planning HOUSING GROWTH IN KENT



NEW DWELLINGS

Built between 2011 and 2015 (Estimated)



NEW DWELLINGS

Need to be built by 2030 (Estimated)

OVER 4,700

Properties brought back into use through KCC and Partners "No Use Empty" initiative



SPATIAL PLANNING Kent hosts over 200 parks and open spaces

Indoor 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.

There appears to be a relationship between areas of the highest concentration of residents living in the worst housing types and poor health, with potentially higher use of health services.

VULNERABLE PEOPLE

People living with long term health condition or disability



THERE WERE AN ESTIMATED

69% more emergency admissions

among people living in high concentrations of poorer housing conditions compared to those living in low concentrations of poor housing between 2013 and 2015

MORTALITY RATES WERE ESTIMATED TO BE

44% higher

in areas with high concentrations of poorer housing, compared to areas with low concentrations of poorer housing between 2013 and 2015



Nearly 1 in 5 dwellings in Kent do not meet decent housing standards

KENT **130,454**

(20% of Kent housing)

THANET **15,481**

(23% of Thanet Housing stock)

CANTERBURY **12,728**

(23% of Canterbury stock)

MAIDSTONE **12,618**

(23% of Maidstone stock)

CALL TO ACTION

Promote implementation of 'social prescribing' with partners across statutory and voluntary organisations. This will increase collaborative working to provide advice,

guidance, appropriate grants and enforcement to support home improvements that will consequently improve health and wellbeing outcomes, particularly for vulnerable people.

Cold and damp homes constitute a risk to health, particularly for young people and those with cardiovascular, respiratory conditions and people with poor mobility. However, approximately forty percent of households living in fuel poverty are couples or lone parents with dependent children. Falls predominantly occur either within the home or in close proximity, particularly in cold weather. 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, installing smoke alarms for reducing risk of injury through fire. It is also estimated that housing interventions will reduce demand for NHS costs and services.

DAMP HOMES



3,550

IN THANET

(5% of housing stock)

2,824

IN CANTERBURY

(4.5% of housing stock)

2,777

IN MAIDSTONE

(4.5% of housing stock)



FALLS

There are an average 2,700 hospital admissions due to falls in Kent each year. Savings to NHS in Kent from housing interventions to address falls

INTERVENTION	COST OF INTERVENTION	ANNUAL SAVINGS TO NHS IN KENT	YEARS PAYBACK PERIOD
Fall on stairs	£857	£5,709,351	6
Fall on the level	£780	£3,524,094	3
Falls between levels	£927	£2,324,219	3
Falls-bath	£521	£433,912	3

10,000 visits

Kent Fire and Rescue Service undertake an average of 10,000 visits each year to vulnerable people

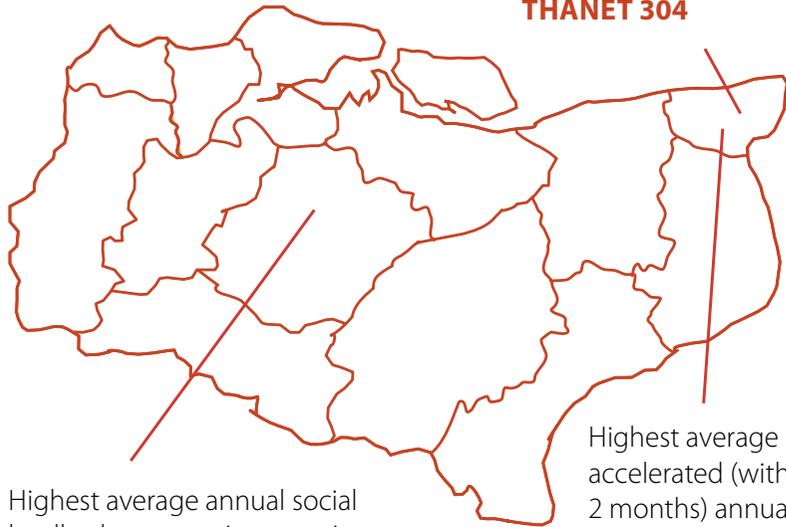
THE WARM HOMES PROGRAMME HAS INSTALLED **2220** MEASURES ACROSS **2075** HOMES IN KENT AND MEDWAY

Maintaining stable home life

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. 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. Overcrowding can also have negative impacts on health, education and family relationships, often masking hidden homelessness, with friends or family "sofa surfing". Despite good progress in bringing empty properties back into use, there were still over 15,000 empty properties across Kent.

BETWEEN 2005 AND 2015 THERE WERE AN AVERAGE **12,672** **REPOSSESSIONS IN KENT PER YEAR**

Highest average annual private landlord repossessions was in **THANET 304**



Highest average annual social landlord repossessions was in **MAIDSTONE 574**

Highest average accelerated (within 2 months) annual repossessions was in **THANET 292**

September 2016 Kent households accepted as homeless, living in temporary accommodation

30% **B&B** IN BED AND BREAKFAST

7%  IN HOSTELS

23% **LA/SH** IN LOCAL AUTHORITY OR SOCIAL HOUSING

7%  IN LEASED PRIVATE SECTOR

33% **OTHER** OTHER (EG PRIVATE LANDLORD)

OF WHICH

69%  HAD DEPENDENT CHILDREN

6%  HAD A MEMBER PREGNANT

7%  HAD A PHYSICAL DISABILITY

9%  OTHER (INC YOUNG PEOPLE)

HOMELESS APPLICATIONS

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

APPLICATIONS 1,039 Sept 2015

APPLICATIONS 1,092 Sept 2016

OF WHICH

29%	ACCEPTED AS HOMELESS
38%	ELIGIBLE BUT HOMELESS
21%	ELIGIBLE BUT NOT IN PRIORITY NEED
6%	ELIGIBLE AND IN PRIORITY NEED BUT FOUND TO BE INTENTIONALLY HOMELESS
6%	UNKNOWN
6%	HAD A RESIDENT THAT WAS PREGNANT

In addition to statutory response to insecure housing across the county, case studies outlining how Districts are working to improve outcomes for homeless people are included later in this report.

NO USE EMPTY

IN 2015 THERE WAS AN ESTIMATED 15,470 VACANT PROPERTIES IN KENT

15,470

CALL TO ACTION

"We need to 'Make Every Contact Count', having holistic conversations and signposting or referring for housing, debt, employment and health advice. There is a wealth of empty homes in Kent that could be renovated to good standards to avoid the chaos created in lives of people with insecure housing needs. Partners need to work together to identify and bring these properties back into use as good quality homes"

Call to Action

In conclusion my report highlights that overall the state of housing in Kent is good but there are specific issues that need addressing and will require collaborative working across all agencies. Housing interventions offer real opportunities to transform health outcomes for the most vulnerable and will contribute to reducing health inequalities. There is an urgent need for all agencies such as the NHS, district councils and the 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. There are a number of interventions such as providing advice on prevention of falls, retrofitting for reducing dampness, improving cold environment, adaptations to help people manage independently at home and providing advice on financial management. Collaborative effort is required across agencies to identify the populations that will benefit through such interventions; 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.

CALL TO ACTION

	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, good air quality 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.
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 overcrowding.	Collaboratively work with partner agencies to develop place based services and implement social prescribing schemes to target areas with poor health outcomes. Partners across the county need to continue to focus on continuing to reduce the number of empty properties.	Collaboratively work with partner agencies to develop integrated pathways for older and vulnerable residents to reduce risks associated with cold weather, fuel poverty, falls, indoor hazards in providing holistic support. 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 neighbourhood 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	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.

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 handy person 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 adaptations. 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 received to date and 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 prioritised. 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 intensive 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, Porchlight, 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 assisted to move on. When the shelter closes, nobody is abandoned 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 have built up during the course of the shelter.

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.

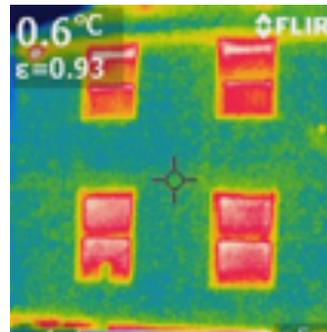
To validate the measurement, monitoring and evaluation project a control group of householders in non-insulated properties have been included. DDC housing assistance policy is likely to be amended this year to provide financial assistance to more householders living in pre-fabricated properties to enable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



Warmer Streets Project - Dartford, Sevenoaks and Dover Borough Councils - Housing Retrofit

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 licencing. 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 licencing 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 licencing 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 licencing 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

CASE STUDIES

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
- Handy person 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.