

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: Friday, 22 August 2014
My Ref:
Your Ref:

Committee:
Health and Wellbeing Board

Date: Friday, 29 August 2014
Time: 9.30 am
Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,
Shropshire, SY2 6ND

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Corporate Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Wellbeing Board

Karen Calder (Chairman)	Dr Helen Herritty
Ann Hartley	Dr Bill Gowans
Lee Chapman	Paul Tulley
Professor Rod Thomson	Jane Randall-Smith
Stephen Chandler	Graham Urwin
Karen Bradshaw	Jackie Jeffrey
Dr Caron Morton (Vice Chairman)	

Your Committee Officer is:

Karen Nixon Committee Officer
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AGENDA

10 Housing and the Impact on Health and Wellbeing (Pages 1 - 8)

A report by the Service Manager Housing Health and Wellbeing will follow.

Contact: Brigid Carey, Tel 01743 253785.



Shropshire Clinical Commissioning Group



Health and Wellbeing Board

29th August 2014

Housing Update:

Cold Homes: Health Impacts and Wider Health Risks

Responsible Officer Brigid Carey

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1. Summary

- 1.1 The Shropshire Heatsavers Scheme was formed in 2011 in conjunction with the Shropshire Council (Housing), Shropshire Public Health, Age UK and Marches Energy Agency to provide advice and assistance to vulnerable households in respect of heating and energy efficiency issues. The Heatsavers scheme accepts referrals from "trained" front line workers who have identified concerns for the health of vulnerable persons through lack of heating and poor housing conditions. The initially funding was provided through a successful bid to the DCLG Warm Homes Healthy People fund. This fund was discontinued in April 2013
- 1.2 Shropshire Heatsavers is delivered by the Council's Private Sector Housing team (PSH) within the Housing Health and Well-Being (HHWB) service. PSH receive referrals and respond directly to the needs of the household, maintaining liaison with the referring professional or agency. Where appropriate, households may be referred within the HHWB service to the Council's Housing Options Team, for housing advice and assistance with respect to sustainable housing solutions (eg moving to more manageable accommodation) and/or for housing support, and/or for assessment to evaluate the need for disabled adaptations. A summary report outlining the work of Shropshire Heatsavers is attached as Appendix 1.
- 1.3 Shropshire Heatsavers provides an opportunity to better integrate a multi-agency approach to addressing the health and social care impacts of cold homes and poor housing conditions into the infrastructure underpinning delivery of the Better Care Fund savings and outcomes.
- 1.4 The impact of cold homes and associated poor housing conditions on health and well-being, including mental health, has been established through research, and through case studies and associated anecdotal evidence. Households assisted to improve their living environment and to more effectively heat their homes consistently report positive impacts not just for their health but for their overall sense of well-being. The value of intervention for individual households appears to be clear.

The extent to which investment in these interventions directly generates savings for Health and Social Care services, impacts on the level of admission to hospital or residential and nursing care, or contributes to the prevention and/or management of chronic health conditions (including mental health) is less clear.
- 1.5 It is proposed that an evaluation is undertaken to gain a better understanding of the health and social care impacts of housing interventions in relation to cold homes and poor housing. This exercise would focus on cases referred to Shropshire Heatsavers and would be led by HHWB (PSH) in the context of a multi-disciplinary team approach. The aim would be to agree and cost projected health, social care and housing pathways for individual cases assuming no intervention and then measure these against the cost of interventions and agreed value outcomes achieved. This will help to establish the

optimum level of resources required and facilitate effective targeting to maximise impact. It is proposed to undertake this work over 6 months (October 14 – March 15), providing a mid-point review to the Health and Wellbeing Board in December 14.

- 1.4 Shropshire Heatsavers is no longer funded through DCLG grant funding. Provisional funding of £40,000 has been identified for winter 2014/15, however to deliver a viable number of cases to provide the base for evaluation, further investment is being sought as part of the Better Care Fund to ensure that we can continue to work with some of Shropshire's most vulnerable people.

2. Recommendations

- 2.1 That the Health and Wellbeing Board considers the health and social care impacts for Shropshire of cold homes and poor housing conditions;
- 2.2 That the Health and Wellbeing Board to consider Heatsavers as part of the Better Care Fund plan and work streams.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

The Heatsavers programme has ensured that we have been able to support some of our most vulnerable people in Shropshire.

4. Financial Implications

As outlined above there are financial implications to consider as the Heatsavers programme is no longer funded by the DCLG.

5. Background

- 5.1 In July this year, NICE issued draft Guidance with respect to 'Excess winter deaths and morbidity and the health risks associated with cold homes'. This draft Guidance draws together existing evidence with respect to the health impacts of living in a cold home environment. The draft Guidance makes a number of recommendations, the first being that Health and Wellbeing Boards should:

"Include the health consequences of living in a cold home in the joint strategic needs assessment process and develop a strategy to address this issue".

In brief, it is recommended this strategy should include identification of households at risk of a range of defined health impacts; devise a range of responses to address these risks; and implement approaches to prevent/reduce risks occurring in future. There are twelve further recommendations which effectively deliver these elements of the strategy.

- 5.2 It is of particular value that the NICE draft Guidance recognises potential mental health impacts and increasing (self-imposed) isolation as well as the more commonly anticipated physical health impacts of living in a cold home. The draft Guidance refers to potential mental health impacts for children and adolescents as well as for adults.
- 5.3 Warm Front (2008) and Scottish Community Health Partnerships (2008) evaluations of the health impacts of living in a cold home assessed mental health impacts on adults. Both studies found that effects were prominent in the mental health domain, in particular for borderline anxiety and depression. The study showed that as average bedroom temperature rose, the chances of occupants

avoiding depression increased. Residents with bedroom temperatures at 21°C were 50% less likely to suffer depression and anxiety than those with temperatures of 15°C. In the short and medium term, receiving a Warm Front package is associated with significantly better mental health.

- 5.4 A NATCEN study [The Dynamics of Bad Housing (2008)] found that lack of affordable warmth was associated with multiple mental health risks for young people, meaning that they manifested four or more negative mental health symptoms: 28% were classified as having such risk, compared to 4% of young people who had always lived in warm homes.
- 5.5 Persistent low level depression and anxiety can increase susceptibility to a range of physical health impacts, including obesity and substance misuse. Low affect within the context of a cold home can directly and indirectly exacerbate existing physical ill-health (in particular cardiovascular and respiratory conditions).

Heating only one or two rooms can lead to over-crowding, increasing stress for occupants and the risk of infection. Multiple-use of one or two rooms can increase the risk of accidents in the home, including falls. Cold and anxiety around fuel use also impacts on dietary choices, increasing the risk of obesity and/or malnutrition.

Where excess cold, depression, poor physical health and associated poor living conditions combine, a negative spiral of social isolation can establish, resulting in some of the situations of people identified through Shropshire HeatSavers: inadequate/non-existent heating which has persisted for an extended period; poor physical and mental health of the occupants; and associated deterioration of the overall condition of the property.

Cold Homes in Shropshire

- 5.6 In October 2012, Shropshire Council received the final report of the Healthy Housing Survey undertaken in 2011. This survey reports on the condition of housing in the private sector (owner-occupied and rented), provides a profile of the occupancy of different dwelling types and includes data relating to energy efficiency. Table 1 below summarises key findings as they relate to cold homes in Shropshire.
- 5.7 In Shropshire, 85.9% (136,412 dwellings) of residential accommodation is in the private sector. Of this accommodation, a significantly higher number than the national average are off the mains gas grid and a higher proportion are of solid wall construction. The SAP rating referred to in Table 1 is a Standard Assessment Measure of the energy performance of buildings. The scale is 1 – 100 where the higher the score, the better the energy performance. In general terms, a SAP rating of 35 and below would trigger classification of a Category 1 'excess cold hazard' under the Housing Health and Safety Rating System ie the property presents an immediate risk of serious harm to occupants.
- 5.8 Table 1 indicates that the challenge of cold homes in Shropshire is higher, and by some measurements significantly higher, than the national average. It also shows that a disproportionate number of vulnerable people in Shropshire live in older hard to heat homes. Overall in Shropshire social housing stock meets the decent homes standard: those vulnerable people living in non-decent homes are predominantly in private sector housing, fairly evenly split across privately rented and owner-occupied accommodation.

Table 1 also shows that the majority of households experiencing fuel poverty are non-pensioner households, almost one fifth being families with children.

Table 1 : Cold Homes : Private Sector Housing	England Average	Shropshire
<i>Public Health Allocation per capita 2013/14</i>	£49	£29
% Social Housing Stock	28.7%	14.1%
% household income below £10k	n/a	13.6%
% household income below £20k	n/a	38.7%
% Fuel Poverty	16.4%	18.3%
No. Households in Fuel Poverty	n/a	27,021
Of those in Fuel Poverty:		
Families with children		19%
Pensioner households		46.1%
Non pensioner households/no children		34.9%
% Vulnerable People living in a non-decent home	35.8%	36.3%
% Owner Occupiers who are Vulnerable	n/a	31.3%
% Private tenants who are Vulnerable	n/a	33.9%
% Social Housing Tenants who are vulnerable	n/a	62.8%
Off gas grid	12.1%	36.6%
Solid Wall Construction (hard to insulate)	29.8%	40%
Pre 1919 Housing	25%	27.3%
% Pre-1919 Housing occupied by Vulnerable People	n/a	20.4%
Average SAP rating pre 1919 Housing	53	37
Average annual heating cost for SAP rating (2011)	c£948	c£1477

A summary report outlining the work of Shropshire Heatsavers is attached as Appendix 1.

6. Additional Information

See Appendix 1 below.

7. Conclusions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)
Cllr Karen Calder

Local Member

Appendices
Appendix 1 (below)

APPENDIX 1

Heatsavers Scheme Update October 2013 to August 2014

The Heatsavers Scheme was formed in 2011 in conjunction with the Shropshire Council (Housing), Shropshire Public Health, Age UK and Marches Energy Agency to provide advice and assistance to vulnerable households in respect of heating and energy efficiency issues. The Heatsavers scheme accepts referrals from "trained" front line workers who have identified concerns for the health of vulnerable persons through lack of heating and poor housing conditions.

The scheme is delivered by the Council's Private Sector Housing team (PSH) within the Housing Health and Well-Being (HHWB) service. PSH receive referrals and respond directly to the needs of the household, maintaining liaison with the referring professional or agency. Where appropriate, households may be referred within the HHWB service to the Council's Housing Options Team, for housing advice and assistance with respect to sustainable housing solutions (eg moving to more manageable accommodation) and/or for housing support.

Funding for the scheme in 2011/12 and 2012/13 was via successful bids to the Government's Warm Homes Healthy People (WHHP) fund, generating £70K per annum to operate the temporary radiator scheme and provide Emergency Heating Grants. The WHHP fund is no longer available and over 2013/14 the scheme has survived on residual funds remaining from the previous WHHP bids, a contribution from Public Health, and latterly contributions from joint working with the Benefits team via the Local Support and Prevention Fund.

From October 2013 to present date there have been 99 referrals relating to Heatsavers and Homeowners, which has resulted in 26 Emergency Heating Grants (EHG) being approved. In addition, 36 properties received temporary plug-in electric radiators to assist them while awaiting heating repairs etc. We have also provided advice and signposting as appropriate to the Energy Saving Trust for potential Energy Company Obligation funding, Green Deal Home Improvement Funding, energy tariffs etc.

It is clear that there are a substantial number of vulnerable households who would benefit from assistance, interventions which in all probability could save Health, Social Care and other services and society as a whole significant funds. The scheme has been instrumental also in ensuring clients can return home from hospital in a timely fashion or remain at home, providing knock-on savings and having a positive effect on people's lives.

Demand:

Even though this last winter was extremely mild compared with previous winters, there was a 25% increase in HeatSavers referrals compared to the previous year, including a 15% increase in Emergency Heating Grants.

With no change in circumstance, it is anticipated a similar if not increased demand on Heatsavers though 2014/15 and if there is a severe winter demand/need could increase dramatically. The Benefits team have indicated that they hope to continue to support the scheme through this winter.

To date since October 2013, there has been a spend on the temporary radiator scheme and Emergency Heating Grants in the region of £90,000. On this basis it is estimated that a budget of £60,000 will be required to maintain the current service for the 2014/15 winter period, based on no extra promotion or demand.

Benefits of the scheme:

It is difficult to quantify the exact savings to the NHS, other services or society as a whole as one cannot categorically state that without Heatsavers intervention a person may have had to be admitted to hospital, had medical treatment or other support. However, the case studies and anecdotal comments received from clients, support workers, medical staff, social care staff etc. strongly supports the value of the scheme and suggests its benefits in savings as well as quality of life improvements.

NICE draft Guidance: 'Excess winter deaths and morbidity and the health risks associated with cold homes'

The Heatsavers scheme addresses many of the requirements outlined in the recent National Institute for Care and Excellence consultation document and Government Guidance by providing a "one stop shop" and joined up working between health care and housing services. In Heatsavers we have a model scheme which should be supported and developed as it addresses these recommendations effectively, provides as yet unquantified savings and helps to manage demand for other services.

The following are examples of Heatsavers cases from across Shropshire 2013/14:

Mr O - depression, post-traumatic stress, asthma, poor mobility and hoarding problems. Electrical works, cleaning and heating provision undertaken. Involvement with Support Worker, Social Worker, Mental Health team, Director of Public Health. Disabled Facilities Grant (DFG) for shower facility provided and first floor toilet. Some windows replaced and security lighting installed. CAT 1 excess cold and electrics resolved.

Mrs A – angina and thyroid problems. CAT 1 excess cold resolved with EHG.

Mr and Mrs L - health conditions include interstitial cystitis, painful bladder syndrome, hypermobility syndrome, auto-immune arthritis. CAT 1 excess cold resolved.

Mr W – bowel cancer, liver condition, arthritis, poor circulation, balance problems. CAT 1 excess cold resolved.

Mrs J – mental health and serious hoarding issues. Dangerous electrics, CAT 1 excess cold, no hot water. Involvement with social worker, support worker, Director of Public Health. Electrics, hot water provision and heating issues resolved, house clearance undertaken.

Mr F – suffered stroke recently, poor circulation, arthritis. CAT 1 excess cold resolved through EHG.

Mr M – angina, anxiety disorder, depression, thrombosis, osteoarthritis, hoarding problems. Support worker and Mears involvement. DFG for shower facility and heating provision through Heatsavers to address CAT 1's excess cold and personal hygiene.

Mr and Mrs E - terminally ill cancer patient, intervention through Heatsavers allowed patient to have Christmas at home with family. CAT 1 excess cold resolved through EHG.

Mr T – depression, blood clot in leg, asthma (son). CAT 1 excess cold addressed through EHG.

Mr C – diabetes, mental health issues. Hoarding and cleaning/hygiene issues resolved through liaison with friends and relatives. EHG to address CAT 1 excess cold.

Mrs M – fractured spine, dislodged bone, osteoporosis, CAT 1 excess cold addressed through EHG.

Mrs W – poor mobility, dementia. Excess cold addressed through EHG.

Ms F – dementia, hoarding etc. resolved with support worker involvement. CAT 1 excess cold addressed through EHG.

Mrs W – dementia, arthritis, poor mobility and son with learning difficulties. CAT 1 excess cold addressed through EHG.

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