

WELSH HEALTH CIRCULAR



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WHC 2007 067 WELSH HEALTH CIRCULAR

Health, Social Care and Well-being – how housing contributes and the need for joint planning

1. Summary

- 1.1 Where and how people live, both the physical and social environment, has a major impact on their health and well-being. This circular explains the importance of home and housing circumstances within the health, social care and well-being agenda, and the connections between the relevant policy areas.

2. Background

- 2.1 The circular sets out the Welsh Assembly Government's expectation that each Local Health Board (LHB) and Local Authority (LA) will give consideration to their area's 2007 Local Housing Strategy when developing their Health, Social Care and Well-being Strategy (HSC&WbS).
- 2.2 Section 40 of the National Health Service (Wales) Act 2006 (the 2006 Act) (which replaces section 24 of the National Health Service Reform and Healthcare Professions Act 2002) provides for a duty to be placed on each Local Health Board (LHB) and Local Authority (LA) in Wales to jointly formulate and implement a strategy for the health and well-being of its local population, and to have regard to that strategy in exercising their functions. The 2006 Act further confers upon the National Assembly for Wales the powers to make regulations and guidance which make further provision about these strategies.
- 2.3 On the 29th January 2003, the National Assembly for Wales made the Health, Social Care and Well-being Strategies (Wales) Regulations 2003 (SI 2003 No 154 (W.24)) (the Existing Regulations) that came into force on the 31st March 2003. The Existing Regulations set out the procedure for Local Health Boards and Local Authorities in formulating and implementing the Health, Social Care and Well-being Strategy (HSC&WBS) for their local area.
- 2.4 On the 27th March 2007, the National Assembly for Wales made the Health, Social Care and Well-being Strategies (Wales) (Amendment) Regulations 2007 (SI 2007 No 1042 (W.102)) (the Revised Regulations) that came into force on the 1st April 2007. At the same time, the National Assembly for Wales made the Health, Social Care and Well-being Strategies Guidance (Wales) 2007 (the Statutory Guidance), which came into force on the same date.
- 2.5 This Circular should be read in conjunction with the Revised Regulations and Statutory Guidance, and will assist LHBs and LAs in preparing their next HSC&WbS, which must be in place by the 1st April 2008.
- 2.6 HSC&WBS will also be a crucial tool for taking forward the development of the Welsh Assembly Government's Public Health Strategic Framework. Specific public health themes for inclusion in the strategic framework are currently being considered by the Minister for Health and Social Services. The framework will set a strategic direction for public health and will reflect the important connections between housing, protecting, and improving the health of the population.
- 2.7 In preparing their Health, Social Care and Well-being Strategies, local bodies are required to pay heed to: *"the standard and condition of the housing of the local population"*. In addition, the importance of engaging with local bodies with housing responsibilities is noted throughout the Statutory Guidance.
- 2.8 Furthermore, home is an important setting within which care is provided - self care, family care and some national services: this is likely to increase further with initiatives aimed at strengthening community based health and social care services, improving support for those with long-term conditions and developing telecare and telehealth services.

- 2.9 This Circular also introduces new draft standards for improving the health of homeless and vulnerable groups, and expectations for the development of Homeless and Vulnerable Groups Action Plans
- 2.10 Making the Connections-Delivering Beyond Boundaries' sets out the Welsh Assembly Government's aim to improve the effective use of resources by joint working across policy areas. There are extensive interconnections between the planning and delivery of health and housing services, and this is reflected in the initiatives identified in this report. These connections are also addressed in a range of national policies, including the 'Better Homes, the National Housing Strategy'; the 'National Homelessness Strategy for Wales'; the 'Adult Mental Health National Service Framework'; and the 'Older Persons Housing Strategy'.
- 2.11 Therefore it is essential that housing issues are integrated into health and social care planning at national and local level, within the framework of the Community Strategy and supporting strategies. As part of plan rationalisation, the Black, Minority & Ethnic Housing Strategy, Local Homelessness Strategy and Supporting People Operational Plan are being set within a revised and enhanced Local Housing Strategy, which local authorities are required to have in place during the summer of 2007.
- 2.12 It is within this context that the LHB and LA need to give consideration to their area's 2007 Local Housing Strategy when developing their Health, Social Care and Well-being Strategy. It is also an important issue for local authorities to consider in the context of discharging their public health responsibilities, perhaps in the context of responding to the WLGA's 'Routes to Health Improvement'.
- 2.13 Health and housing are important considerations for Communities First (CF) Partnerships, which have a specific remit to devise and implement community-based solutions to the issues arising from deprivation. CF Partnerships bring together the local community with local service providers and have the means of accessing the most deprived sector of the population and engaging them in the health improvement agenda. The LHB and LA should engage with local CF Partnerships when considering how Housing strategies can interconnect with Health, Social Care and Well-being.

3. Evidence

- 3.1 Professor Townsend's report 'Inequalities in Health: the Welsh dimension 2002-05' was an evaluation of the progress made in taking forward the Welsh Assembly Government's decision to implement the recommendations of 'Targeting Poor Health' published in 2001 and it set out priorities which needed to be addressed.¹
- 3.2 Chapter 1 of the report reviewed the evidence on the enduring legacy of poor health and underlined the interdependence of action on health and action on equity: tackling poor health requires tackling material and social deprivation as well as improving health care services.
- 3.3 Chapter 2 reviewed the progress on the dual strategy proposed in 'Targeting Poor Health' of action by health and social care service, and wider action across policy areas and it emphasised the importance of action on inequality across all Assembly responsibilities.
- 3.4 A report jointly published by the Housing Corporation and the Housing Learning and Improvement Network in the Care Services Improvement Partnership at the Department of Health highlights the evidence of the links between housing and health in supporting the health and well being of people in their homes.²
- 3.5 Some of the key findings of the report include:
- Unsatisfactory housing can affect people's health.
 - It is likely that investment in housing improvements, particularly re-housing and major refurbishment, will help improve residents' mental health.
 - Respiratory health may be improved through energy efficiency improvements to housing.

¹ Welsh Health Circular. **Inequalities in Health: the Welsh dimension 2002 – 05 – final Townsend report**. 28 December 2005.

² Housing Corporation. **Good housing and good health? A review and recommendations for housing and health practitioners**. http://www.housingcorp.gov.uk/upload/pdf/health_housing_20060816144328.pdf

- The likely positive effects of regeneration programmes include improved feelings of safety, enhanced levels of area and housing satisfaction and increased community involvement.
 - The effects of the redevelopment process on the health and well being of residents should not be underestimated.
 - Professionals interviewed for the study identified both direct and indirect linkages between housing and health.
 - Those interviewed set the housing and health agenda within in a neighbourhood context. Rather than housing alone, it was the interplay between structural factors, neighbourhood conditions and opportunities, social relationships and housing conditions, as well as individual factors such as lifestyle, which determine health and health outcomes.
- 3.6 'Housing and health: building for the future' examines evidence in relation to health and housing and deals with the important contribution made to health and illness by the standard of accommodation.³
- 3.7 Some of the areas that the report examines include:
- Housing the vulnerable, including social housing, housing for the homeless and other vulnerable groups and housing for people with health and social care needs.
 - The problems of living in poor quality accommodation.
 - Neighbourhood and communities, including the neighbourhood impact on health and social exclusion.
 - Housing and health: the technical challenge which examines both existing housing and new homes.
- 3.8 GoWell, a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC Social and Public Health Sciences Unit, is a sustained examination of how national policy goals related to communities, regeneration and health are achieved at the local level, which will strengthen the existing evidences base in this area.⁴ The impacts of housing improvements and neighbourhood regeneration activities upon individuals, households and communities will be investigated through a multi-site longitudinal study involving four repeat resident surveys during a ten year period.
- 3.9 The relationship between housing and health is most clearly evident in the case of homelessness. There is a large body of research which demonstrates that homeless people are likely to suffer worse health than the rest of the population, and there are enhanced health risks associated with homelessness.
- 3.10 In 2004 the Welsh Assembly Government commissioned Salford University to review the research literature on the problems homeless people face in accessing the medical, care and support services they need and to identify ways in which take up may be improved.⁵
- 3.11 The report's findings concluded that the medical care and support needs of homeless people are compounded by the circumstances in which they live.
- 3.12 Many homeless people have complex co-existing medical conditions, often exacerbated by mental illness allied to alcohol and/or drug misuse. These medical conditions are many and varied, e.g. depression, anxiety, psychoses, tuberculosis, diabetes, cardiovascular conditions, other respiratory conditions, and tooth decay.
- 3.13 The research also identified that homeless people are also likely to suffer greater difficulty in accessing health services.
- 3.14 Recent Welsh research supports these findings.⁶

4. Action Required

³ British Medical Association. **Housing and health: building for the future.** May 2003.

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFhousinghealth/\\$FILE/Housinghealth.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFhousinghealth/$FILE/Housinghealth.pdf)

⁴ Go Well. **Glasgow Community Health and Well-being Research and Learning Programme: Investigation of Neighbourhood Change.** <http://www.gowellonline.com/>

⁵ Housing Research Report HRR5/03. **Homeless People's Access to Medical Care and Support Services. A Review of the Literature.** September 2003. <http://new.wales.gov.uk/dsjr/research/0503/reporte?lang=en>

⁶ Cymorth Cymru (2007) Homeless people's healthcare needs and access to healthcare provision in Wales.

- 4.1 There are numerous Welsh Assembly Government initiatives in housing that have been developed with the aim of contributing to the health, social care and well-being of people. As such it is critical that LA and LHB partnerships take account of the following schemes/initiatives when developing their Health, Social Care and Well-being Strategies.
- 4.2 The Supporting People and housing related support:
- The Supporting People initiative invests £130 million across Wales to provide housing related support to vulnerable people across Wales.
 - Research has indicated that for every £1 spent on housing related support there is a potential saving of £1.62 to the public purse.
 - The programme supports a wide range of groups including those who are homeless or threatened with homelessness, older people, people with mental health needs and people with learning difficulties.
 - Strategic decisions about the distribution of this funding within each local authority area are made by the Supporting People Planning Group. A representative from the LHB shall be a member of the Supporting People Planning Group.
 - Many of those people who receive Supporting People funded services would require additional healthcare input without their support package.
- 4.3 Disabled Facilities Grants (DFGs):
- Disabled facilities grants (DFGs) provide help with the cost of adapting disabled people's homes. DFGs are administered by local authorities and funded from General Capital resources allocated to the authorities by the National Assembly. DFGs are means-tested.
 - The grants are a mandatory entitlement and as resources are unhypothecated it is for local authorities to allocate sufficient funding to meet local needs
 - The Assembly Government also provides Social Housing Grant to housing associations to make properties suitable where the tenants would otherwise qualify for DFG.
- 4.4 Care and Repair Services in Wales:⁷
- Care and Repair services provide assistance to older and disabled people to enable them to carry out improvements to their houses. This often avoids clients going into supervised care and enables them to stay in their own homes.
 - The parent body is Care and Repair Cymru and there are 22 Care and Repair agencies in Wales (giving all-Wales coverage). The service provided is wide-ranging and includes practical support for renovation work, the management of building work, advice on reputable contractors and social care. Most agencies operate a handyperson service.
 - Care & Repair agencies also provide a comprehensive housing service to older and disabled people who either own their own homes or who are tenants of a private landlord. Agencies carry out healthy home assessments which include welfare benefit checks. Their home-visiting service is *people-* (rather than *building-*) focused being client-centred and problem-led.
 - Care & Repair agencies work in partnership with local authorities, other voluntary sector organisations and health sector bodies.

⁷ <http://www.careandrepair.org.uk/>

4.5 Rapid Response Adaptations Programme:

- This relatively new programme is designed to allow an immediate response to specific needs by providing adaptations such as ramps and handrails to enable people to return quickly to their own homes following hospital discharge or to avoid hospital admittance or residential long term care.
- The service is administered by Care & Repair Cymru and delivered by Care & Repair agencies. Referrals come from local authorities and health sector organisations. The programme commenced on 1 July 2002.

4.6 Extra Care Housing:

- A commitment was made in the Assembly Government's Strategy for Older People in Wales to promote an adequate supply of special forms of housing that can meet the varying and changing needs of older people and ensure that they remain independent for as long as possible. One of the ways this can be achieved is through the provision of Extra Care housing schemes.
- Extra Care schemes provide a self-contained flat for each resident specifically designed for the needs of older people with communal facilities and where care, as well as support services is available from a team based on site
- The mixed community within an Extra Care housing scheme provides positive models of active ageing, unlike residential care which tends to reinforce dependency. The effect is to keep people more active and independent for longer. Often people's care needs fall after transfer to extra care schemes.
- Extra Care Housing provides the foundation to support the following Assembly Strategies – 'Older People's Strategy', 'Fulfilled Lives, Supportive Communities', 'Designed for Life' and the 'Chronic Conditions Management Framework'.

4.7 Telecare Services:

- Telecare is a means by which care and support can be provided to people with or without other services, through telecommunication and technologies in the home. It is becoming an increasingly important element of care packages for people with support needs. Telecare typically employs sensors and automated devices that enable the well-being of an individual to be monitored remotely and contributes to people's health, mobility, social well-being and security.
- The prevalence of community alarm systems in Wales provides an infrastructure that telecare services are being built on. Cost comparison exercises suggest that telecare services are good value for money. The evidence points to a telecare approach to service delivery deriving savings from reduction of time spent in residential care, nursing homes and hospitals.
- With a target of equipping 10,000 homes across Wales, just under £10m in grant funding is being made available to local authorities over three years for the purchase of telecare sensors and other equipment.
- All 22 authorities in Wales now have a named lead officer for telecare, are members of an all-Wales Telecare Learning & Improvement Network, and have produced strategies for the development of local telecare services in partnership with LHBs and others. A website for all matters relating to the development of telecare in Wales has been established at www.ssiacymru.org.uk/telecare

4.8 Housing Health and Safety Rating System (HHSRS):

- The former housing fitness system was based on standards which had been in place for over 80 years. The standard had nine items and if a house "failed" on any one of them it was not considered to be fit for human habitation. The Housing Act 2004 introduced a new Housing Health and Safety Rating System (HHSRS) based on risk assessment and vulnerability. Overall the new system is more sensitive to the needs of the 21st century and is more closely linked to Health and Safety.
- HHSRS was introduced in Wales on 30 June 2006 and was accompanied by two sets of guidance, one on 'Operating' the system and another covering 'Enforcement'.
- From the perspective of health and safety the introduction of HHSRS was arguably one of the most fundamental changes to housing legislation that has taken place for over 80 years. The new system applies to all housing regardless of tenure.

4.9 Home Energy Efficiency Scheme (HEES):

- The Home Energy Efficiency Scheme is the Welsh Assembly Government's main vehicle for lifting Welsh households out of fuel poverty. The Scheme has a budget of £19.6m for 2007-08. It aims to provide energy efficiency measures to eligible low income vulnerable households, who may be in fuel poverty.

4.10 Keep Well This Winter (KWTW):

- Keep Well This Winter (KWTW) is a national campaign in Wales which aims to provide information and support for people aged 65 and over and those in at risk population groups e.g. younger people at risk (suffering from CHD, diabetes, stroke, renal disease), to help them maintain their health during the winter months.
- KWTW is organised by the Welsh Assembly Government. The campaign links a number of initiatives in a systematic approach and focuses the expertise and resources of a number of statutory and voluntary sector organisations in a nationally co-ordinated campaign.
- The three key themes of KWTW are:
 - ⇒ Keep Well – encouraging people in the 65 and over age group and those in at risk population groups to have a 'flu vaccination, to eat nutritious food and to take appropriate exercise.
 - ⇒ Keep Warm – promoting the uptake of the Home Energy Efficiency Scheme (HEES) grants and energy efficiency measures generally, and raising awareness of the importance of adequate heating during the winter.
 - Keep Safe – addressing issues such as falls in the home, electric blanket safety and promoting a befriending scheme.

4.11 Homeless and Vulnerable Groups Health Action Plans

- The Welsh Assembly Government is committed to tackling inequalities in health services for homeless people, as set out in the 'National Homelessness Strategy' and 'Designed for Life-Vision 2015'.
- In order to take this forward, National Standards to improve the health of homeless and specific vulnerable groups are currently under development and subject to Ministerial approval, will be issued shortly by the Assembly Government for external consultation. These draft Standards place requirements on the LHBs to lead the development of health action plans with expectations placed on the LAs to work in partnership. This will require close collaboration between health and housing.
- The aim of these draft Standards, and national policy in this area, is to improve access to health care for homeless people and to reduce health inequalities.
- LHBs will also be required to meet a new AOF target on delivery of primary care services to homeless/vulnerable people that links to the draft Standards.
- In preparing Health, Social Care and Well-being Strategies and Children and Young People's Plans, LHBs and LAs should be considering the needs of homeless and vulnerable groups. The draft Standards give a clear steer on actions and outcomes required.
- This WHC will be annexed to the draft Standards when they are issued as further guidance to prevent homelessness and improve health through addressing housing issues.
- LHBs will be required to adopt Homeless and Vulnerable Groups' Health Action Plans under these draft Standards.
- The Homeless and Vulnerable Groups' Health Action Plans must be linked to all other strategic planning frameworks.

4.12 The information contained in this circular is far from exhaustive and readers of it are encouraged to expand their knowledge of the links between housing and health by further exploring some of the footnote references.

4.13 The most important point to take from this circular is that Health, Social Care and Well-being Strategies will ultimately fail to deliver if they have been developed without adequate consideration given to how housing and housing related support services can contribute to the health, social care and well-being of people.