

Durham County Council
Housing Strategy
Rapid Health Impact Assessment Report

June 2019

Prepared by Public Health in partnership with Spatial Policy

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1. Introduction

This report has been produced by Durham County Council Public Health Team to detail the Rapid Health Impact Assessment process that has been undertaken on the final consultation draft of the County Durham Housing Strategy. The scope of the Housing Strategy is wide ranging and in this context, the Strategy brings together content from other plans and programmes. This includes reflecting elements of the emerging County Durham Plan, including content on the quantity of homes required and proportion of affordable homes to be delivered across the County amongst other things. The County Durham Plan Preferred Options (2018) was subject to HIA therefore, this HIA builds upon this process.

The Housing Strategy has been developed to consider housing issues in the County and to provide a strategic framework to inform actions and investment to result in positive outcomes for housing related themes in the County.

Health is a cross cutting theme of our Housing Strategy because we know that the homes and the places in which people live is a key determinant of their overall health and wellbeing - impacting their risk of illnesses, quality of life and access to appropriate support services.

The Housing Strategy aims to specifically support older and vulnerable people through adaptations and the provision of homes to meet people's needs, promote independence and security, as well as preventing illnesses associated with poor housing through joint working with the Health and Wellbeing Group and the Housing Support Group, in collaboration with service providers. As such, assessing the strategy for how it impacts on the health and health needs for people in County Durham provides an important opportunity to identify and influence the best possible home environments.

The Health Impact Assessment process has been undertaken to support partners collectively consider how housing and related support within County Durham does, and could, support promote positive health, independence and equity. These findings and recommendations are presented within this report.

2. Health Impact Assessment process

Health Impact Assessments provide a systematic approach and process for identifying potential health impacts, both positive and negative, of projects, programmes and policies.

Conducting a Health Impact Assessment (HIA) can help Local Authorities to ensure they actively contribute to improving the population's health and reduce health inequalities through consideration of how policies, strategies and plans are likely to impact population groups using evidence-based analysis.

Assessing the health impacts of different policies further enhances the collaboration between health and policy colleagues which subsequently helps to ensure that health considerations are integrated into policy and delivery across all departments going forward. Health benefits are more likely to be realised across the broad spectrum of local authority functions through this improved health and policy relationship, rather than remaining as individual strands of good practice.

Health impacts are the overall effect, direct or indirect, of a policy on the health of population. Direct effects of housing could be a poorly insulated home increasing the risk of influenza in an older person during winter; and the indirect influence on health such as social housing application procedures may make it more difficult for people with language and literacy barriers to have a safe, affordable home.

An HIA takes a broad view of health in that health means more than health care services or clinical care. More specifically, the breadth of key features of the right home environment, set out in the Public Health England (PHEs) Housing and Health Memorandum of Understanding, include:

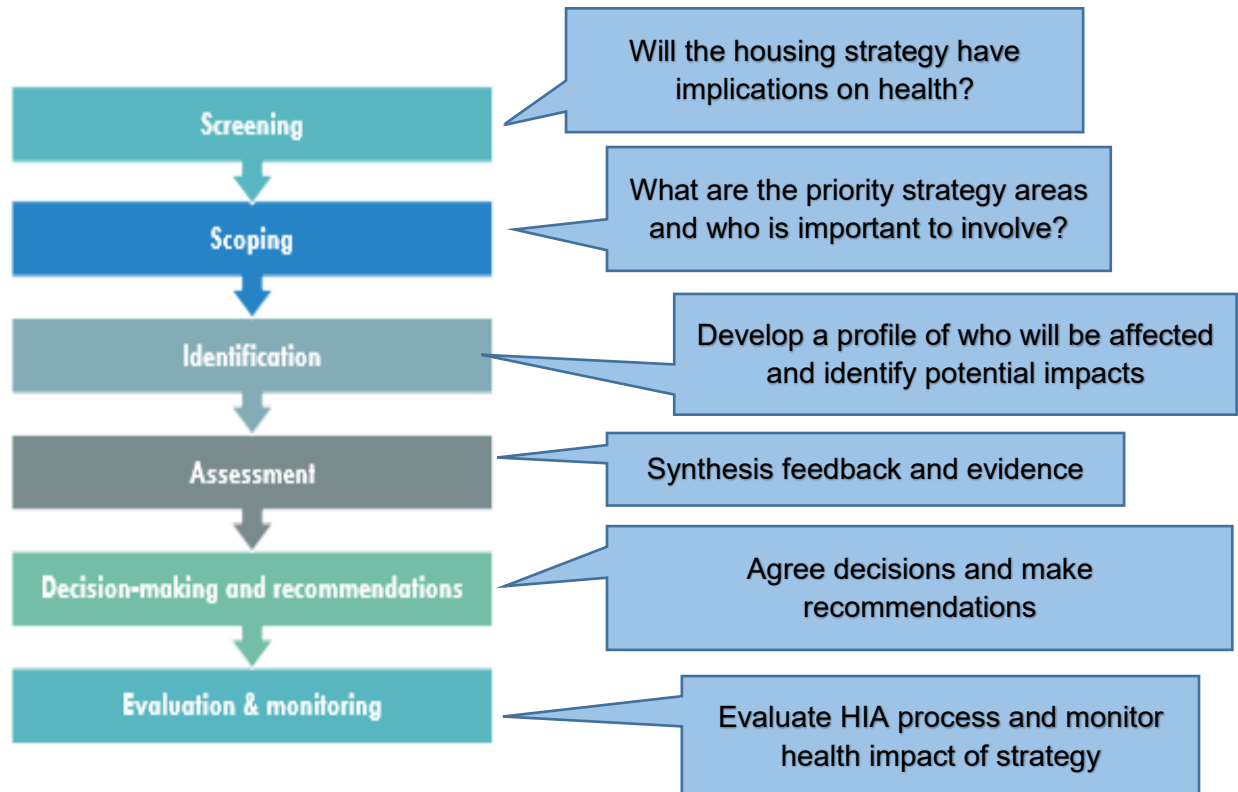
- It is warm and affordable to heat
- It has adequate ventilation to support good air quality and thermal comfort in extreme conditions
- It is free from hazards, safe from harm and promotes a sense of security
- It enables movement around the home and is accessible, including to visitors
- There is support from others if needed
- Tenure that is stable and secure

The output of the HIA is intended to embed and develop measures that can improve equity of access to quality housing, mitigate against financial barriers to having a secure home and prevent against accidents or injuries.

As part of the HIA process, the positive actions and initiatives that have been identified through the process have been recognised and recorded and, where appropriate, case studies have been developed in order to highlight and extend good practice.

The process that has been applied on the Housing Strategy is presented below:

The HIA process



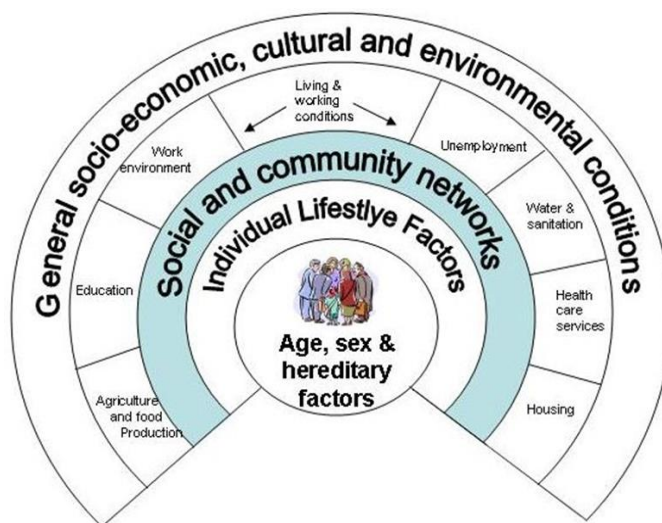
3. Health and Housing

The health and wellbeing of the people in County Durham has improved significantly over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average. There is also inequality within County Durham for many measures (including life expectancy, childhood obesity and premature mortality for example).

Mortality and morbidity, along with life expectancy and healthy life expectancy are influenced by the conditions in which one is born, lives and dies. Many people in County Durham continue to engage in unhealthy behaviours when compared to England, directly linked to the social, economic and environmental factors such as their homes and communities.

Housing is a key determinant to health and wellbeing. Poor quality housing is a risk to health - living in housing which is in poor condition, cold, overcrowded or unsuitable will adversely affect the health and wellbeing of individuals and families, young and old. It can cause or exacerbate a range of underlying health conditions, from falls to poor mental health.

The 'social determinants of health' model by Dahlgren and Whitehead¹ illustrates that housing plays an integral part in the health of individuals and the general population. Whether people have a long term condition, are experiencing social or health inequalities or naturally have changing needs as they get older how suitable their homes are will make a big difference on their wellbeing, physical health, and independence. Therefore, it is important that all homes in County Durham provide a safe, inclusive and secure environment for people to live and grow within their local community.



¹ Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

Poor housing can affect health in terms of: access in and around the home, particularly for vulnerable and disabled groups of the community; provision of adequate spaces for living and playing in and around the home, including the importance of front and back gardens or common public spaces; quality of existing and new homes, including construction, internal environments and design quality.

Particular health and housing priorities within County Durham include social isolation associated with the scale and rurality of the county and fuel poverty associated with deprivation and poverty as well high hospital-related admissions associated with childhood injuries in the home; and falls and frailty in older people.

Addressing homelessness and rough sleeping is a public health priority within County Durham and specific work on this agenda has been developed through an HIA on Homelessness Strategy 2019.

4. Scoping and Identification

Scoping involves planning and designing the HIA, setting out the parameters. Given the scale and potential impact of the proposals alongside the time and capacity, a rapid HIA was agreed as a proportionate approach.

Scoping of the draft Housing Strategy with the Spatial Policy and Public Health team identified that three of the four strategy objectives had relevance to population health priorities:

Better Housing Support for County Durham Residents

- To provide housing advice, assistance and support for older and vulnerable people
- Improve access to housing

More and Better Homes

- Maintain and improve standards across county Durham's housing stock and wider housing environment

The 'More and Better Homes' aim includes an objective relating to the 'delivery of more homes to meet housing need and demand', although this was omitted from the Housing Strategy HIA as it this section of the Strategy reflects the relevant policies in the County Durham Plan, which has been subject to its own HIA.

Public health priorities associated with housing in County Durham impact different population groups across the life course. These priorities are associated with a range of life circumstances that make people vulnerable to the quality of their housing environment, for example through a long-term condition, or have less ability to manage and maintain a household due to social circumstances.

This includes:

- Older people
- Children and young people
- Single person households
- People who have been in care and aged over 21
- People who have been in the armed forces
- People who have been in custody
- People / families fleeing violence or threats of violence
- People in receipt of welfare
- People who lack budgeting / numeracy skills
- People with debt or previous arrears
- Working poor (employed on low and / or inconsistent wages)
- Private renters
- People living in poverty
- Single parent families

- People with mental health problems
- People with physical disabilities and long term conditions
- People with chronic respiratory disease
- People with learning difficulties
- People receiving end of life care
- People who smoke

Analysis of public health intelligence data indicates that key priorities include:

- Childhood Injuries
- Fuel Poverty
- Mental health and isolation
- Falls and frailty in older people
- Household smoking
- Homelessness

5. Assessment

The stakeholder workshop, held during the strategy formal consultation period, involved assessment of the objectives identified within the scoping exercise detailed in section 4.

Stakeholders participated in the workshop included Spatial Policy, Public Health, CCG Commissioning, Housing Providers, and Regeneration and Local Services.

The workshop session involved facilitated group discussion on a number of questions specific to the objective area, as well as assessment of all objectives for i) the potential positive and negative impacts of this objective; and ii) potential actions or considerations could be made – including existing good practice.

Specific areas of assessment for each objective examined are listed below:

Objective: Provide housing advice, assistance and support for older and vulnerable people

1. **Who is vulnerable to poor housing in Co. Durham?**
2. **What are housing support needs of older and vulnerable people?**

Objective: Improve access to housing

1. **Who experiences barriers to access quality housing in Co. Durham?**
2. **What are the health needs of people with access barriers in Co. Durham?**

Objective: Maintain and improve standards of **housing stock** and wider-environment

1. **Who is at risk of poor housing standards in Co. Durham?**
2. **How do poor housing standards impact people's health in Co. Durham?**
3. **Who is affected by poor neighbourhood environments in Co. Durham?**
4. **How do neighbourhood experiences impact people's health and wellbeing?**

Findings

| Actions | Population Affected | Potential Impact | Health Implications | | Recommendation |
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| | | | Positive | Negative | |
| Provide care and support for older and vulnerable people | | | | | |
| 1.1; 1,2 | <p>Older people</p> <p>People with mental health problems</p> <p>People with learning difficulties</p> <p>Single person households</p> <p>People with physical disabilities and long term conditions</p> <p>Children (as occupants but not tenants)</p> <p>People receiving end of life care</p> | <p>People have different housing needs associated with their health and social context. These needs are not static and require review either due to significant life event (e.g. change in health, co-habitants status etc.) or on a routine basis over a life course.</p> <p>Physical impairments mean that people are more likely experience injuries or falls in the home, more likely to be isolated and less safe if they need to evacuate the property quickly.</p> | <p>Appropriate housing for people with additional health or social needs can reduce demand on acute services through improved mental wellbeing, reduced antisocial behaviour and less accidents in the home. Over time this can reduce the risk of long term conditions, premature mortality and promote community cohesion.</p> <p>When efforts are made to</p> | <p>People may not identify as vulnerable or been known to services e.g. young adults in the private rental sectors; people in receipt of informal care; or owner-occupying older people. There is potential negative impacts to vulnerable groups if they can't easily access support services or aren't aware of how it can benefit them leading to inequalities.</p> <p>Systems and processes for assessment and allocation of homes</p> | <p>Assessments for additional support needs should consider mental and physical health needs equally and consider many people have multiple additional support needs.</p> <p>Explicit use of the Housing Act 1996 to define her/his vulnerability within support criteria.</p> <p>Identify children as vulnerable occupants within the home despite not directly being the tenant but who may have health needs and who are more vulnerable to housing quality by virtue of their age, physical size and autonomy.</p> |

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| | <p>People who have been in care and aged over 21 People who have been in the armed forces People who have been in custody People / families fleeing violence or threats of violence Unspecified (other special reason)</p> | <p>People with chronic respiratory illnesses are particularly vulnerable to cold homes increase risk of flu and pneumonia, which may lead to excess winter mortality.</p> <p>Mental health problems and learning disabilities means that people are more likely to have less social support, are vulnerable to people entering their homes, may have reduced capacity to budget / manage a home and may be more disrupted by changes to their home environment.</p> <p>Smoking is associated with poor physical and mental health and strongly patterned by deprivation. Smoking</p> | <p>understand the needs of individuals who require support, the allocated home is more likely to be fit for purpose and be less likely to require multiple moves, to the disruption of individuals and detriment communities.</p> <p>Appropriate homes improve wellbeing and reducing physical or social risks, promoting independence and self-efficacy.</p> <p>Many adaptations, technology and tailored support is available to improve people's experience in the home.</p> | <p>can increase inequalities if tailored support is not widely promoted and offered to accommodate range of cultural, physical, language and sensory needs.</p> <p>Children are particularly vulnerable to poor housing in relation to respiratory health (cold homes, poor ventilation, second-hand smoke and proximity to major roads) and household injuries but often only represented by-proxy unless they have a specific disability.</p> <p>Housing officers and providers may take on roles and responsibilities that are beyond the scope of their professional expertise or job description if asked to deal with health or</p> | <p>Extend criteria considerations to people with common long term conditions, and dementia explicitly.</p> <p>Explore the use of technology to ensure safety and promote inclusion for people with sensory impairments.</p> <p>Adapting homes to meet people's needs should be preferable to moving people in order to enable the maintenance of social networks and continuity of services within communities.</p> <p>Housing support available should be proactively promoted through a range of communications measures and in particular through health and social care interfaces such as discharge planning. Promote the support available for the housing application process and</p> |
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| | | <p>contributes to people living in poverty and in early deaths amongst the smoking population. Children are most vulnerable to second hand smoke harms, leading to approximately 30% increased asthma admissions to hospital.</p> <p>Inappropriate housing can mean that people are unable to receive the treatment and care that they need for example, choosing to die at home .</p> | <p>When people benefit from proportionate support to meet their needs it promotes equity and inclusion within Durham's communities, reducing inequalities and isolation.</p> | <p>social issues in relation to 'support'.</p> <p>Limited stock of 2 bedroomed bungalows and homes that are adaptable to make accessible for wheelchairs etc.</p> <p>Some properties in the current stock are incapable of being adapted meaning people may have to move homes (that they may have been in for many years) to meet their needs.</p> <p>Older people and single person households do not necessarily have additional needs. This group could experience positive discrimination whereby vulnerability is assumed and</p> | <p>housing support that is available through community based services (i.e. not only health and social care) through a range of media formats and communications at community and voluntary sector locations / services.</p> <p>Ensure eligibility for carers (informal / formal) to represent people who may require for additional support within processes.</p> <p>Ensure that system and procedures proactively enquiry regarding additional needs that individuals may have, including a range of physical, mental and social examples, so the emphasis of responsibility is not on the individual to only self-identify.</p> <p>Ensure that housing officers receive appropriate training on relevant aspects of their</p> |
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| | | | | <p>autonomy compromised.</p> | <p>job and client groups' e.g. MECC, mental health first aid; dementia-friendly training; domestic violence etc. with support from health and social care partners.</p> <p>Private and social landlords to include smoke free homes standards as part of their tenancy agreement to improve the health of non-smokers in the home, particularly children.</p> <p>Communal outdoor areas within housing estates should be protected fresh-air spaces where smoking is prohibited for the protection of children and vulnerable groups.</p> <p>Where tenants are identified as smokers, landlords should consider a referral to fire & rescue services for appropriate risk assessment and advice.</p> |
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| | | | | | <p>Increase the number of DKO properties with wrap around support to support vulnerable people to achieve and maintain tenancies.</p> <p>Ensure people know about what succession tenancies are and how they can apply for them.</p> <p>Encourage the benefits of smoke-free, accessible and safe greenspace and garden areas to health and wellbeing of residents to housing providers, including physical activity promotion, play in childhood and mental wellbeing.</p> |
| Addressing poverty and the impacts of welfare reform in a housing context | | | | | |
| 2.1-2.4 | <p>People in receipt of welfare Single occupant households</p> <p>Older people</p> | Over the life course, people are most likely to experience poverty as young people, as a young family and in retirement. Supporting | Addressing poverty can support people to maintain a warm and safe home and prevent homelessness. | Financial problems and increased housing costs are associated with increased suicide and crime. | Build on existing good practice to support people find appropriate energy suppliers and assessment for fuel poverty support (top ups/discounts) – see |

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| | <p>People with disabilities</p> <p>People with long term conditions</p> <p>Single parents families</p> <p>Home-owners not in contact with services</p> <p>People who lack budgeting / numeracy skills</p> <p>People who regularly smoke</p> <p>People with debt or previous arrears</p> <p>Working poor (those in employments on low and / or inconsistent wages)</p> | <p>young families and older people out of poverty is strongly associated with reduced inequalities.</p> <p>People who have long term conditions, older people, people with disabilities and the unemployed are among those most likely to live in poor housing.</p> <p>Individuals living in poverty are more likely to live in a cold home, leading to risk of reduced mental wellbeing, isolation and respiratory illness. People living in poverty tend to spend long periods of time indoors at home, exposed to potentially hazardous environments if the homes are cold and unsafe which is further exacerbated if they</p> | <p>Addressing poverty can reduce crime and antisocial behaviour, giving children the best start in life in healthy communities.</p> <p>Smoking is highly associated with deprivation and increasing poverty. Social landlords are a previously under-utilised setting for targeting smokers to support them to stop.</p> | <p>Increased housing costs are associated with people having poorer diets as healthy food becomes less affordable.</p> <p>Families may be excluded from close proximity where no affordable or appropriate housing is identified. This can lead to reduced social support and displacement.</p> <p>Not everyone is able to routinely budget due to a range of issues such as inconsistent income or inexperience of financial management, which is magnified by the UC system (now paying recipients directly as a single payment) leading to a risk of</p> | <p>below.</p> <p>Support for new tenants / people moving into their first independent home should be given an understanding/ knowledge of budgeting skills for people in the social/private rented sector.</p> <p>Allocations of homes should be considered in relation to access to support, including services and informal family support.</p> <p>Where money management and budgeting is found to be difficult for individuals, or can be anticipated to be difficult, welfare support and housing providers should work to agree payment methods not dependent on individual behaviours or abilities.</p> <p>Build and develop links with public transport</p> |
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| | <p>Children growing up in poor households</p> <p>Ex-offenders</p> | <p>smoke or have a long term condition.</p> <p>Despite perceptions, 40% of people affected by the bedroom tax are not in receipt of welfare benefits. This therefore increases the risk of in work poverty.</p> <p>One parent of split families often have contributions to two households, pushing them into poverty and lowering living standards, including distance to their children / work.</p> <p>Older home owners in County Durham may be asset-rich but may live in poverty and not be known to services prior to a significant event (e.g. a fall, flu) occurring which leads to reactive rather than</p> | | <p>rent arrears and further poverty.</p> <p>People living in poverty are less likely to own their own car and be dependent on public transport making services and employment more difficult.</p> <p>Council tax concessions means that landlords are incentivised to provider unfurnished properties which disadvantages people living in poverty to have necessary goods e.g. separate beds, table for meals etc.</p> | <p>providers, employer transport schemes, active travel options, and car-shares schemes to enable routine travel / access across Co. Durham to maximise employment opportunities for working age people.</p> <p>Explore opportunities to make initial allowances and delayed payments during the first few weeks of tenancy to enable people to receive their first pay check / welfare payments to prevent barriers to food / transport or heating.</p> <p>Steps should be taken to raise awareness amongst providers and landlords about the high proportion of people who are working poor but living in social housing and therefore the specific impact of the bedroom tax on this group, focused on advocacy for tenants on UC revisions</p> |
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| | | <p>preventative actions. Long term home ownership means that properties may be not be adequately maintained.</p> <p>People living in poverty are more dependent on local services and shops, and therefore more vulnerable to quality of the products and prices on sale (e.g. unhealthy foods).</p> <p>People living in deprivation disproportionately represent smokers. Smoking contributes to people living in poverty and in premature mortality amongst the smoking population with profound impact of families.</p> | | | <p>and reducing stigma associated with social housing.</p> <p>Offering financial support / incentives to older owner-occupying residents so that they can make improvements or update their property can make homes safer and warmer for their duration, reducing risk of illness as well as increase the value of the asset for any potential care provision required in the future. Enhancing dilapidated properties can also increase the attractiveness of streets, increasing value of housing stock enabling social good.</p> <p>Promote and develop links within communities to furniture cooperatives, food banks and clothing banks to ensure people can access necessary resources to properly</p> |
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| | | | | | <p>furnish their homes and thrive in communities.</p> <p>Identify smoking status and amount spent on smoking as part of affordability assessment. Information on the financial gains from quitting could also be shared at this point.</p> <p>Social housing providers to engage with specialist stop smoking services to ensure tenants have access to a free specialist service.</p> <p>Encourage and promote the benefits of greenspace and garden areas to health and wellbeing of residents particularly as a free approach to be physically active, childhood activities and promotion of mental wellbeing.</p> |
| <p>Prevention of homelessness in County Durham</p> | | | | | |

Public Health consultation to be submitted to County Durham’s Homelessness Strategy specifically.

Ensure Durham Key Options Choice Based Lettings is accessible and easy to use for the residents of County Durham

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| <p>4.1-4.4</p> | <p>Anyone who requires access to Durham Key Options (DKO)</p> <p>Professionals who support people around holistic needs</p> | <p>Social housing is much more regulated and offers much more support to vulnerable people than the private sector.</p> <p>DKO to be established as the single point of contact for the affordable sector, based on a ‘RightMove’ model.</p> <p>Social landlords are a previously under-utilised setting for targeting smokers to support them to stop due to the disproportionately high number of smokers in social housing.</p> <p>Properties of former smokers have</p> | <p>Supporting the most vulnerable people, who are at risk of poorer health than many others within the overarching population to access, achieve and sustain tenancies will help to reduce inequalities and improve the health of the poorest fastest.</p> <p>DKO acting as a one-stop shop for affordable housing means that social housing is seen as available for people even if they do not have pressing “need” but as a positive</p> | <p>People may not currently understand what Durham Key Options is, because of its name, how it works and how it can support people to access affordable homes. Lack of understanding of what DKO is and what it does could mean people miss out on accessing suitable and affordable housing for their needs</p> <p>Current processes may be increasing inequalities through not everyone having access to DKO and therefore increasing the likelihood people will opt to apply for private sector</p> | <p>Re-brand DKO to make more recognisable and convey to the user what it is.</p> <p>Undertake a PR campaign across Co. Durham targeting across the life stage and range of properties on offer.</p> <p>Undertake training of relevant professionals who can support people to complete their applications.</p> <p>Ensure that the support available to apply for DKO is widely promoted for people in a range of locations / services, particularly to those who do not have access to technology or the necessary computer</p> |
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| | | <p>reduced value and require additional preparation in order to subsequently re-let.</p> <p>Many of the most vulnerable people in our communities are being forced into lower standard homes through the private rented sector due to the criteria and process requirements of social housing.</p> <p>People bid for properties depending on their current household size.</p> | <p>option. This may reduce stigma.</p> <p>The single-point service model enables people to have easier access to review all the social housing options across Co. Durham.</p> | <p>housing which is generally of a poorer standard</p> <p>People who have preceding behaviours considered 'undesirable' may not be able to access social housing e.g. People with existing debt People with historic breach of tenancy agreement People with history of rent arrears People with criminal records People with substance misuse issues</p> <p>Current processes may be increasing inequalities through not everyone having access to DKO and therefore increasing the likelihood people will opt to apply for private sector housing which is</p> | <p>literacy skills to complete the application form.</p> <p>Streamline the application process to reduce the length of time for applications to at least that of the private rented sector.</p> <p>Ensure that systems and staff training can respond to identifying urgent housing needs for vulnerable people (e.g. those fleeing domestic violence) and mechanisms are in place for appropriate referral or immediate placement / support where necessary.</p> <p>Ensure that any changes to the application process or to design/functionality of accessing the application process involves service users/ customers to ensure that the service is tailored to the needs of service users and can be</p> |
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| | | | | <p>generally of a poorer standard.</p> <p>Current routes and criteria in DKO may particularly negatively impact people without access to technology and poor computer literacy in particular:</p> <ul style="list-style-type: none"> • Older people • Dementia • Mental Ill health • Literacy issues • LTCs/disability <p>People who have an expanding or changing family sizes need to immediately move which is disruptive to the family, reducing likelihood to adopt / foster and detriments community cohesion through reduce population stability.</p> | <p>accessed by potential users.</p> <p>Increase the supply and support in homes for people with chaotic/complex needs. Ensure holistic assessment of individuals and families to ensure they are given the right support/services to achieve and sustain tenancies</p> <p>Expanding DKO to be a place where everyone can access all properties (including private landlords) not just social housing</p> <p>Increase understanding of professionals, CVS and people in co. Durham the role of affordable housing (DKO) to support:</p> <ul style="list-style-type: none"> • People who have welfare/medical needs; • people to get onto the housing ladder; and |
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| | | | | | <ul style="list-style-type: none"> people who want to live and stay in County Durham <p>Property allocations should consider the needs of young families as they are likely to expand or have changing needs as children grow to promote appropriate development and privacy in childhood (e.g. mixed gender families have separate bedrooms for boys and girls).</p> |
| Raise quality standards within the private rented sector | | | | | |
| 10.1-10.3 | <p>Private renters</p> <p>People who are not eligible / do not apply via DKO</p> | <p>Problems with private landlords and factors can lead to anxiety and stress for tenants and their families due to the imbalance of power.</p> <p>Overcrowding is most common in the private rental sector.</p> | <p>Housing that is of a high standard and meets their needs, there will be a positive impact on their health.</p> <p>Improving private rentals quality and management can positively impact</p> | <p>Potential negative impacts if private rented sector discriminates against certain population groups in the allocation of tenancies for example welfare recipients, ex-offenders and</p> | <p>Target investment and information / advice services to vulnerable households living in the private sector.</p> <p>The private rented sector standards should consider requirements to address the quality of physical space in relation to energy efficiency and space.</p> |

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| | | <p>People in the private rented sector are at risk of poor energy efficiency and have increased physical hazards.</p> | <p>mental and physical health particularly for vulnerable groups who are more likely to be living in the rental sector.</p> <p>Improving the physical space available for individuals and families can reduce the incidence of communicable diseases, promote wellbeing, reduce antisocial behaviour and promote positive childhood development</p> | <p>refugees and asylum seekers</p> <p>Private rentals available at short notice without appropriate screening processes may take advantage of vulnerable groups in need of urgent accommodation.</p> | <p>Outdoor spaces for safe lightening, security and greenspace should also be considered within private rental offers.</p> <p>All private rental households should receive standard communications to make them aware of:</p> <ul style="list-style-type: none"> - the Tenancy Deposit Scheme and legal responsibilities of all landlord, irrespective of license status, - Energy efficiency measures, including fuel poverty supplements - Mechanisms to report inappropriate or unfair behaviour of landlords who have significant power imbalance. <p>Developmental work with private sector landlords to make inclusive eligibility criteria should be undertaken to reduce stigmatisation of specific groups, learning from</p> |
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| | | | | | <p>social housing approaches to make adaptations and offer appropriate support for vulnerable groups.</p> <p>Social housing providers to engage with specialist stop smoking services to ensure tenants have access to a specialist service.</p> <p>Explore opportunities to gain insights from private renters on the service experience e.g. service user questionnaires offered through letting agents.</p> |
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Improve energy efficiency of properties to ensure County Durham has a stock of warm, healthy and energy efficient homes.

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| 13.1-13.5 | <p>People living in poverty</p> <p>Single parent families</p> <p>Children and young people</p> <p>People with mental health and learning disabilities</p> | <p>Conditions such as cardiovascular disease and respiratory illness are likely to be exacerbated by cold, damp homes.</p> <p>In addition, those living in cold, damp conditions are at a higher risk of falls and accidents in the</p> | <p>Improved energy efficiency leads to less school time lost due to asthma symptoms.</p> <p>Improved energy efficiency may reduce respiratory symptoms in people at increased risk, this can reduce</p> | <p>Where support is available, often those engaged with services or with high social support / agency may have easier access to support than others. This can increase inequalities if support is not tailored to varying needs.</p> | <p>Build on existing good practice to support people find appropriate energy suppliers and assessment for fuel poverty support (top ups / discounts) through primary care disease registers of vulnerable groups (e.g. Silverdale Pilot).</p> <p>Specifically targeted the roles of health and social</p> |
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| | <p>People with respiratory diseases</p> <p>People with long term conditions causing immunosuppression</p> | <p>home. The mental health impact of inadequate housing is still an emerging field of study, although evidence supports the view that householders do suffer stress that is detrimental to their quality of life and general wellbeing.</p> <p>Those who are fuel poor may also become more socially isolated due to economising and reluctance to invite friends into a cold home environment.</p> <p>Homes in fuel poverty have a choice between keeping warm and spending money on other essentials. Poor diet can potentially be the results, with increased long-term</p> | <p>demand on primary care for self-limiting conditions and reduces demand on acute services for serious respiratory illness (e.g. pneumonia)</p> <p>Targeting vulnerable groups who are fuel poor, including higher risk groups who are more susceptible to illnesses caused by the cold/ damp and those who tend to spend longer at home.</p> | | <p>care providers to deliver the NICE guidelines for fuel poverty advice and referral pathways.</p> <p>Work with health and social care providers to combine winter warmth messages associated with both the seasonal influenza vaccine and fuel efficiency measures at vulnerable groups.</p> <p>Raise awareness of fuel poverty affecting not only older people, but particularly single parent families and single occupancy households amongst professionals and the public.</p> <p>Increase the energy efficiency of Durham's social housing stock to reduce the amount of energy that is needed to heat the home adequately.</p> <p>Work towards zero carbon standards and eradicate</p> |
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| | | health risks of obesity, cancer malnutrition, and CVD. | | | fuel poverty in existing housing through investment in energy efficiency, renewable energy and appropriate advice. Target older people who live in their own home owner proactively with advice on fuel efficiency and fuel poverty support available. |
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6. Recommendations

Provide care and support for older and vulnerable people

1. Assessments for additional support needs should consider mental and physical health needs equally and consider many people have multiple additional support needs.
2. Explicit use of the Housing Act 1996 to define her/his vulnerability within support criteria.
3. Identify children as vulnerable occupants within the home despite not directly being the tenant but who may have health needs and who are more vulnerable to housing quality by virtue of their age, physical size and autonomy.
4. Extend criteria considerations to people with common long term conditions, and dementia explicitly.
5. Explore the use of technology to ensure safety and promote inclusion for people with sensory impairments.
6. Adapting homes to meet people's needs should be preferable to moving people in order to enable the maintenance of social networks and continuity of services within communities.
7. Housing support available should be proactively promoted through a range of communications measures and in particular through health and social care interfaces such as discharge planning.
8. Promote the support available for the housing application process and housing support that is available through community based services (i.e. not only health and social care) through a range of media formats and communications at community and voluntary sector locations / services.
9. Ensure eligibility for carers (informal / formal) to represent people who may require for additional support within processes.
10. Ensure that system and procedures proactively enquiry regarding additional needs that individuals may have, including a range of physical, mental and social examples, so the emphasis of responsibility is not on the individual to only self-identify.
11. Ensure that housing officers receive appropriate training on relevant aspects of their job and client groups' e.g. MECC, mental health first aid; dementia-friendly training; domestic violence etc. with support from health and social care partners.
12. Private and social landlords to include smoke free homes standards as part of their tenancy agreement to improve the health of non-smokers in the home, particularly children.

13. Communal outdoor areas within housing estates should be protected fresh-air spaces where smoking is prohibited for the protection of children and vulnerable groups.
14. Where tenants are identified as smokers, landlords should consider a referral to fire & rescue services for appropriate risk assessment and advice.
15. Increase the number of DKO properties with wrap around support to support vulnerable people to achieve and maintain tenancies.
16. Ensure people know about what succession tenancies are and how they can apply for them.
17. Encourage the benefits of smoke-free, accessible and safe greenspace and garden areas to health and wellbeing of residents to housing providers, including physical activity promotion, play in childhood and mental wellbeing.

Addressing poverty and the impacts of welfare reform in a housing context

18. Build on existing good practice to support people find appropriate energy suppliers and assessment for fuel poverty support (top ups/discounts) – see below.
19. Support for new tenants / people moving into their first independent home should be given an understanding/ knowledge of budgeting skills for people in the social/private rented sector.
20. Allocations of homes should be considered in relation to access to support, including services and informal family support.
21. Where money management and budgeting is found to be difficult for individuals, or can be anticipated to be difficult, welfare support and housing providers should work to agree payment methods not dependent on individual behaviours or abilities.
22. Build and develop links with public transport providers, employer transport schemes, active travel options, and car-shares schemes to enable routine travel / access across Co. Durham to maximise employment opportunities for working age people.
23. Explore opportunities to make initial allowances and delayed payments during the first few weeks of tenancy to enable people to receive their first pay check / welfare payments to prevent barriers to food / transport or heating.

24. Steps should be taken to raise awareness amongst providers and landlords about the high proportion of people who are working poor but living in social housing and therefore the specific impact of the bedroom tax on this group, focused on advocacy for tenants on UC revisions and reducing stigma associated with social housing.
25. Offering financial support / incentives to older owner-occupying residents so that they can make improvements or update their property can make homes safer and warmer for their duration, reducing risk of illness as well as increase the value of the asset for any potential care provision required in the future. Enhancing dilapidated properties can also increase the attractiveness of streets, increasing value of housing stock enabling social good.
26. Promote and develop links within communities to furniture cooperatives, food banks and clothing banks to ensure people can access necessary resources to properly furnish their homes and thrive in communities.
27. Identify smoking status and amount spent on smoking as part of affordability assessment. Information on the financial gains from quitting could also be shared at this point.
28. Social housing providers to engage with specialist stop smoking services to ensure tenants have access to a free specialist service.
29. Encourage and promote the benefits of greenspace and garden areas to health and wellbeing of residents particularly as a free approach to be physically active, childhood activities and promotion of mental wellbeing.

Ensure Durham Key Options Choice Based Lettings is accessible and easy to use for the residents of County Durham

30. Re-brand DKO to make more recognisable and convey to the user what it is.
31. Undertake a PR campaign across Co. Durham targeting across the life stage and range of properties on offer.
32. Undertake training of relevant professionals who can support people to complete their applications.
33. Ensure that the support available to apply for DKO is widely promoted for people in a range of locations / services, particularly to those who do not have access to technology or the necessary computer literacy skills to complete the application form.
34. Streamline the application process to reduce the length of time for applications to at least that of the private rented sector.

35. Ensure that systems and staff training can respond to identifying urgent housing needs for vulnerable people (e.g. those fleeing domestic violence) and mechanisms are in place for appropriate referral or immediate placement / support where necessary.
36. Ensure that any changes to the application process or to design/functionality of accessing the application process involves service users/ customers to ensure that the service is tailored to the needs of service users and can be accessed by potential users.
37. Increase the supply and support in homes for people with chaotic/complex needs. Ensure holistic assessment of individuals and families to ensure they are given the right support/services to achieve and sustain tenancies
38. Expanding DKO to be a place where everyone can access all properties (including private landlords) not just social housing
39. Increase understanding of professionals, CVS and people in co. Durham the role of affordable housing (DKO) to support:
 - People who have welfare/medical needs;
 - people to get onto the housing ladder; and
 - people who want to live and stay in County Durham
40. Property allocations should consider the needs of young families as they are likely to expand or have changing needs as children grow to promote appropriate development and privacy in childhood (e.g. mixed gender families have separate bedrooms for boys and girls).

Raise quality standards within the private rented sector

41. Target investment and information / advice services to vulnerable households living in the private sector.
42. The private rented sector standards should consider requirements to address the quality of physical space in relation to energy efficiency and space. Outdoor spaces for safe lightening, security and greenspace should also be considered within private rental offers.
43. All private rental households should receive standard communications to make them aware of:
 - the Tenancy Deposit Scheme and legal responsibilities of all landlord, irrespective of license status,
 - Energy efficiency measures, including fuel poverty supplements
 - Mechanisms to report inappropriate or unfair behaviour of landlords who have significant power imbalance.

44. Developmental work with private sector landlords to make inclusive eligibility criteria should be undertaken to reduce stigmatisation of specific groups, learning from social housing approaches to make adaptations and offer appropriate support for vulnerable groups.
45. Social housing providers to engage with specialist stop smoking services to ensure tenants have access to a specialist service.
46. Explore opportunities to gain insights from private renters on the service experience e.g. service user questionnaires offered through letting agents.

Improve energy efficiency of properties to ensure County Durham has a stock of warm, healthy and energy efficient homes.

47. Build on existing good practice to support people find appropriate energy suppliers and assessment for fuel poverty support (top ups / discounts) through primary care disease registers of vulnerable groups (e.g. Silverdale Pilot).
48. Specifically targeted the roles of health and social care providers to deliver the NICE guidelines for fuel poverty advice and referral pathways.
49. Work with health and social care providers to combine winter warmth messages associated with both the seasonal influenza vaccine and fuel efficiency measures at vulnerable groups.
50. Raise awareness of fuel poverty affecting not only older people, but particularly single parent families and single occupancy households amongst professionals and the public.
51. Increase the energy efficiency of Durham's social housing stock to reduce the amount of energy that is needed to heat the home adequately.
52. Work towards zero carbon standards and eradicate fuel poverty in existing housing through investment in energy efficiency, renewable energy and appropriate advice.
53. Target older people who lives in their own home owner proactively with advice on fuel efficiency and fuel poverty support available.

7. Evaluation and Monitoring

The recommendations of the Housing Strategy HIA were submitted to the Spatial Policy team as part of the formal consultation process on the strategy document in March 2019. As an outcome of the HIA process, additional content on the association between Health and Housing has been embedded into the strategy document as well as a number of case studies about existing good practice to improve health and wellbeing.

The Spatial Policy team will produce a formal Statement of Consultation in response to the full recommendations developed through this process.

Due to the nature of the Housing Strategy being a high-level strategic plan, some of the recommendations that have been made relate to how the strategy actions may be applied or operationalised. Moreover, some of the recommendations identified require longer term approaches to be developed over time.

Key measures from existing datasets that may be used to monitor or indicate progress against the recommendations made include:

[Public Health Outcomes Framework](#) (Data at Durham, NE and England levels)

1.06i - Adults with a learning disability who live in stable and appropriate accommodation
2017/18

1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation

1.17 Fuel Poverty

1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like

1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)

2.24i - Emergency hospital admissions due to falls in people aged 65 and over

Moreover, specific measures associated with recommendations on the following areas are similarly proposed for use or continuation.

Workforce Development

- Number and proportion of housing officers trained in health related topic (i.e. MECC, Dementia Friendly, Stop Smoking Service referrals, Domestic Violence)

Support for vulnerable people

- No. of new housing builds applying Building Regulation Requirements M4 (2)
- No. of adaptation and % of properties referred for adaptations.
- No of adaptations for older people and vulnerable people completed

The development of new measures to better understand the opportunities created through housing interfaces are also recommended. More specifically, where indicated services could capture communication processes in place and referral outcomes attributional to a housing-related source i.e. money advice services, transport-scheme and stop smoking service referrals.

Fuel Poverty

Continue to deliver the Warm Homes Campaign throughout County Durham:

- No. of properties (uptake) and % of properties referred or undertaken warmer homes assessment in the highest health inequalities areas of County Durham
- No. of properties (uptake) and % of properties referred or undertaken Managing Money Better Service assessment in the highest health inequalities areas of County Durham
- No. of properties supported to reduce fuel poverty in the highest fuel poverty areas of County Durham

8. Appendix a - Workshop Agenda

Appendix A – Workshop Agenda

Durham County Council Housing Strategy
Health Impact Assessment Workshop
Housing Policy and Public Health Joint Consultation

1-3pm February 18th 2019

Town Hall – Lantern Room

- 1. Welcome and introductions**
- 2. Housing Strategy Overview**
- 3. Setting the context: Health and Housing**
- 4. HIA process outline**
- 5. Group work**
 - Housing advice, assistance and support for older and vulnerable people
 - Improve access to housing
 - Maintain and improve standard of housing stock and wider environment
- 6. Group feedback**
- 7. Good practice submission / suggestions**
- 8. Next step**