EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 3 MARCH 2020

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP -	Councillor Keith Glazier, East Sussex County Council (Chair) Councillor Carl Maynard, East Sussex County Council Councillor John Ungar, East Sussex County Council Councillor Trevor Webb, East Sussex County Council Councillor Philip Lunn, Wealden District Council Councillor Rebecca Whippy, Eastbourne Borough Council Dr Elizabeth Gill, High Weald Lewes Havens CCG Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG Jessica Britton, Hastings and Rother CCG Keith Hinkley, Director of Adult Social Care and Health, ESCC Stuart Gallimore, Director of Children's Services, ESCC Darrell Gale, Director of Public Health John Routledge, Healthwatch East Sussex Deborah Tomalin, NHS England South East, (Kent, Surrey and Sussex) Dr Adrian Bull, East Sussex Healthcare NHS Trust Siobhan Melia, Sussex Community NHS Trust Samantha Allen, Sussex Partnership NHS Foundation Trust
INVITED OBSERVERS WITH SPEAKING RIGHTS	Councillor Paul Barnett, Hastings Borough Council Councillor Sean MacLeod, Lewes District Council Councillor John Barnes MBE, Rother District Council Becky Shaw, Chief Executive, ESCC Michelle Nice, Voluntary and Community Sector Representative Mark Andrews, East Sussex Fire and Rescue Service Katy Bourne, Sussex Police and Crime Commissioner

A G E N D A

1 Minutes of meeting of Health and Wellbeing Board held on 10 December 2019 *(Pages 3 - 8)*

2 Apologies for absence

3 Disclosure by all members present of personal interests in matters on the agenda

4 Urgent items

Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently

5 East Sussex Health and Social Care Plan progress update *(Pages 9 - 32)*

6 East Sussex Health and Social Care Programme monitoring report *(Pages 33 - 38)*

7 Annual Director of Public Health Report 2019/20: Health and Housing in East Sussex *(Pages 39 - 126)*

8 East Sussex Continuing Healthcare interim report *(Pages 127 - 130)*

9 Work programme *(Pages 131 - 132)*

10 Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

24 February 2020

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

Email: harvey.winder@eastsussex.gov.uk

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 10 December 2019.

MEMBERS PRESENT	Councillor Carl Maynard (Chair), Councillor Sylvia Tidy, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Jessica Britton, Ashley Scarff, Keith Hinkley, Stuart Gallimore, Darrell Gale, Rebecca Hills and John Routledge
INVITED OBSERVERS PRESENT	Councillor Rebecca Whippy, Councillor John Barnes MBE and Michelle Nice

16 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 17 SEPTEMBER 2019

16.1 Cllr Maynard was elected Chair of the East Sussex Health and Wellbeing Board for the duration of the meeting.

16.2 The Board agreed the minute as a correct record of the meeting held on 17 September 2019.

17 APOLOGIES FOR ABSENCE

17.1 The following apologies were received from Members of the Board:

- Siobhan Melia
- Dr Adrian Bull
- Dr Martin Writer

17.2 The following apologies were received from invited observers with speaking rights:

- Becky Shaw
- Cllr Sean MacLeod

17.3 The following substitutions were made:

- Cllr Keith Glazier (Cllr Sylvia Tidy substituting)
- Dr Elizabeth Gill (Ashley Scarff substitute)
- Samantha Allen (Rebecca Hills substituting)

18 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

18.1 Cllr Rebecca Whippy declared a personal interest as the CEO of Embrace.

19 URGENT ITEMS

19.1 There were no urgent items.

20 EAST SUSSEX HEALTH AND SOCIAL CARE PLAN PROGRESS UPDATE

20.1. The Board considered a report on the progress made with developing a long-term health and social care plan for East Sussex.

20.2. The Board asked whether the closer working between health and social care would help improve the process of completing education, health and care plans (EHCPs) for children and young people in a timely manner.

20.3. Stuart Gallimore, Director of Children's Services, agreed there were sometimes issues with the production and co-ordination of the EHCPs between health and social care organisations. He said that the integrations plans designed to improve the disability pathway for children and young people would include addressing issues such as the co-ordination of the EHCPs.

20.4. The Board asked why the Plan did not include more detail of the prevention agenda, for example, what was being done to reduce obesity and homelessness.

20.5. Keith Hinkley, Director of Adult Social Care and Health, said that the Plan as presented to the HWB focuses on the integration between health and social care in East Sussex and includes a broad description of the key strategic objectives. There is more work being undertaken than is included in the Plan, including the core commissioning work of the individual organisations and individual programmes to develop joint working. He explained that there will be future iterations of the Plan produced that will provide more detail of these specific projects and programmes, which are designed to address issues such as housing and homelessness. These include engagement with the new Primary Care Networks (PCNs) to ensure they are involved in future joint working with social care and health teams; and bidding for further homelessness support grants to expand the rough sleeping initiative developed in Hastings. The HWB will have the opportunity to consider and comment on these projects at an appropriate time.

20.6. The Board asked how plans to develop integrated community-based services could be reconciled with the closure of services like Little Oaks respite service in Eastbourne.

20.7. Keith Hinkley said that there are significant demographic and funding challenges in East Sussex that can only be addressed in a sustainable way by reducing demand for acute care. This involves the long-term investment in integrated services and a greater focus on preventative and proactive care. At the same time, difficult decisions have to be made on a short-term basis about where to prioritise available resources year on year. This has led to situations, for example, like 2018/19 where the Council had to make significant savings to its Adult Social Care Department budget but at the same time invested in joint services with East Sussex Healthcare NHS Trust (ESHT) such as the Joint Community Reablement teams; Health and Social Care Connect (HSCC); new rough sleeping and homelessness services; and integrated locality teams.

20.8. Stuart Gallimore added that sometimes it is more appropriate to provide a service in a different and more innovative way, rather than maintain it in its current state. In the case of Little

Oaks, by working with partner organisations it was possible for the Children's Services Department to identify alternative opportunities for those children using Little Oaks that provided more time and a greater amount of respite than was previously the case. He also clarified that the service had not been closed, rather there had been a staffing issue that resulted in parents being contacted at the time and recommended to temporarily seek the alternative respite solutions that had been identified.

20.9. The Board asked whether there was confidence that the system leadership is able bring about the necessary behaviour change within organisations so that they are prepared to work in a more integrated way.

20.10. Keith Hinkley said that the two main challenges to integration in East Sussex are the risk that leadership changes over time, meaning that leaders who are less enthusiastic about integration could enter the system; and the newly established PCNs, who are vital to further integration plans, are independent and so must be engaged and encouraged to work with the rest of the system rather than be compelled. Leaders across East Sussex, in comparison to many other systems, have a shared commitment to integrate and a shared approach and plan for doing so. Some senior roles are also now shared between ESHT and the Council.

20.11. Vicky Smith, Integrated Care System Strategic Development Manager (East Sussex), said that the East Sussex Health and Social Care System Partnership Board has a clear role in developing the proposals for an Integrated Care Partnership (ICP), which will be the next step in further integrating the NHS organisations with the Council. Further details of the ICP will come to the next Board meeting.

20.12. The Board asked about the method of aligning and pooling budgets in East Sussex.

20.13. Keith Hinkley said that the ICP agreement will include a shared approach to the collective use of resources. The ICP development process will include testing ways of sharing funding and risk across the health and social care system based on existing arrangements, such as the Bet Care Fund and Integrated Equipment Service. The NHS already has an aligned risk sharing contract between CCGs and ESHT, but the ICP will require a broader approach that includes the Council's social care function.

20.14. The Board asked about whether life expectancy was a suitable measure for health outcomes.

20.15. Darrell Gale, Director of Public Health, agreed that life expectancy and quality of life expectancy were a crude measure of population health, but the levelling off and decline in male life expectancy could indicate a rise in issues such as homelessness, drug and alcohol use, and suicide, which are worth investigating.

20.16. The Board asked whether it would be possible to produce a timeline of the programme of work for the ESHSCP, and whether an annual review of progress could be provided to the Board.

20.17. Keith Hinkley said that detailed timescales for the ESHSCP would be produced for the HWB at its next meeting and an annual review of progress of the plan could be provided to the HWB in future.

20.18. The Board asked whether the public will be engaged about the planned changes to health and social care services.

20.19. Keith Hinkley explained that there is already a broad engagement infrastructure in place that includes Patient Participation Groups; Healthwatch; and reference groups for the Adult

Social Care and Children's Services Department and for individual patient pathways. These groups have been provided with evidence of the impact their engagement has had, which encourages them to continue being involved.

20.20. The Board RESOLVED to:

1. Endorse the draft East Sussex Health and Social Care plan as set out in Appendix 1, and plans to further test this with local stakeholders;
2. Note that further work will be taking place in the coming weeks to support the next phase of planning, including developing initial proposals for an East Sussex Integrated Care Partnership to help support delivery of our objectives in 2020/21 and in subsequent years; and
3. request an annual presentation to the Board on the progress of the ESHSCP over the past year.

21 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME MONITORING REPORT

21.1. The Board considered a report providing an update of progress against the priority objectives and lead Key Performance Indicators (KPIs) for the health and social care programme in 2019/20.

21.2. The Board RESOLVED to note the progress in Quarter 2 against the priority objectives and lead KPIs for 2019/20.

22 EAST SUSSEX LOCAL SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2018/19

22.1. The Board considered a report on the multi-agency arrangements in place to safeguard children in East Sussex.

22.2. The Board asked whether a child staying overnight in a hospital without a bed would be a safeguarding issue.

22.3. Stuart Gallimore clarified that an absence of a bed is not deemed a safeguarding issue in the legal sense of posing an immediate threat of harm to a child. Were a member of public to report that as a safeguarding issue to the Children's Services Department, the Department would likely pass it on to the hospital to deal with as a complaint.

22.4. The Board asked about the significance of the changes to child death reviews.

22.5. Reg Hooke, Local Safeguarding Children Board (LSCB) Chair, explained that the Child Death Overview Panel (CDOP) examines all child deaths that occur in the area. The review that led to change in the legislation made two main recommendations: 1) the data in one county (due to the small number of deaths) was insufficient to identify specific trends that could be addressed, so data should be examined across a sub-regional level – in this case pan-Sussex; and 2) the Panel should come under the oversight of the bodies responsible for health, i.e., the CCGs and local authority, because the issues emerging are in the majority of cases health related. Stuart Gallimore added that this was a centrally driven requirement that all local authorities had to respond to.

22.6. The Board RESOLVED to note the report

23 SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2018-19

23.1. The Board considered the Safeguarding Adult's Board (SAB) annual report.

23.2. The Board asked whether the SAB has sufficient resource to meet its legal duties.

23.3. Graham Bartlett, Independent Chair of the SAB, said that there were sufficient resources in the SAB budget to meet its statutory requirements and run the SAB reviews. The SAB would like to do more, however, such as replicate the LSCB's multi-agency workforce training and development programme; and carry out more engagement with service users and frontline delivery professionals.

23.4. The SAB is asking for greater contributions this from partner organisations this year. The SAB is largely funded by East Sussex County Council. It is also in negotiation with other strategic partners (the police and CCGs), NHS provider trusts, and district and borough councils about their contribution rates.

23.5. The Board asked for comment about the reduction in safeguarding contacts and the number of enquiries completed.

23.6. Keith Hinkley said that there is no target for the number of initial safeguarding contacts, and a similar fall in numbers has been seen nationally. The reduced numbers reflect a change in the practice of making initial safeguarding contacts and better triaging of contacts to the enquiries stage. The Adult Social Care Department carries out audits of its own case files and those of other agencies to ensure that decisions around safeguarding are appropriate. There has recently been further guidance issued by the Association of Adult Social Care Directors about how best to manage the process of raising safeguarding contacts and decision making around what to do with safeguarding concerns, which will be looked at and implemented in East Sussex.

23.7. Graham Bartlett added that the data does not show what happens between an initial safeguarding contact and the start of an enquiry, which has to meet a three-point threshold. After a safeguarding contact is made, a lot of work is undertaken at a multiagency level that is not reflected in the data. This is because it never reaches the point of becoming an enquiry. This work in the middle needs to be better understood rather than just the number of enquiries.

23.8. The Board asked whether the SAB is looking into the issue of cuckooing.

23.9. Keith Hinkley stressed the importance of understanding what other partners are doing, following protocols in place to encourage multi-agency working, and developing a single response to tackle issues such as cuckooing. There also needs to be co-ordination between the SAB, CDOP and domestic homicide boards to ensure there is no duplication of effort and key learning and intelligence is not being missed between partnerships.

23.10. The Board asked whether comparative data in the SAB annual report should cover a number of years, rather than be just year on year.

23.11. Keith Hinkley said the development of a broader data set now means that data can be better compared over time, and this could be reflected in future reports. Graham Bartlett agreed figures should be compared over time, or against figures from other SABs. This would give a better indication whether changes are statistically significant, or the result of changes to very small numbers.

23.12. The Board RESOLVED to note the report.

24 HEALTHWATCH HIGH WEALD LISTENING TOUR REPORT

24.1. The Board considered a report providing an overview and summary of the recent Healthwatch East Sussex High Weald Listening Tour.

24.2. The Board asked whether there are any other very deprived areas in Wealden other than Hailsham East ward.

24.3. John Routledge said that no other areas of high deprivation on that scale were found during the tour, but there are often exceptional areas of high deprivation at super output or neighbourhood level.

24.4. The Board asked whether it can be difficult to get funding for pockets of deprivation such as Jarvisbrook in Crowborough when surrounded by affluence compared to areas like Hastings.

24.5. John Routledge said that there are very localised statistics available, particularly with the production of population profiles for PCNs, that may help in making the case for funding. It may be more difficult, however, to make the case for investment in a neighbourhood or few streets.

24.6. The Board asked whether health checks by community pharmacists will be incorporated into the next Listening Tour in Eastbourne, given they are new providers of the checks.

24.7. John Routledge confirmed Healthwatch invites people to make suggestions about what questions to ask during a tour based on what is going on in the area. He recommended that Healthwatch be provided with the details of healthcare providers that should be contacted during the Tour.

24.8. The Board RESOLVED to note the report.

25 WORK PROGRAMME

25.1 The Board considered its work programme.

25.2 The Board RESOLVED to agree its work programme.

The meeting ended at 4.15 pm.

Councillor

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**3rd March 2020**
By:	**Executive Managing Director, East Sussex Clinical Commissioning Groups (CCGs) and Director of Adult Social Care and Health**
Title:	**East Sussex Health and Social Care Plan progress update**
Purpose:	**To consider progress made with developing a long term health and social care plan for East Sussex, including detailed plans for 2020/21**

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

1. **Note the update and the work being undertaken to put in place programme arrangements for 2020/21, including governance, key projects, objectives and Key Performance Indictors;**
2. **Endorse the draft proposal for an East Sussex Integrated Care Partnership (ICP), to help support delivery of our plan in 2020/21 and in subsequent years, noting that further work will be taking place in the coming weeks to support the ongoing development of the ICP; and**
3. **Endorse the proposed and updated outcomes framework setting out the long term overarching outcomes for the system, and noting that we will work with stakeholders to develop further measures during 2020/21**

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1. Background

1.1 The draft East Sussex Health and Social Care Plan sets out the long term model and what we will do to drive the required developments to meet the health and care needs of people living in East Sussex, reduce health inequalities and deliver long term sustainability.

1.2 Strongly informed by our most recent engagement with our stakeholders, the plan focusses on the key local priorities where we consider we can have the most impact through working collectively, and the next steps that we anticipate taking in 2020/21. The key areas of work are:

- **Prevention, personalisation and reducing health inequalities** – including coordinated action across services that impact on the wider determinants of health, empowering people to make healthy choices and putting them in more control of their health and social care and support.
- **Children and young people** – including improving mental health and emotional wellbeing and healthy choices, support for vulnerable young people and those with disabilities.
- **Community** – continuing to integrate community health and social care services and working with primary care teams to further support people with long term conditions, those in care homes and at the end of their lives.
- **Urgent care** – completing the introduction of our integrated urgent care model and delivering more streamlined care for those with urgent care needs.
- **Planned care** – ensuring good use of planned care including better outpatient care using new technology and one-stop clinics, focussed action to support people with musculoskeletal, cardiac, diabetic, ophthalmic and cancer needs, and ensuring evidenced based interventions are in place.

- **Mental health** – alongside work to implement Sussex-wide plans for mental health, local work to establish a single point of access, enhanced support in the community and working with the housing and voluntary sectors on housing related needs.

1.3 This local draft plan will support the Sussex-wide implementation of the NHS Long Term Plan. The plan will support the continuation of our financial and operational planning, with the next phase setting objectives and KPIs for programmes of work in 2020/21.

1.4 This report provides a summary of progress made since the last Health and Wellbeing Board meeting with:

- Our plans for further stakeholder engagement
- Detailed planning for the next phase of work in 2020/21
- Development of our proposals for an East Sussex Integrated Care Partnership (ICP)
- Refreshing the long term overarching outcomes we share as a health and social care system

2. Supporting information

2.1 Our draft East Sussex Health and Social Care Plan was submitted to NHS England on 15th November as part of the Sussex Health and Care Partnership's response to the NHS Long Term Plan (LTP), alongside place plans for Brighton and Hove and West Sussex and plans for Sussex-wide clinical priorities and finance, workforce, estates and digital. Our East Sussex place plan was also endorsed by members of the Health and Wellbeing Board on 10th December 2019. It is now being taken through our individual organisations' governance processes for agreement.

Stakeholder engagement

2.2 Our East Sussex plan was informed by the themes from an audit of recent engagement across the county, to refresh our understanding of the feedback from our local stakeholders about their health and social are services, and where our integrated system working could add the most value. An early draft of our East Sussex Plan was previously published for comment in Autumn 2019 and, as indicated at the last meeting of the Health and Wellbeing Board, a short period of further engagement has been organised for further feedback from stakeholders. Closing on 1st March, comments and ideas from this feedback will also help inform how we take our plans forward in 2020/21.

2.3 A high level joint Equalities and Health Inequalities Impact Assessment (EHIA) review of the Plan has also been undertaken. Although not a replacement for any formal impact assessments on specific projects and initiatives within the plan where this might be required, the high level review highlighted the following opportunities:

- To get the most benefit from implementing the comprehensive model of personal care there should be engagement and co-design opportunities focussed on the characteristics protected under the Equalities Act, and vulnerable groups across all ages.
- To improve outcomes and reduce health inequalities there is a need to focus our engagement on reaching people who are traditionally less likely to get involved, for example younger and working age adults and with vulnerable population groups and disadvantaged / socially isolated communities.

2.4 Further work is being undertaken to develop a broader communications and engagement framework to support the ongoing delivery of our plan. This builds on the comprehensive approaches to engagement undertaken to date through our integration programmes and create a framework of continuous engagement with our stakeholders that underpins and informs our plans. The high level EHIA review will also inform this.

Progress with 2020/21 programme objective setting

2.5 The next phase of work is to agree key priorities for each area outlined in the draft plan. This work involves operational and programme leads across public health and prevention, community, urgent care, planned care, mental health, children's social care, finance, workforce and communications and engagement.

2.6 Acknowledging the widened scope of the plan and that programmes are at different stages of development, to enable detailed plans to be produced for 2020/21 in practice has meant:

- building on the programmes for urgent care, planned care and community already established in 2018/19, and;
- reconfirming programmes to maximise our shared opportunities in the areas of prevention, personalisation and reducing health inequalities; children and young people, and; mental health where these are at an earlier stage of development

Urgent care, planned care and community

2.7 The programme planning consists of reviewing existing projects, and working up new schemes and KPIs for 2020/21. Work has also included reviewing governance arrangements and ensuring the whole population is covered.

2.8 As part of this system partners have participated in discussions to design and develop the next phase of the common Target Operating Model (TOM) for community health and social care services across the whole county. This describes an overarching set of arrangements for community health and social care services.

2.9 The proposed TOM that has been agreed by all partners and is included in Appendix 1, and a list of the linked projects that will support delivery in 2020/21 is included in Appendix 2. Further engagement is now planned with wider system stakeholders, including Primary Care Network leads in East Sussex.

2.10 The respective partner organisations East Sussex Clinical Commissioning Groups (CCGs), East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and the County Council have agreed to continue to promote and support the proposed integration initiatives and work together to ensure that there is alignment across East Sussex and in the context of Sussex wide delivery of community services.

Prevention, personalisation and reducing health inequalities

2.11 There are some longstanding programmes of work on prevention, personalisation and reducing health inequalities. This work is being reviewed against the priorities set out in the East Sussex Health and Social Care Plan to ensure that the focus is on the priorities and next steps that are required in 2020/21.

2.12 Consideration is also being given to how we address the wider determinants of health, and support and deliver the system priorities in this area collaboratively. In line with this the following is being considered:

- Broader engagement with the wider system, including District and Borough Councils and the voluntary and community sector. There will also be a need to ensure alignment with the developing NHS Sussex-wide plans for prevention, personalisation and reducing health inequalities.
- Action on prevention, personalisation and reducing health inequalities cuts across all areas of our plan and programmes and we will review how these priorities are best delivered moving forward.

Children and Young People

2.13 The programme of work that will take forward the shared system priorities outlined in the draft East Sussex plan next year are in the process of being developed, including the setting of objectives and KPIs for 2020/21.

2.14 Governance and oversight arrangements are also being reviewed to build on the existing joint strategic planning arrangements for children and families in East Sussex and widen the membership, to enable a more collaborative approach between commissioners and providers of services.

Mental health

2.15 Our local system mental health priorities are being taken forward in the context of the current review of Sussex Integrated Care System governance for mental health, NHS LTP mental health commitments, and the work we already have in train in East Sussex, aimed at improving services.

2.16 In light of this work consideration will also be given to how best to lead and govern the development of mental health services in East Sussex, to reflect national, ICS and local priorities.

Updating our system partnership governance

2.17 The East Sussex system partnership governance arrangements will be reviewed given the significant programme developments, to ensure appropriate oversight of local implementation plans. A further report will then be made to the Health and Wellbeing Board.

Initial draft Integrated Care Partnership proposal

2.18 Our shared aim as a system is to improve the health and wellbeing of local people and address health inequalities by delivering more integrated care and an enhanced focus on prevention and re-ablement. To support this work the East Sussex Health and Social Care Plan set out the intention to develop an East Sussex Integrated Care Partnership (ICP) in 2020/21 to strengthen how we plan, organise, commission and deliver services.

2.19 The East Sussex CCGs, County Council, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust have begun to develop initial proposals for an ICP, for wider discussion across the system. The initial ICP proposal is attached at Appendix 3.

2.20 Our ICP development will help to give an increased impetus to:

- the collaboration to help manage our shared priorities and risks
- how we work together to deliver shared outcomes that are important to local people
- delivering population health and social care commissioning in East Sussex.

2.21 The draft ICP proposal was discussed with wider system partners at the East Sussex Health and Social Care System Partnership Board meeting on 7th February, whose membership includes local NHS providers, East Sussex CCGs, County Council, District and Borough Councils, Healthwatch and the voluntary sector.

2.22 The East Sussex ICP model will be developed in a phased way, starting from April 2020, informed by the priorities in our Plan and the arrangements that will need to be in place to best deliver our objectives.

2.23 Section 4 of the proposal describes the long term model we are working towards, and Section 6 actions for 2020/21. This builds on work already in train and links this with seven key areas of work to enable us to progress the ICP from April 2020. In summary, these are:

- The East Sussex Health and Social Care Plan and programme setting for 2020/21
- Refreshing the East Sussex integrated Outcomes Framework

- Phased implementation of an overarching operating model for community health and social care services in the county
- An underpinning financial framework to support managing our resources collectively across our East Sussex health and social care economy
- Early implementation and adoption in East Sussex of the Sussex Integrated Dataset
- Reviewing and further refinement of our system partnership governance
- Developing population health and social care commissioning arrangements.

2.24 The ICP proposal is also a part of the development of the Sussex-wide ICS being progressed by the Sussex Health and Care Partnership. West Sussex and Brighton and Hove are each expected to take forward similar ICP arrangements for their places.

Critical system priorities and risks

2.25 There is a consensus across all partners and stakeholders of the need to maintain a strong focus on a key number of critical priorities, over and above the broad-ranging improvement requirements in our East Sussex Health and Social Care Plan.

2.26 Therefore Section 3 of the ICP proposal captures five areas that collaborative working will initially focus on in 2020/21:

- Shared workforce planning across primary, community and hospital care, collaborating over emerging new roles and recruitment and retention
- Delivering the target operating model for community health and social care services, to increase efficiency and capacity
- Addressing higher than expected demand for urgent and emergency care, including mental health and children and young people
- Independent sector bedded care capacity
- Managing the dependencies that underpin our system plans, particularly in relation to primary care and mental health.

Draft refreshed integrated outcomes framework

2.27 Agreeing the shared long term outcomes we are working towards will ensure we can monitor the impact of our joint programmes. This will also support the Health and Wellbeing Board to oversee joint system working.

2.28 An integrated outcomes framework was initially developed in 2017/18. At that time covering the Eastbourne Hailsham Seaford and Hastings and Rother, the outcomes framework had two key aims:

- to help us understand the overall impact of our collaboration - how well we were working as a system to drive improvements in the commissioning and delivery of health and social care, and;
- to provide accessible feedback to the public about our performance collectively as a health and social care system against the outcomes that are important to local people.

2.29 The current outcomes framework has been reviewed and feedback from across East Sussex has been used to identify common themes for the whole the population. These themes were then used to test the framework to ensure that it continues to be relevant and based on what matters to local people.

2.30 The refreshed outcomes framework attached at Appendix 4 sets out the long term overarching outcomes that we want to deliver as a system across population health and wellbeing; the experience of care, and; quality care and support. The fourth domain transforming services for sustainability is being aligned with the East Sussex Health and Social Care Plan, and the programmes of work in 2020/21, and the changes we need to drive as a system in order to see improvements in the other domains over the long term.

2.31 The initial work included representatives from General Practice Patient Participation Groups and the Adult Social Care People Bank, and there was agreement that the refreshed outcomes framework should be seen as a live and working document during 2020/21. The next phase of work will consist of co-designing ways to use and measure the outcomes framework in a practical and meaningful way with our stakeholder groups, and linking this to the broader framework of engagement to support our ICP development in 2020/21.

Integrated population health and social care commissioning in East Sussex

2.32 There is a requirement to develop integrated population health and social care commissioning in East Sussex to ensure we achieve the best possible outcomes for local people. Initially this work will build on what we already have in place with our joint commissioning arrangements, and link with our East Sussex Health and Social Care Plan priorities. The aim will be to deliver closer integration of commissioning as we move forward with the development of the ICP.

3. Conclusion and reasons for recommendations

3.1 Work is in train to deliver agreed programmes for planned care, urgent care and community care for April 2020/21, and programmes focussing on system priorities for prevention, children and young people and mental health are in the process of being defined. This will enable detailed programme planning to take place in these areas, including time for engagement so that priorities and objectives can be worked up collaboratively.

3.2 This includes taking forward a proposal for our East Sussex ICP model and refreshing our integrated framework for long term outcomes, both of which are designed to support our health and social care system to collaborate effectively across the planning, commissioning and delivery of services and improve outcomes for our population.

3.3 We will ensure there is appropriate governance and capacity in place to continue to take forward work that adds value at a system level, across the widened scope of our programme. This will enable the links and dependencies across the different elements of the East Sussex plan to be managed.

3.4 A further progress report and a finalised set of programme and system partnership arrangements for 2020/21, including proposals for monitoring, will be brought to the next meeting of the East Sussex Health and Wellbeing Board.

JESSICA BRITTON
Executive Managing Director, East Sussex CCGs

KEITH HINKLEY

Director of Adult Social Care and Health, ESCC

Contact Officer: Vicky Smith
Tel. No. 01273 482036

Email: Vicky.smith@eastsussex.gov.uk

Background documents

Appendices

Appendix 1 Draft integrated target operating model (TOM)

Appendix 2 Proposed community health and social care TOM projects

Appendix 3 Draft East Sussex Integrated Care Partnership Proposal

Appendix 4 Draft refreshed East Sussex Health and Social Care Outcomes Framework

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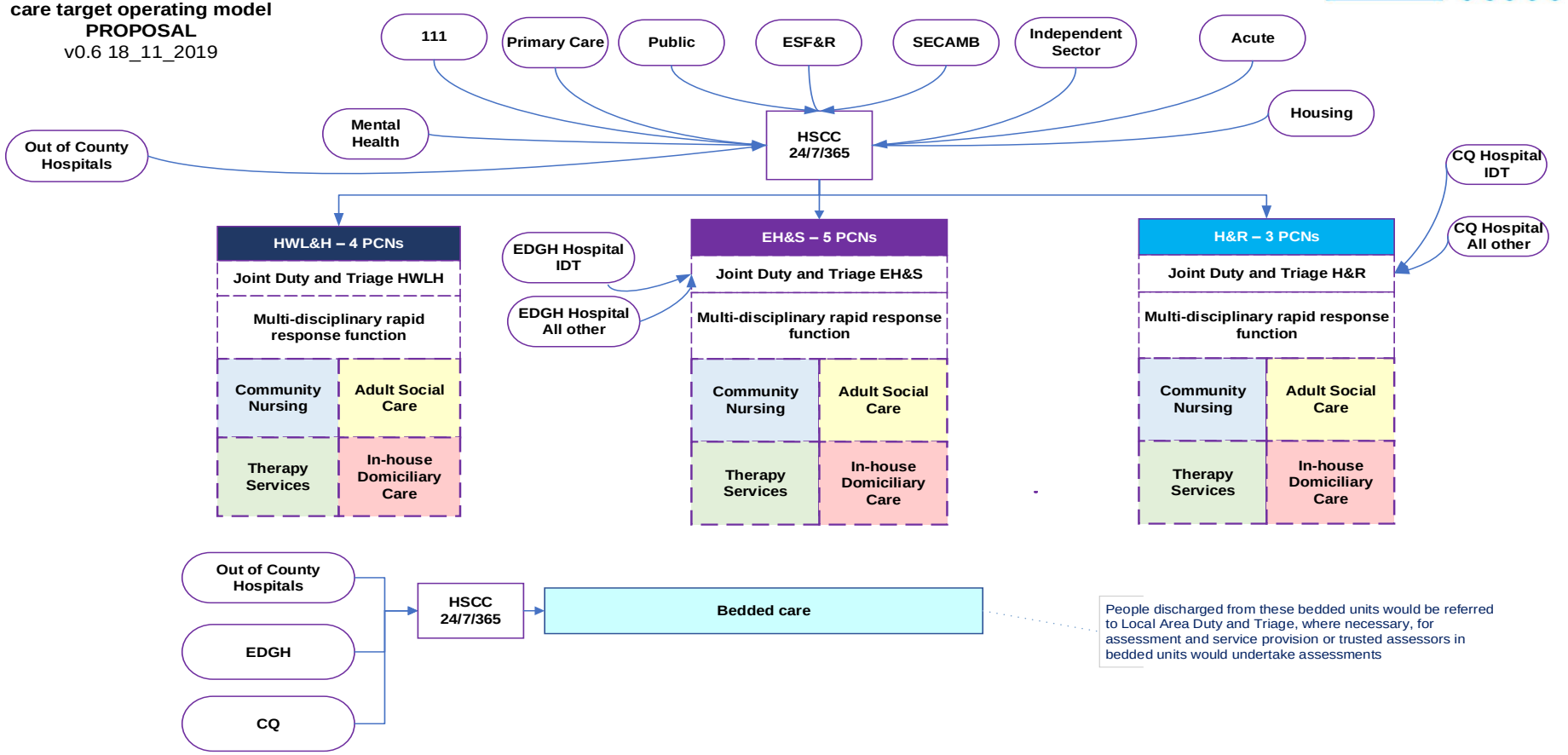
Draft community health and social care target operating model

The ambition of the community transformation programme is to maximise the efficiency of community services by reducing duplication, repetition, and increasing the capacity of community services to reduce unnecessary admissions to hospital, keeping people at home for as long as possible.

Appendix A
Community health and social care target operating model
PROPOSAL
v0.6 18_11_2019



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Proposed Community Health and Social Care Target Operating Model implementation projects

Ref No	Projects 2020/21	Description	Benefits
CP1	Integrated Community Therapy service	Integrating Adult Social Care Occupational Therapy teams with Joint Community Reablement Rehabilitation teams to create a health and social care Integrated Community Therapy service	• Reduce duplication and cross referral between Community Nurses and Social Workers releasing capacity for growth in community care demand • Reduced re-telling of the story for our citizens • Responsive service proving the right care at the earliest opportunity • Reduction in GP referrals to acute services, releasing acute capacity • Flexible deployment of community workforce increasing productivity and providing job variety • Reduction in A&E admissions • Timely discharges releasing capacity in acute and community beds and improving recovery time for patients
CP2	Integrated (health and social care) Rapid Response Team	Creating an Integrated (health and social care) Rapid Response Team organised at CCG/Locality Hub level	
CP3	Increased co-location of duty and triage (D&T) functions	Increased co-location of D&T functions – Stage 1 - consolidate community nursing D&T functions in St Mary's House; Stage 2 - identify timescales for achieving same in Hastings & Rother area and identify best model for High Weald Lewes Havens area.	
CP4	Primary Care Multi-Disciplinary Team (MDT)	Re-invigorating MDT meetings (where necessary) to become a key forum for joint work across primary care, community health and social care and mental health services.	
CP5	Care Coordination Locality Processes	Create structured care coordination processes in localities to work on complex, multi-agency, multi-disciplinary cases including referrals from MDT; Mental Health, Community Nurses, Social Workers, GPs	

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DRAFT East Sussex Integrated Care Partnership Proposal

1. Introduction

1.1 The ambition of the Sussex Health and Care Partnership (SH&CP) is to become an Integrated Care System (ICS) by April 2021. An ICS is a way of bringing together all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient services to those who need them. A self-regulating body, the ICS will do this through taking responsibility for collaborating and holding each other to account to ensure effective commissioning and delivery of health and social care for the population, within available resources.

1.2 A key enabler for the Sussex ICS will be three place based Integrated Care Partnerships (ICPs) in East Sussex, West Sussex and Brighton and Hove. This is where hospitals, Councils and community health, mental health and primary care teams work together to identify priorities and set the strategy for the commissioning and delivery of integrated health and social care outcomes for their populations.

1.3 This paper sets out proposals for developing our ICP in East Sussex covering:

- The aim and purpose of our ICP
- The long term objectives for the ICP and the overall model we are working towards
- The phases of development and the elements that need to be in place by April 2020
- The high level roadmap for developing our ICP, including at what stage further decisions will be made about its future form and shape.

1.4 The initial proposals have been developed by East Sussex Clinical Commissioning Groups (CCGs) East Sussex County Council (ESCC); East Sussex Healthcare NHS Trust (ESHT); Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership NHS Foundation Trust (SPFT) during Autumn 2019, for wider testing with key partners across our East Sussex health and care system - including Primary Care Networks, Ambulance services, District and Borough Councils and the Voluntary and Community Sector (VCS) between December and February 2020.

2. Aim and purpose of our Integrated Care Partnership

2.1 The key aim we share as health and social care organisations in East Sussex is to improve the health, health inequalities and wellbeing of local people through more integrated care and an enhanced focus on prevention and re-ablement after episodes of ill-health. Our mechanism for delivering this is through our Integrated Care Partnership (ICP), which will enable greater levels of collaboration across health and social care provision and commissioning, together with our integrated health and social care outcomes commissioning.

2.2 Our ICP will provide the framework for all providers of health, care and support working in East Sussex to come together to plan, organise and deliver services at the right scope and

scale required to support consistent and high quality care across East Sussex. In summary our ICP will support:

- Primary care, community health, mental health, social care and hospitals to work together to identify priorities, integrate services and develop new models of care that:
  - help maintain people's health;
  - help people to manage long term conditions, including personalised care and support, self-management and self-care to put people in control of their health and social care;
  - anticipate and proactively minimise care needs, providing focussed care to people where this is most needed, including end of life care, and;
  - provide effective and timely secondary care where this is required and consistent pathways into and out of hospital care when this is needed.

- Delivery of our shared strategic commissioning outcomes for our population; improved health and wellbeing, improved quality and experience of care, and transformed services that are sustainable for the future. We will do this through making the best use of our collective resources for our population in the following ways:
  - delivering more streamlined health and care pathways and delivering more care in community settings;
  - integrated multi-disciplinary teams delivering primary, community health, mental health and social care close to, or where, people live; and
  - avoiding deterioration and unnecessary admission to hospital, and providing effective hospital interventions that support early discharge with rehabilitation and reablement where required.

- Understanding the health and care needs of populations in our communities and taking a proactive and targeted approach to promoting health and prevention.
- Providing consistent care and support tailored to the needs of the different communities in East Sussex, through strong links and closer working between primary, community, mental health and social care services and with the wider system of support in local communities and neighbourhoods in East Sussex - including social prescribing, drawing on resources across community, voluntary and independent sectors, as well as other public services such as housing and leisure services to impact on the wider determinants of health.
- Fostering strong relationships and pathways with services accessed by our population beyond the geography of East Sussex, and in other ICPs within Sussex. Overtime our ICP will develop to encompass specialist services within Sussex and beyond, acute hospital services provided within neighbouring Integrated Care Systems, for example Kent.
- Understanding our collective financial resource and taking decisions together to make best use of resources and deliver our strategic population health and social care outcomes.

3. Our approach in East Sussex

3.1 Our recent history of integrated working since 2014, through East Sussex Better Together and Connecting 4 You, provides a strong foundation for developing our ICP. We have taken

steps this year (2019/20) to bring these two programmes together, as well as develop our long term East Sussex Health and Social Care Plan.

3.2 This joint plan serves as the anchor for our work together as a system and will drive the priorities for the year ahead and subsequent years. Informed by local population health and care needs and shaped by and aligned with the NHS Long Term Plan commitments, the plan sets out the key changes we need to make to meet the health and social care needs of our population in the future, and how we anticipate doing this with priorities and next steps across:

- Prevention, personalisation and reducing health inequalities
- Children and young people
- Community
- Urgent care
- Planned care
- Mental health

3.3 During the process of drafting our health and social care plan and discussions at key meetings across our partnership governance, we have also identified some critical areas, over and above the broad-ranging improvement requirements in our plans, that we think will benefit from greater focus and collaboration through our ICP. These are:

- Our shared workforce planning across primary, community and hospital care, and collaborating to best effect over emerging new roles, recruitment and retention
- Agreeing and driving the implementation of our target operating model for community health and social care services, to increase efficiency and capacity to deliver a more sustainable model for the future, aligned to Primary Care Networks
- Addressing higher than expected demand for urgent and emergency care, including mental health and children and young people
- Independent sector bedded care capacity
- The importance of strong links and capturing the dependencies with primary care and mental health throughout our system plans

4. Our long term ICP model

4.1 Our proposals for our ICP have been developed based on the learning from our integrated working and the stakeholder engagement that has taken place since 2014, and overall our model will continue to take shape in an iterative way. We have set out below what we think the ICP model that we are working towards looks like in the long term, and its key characteristics. In the future our ICP will:

- Plan and work with the health and social care resources available for the population, deploying resources across the full pathway and spectrum of health and care needs to:
    - develop and implement operational plans and joint programmes of work;
    - develop and implement joint plans for workforce and organisational development
    - manage and plan demand and capacity, and;
    - deploy resources against delivery of commissioned and contracted outcomes

- Have the potential to hold a longer term contract or contracts to directly provide services, deliver outcomes and address health inequalities, and hold contracts with third parties to support delivery.

- Foster strong, trusting relationships and the sharing of risks across all the providers of care and support, including NHS providers, and social care and supported housing services, and the wider health and care system (including the voluntary and community sector, and wider County, District and Borough Council services), to coordinate and integrate provision across self-care activity, anticipatory care planning, coordination and management, public and patient navigation, population education and partnerships to address the wider determinants of health.

- Deliver a new model of care fit to meet the needs of our population, principally:

    - More care delivered at home or in the community through effective integrated care in localities and strong links to the wider system of local delivery to address the broader determinants of health
    - Easy and timely access to secondary care expertise when needed
    - Using whole population risk stratification to anticipate health and care needs ahead of time to help prevent the escalation of need wherever possible

- Understand the performance of the whole health and social care system (business as usual) through setting and monitoring a shared Outcomes Framework and Key Performance Indicators based on what matters to local people.

- Provide a range of system wide functions that are best delivered on an ICP footprint such as medicines optimisation, clinical and professional workforce training and education and emergency planning

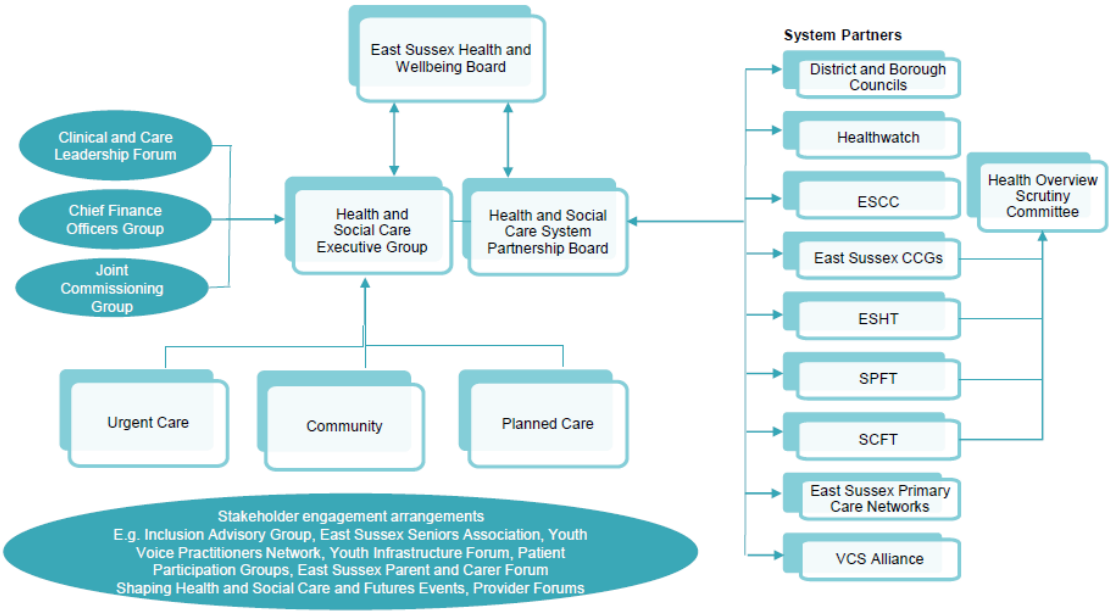
4.2 This is a significant development for all our organisations, particularly the sharing of risks. We will work together to understand the evidence-base and options for best delivering this model, implementing it iteratively to test and learn what will work best in East Sussex. This would also need to include showing how our future ICP model would meet the statutory duties and priorities of constituent organisations.

4.3 Alongside this the development of our integrated health and social care commissioning for our East Sussex place will also be a significant step in enabling us to set population health outcomes through a single process in the future.

5. Our collaborative framework

5.1 In September 2019 we launched a new East Sussex Health and Social Care System Partnership Board (SPB) as a key strategic planning partnership with a broad membership from across our system. This will help ensure a strong focus on prevention and the wider determinants of health, as well as making improvements to the quality of care that we deliver as a system. The SPB will have a key role in helping to shape our system ICP plans.

5.2 The diagram below shows the current key elements of our partnership governance and the lines of accountability. This will evolve over time in line with our ICP and integrated health and social care population commissioning developments.



6. Next steps - making a start with our ICP in 2020/21

6.1 Our ICP will be delivered in phases as we learn, test and evaluate the evidence. The iterative implementation of our ICP will be informed by the priorities in our plan and the arrangements that will need to be put in place to best deliver our objectives in 2020/21 – and how this will be formalised over time to maximise the benefits for our population. The following enablers have been identified to support this first phase of ICP implementation from April 2020:

1) The East Sussex health and social care plan and LTP response and the next phase of planning for delivering our agreed priorities through a transformation programme setting out the objectives, projects and Key Performance Indicators (KPIs) for 2020/21 to monitor delivery of key changes aimed at managing demand and improving outcomes.

2) Refreshing our overarching shared integrated Outcomes Framework in light of the East Sussex Health and Social Care Plan priorities and single programme arrangements, and exploring how we can use this to help monitor outcomes and measure longer term improvements.

3) Agreeing and taking forward phased implementation of a consistent common operating model and pathways for community health and social care services for the ICP, to help improve quality, performance and finances in 2020/21. The scope for this operating model will be in line with our priority objectives for more integrated working across primary, community health, mental health and social care and

support the delivery of the national service specifications for Primary Care Networks (PCNs) in 2020/21 under the new Network Directed Enhanced Services (DES) Contract, including anticipatory care, personalised care and enhanced care in care homes. Phased implementation of our target operating model will need to be strongly linked with programmes of work for Primary Care Network engagement and development.

4) Developing an underpinning financial framework, through building on the aligned incentive contract and developing a collaborative place-based framework to set out what the collective health and social care resource looks like for 2020/21 and how we will take decisions together on this to deliver the best possible outcomes**.** This would consist of:
    - A description of the whole system resource envelope for 2020/21
    - Modelling of the changes we will need to see and agreed trajectories
    - The decision-making process for deploying resources
    - The pooled and aligned budgets and arrangements for risk share where agreed by all Chief Finance Officers, including alignment with local NHS and ESCC financial planning and budget-setting for 2020/21
    - The aligned contracts that will support delivery
    - Developing risk-sharing arrangements in a safe way; we will continue the learning that has come out of the existing ESHT Aligned Incentive Contract arrangement and the aligned incentives around urgent and emergency care, and explore how we can build on this as well as existing Better Care Fund arrangements to support the first phase of delivering our target operating model for community health and social care services, as a key area that will deliver risk-share benefits and learning in 2020/21.

5) Implementation of the Sussex Integrated Dataset (SID – East Sussex has agreed to be an early adopter in 2019/20), to take forward understanding population health management and risk stratification to help deliver anticipatory care.

6) Any further refinement that may be necessary for the supporting partnership governance for ICP leadership and decision-making in 2020/21. For example, this might include further evolving our current collaborative framework where necessary to support delivery, for example through tools such as partnership agreements and memorandums of understanding.

7) Taking forward population health and social care commissioner arrangements. East Sussex CCGs and East Sussex County Council will also be involved in the ICP in their role as population health and social care commissioners, and we are further developing our approach to how we can add value through carrying out the following existing functions in a single integrated way:
    - Understanding local health and care needs of our population and setting the outcomes that need to be delivered,
    - Addressing health inequalities and working with population health data to improve the health and wellbeing of our population from birth to old age

- Working with District and Borough Councils, the voluntary and community sector and other providers of services that impact on the wider determinants of health to link together action on education, employment, income, discrimination and safe and resilient communities
- Ensuring that integrated services covering neighbourhoods and communities are delivered at the optimum scale to get the best outcomes for local populations

6.2 Some of the above areas of work are already underway, and some will require more detail to be developed by leads and others involved to define the work involved further. To support initial ICP implementation for April 2020, a coordinated programme of projects and work will be worked up by identified leads and small teams from our organisations. A high level programme has been developed to support delivery for April 2020.

7. High level roadmap for our ICP model

	Milestone/decision*	When by (deadline)
1	• Co-production of the East Sussex Health and Social Care Plan • Co-design of common target operating model for integrated community health and social care by Community Leadership Group	July – November 2019
2	• Finalise the draft East Sussex Health and Social Care Plan • Finalise the ICP common target operating model	November 2019
4	• Health and Wellbeing Board endorsement of the draft East Sussex Plan, and objective-setting, project definition and KPI development underway • Senior responsible officer agreement of draft initial ICP proposal, including elements for April 2020 • Senior responsible officer agreement of proposed common ICP operating model for community health and social care • To support delivery of the ICP for April 2020: ○ Develop detailed programme ○ Develop supporting communications and engagement plan	December 2019
5	• Undertake wider engagement on ICP proposal and target operating model • Individual partner organisations' approval of the draft East Sussex Plan (subject to Cabinet, Governing Body and Trust Board timetables) • Progress ICP development programme for April 2020, including: ○ Development of Financial Framework Agreement, aligned incentive/trial risk-share arrangement and alignment with organisational budget-setting ○ Aligned incentive contracts and other contracts in scope ○ Target operating model project initiation and understand dependencies and the links with PCN DES Contract national service specification delivery in 2020/21, including anticipatory care ○ Outcomes Framework refresh and arrangements to take forward population health and social care outcomes	January – March 2020

	commissioner	
6	• The Health and Wellbeing Board is asked to endorse: ○ East Sussex Plan detailed transformation programme for 2020/21 ○ Refreshed integrated Outcomes Framework and arrangements to take forward population health and social care outcomes ○ Finalised ICP phase 1 model and next steps	March 2020
7	• Go live with phase 1 ICP elements in shadow form to deliver East Sussex Plan/LTP programme priorities: ○ Phase 1 projects to deliver the target operating model for community health and social care, linked with PCN Network DES service specifications in 2020/21 ○ Place-based Financial Framework Agreement ○ Sussex Integrated Dataset ○ Supporting governance • Ongoing system monitoring of East Sussex Plan transformation programme	April 2020
8	• Consider the shape and form of a strengthened ICP for 2021/22 (phase 2) • Consider relationship and interface with neighbouring ICPs both within and beyond our Sussex ICS, and specialist services across a wider geography	July 2020
9	• Phase 1 ICP elements fully live • Make further decisions about phase 2 ICP model development	October 2020
10	• Phase 2 ICP model mobilisation phase	November – March 2021
11	• Phase 2 ICP model goes live • Sussex Integrated Care System live	April 2021

**There will be ongoing engagement with all of our key stakeholders supported by a comprehensive communications and engagement plan.*

***Partner organisation agreement will be sought in line with individual governance processes as the ICP develops. For example, if in the future options are developed for potential organisational changes or developments in how resources are managed this would be subject to individual organisational governance and consultation.*

Author: Vicky Smith

Version 4: 13 12 19

Draft refreshed East Sussex Health and Social Care Outcomes Framework
Working draft to support Integrated Care Partnership development in 2020/21

The Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to people. We have identified a small number of long term, overarching outcomes that organisations in our health and social care system share and are collectively working towards, based on what local people have told us is important. For local people using our services, this means developing a way to measure whether the services and support they receive is improving their health, wellbeing and experience of care and support (outcomes). Overall, through developing our Integrated care Partnership* in 2020/21 we want to strengthen the way we join forces to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable.

Population health and wellbeing

The impact of services on the health of the population such as preventing premature death and overall prevalence of disease.

Ambition	Outcome
Improve and protect mental and physical health and wellbeing for local people	• Children have a good start in life • People are able to live well • People age well • People have a good end of life
Reduce health inequalities for local people	• The gap in health outcomes is improved

Transforming services for sustainability

The way health, mental health, social care, education, housing and other services and support work together, and how effective they are at impacting positively on the people who use them.

Ambition	Outcome
Prioritise prevention, early intervention, self-care and self-management	• People get support from their communities to prevent, reduce or delay their need for health, care and support • People get help early to prevent situations from getting worse • People get help to manage their condition(s)
Deliver an integrated model of care	• People are supported to be as independent as possible
Demonstrate financial and system sustainability	• People have access to timely and responsive care, including access to emergency hospital services when they need them • Financial balance is achieved across the health and care system • Digital services and innovation are used to help make best use of resources

The experience of local people

The experience people have of their health and care services.

Ambition	Outcome
Good communication and access to information for local people	• Jargon free health and social care information can be found in a range of formats and locations • Health and care services talk to each other so that people receive seamless services and people and staff have access to shared and integrated information
Put people in control of their health and care	• People feel respected and able to make informed choices about services • People have choice and control over services and how they are delivered

Quality care and support

Making sure we have safe and effective care and support.

Ambition	Outcome
Provide safe, effective and high-quality care and support	• People receive high quality care and support • People are kept safe and free from avoidable harm
Deliver personalised care through integrated and skilled service provision	• People are supported by skilled staff, delivering holistic and personalised care

**An Integrated Care Partnership is a way of strengthening how we plan, organise, commission and deliver services together and better deliver our shared priorities across the county.*

Working draft produced 13 February 2020
for Health and Wellbeing Board 3 March 2020

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**3rd March 2020**
By:	**Executive Managing Director, East Sussex Clinical Commissioning Groups (on behalf of the Health and Social Care System Senior Responsible Officers)**
Title:	**East Sussex Health and Social Care Programme monitoring report**
Purpose:	**To provide an update of progress against the priority objectives and lead Key Performance Indicators for the health and social care programme in 2019/20**

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to Consider the progress in Quarter 3 against the priority objectives and lead Key Performance Indicators (KPIs) for 2019/20

1. Background

1.1 As previously reported to members of the Health and Wellbeing Board (HWB), in 2019/20 the East Sussex Health and Social Care Executive Group agreed initial programmes of work and a set of priority objectives and Key Performance Indicators (KPIs) across planned care, urgent care and community, and the proposed monitoring arrangements.

1.2 The initial focus of our programme in 2019/20 has been the immediate objective for our system partnership to enable continued grip on financial stabilisation. This was informed by our existing programme objectives, and the financial recovery process that parts of our NHS system were engaged in with NHS England (NHSE) and NHS Improvement (NHSI), as well as benchmarking and consideration of best practice and new models of care.

1.3 The current health and social care programme, projects and KPIs for 2019/20 represent pragmatic and realistic steps to be taken this year to progress fuller integration of health and social care services, in order to support ongoing grip on financial recovery for our system. This includes better system working to reduce pressure on hospital service delivery; improving community health and social are responsiveness, and; ensuring good use of, and shorter waits for, planned care.

1.4 The initial in-year objectives, that were collectively agreed by partners, do not include all the other work that takes place across our system, for example prevention, children and young people, primary care and mental health. Our agreed long-term East Sussex Health and Social care plan sets out our shared system priorities across the whole health and social care economy. It also widens the scope of our transformation programme in 2020/21, through setting out priorities for prevention, children and young people and mental health and how we will work in partnership with primary care networks and wider system partners to support delivery in 2020/21. Progress with the next phase of detailed planning for 2020/21 is covered under a separate report to the HWB.

1.5 As part of the East Sussex Local System Review, the Care Quality Commission (CQC) recommended that the Health and Wellbeing Board (HWB) should have a strengthened role in providing a robust whole system approach to transformation and improved health and wellbeing

outcomes for local people. This includes having oversight and holding the health and social care system collectively to account for delivery of the agreed system-wide priority objectives for 2019/20. This is the third report to the HWB tracking progress on the nine priority objectives and lead KPIs for 2019/20 to ensure effective monitoring and oversight of the programme. The report covers the previous quarter from 1st October to 31st December (Q3).

2. Supporting information

Performance report: Quarter 3 (Q3) 2019/20

2.1 Appendix 1 sets out the current progress against the nine overarching priority objectives for the transformation programme for Q3 in 2019/20. Our priority objectives are based on what we want to achieve this year, to ensure high quality sustainable services. It is important to note that although our A&E focused objectives are not to plan, we have seen a reduction in A&E demand in Q3.

2.2 Appendix 2 sets out progress against the lead KPIs for urgent care, planned care and community for Q3 in 2019/20, set by the Health and Social Care Executive Group to indicate whether we are impacting on the system as expected in order to achieve the priority objectives in 2019/20.

2.3 The programmes continue to evidence significant improvements in the areas reported last quarter for our residents. At the end of the third quarter we can evidence the start of new benefits:

i. Our Locally Commissioned Service (LCS) for Respiratory was introduced in April last year. This service was designed to:

- encourage a holistic and patient centred empowering approach to respiratory management;
- improve parity of respiratory care across East Sussex;
- make quality improvements identified in the NHS Rightcare Commissioning for Value Respiratory pack;
- reduce inappropriate use of inhaled corticosteroids;
- empower practices to make prescribing cost savings by improving medicines optimisation, and;
- support reduction in oxygen costs and emergency admissions;

The service elements of the LCS include proactive case finding for lung disease e.g. COPD, enhanced annual reviews, reviews of highly medicated asthma sufferers. Since the launch of this service we have seen 148 avoided emergency admissions.

ii. Work has been taken forward by GPs, hospital pathologists and consultants to reduce variation in our approach to pathology test requests from primary care. Primary and secondary care clinicians now meet regularly to improve the processes and share knowledge. The expected benefits for our patients are a higher likelihood of the right test first time leading to earlier intervention if needed, and also the reduction in unnecessary repeat tests.

iii. Every year some high cost medications become available at a reduced price as the market opens up to pharmaceuticals once the research costs have been covered. This year we have been able to switch to these new brands, reducing our high cost medication

costs for hospital provision by £1.6m. Our medicines management team continue to keep abreast of the medication switches as well as expanding the medication reviews across East Sussex ensuring our patients are optimally medicating with minimal side effects.

iv. Work has also been taking place on non-injury falls rates in East Sussex and our system is now working with SECamb to avoid transfer to hospital where this is not medically needed, by referring to our community crisis response team. Workforce challenges were initially a limiting factor and redesign of roles has enabled this new pathway to be supported. Other common conditions that often result in transfer to hospital will follow next year e.g. Urinary Tract Infections.

v. Suspected cardiovascular disease can now be diagnosed via a CT Scan rather than an invasive procedure. This year we have seen 128 people benefit from this redesigned pathway avoiding the low risk of complications.

Areas for development

2.4 Areas of focus for the rest of the year will continue to be on the rapid mobilisation of new projects and the continual review of existing work, to support the following areas:

i. As reported last quarter and in common with trends seen across Sussex and nationally, A&E attendances and emergency admissions were higher than planned at the end of quarter 2. During Q3 we have seen a reduction in this demand however, as winter progresses, we may see the demand increase to previous levels. With our interventions made this year we have evidence that the changes made have impacted the reduction in emergency service demand and, as we develop our plans for 2020/21, our programmes will be prioritising system changes that align with the East Sussex Health and Social Care Plan and continue to address the demand on our emergency services. The development of the 2020/21 transformation plans for our East Sussex system are progressing, with key programmes of work identified aligning with the NHS Long Term Plan and local social care priorities. Key areas of work will include;

- Virtual and video outpatient clinics and expanding electronic correspondence. This saves patients and clinicians time and is evidenced to provide better outcomes. For example, virtual fracture clinics for certain conditions can be more safely managed from home.
- Continuing with the implementation of the community health and social care target operating model, delivering more integrated care closer to home for people with complex and multiple long term conditions.
- Further expansion and focus on supporting patients with multiple needs with high numbers of A&E attendances and admissions.
- Expanding initiatives to support our frail and elderly population to receive timely intervention to ensure sustainability of independence.
- Continuing to refine and redesign our high demand services to ensure the most efficient delivery of the right treatment, at the right time, and in the right place. For example, a successful triage pilot in Gastroenterology involving GPs and hospital Doctors, has evidenced a high volume of patients progressing first time onto the right care pathway. The plans are to recommend permanently embedding this service next year.

ii. In December, Urgent Treatment Centres opened at the front of our hospitals to ensure our A&E department capacity is most effectively used and our patients receive the optimum intervention.

3. Conclusion and reasons for recommendations

3.1 During Q3 the programme has continued to be able to evidence better system working to reduce pressure on hospital service delivery; improving community health and social are responsiveness, and; ensuring good use of, and shorter waits for, planned care. As a result of clear system governance, and standardised multi-agency performance reporting across our system, we have been able to capture the positive impact of a range of projects and benefits realised to date and highlight in a timely way any areas of risk to our plans.

3.2 Emergency attendances and admissions continues to be a priority focus along with community health and social care integration and collaborating to support recruitment and retention in our shared workforce.

3.3 Partners across our system have also been working together to undertake the detailed programme planning for 2020/21, and the immediate next steps arising from the shared priorities in our agreed long term East Sussex Health and Social Care Plan.

JESSICA BRITTON
Executive Managing Director, East Sussex Clinical Commissioning Groups

Contact Officer: Lesley Walton
Tel. No. 07785515326

Email: lesleywalton@nhs.net

Contact Officer: Vicky Smith
Tel. No. 01273 482036

Email: Vicky.smith@eastsussex.gov.uk

Background documents

None

Appendix 1 – Progress against Health and Social Care Programme Priority objectives for 2019/20[1]

Ref No	Objectives 2019/20	Target Measure	Target Date	Current Measure	RAG
1	Reduction in average length of stay for non-elective admissions	<=4.4 days *Average Length of Stay*	31/03/2020	4.1	
2	Reduction in average length of stay in non-acute beds (e.g. community, intermediate, non-weight bearing etc.)	<=25.3 days *Average Length of Stay*	31/03/2020	25.0	
3	Growth prevention in A&E attendances not to exceed plan	<=6%	31/03/2020	8.8%	
4	Delivery of transformational plan financial efficiencies 19/20	>=£11.1m	31/03/2020	tbc[2]	tbc
5	Growth prevention in non-elective admissions	<=6%	31/03/2020	6.8%	
6	Increase efficiency and capacity within the existing community health and care services workforce	Metric definition not yet agreed and unlikely to be impacted by changes this year			
7	Reduction in the number of people 65+ permanently admitted to residential and nursing homes	<=288 YTD *Permanently admitted*	31/03/2020	289	
8	Outpatients Optimised	Upper Quartile	31/03/2020	Middle Quartile	
9	Increase in % of same day emergency care	>=30%	31/03/2020	41.8%	

[1] These are locally set objectives and targets for our transformation programme that we have set to try and measure the impacts of specific improvement projects. Some areas are still in development and we will use the learning to inform how we set objectives, measures and KPIs for 2020/21 monitoring. In some cases, local targets are being impacted by increases in activity beyond what we would have anticipated.

[2] In 2019/29 we set some proxy indicators for system financial efficiencies in order to help our understanding of the way we can financially quantify efficiencies and the impacts of transformation across our system. This continues to be reviewed and refined, so that the combined impacts of transformation and operational delivery can be captured and understood in the context of further analysis of activity growth

Appendix 2 – Progress against Lead Key Performance Indicators (KPIs) for urgent care, planned care and community 2019/20

Lead KPIs	Indicator Description	Target	Current Measure	RAG
Urgent Care Oversight Board	Reduce the number of people seen in Emergency Department (ED) (i.e. majors and resus) as a % of the total number of people attending the A&E site (all streams)	Pending UTC implementation in December		
	Increase the number of people seen through Urgent Treatment Centre (UTC) services as a % of the total no of people attending the A&E site (all streams).			
	Reduction in >75yrs Non-Elective average LoS	<= 7.9	7.2	
	Reduction in A&E admissions from Care Homes	<=1630 (YTD)	1297	
Community Oversight Board	Reduced number of medically fit patients per month (including reductions in delayed transfers of care, stranded and super stranded numbers)	<= 159	164	
	Reduction, against original trajectory, of patients conveyed to ED	No longer KPI, project closed.		
	Reduction in time on waiting list for relevant community services	Data unavailable to measure[3]		
	Increase in client contact/patient visits for relevant services			
	Reduction in percentage of health and care workforce turnover	No longer monitored – change complete		
Planned Care Oversight Board	Reduction in rate variation of acute GP referrals	<=32%	27.%	
	Reduce number Low Clinical Value Procedure Referrals	<=635 (YTD)	539	
	Reduction in Elective Activity	<=4425 (YTD)	4126	
	Increase number of Advice & Guidance Requests	>=2571 (YTD)	2425	
	Growth prevention of new hospital appointments with no further action after 2 appointments	<=5%	-9.4%	
	Growth Prevention of new hospital appointments with no further appointments needed.	<=5%	-7.3%	

[3]Informed by baseline data gathering a potential OT/JCR integration project is being explored as a priority project that would support the delivery of a new target operating model for community services in 2020/2. With the specific objective of improving efficiency and creating capacity in therapy services, success would see reduced waiting lists and increased patient contact/visits. This is being considered as part of objective planning for 2020/21, and as and when the OT/JCR integration project is agreed and underway we would expect to report on these performance and productivity measures for a joint therapy service.

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**3rd March 2020**
By:	**Director of Public Health**
Title:	**Annual Director of Public Health Report 2019/20: Health and Housing in East Sussex**
Purpose:	**To introduce the annual report of the Director of Public Health 2019/20: Health and Housing in East Sussex**

RECOMMENDATION

The Board is recommended to endorse the annual report of the Director of Public Health

1 Background & Supporting information

1.1 It is a statutory requirement for the Director of Public Health to publish an annual report. The 2019/20 Annual Report of the Director of Public Health focuses on Health and Housing in East Sussex. Housing is an important determinant of health, alongside employment and social connections with family, friends and others. Access to healthcare is responsible only for a relatively small part of what makes us healthy. In order to improve the health and wellbeing of East Sussex residents and to reduce inequalities, the broader determinants of health need to be addressed. The draft report is attached at Appendix 1. This will be subject to further minor typographical and formatting checks but no changes are planned to the proposed content, subject to the view of the Health and Wellbeing Board.

1.2 This report seeks to identify and discuss the main influences that housing has on population health. The report consists of a range of evidence, robust data, case studies, and further qualitative data and analysis from discussion with a range of staff, key stakeholders and organisations. The report does not address all aspects of health and housing and does not include prisoners, refugees, women's refuges and substance misuse. These issues remain important but are being dealt with outside the scope of this report.

1.3 The purpose of the report is to:

- Develop a broader understanding of the relationship between health and wellbeing
- Support and enhance integrated working across housing, health, public health and social care
- Support partnership working to help address and mitigate local housing challenges
- Support ongoing joint work to prevent homelessness and rough sleeping and to mitigate the harms that these cause

1.4 There are no specific financial implications attached to approving this report and its recommendations. More integrated working across housing, health, public health and social care will however ensure best use is made of public resources. Joint working will also help mitigate specific costs, for example by reducing demand for emergency and temporary accommodation and the increased costs associated with poor health due to homelessness and rough sleeping. In the longer term the stronger partnerships will support work to increase the quantity, quality and suitability of homes for individuals and families, hence improving the health and wellbeing of people living in East

Sussex and bringing economic benefit to the area.

2 Conclusion

2.1 The recommendations in the report address collaboration across East Sussex as a whole, promotion of initiatives that will help ensure safe and healthy homes and personalising the support people require to improve their health. The Health and Wellbeing Board is therefore recommended to endorse the annual Director of Public Health report.

DARRELL GALE
Director of Public Health

Contact Officer: Joanne Bernhaut, 01273 336034

BACKGROUND DOCUMENTS

None

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH EAST SUSSEX 2019/20

HEALTH & HOUSING

You cannot maintain good health without good housing

East Sussex County Council

NHS East Sussex

FORWARD

DARRELL GALE

Director of public health
East Sussex County council

I am very pleased to welcome you to this, my second Annual Report for East Sussex.

Whether or not you have your own home, the condition and design of the home, the neighbourhood that surrounds it and whether you need support in living independently can all impact your health in both positive and negative ways. Housing is one of the major determinants of health, alongside employment - having a job; and relationships - having people to connect with. You cannot maintain good health without good housing and we all have a role to play in ensuring that everyone has a decent home that meets their needs.

Two connected crises are having an impact on lives and the health of the UK population: climate change – with many local authorities calling a "Climate Emergency"; and a housing crisis, with rising homelessness and inconsistent delivery of new homes. How we live, where we put houses and their connectedness to jobs and services, and how we travel all impact on environmental sustainability. Local planners and transport authorities are working ever more closely to shape how and where we live to mitigate climate change related risks and to ensure the adaptability of existing places, ensuring healthier places and homes.

Put simply, there are not enough houses to meet demand, and the delivery of these is as much an issue for developers as making Local Plans to identify sites for new housing is for local planning authorities.

Quality of housing impacts significantly on the health of its occupants. Decent homes' standards have improved the quality of social housing stock, yet this standard is seen as a bare minimum, and housing officers and registered housing providers are aspiring for higher quality and design, and for this to apply to private sector housing as well. The fact that the majority of homes needed for our growing and changing population are already built; and include large numbers of homes which are difficult or expensive to maintain or adapt, means innovation and collaboration between partners and sectors is essential.

In East Sussex, increasing the supply of affordable long-term accommodation is key to sustaining reductions in rough sleeper numbers, reducing the number in, and length of stay within temporary accomodation, and reducing levels of homelessness more generally. Rough Sleepers Initiatives in East Sussex have made good progress in supporting our most vulnerable residents into housing, and it is hoped that working at scale across the county, this may continue to transform lives.

I recommend this report to you and hope that whoever you are, wherever you live, and whatever role you can play, we can use this report to advocate for better, safer housing and homes for all, in the right place and with the right support and services.

I welcome your feedback, and look forward to hearing about how you can, will and have used this report and its recommendation to forward the aim of healthy housing for all in East Sussex.

With my best wishes

Darrell Gale

Director of Public Health, East Sussex County Council
Public.Health@eastsussex.gov.uk

CONTENTS

ACKNOWLEDGEMENTS

Edited by:	Joanne Bernhaut
Designed by:	Martine Gardener
Contributors include:	Lisa Sansom; Miranda Scambler; Graham Evans; Tracey Houston; David Bishop; Nicola Blake; Kay Holden; East Sussex Fire and Rescue Service; Eastbourne Borough Council; Hastings Borough Council; Lewes District Council; Rother District Council; Wealden District Council; East Sussex County Council; Eastbourne Hailsham and Seaford NHS Clinical Commissioning Group; Hastings and Rother NHS Clinical Commissioning Group; High Weald, Lewes and Havens NHS Clinical Commissioning Group; Kent Community Health NHS Foundation Trust; Action in Rural Sussex, and many others who have fine-tuned and made gratefully received suggestions.
Shaped by discussion with:	East Sussex Housing Officers Group; East Sussex Chief Executives Group
Endorsed by:	East Sussex Health and Wellbeing Board

STRATEGIC RECOMMENDATIONS

There is a housing crisis across the UK and in East Sussex as a result of the increased demand and reduced supply of housing. That equation however, is not always straightforward, as developers may hold planning permissions for houses, but not be delivering them.

PUT SIMPLY

AND FOR ALL PARTNERS WITHIN OUR HOUSING SYSTEM, WE MUST BUILD MORE HOMES.

THE MORE SPECIFIC RECOMMENDATIONS OF THIS REPORT ARE SET AT THREE SCALES:

The Whole East Sussex level: using the local spatial plans as a focus for collaboration

Household level: ensuring a safe and healthy home for all

Individual level: personalising the support people require to improve population health overall

TO MAKE ALL HOUSING AND NEIGHBOURHOODS HEALTHY:

East Sussex County Council and the District and Borough Councils will work more collaboratively on each of the Local Plans through the existing groups - Local Plan Managers and East Sussex Housing Officers Group (ESHOG), sharing data and intelligence to fully understand housing needs and population distribution and hardwiring the principles of "Putting health into place" to ensure health is central to place making, and the design and delivery of homes and neighbourhoods.

TO MAKE ALL HOMES HEALTHY:

East Sussex County Council and the District and Borough Councils and the NHS will support and promote initiatives that improve the health and safety of homes, including adaptations that improve environmental sustainability, and promote independent living.

TO MAKE PEOPLE HEALTHIER IN THEIR HOMES:

East Sussex County Council and the District and Borough Councils and the NHS in East Sussex will collaborate to integrate the planning and delivery of care and support in housing, ensuring that specific homelessness and rough sleeping support is continued.

INTRODUCTION

Housing is an important wider determinant of health

Housing is an important social determinant of health with the home environment and housing circumstances impacting on population health and wellbeing. Housing conditions have a significant impact upon physical and mental health and wellbeing. The home environment is important in enabling access to other health improvement opportunities including employment, social networks, essential services and green space. Personal outcomes and opportunities are shaped as much by where we live as by who we are.

This report does not intend to cover every element of how health is affected by housing, as this would lead to a very lengthy report. Instead, the focus is on the issues directly affecting East Sussex; its housing and its residents, with a desire to create a small number of strategic recommendations that can be delivered through the existing strong partnerships and expertise within the county.

Homelessness, being without a home or a place to call home, has a significant impact on health and wellbeing and so is covered in a dedicated section.

> Our home is not just a dwelling place. It should be a place of comfort, shelter, safety & warmth. . . it is the main setting for our health throuhout our lives.

Adapted from: Public Health Matters (October 2015) Bringing Together Housing and Health
https://publichealthmatters.blog.gov.uk/2015/10/21/bringing-together-housing-and-public-health/

KEY MESSAGE [1]

from the Association of Directors of Public Health Policy Position on Housing and Health

- Housing is an important social determinant of health for people of all ages.
- Homes should be warm, safe, ventilated, not overcrowded, affordable, accessible, and provide a sense of security and community.
- Many opportunities are currently being missed to link health and housing, and policy is not fully joined up in this area.
- Public health teams have the skills to work closely with planning, housing and homelessness teams in local authorities to deliver healthier homes and healthier physical and social spaces and places for our population.

Housing has the potential to reduce or reinforce health inequalities. It exerts a substantial influence on health and wellbeing through several linked routes, including the affordability of homes, the quality of homes, and the role of the home as a platform for inclusion in community life. Housing costs constitute the most important and most direct impact of housing on poverty and material deprivation. Those living in poverty are more likely to live in poorer housing; unstable housing circumstances or to be homeless. It should also be recognised that poor health, poverty and inequity are themselves the main barriers both to choice and the ability to access and sustain a safe, healthy and stable home.

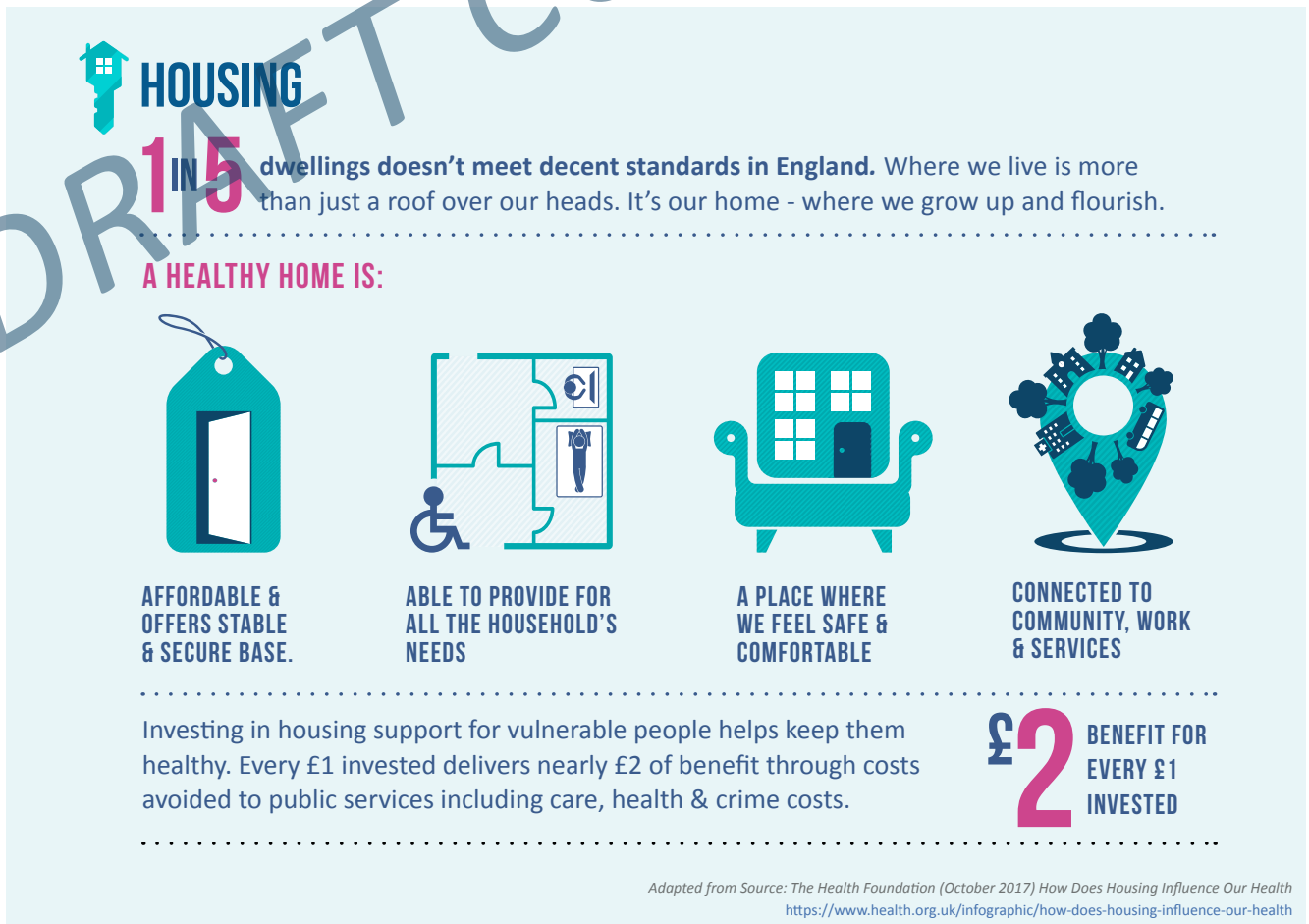
WHAT IS A HEALTHY HOME?

There is no absolute consensus or model of a healthy home. Throughout history, and amongst many cultures and civilisations, attempts have been made to design homes that promote the health and wellbeing of their occupants[2]. Some of the characteristics of these are still seen as essential such as sanitation, ventilation, temperature control and fire protection. Others, such as density, high-rise living or direct connection to a private garden or outside space have fallen in and out of favour.

> *Personal outcomes and opportunities are shaped as much by where we live as by who we are.*

The Decent Homes Standard[3] is a minimum standard that council and housing association homes should meet according to the UK Government. Under the standard, council or housing association homes must be free from any hazard that poses a serious threat to health or safety, be in a reasonable state of repairs, have reasonably modern facilities and have efficient heating and insulation. A home fails the Decent Home Standard if it does not meet all four criteria. The standard provides a benchmark from which all homes, both new and existing, can be measured.

For new homes, recent guidance in the form of 'Putting health into place'[4] sets out a blueprint for new house building and neighbourhood planning for our growing and ageing population. This guidance, brought together in ten design and planning principles, synthesises learning from spatial planning experts and the NHS Healthy New Towns Programme. The guidance is intended for those involved in the planning and housing process, from Members of Planning Committees and planning officers, through developers and housing associations, to Integrated Care systems and the wider NHS including GPs. It is this total system approach which makes the principles effective in shaping development by recognising the need for whole systems collaboration between organisations and agencies. Its assets-based approach also aligns with our approach to public health and partnership working in East Sussex.



Adapted from Source: The Health Foundation (October 2017) How Does Housing Influence Our Health
https://www.health.org.uk/infographic/how-does-housing-influence-our-health

THE 10 PRINCIPLES: FROM "PUTTING HEALTH INTO PLACE" [4]

PLAN, ASSESS AND INVOLVE

1. Plan ahead collectively
2. Assess local health and care needs and assets
3. Connect, involve and empower people and communities

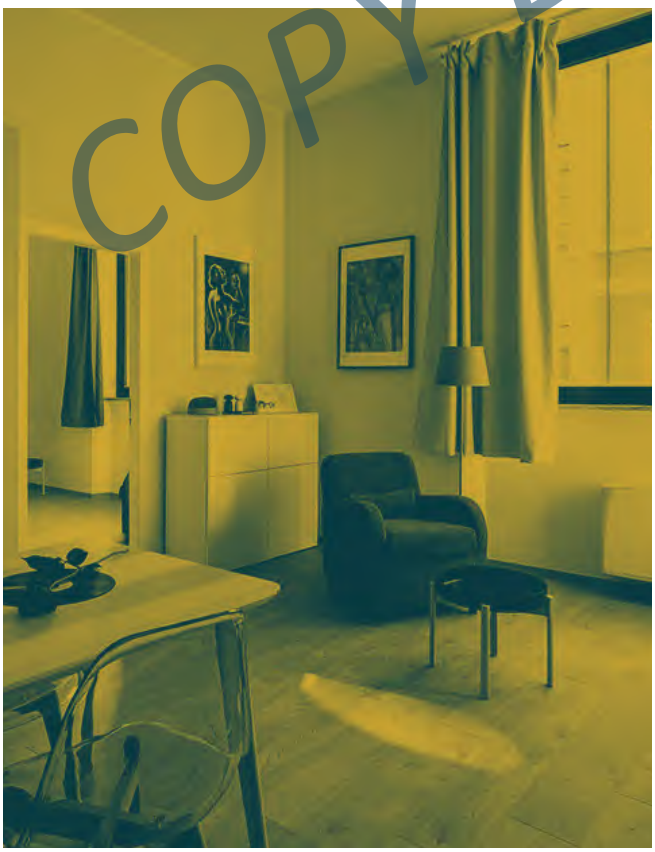
DESIGN, DELIVER AND MANAGE

4. Create compact neighbourhoods
5. Maximise active travel
6. Inspire and enable healthy eating
7. Foster health in homes and buildings
8. Enable healthy play and leisure

DEVELOP AND PROVIDE HEALTHCARE SERVICES

9. Develop health services that help people stay well
10. Create integrated health and wellbeing

https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/



Housing and homes are not only about the bricks and mortar, or even the wider neighbourhood environment. Housing provides a place for care provision to keep people healthy and well, and housing related support too can promote independent living and help people maintain a home and a roof above their heads. Public Health England (PHE) has published a joint Memorandum of Understanding (MoU) on 'Improving Health and Care through the Home'[5]. This brings together organisations, decision-makers and implementers from across the public and voluntary sector to maximise opportunities to embed the role of housing in joined up action on improving health and creating better health and social care services. Signatories include PHE, the Department for Health and Social Care, The Local Government Association, NHS England, and National Housing Federation. It is a national recommendation that the MoU is adopted locally, and through our continuing collaboration in East Sussex its adoption would be helpful.

The annual cost of poor housing has been estimated nationally to be at least £1.4b to the NHS alone[6] and clearly there are far wider economic impacts outside of the NHS.

THE MEMORANDUM OF UNDERSTANDING: [5]

IMPROVING HEALTH AND CARE THROUGH THE HOME

sets out:

- A shared commitment to joint action across government, health, social care and housing sectors in England.
- Principles for joint working for better health and wellbeing outcomes, and to reduce health inequalities.
- A framework for national and local cross-sector partnerships to provide healthy homes, communities and neighbourhoods.
- Conditions for developing integrated and effective services to meet the needs of individuals, carers and families with a range of local stakeholders.
- What shared success might look like.

https://www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou

USING THIS REPORT

This report contains information, case studies, policy and perspectives on a vast range of issues. We have attempted to write and lay out the report for a broad audience including residents of East Sussex as well as those working for and with them. It sets out to bring together in one place the wide range of research evidence in an accessible and concise style, as well as local service data and descriptions of good practise.

The report is intended to promote discussion and action in equal measure and to advocate for change when it is needed, allowing all readers equally to advocate for better health through better housing.

1 THE EVIDENCE BASE

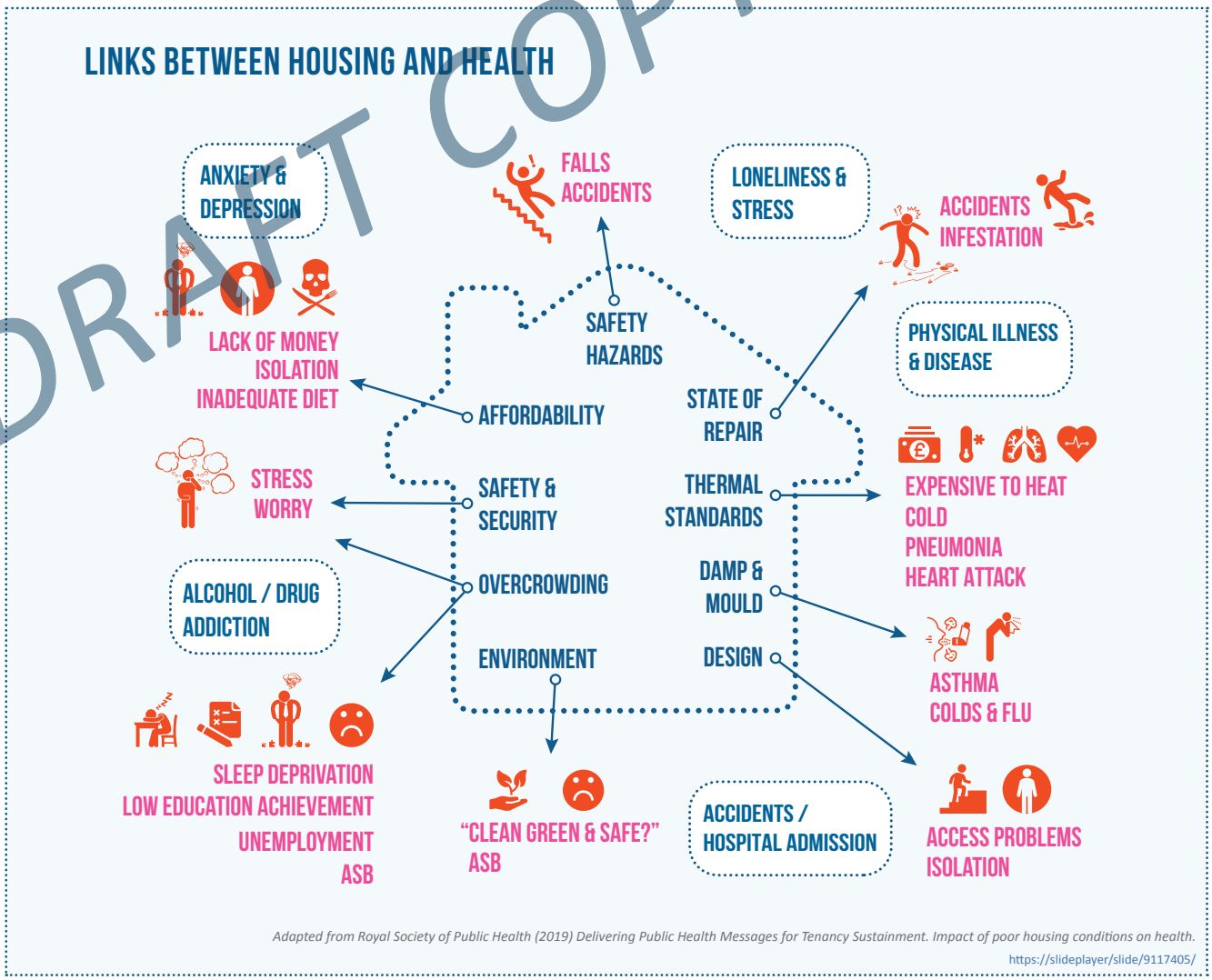
THE EVIDENCE BASE

How housing impacts on health

There is a strong evidence base for how housing impacts on both physical and emotional and mental wellbeing. The infographic shows the many relationships between housing and health. These are wide-ranging and include more immediate and direct physical impact such as falls, accidents and asthma, as well as wider impacts such as loneliness and stress, low educational achievement and unemployment.

There have been several attempts to quantify the impact that housing and the home environment have on health. These have struggled to unravel the many interlinked factors as illustrated above. However, it is estimated that from 45%[7] to 60%[8] of health outcomes are determined by environmental and socio-economic factors.

Poor and unsafe housing can occur across all forms of home ownership and occupancy, but in general, and in East Sussex, the private rented sector has the highest rates of poorer housing. A growing proportion of the population now live in privately rented properties. This sector now houses 19% of the population and rent is almost twice as high compared with the social rented sector. Tenants often feel insecure in their housing due to the shortness of contracts and lack of the legal protections afforded by social housing tenancies. The homes in the private rented sector also have higher levels of damp than other sectors, are twice as likely to be in poor condition and one in five households within private rented accommodation are fuel poor[9] (meaning were they to spend the amount of money required to meet their fuel needs they would be left with an income below the official poverty line).



Adapted from Royal Society of Public Health (2019) Delivering Public Health Messages for Tenancy Sustainment. Impact of poor housing conditions on health.
https://slideplayer/slide/9117405/

Changes to planning legislation brought about in 2013 as a temporary measure, then made permanent in 2016, permit the conversion of commercial buildings through Permitted Development Rights (PDR) into much needed homes. These are primarily former office blocks, but also have covered some retail, industrial and agricultural buildings. Planning authorities then have very limited criteria to manage the development as normal planning and some building permissions are not required. Additionally, such developments don't usually contribute to infrastructure costs through the Community Infrastructure Levy (CIL) or section 106 contributions.

Much needed housing is being provided through this route and the speed of conversion means that these homes are often brought forward far quicker than through the normal planning route. However, there is increasing concern[10] about the quality of some of these homes and the impacts upon occupants and on townscapes. Whilst not yet having a sufficient evidence base to dedicate much space within this report to this phenomenon, the concerns already raised do show that issues described within this report as risks to health may be present at significantly higher levels in this type of housing. These include overcrowding and inadequate space standards, overheating, lack of ventilation and the impact on indoor air quality, as well as concerns regarding the setting such as proximity to noise, poor air quality and distance from services. There is concern too that vulnerable people may become 'warehoused' together in a manner whereby their individual support needs may be difficult to provide, and where differences between people may lead to social tensions.

It is important to consider factors which are external to the home, as well as those within the home that can impact health and cause harm. This section summarises the health impacts and risks of internal and environmental factors, and outlines whose health is especially impacted upon by their homes and housing factors.

The next sections of this chapter summarise the housing impacts on health inside the home, outside of the home and who is most at affected.

INSIDE THE HOME

Living in a Cold Home

IMPACT ON HEALTH

Living in a cold home can lead to a range of poor health outcomes including lung and heart disease, falls and poor mental health. It is also associated with additional winter deaths.

WHO IS AFFECTED

People who are especially vulnerable to the cold, include:

- those aged 65 and over
- babies and pre-school children
- those who are pregnant
- those on a low income who cannot afford to adequately heat their home
- those with existing health conditions including: heart and other cardiovascular disease; lung disease (in particular: chronic obstructive pulmonary disease and childhood asthma); poor mental health; and physical disabilities

HOW MANY PEOPLE ARE AFFECTED

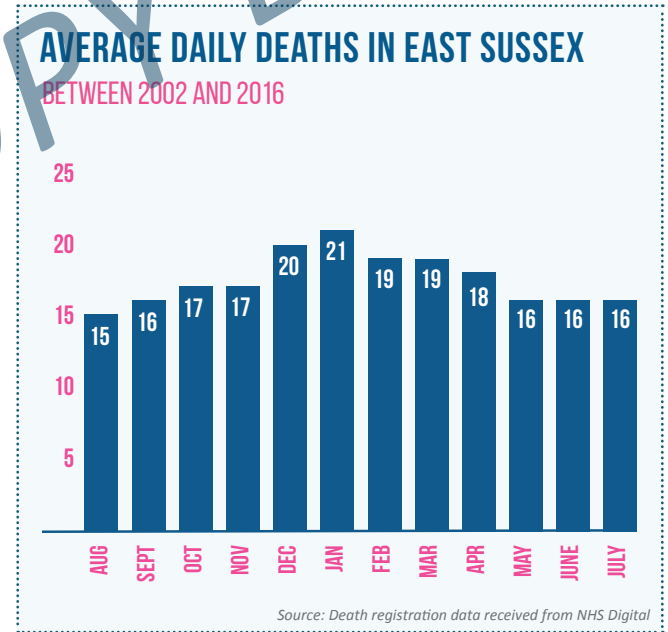
In 2017 almost one in ten East Sussex households (over 24,000 homes) were in fuel poverty, with the percentage in Hastings (13.3%) being significantly higher than the East Sussex (9.8%), South East (8.7%) and England (10.9%) figures[11]. For these households fuel bills cost more than average and paying them leaves the household below the official poverty line. The level of fuel poverty in some local areas of Hastings and Eastbourne is higher than 20%.

Fuel poverty is defined as when a household's required fuel costs are above the median level, and if they were to spend what is required, then the household would be left with a residual income below the official poverty line[12].

The World Health Organisation state that 30% of extra winter deaths are due to cold homes, and are therefore avoidable[13].

In East Sussex over the last three winters an extra 1,428 people died when compared with the non-winter months[14].

Between 2002 and 2016 there were on average 21 deaths per day in the month of January compared to 15 in the month of August.



The number of extra deaths in winter (compared with non-winter months) varies each year depending on a range of complex factors including winter temperatures; the level of disease in the population; the strain of seasonal flu and vaccination rates and effectiveness; as well as how well-equipped people are to cope with the drop in temperature.

SOLUTIONS

National guidance on 'excess winter deaths and morbidity and the health risks associated with cold homes' includes recommendations on how to reduce

the risk of death and ill health associated with living in a cold home[15]. The aim is to help: reduce preventable excess winter death rates; improve health and wellbeing among vulnerable groups; reduce pressure on health and social care services; reduce 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies, and; improve the energy efficiency of homes.

> *In East Sussex over the last three winters an extra 1,428 people died when compared with the non-winter months*

The key areas for improvement identified in the guidance are:

- year-round planning to identify vulnerable local populations
- identifying people vulnerable to health problems associated with a cold home
- establishing a single-point-of-contact health and housing referral service
- asking people about keeping warm at home
- identifying people vulnerable to health problems associated with cold homes on admission to hospital, mental health services and social care services
- ensuring that people discharged to their own home from hospital, or a mental health or social care setting have a discharge plan that includes ensuring that their home is warm enough

Activities to reduce fuel poverty in East Sussex:

- providing the East Sussex Warm Home Check service – an affordable warmth scheme that offers a 'single-point-of-contact' for anyone living in a cold home, along with additional support for eligible vulnerable people through a home assessment, advice and home heating / insulation improvement works
- identifying vulnerable people who live in a cold home and referring them for help
- providing vulnerable people with information and advice in order to maximise income
- training health, housing and social care professionals and voluntary and community sector workers to help people whose homes may be too cold for their health and wellbeing
- raising awareness among professionals and the public about how to keep warm at home (e.g. through communications activity and information available at: www.warmeastsussex.org.uk)

Activities to increase the number of households benefiting from the East Sussex Warm Home Check service include:

- ensuring local leaders and service managers recognise the impact that a cold home can have on someone's health and wellbeing
- encouraging the introduction of year-round systematic identification and referral of people living in a cold home within local services (including as part of social prescribing, community health and care service delivery, and hospital admissions / discharge processes)
- enabling practitioners to spot the signs of someone living in a cold home and easily make a referral (by providing training and raising awareness of the service)
- targeting promotion of the service to residents including using social media advertising and targeted mailings highlighting the positive outcomes that can be achieved

Additionally, there is a free e-learning resource[16] for professionals who visit people in their homes to support staff to recognise the signs that someone is living in a cold home that is affecting their health, including the less obvious ones. The 25-minute module is available via https://www.e-lfh.org.uk/programmes/cold-homes/.

INSIDE THE HOME

Living in an overheating home

IMPACT ON HEALTH

Just as living in a cold home can lead to a range of poor health outcomes, living in a home that becomes uncomfortably hot, and / or where an occupier cannot easily cool the home in hot weather, is also a risk. There are no precise temperature thresholds set for indoor environments, and much data on overheating is poor as most studies rely on self-reporting. There is no measure for overheating in the housing health and safety rating system (HHSRS), and the risks are likely to vary with occupant risk factors. The health harms from overheating will become a greater issue with the ageing population, increased urbanisation / densification; and climate change. All of these will be considerable impacts in East Sussex.

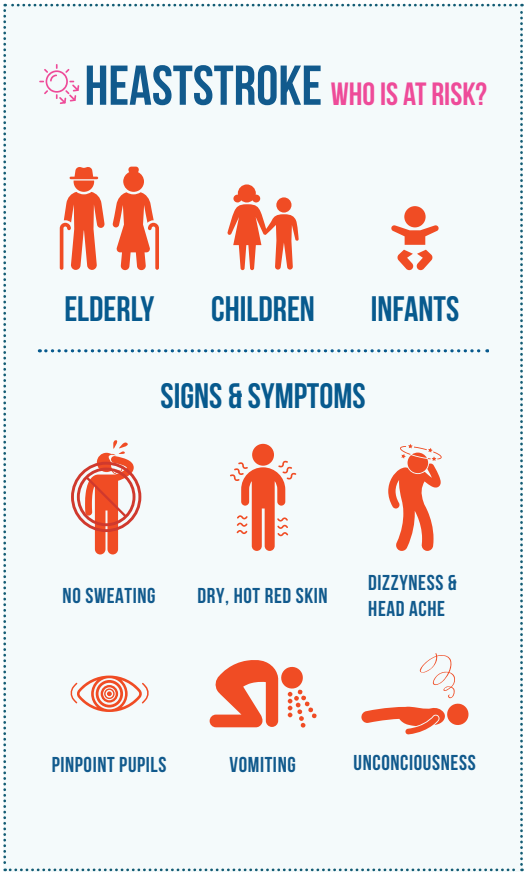
Significant impacts on occupant health and behaviour of overheating can include dehydration, heat cramps, heat oedema (water retention e.g. swollen ankles), heat syncope (dizziness and fainting), heat rash (prickly heat) as well as the sequelae of these, such as falls and accidents. It can exacerbate pre-existing conditions and vulnerabilities in occupants such as cardiovascular disease, respiratory disease, diabetes, hypertension, neurological conditions, obesity, fatigue, dermatological diseases and mental illness and stress. Mental health complications show evidence of an increase in suicide / suicidal behaviours and an increase in the violence of methods used.

WHO IS AFFECTED

Especially vulnerable groups include older people, children and infants, those with an inability to adapt e.g. people with dementia or a learning disability, those living alone or who are socially isolated and include care home residents.

Whilst the number of deaths in the winter months are consistently higher than the summer months, there are some days in the summer where there are more deaths than we would expect. These high number of deaths mainly occur on days defined as heatwaves[*1,17], by Public Health England (PHE)[18].

Heatwaves are predicted to increase in frequency and intensity as a result of climate change. England experienced three heatwave periods in the summer of 2019 which collectively resulted in a total estimate of 892 excess deaths over the summer 2019 period.



*1 definition of a heatwave are days on which there was a Met Office defined Level-3 heatwave alert or days with a mean Central England Temperature greater than 20°C Or one day before and after the time period identified through the 2 points above

In a heatwave, people may die before receiving medical attention and this means that heat does not necessarily affect hospital admission rates.

In a recent report into 90 instances of overheating (reported to Environmental Health Officers)[19] 30% were in converted flats, 48% in purpose-built flats and a surprising number (30%) were in relatively newly built flats built after 2000.

The most vulnerable homes are those on upper floors (above 4th floor), south facing flats, single aspect flats (with windows on one wall only), homes with a high proportion of east, south, or west facing windows, homes with a lack of ventilation and / or barely or non-opening windows. Flat conversions, especially those in the eaves (roof space) are vulnerable, particularly if they rely on roof lights instead of standard windows. Hard surfacing surrounding homes, such as concrete, paving and tarmac increases overheating and, combined with urban heating, makes homes in some dense central urban areas more vulnerable. Flats converted under permitted development rights from former commercial premises are likely to meet many of these criteria, and overheating is one of several factors that highlight the potential hazards this permitted development is creating for its occupants.

"In a heatwave, people may die before receiving medical attention and this means that heat does not necessarily affect hospital admission rates."

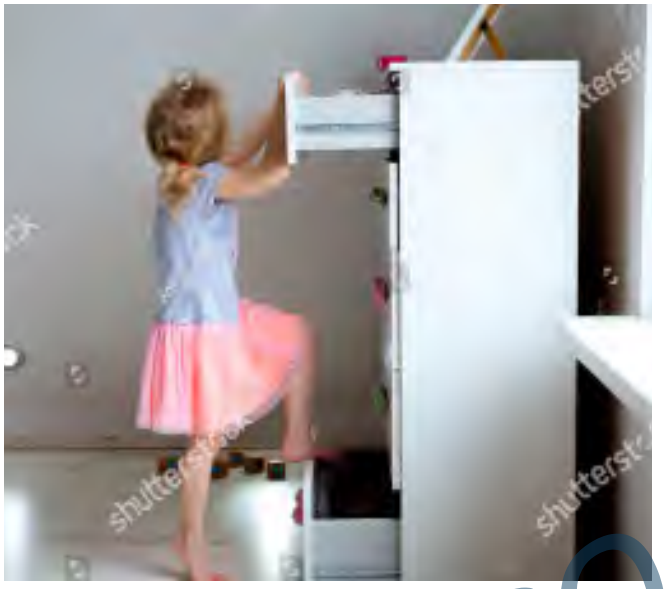
SOLUTIONS

Mitigation measures include cross ventilation of dual aspect homes, external shading including tree and vegetation cover, building away from busy roads to encourage occupants opening windows, providing ventilation in corridors and hallways and insulating warm internal services, insulating roof spaces, fitting mechanical ventilation in flats and corridors, and the education of occupants.

In East Sussex, in the event of a heatwave, information is cascaded according to the level of the heatwave both to the public and professionals, and emergency planning protocols are activated as appropriate. This might result in particularly vulnerable people (including those who are housebound and children and people with disabilities), being checked-on more often and ensuring that they have access to adequate water and other support to help them keep cool.

INSIDE THE HOME

Childhood Accidents



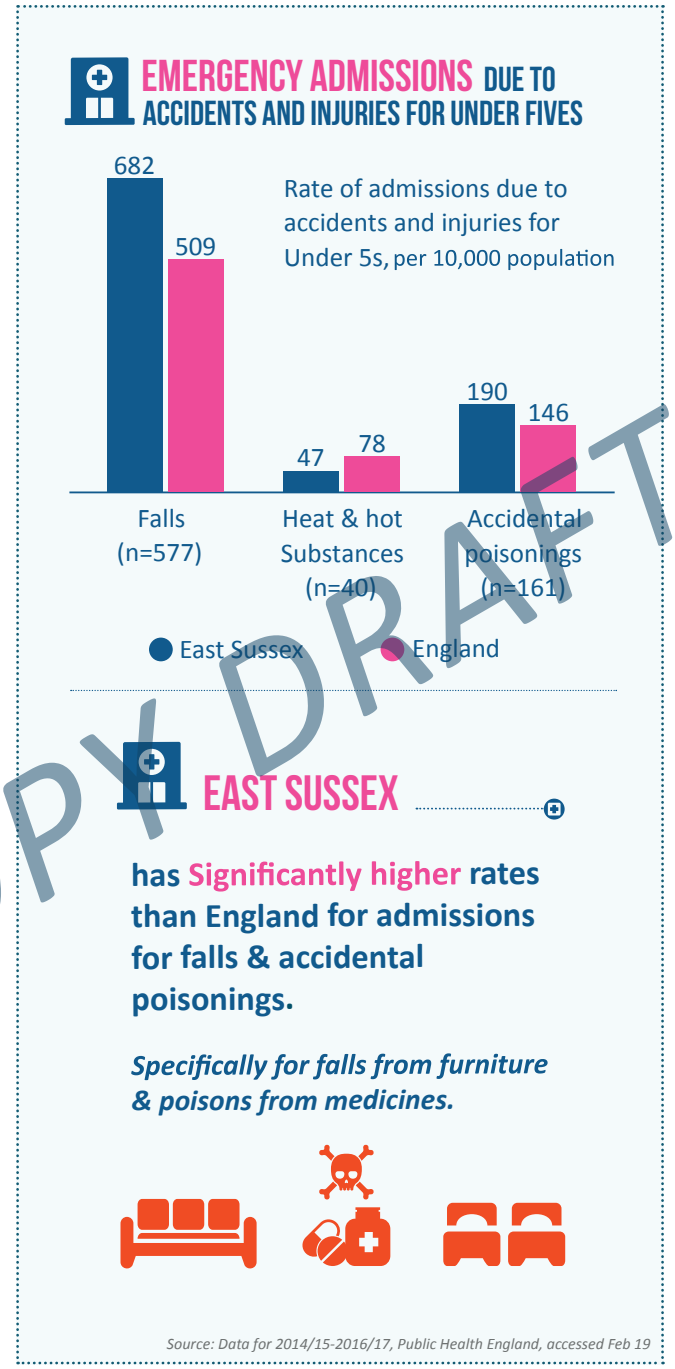
IMPACT ON HEALTH

Accidents in and around the home are a leading cause of preventable death and are a major cause of ill health and serious disability for children under five years old. Such injuries result in substantial costs for the economy and the personal costs of these injuries can be devastating (e.g. a fall at home could result in permanent brain damage). Accidents can also have a significant impact on education, employment, emotional wellbeing and family relationships.

Childhood accidents are generally caused by several factors including: the physical environment in the home, overcrowding, the availability of safety equipment, being unfamiliar with surroundings (e.g. visiting friends or relatives), child development, the knowledge and behaviour of parents and carers (including literacy), levels of supervision/ distraction and new consumer products in the home.

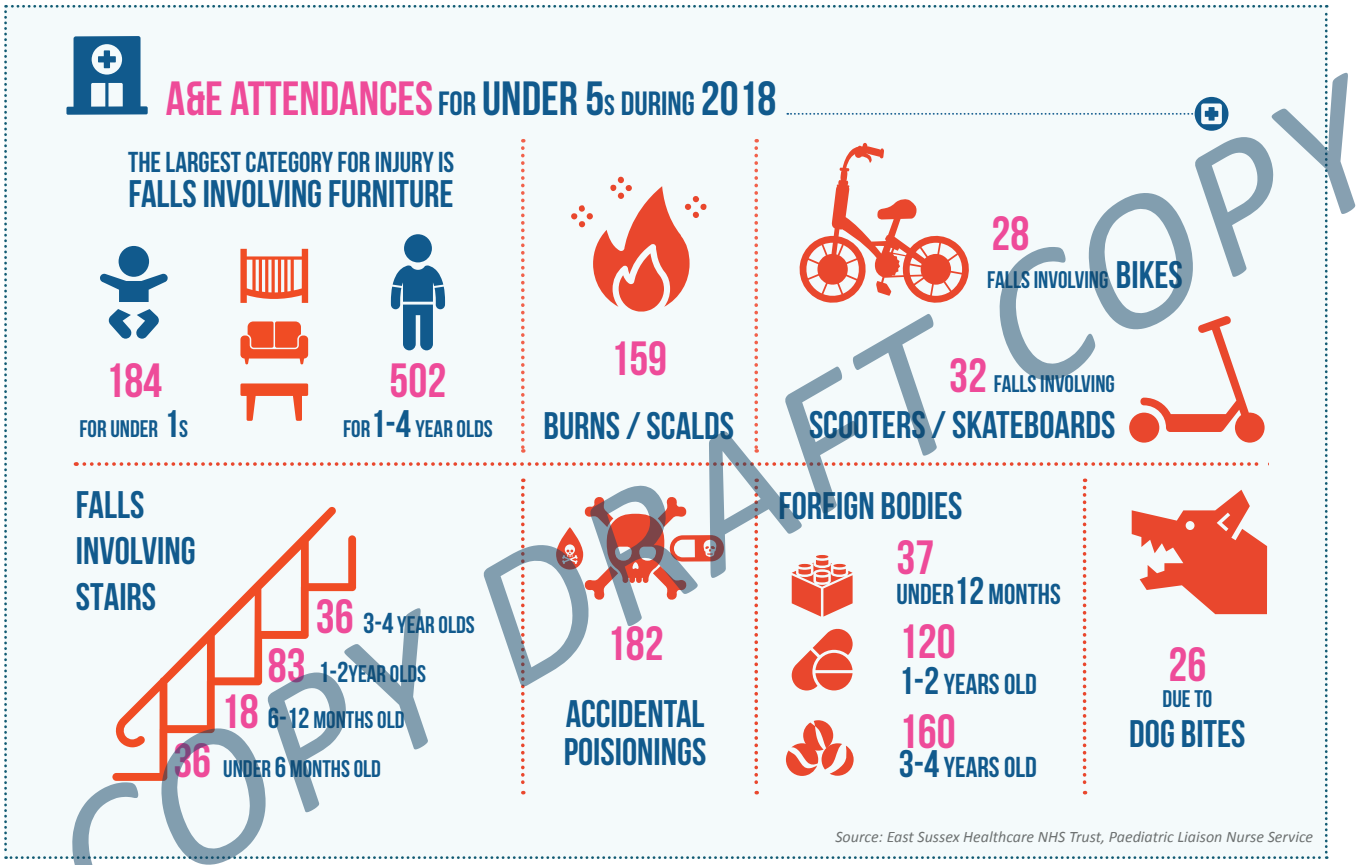
WHO IS AFFECTED

There is a link to deprivation with children from the poorest families three times more likely to be admitted to hospital due to an accident and 13 times more likely to die as a result of an accidental injury.



- 67% of hospital admissions due, to unintentional injuries, in children aged under five years old in East Sussex were as a result of an injury that happened at home
- East Sussex as a whole and the boroughs of Eastbourne, Hastings and Rother District have significantly higher rates than England for hospital admissions of aged under five years old due to unintentional injuries
- the rate of hospital admissions due to unintentional and deliberate injuries for children under five years old living within Hastings and Rother now falls within the worst 2% in England

- on average, thirteen children under five years old attend an East Sussex Accident and Emergency (A&E) department every week due to a fall involving furniture (commonly reported as a bed or sofa)
- the wider costs of a serious home accident for a child have been estimated at £33,200. A traumatic brain injury to a child may result in acquired disabilities, with an estimated lifetime cost of £4.89m



SOLUTIONS

Reducing childhood accidents requires a whole system approach including health, education, social care, the voluntary and community sector, housing and fire and rescue.

In East Sussex, a Child Home Safety Advice and Equipment Service is established to reduce accidents in children under five. The service is funded by East Sussex Public Health Grant and is delivered by East Sussex Fire and Rescue Service. It enables targeted vulnerable families with children aged 0-2 years to be referred by specified staff (health visitors, community nursery nurses, children centre keyworkers and social workers) for a home visit to offer home safety education and advice, along with the fitting of appropriate home safety equipment.

Promotion of the service includes: mandatory accident prevention training for health visiting staff; and a monthly newsletter provides updates to referrers on their referral activity and offers a regular reminder of accident prevention messages for practitioners. Opportunities are being explored to identify additional staff groups in contact with families in the home setting and who could provide referrals to the service.

Messages to help prevent unintentional injuries in childhood have been shared widely with those working with families with young children across East Sussex through the year-long 'Keeping Children Safe' campaign and social media toolkit developed by East Sussex Public Health and partners.

INSIDE THE HOME

Falls in older people

WHO IS AFFECTED

Every year one in three people aged over 65 trip or fall. The cost of falls to the NHS is estimated to be more than £2b per year[20]. There is also a high cost to adult social care and to the individual and their family. A fall involving a fracture often leads to a loss of confidence as well as reduced mobility for the person.

The majority of falls take place in the home and are preventable, therefore housing related issues are major contributors in determining the risk of someone having a fall.

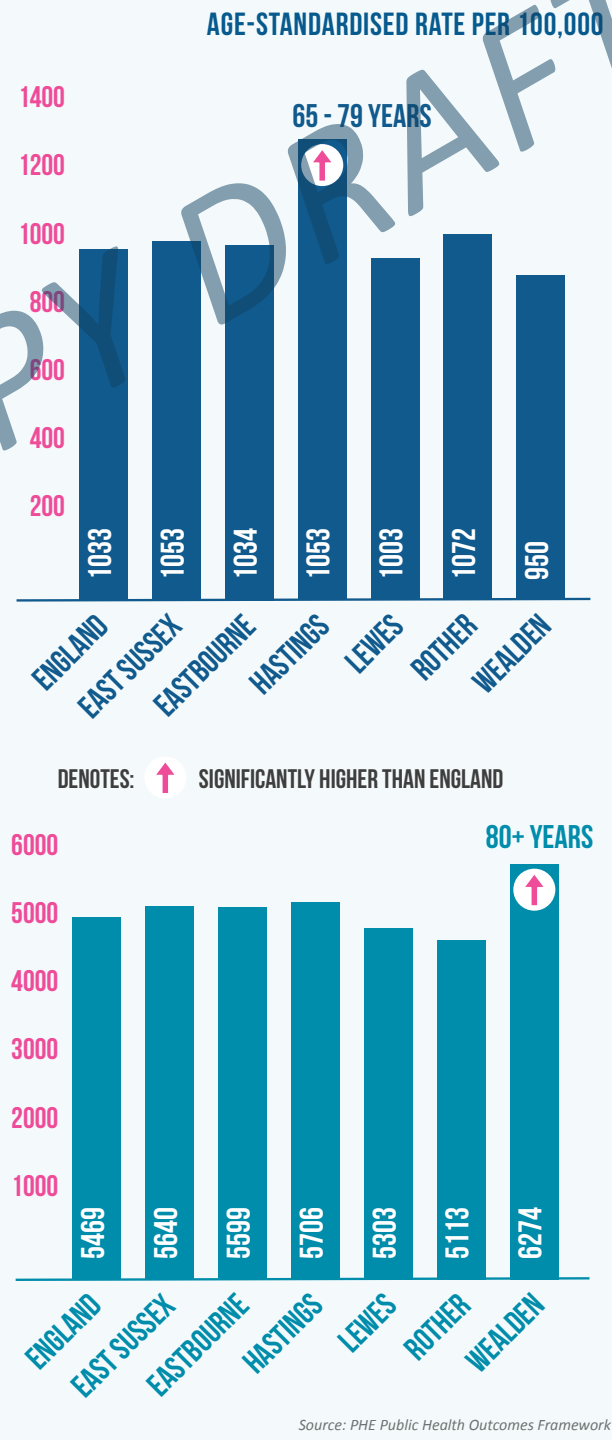
Poor housing conditions that can increase the likelihood of a fall include:

- loose fitting carpets and rugs
- stairs in and outside the home (and having reduced mobility)
- hazards posed by hoarding
- lack of grab rails in toilets and bathrooms

East Sussex has the fifth highest rate of people aged 65 and over in the country – over 1 in 4 people (26%) are 65 and over compared to less than one in five (18%) in England.

Rates of emergecy hospital admissions due to falls injuries in East Sussex are similar to England for people aged 65-79 years and 80 years and over and have been for the last five years. Within East Sussex, rates for 65-79 year olds have been increasing and are significantly higher than for England for the last three years. Rates for persons aged 80 years and over are significantly higher in Wealden.

EMERGENCY ADMISSIONS DUE TO FALLS INJURIES 2017/18



Source: PHE Public Health Outcomes Framework

ACTIVITIES TO REDUCE FALLS IN EAST SUSSEX

A Falls Prevention Service is in place and provided by the Joint Community Rehabilitation team, an integrated home and community service delivered jointly by Adult Social Care and Health and East Sussex Healthcare NHS Trust. The service provides rehabilitation and reablement to adults within their own home or other community settings, including equipment, exercise and mobility. It has a separate fracture liaison service for people who have already had a fragility fracture. This can assess their risk of further fractures; prescribe medication and refer to weight bearing exercise classes / programmes and provide ongoing reviews.

The Falls Prevention Service uses multifactorial falls assessments, home hazard assessments, home based and group strength and balance exercise classes and other interventions. Strength and balance exercises have been shown to be effective in reducing the risk of falls by up to 32%. The service runs strength and balance group exercise within extra care housing schemes. It also provides targeted support to care homes, with support to reduce risks for individual residents if required. In addition to this, the East Sussex Fire and Rescue Service home visits in the west of the county include an assessment of falls, trips and other safety hazards.

Future plans include earlier intervention and targeting the service at those who are at risk of falling but are yet to fall and positively framing falls prevention in other ways such as 'staying steady' or 'strength and balance'. The service is also just about to pilot a strength and balance exercise programme for younger aged adults.

INSIDE THE HOME

Overcrowding

Overcrowding is defined as one or more of the following[21]:

- two children over the age of 10 of different sexes sharing a bedroom
- parents having to share a bedroom with a child.
- more than two people in a bedroom
- kitchens and living rooms being used as bedrooms

IMPACT ON HEALTH

The evidence shows that overcrowding causes poor emotional and mental wellbeing and lower educational attainment in children[21]. It is reported that due to the lack of (quiet) space more than half (55%) of children who live in overcrowded homes struggle to do their homework and that 14% children find it totally impossible[22].

Overcrowding is also linked to a greater risk of infectious diseases [23], which include respiratory and gastrointestinal infections and increases the risk of potentially life-threatening infections such as meningitis and tuberculosis. One study demonstrates how children aged under eight years living in overcrowded conditions are ten times more likely to contract meningitis compared to children who do not live in overcrowded conditions.[23] Slow growth in children has also been reported with the suggested reasons being frequent sleep disturbance and more infectious diseases through childhood.

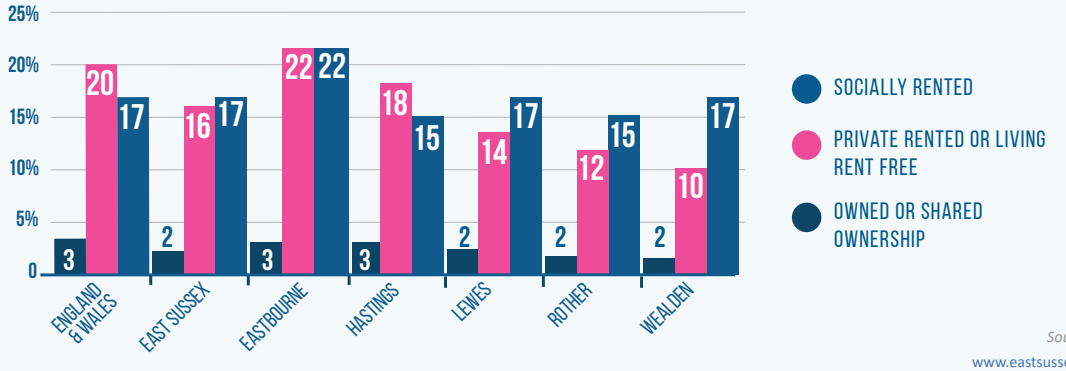
WHO IS AFFECTED

It is reported that around 12% of children in England live in overcrowded homes and that in just under half of these homes children share a bedroom with an adult. In more than a quarter of overcrowded homes adults are forced to sleep in kitchens, bathrooms or hallways because of the lack of space[2].

Overcrowding is far more common in low income households including for those placed in emergency and temporary accommodation.

The 2011 Census gives the most recent whole county data on home occupancy rates. This shows that overcrowding of households was roughly similar for socially rented (17%) and privately rented households (16%) but was only 2% in owner occupied households. Within East Sussex at District / Borough level, Eastbourne had the highest rates of overcrowding where almost 1 in 4 rented (private or social) households where classified as overcrowded.

OVERCROWDED HOUSEHOLDS IN EAST SUSSEX BY TENURE



Source: 2011 Census
www.eastsussexinfigures.org.uk

By District and Borough there is vast variation across the county with the highest rates in rented accommodation in both private and social rented households Eastbourne (22%) and the lowest in private rented households in Wealden (10%).

Building regulations do not set minimum room sizes however they do include requirements that impact on the size of a room, such as manoeuvring space for wheelchair users in accessible rooms, door widths, and corridor widths. There are a set of Nationally Described Space Standards (NDSS) but these are not universal and are subject to adoption by local planning authorities into local plans. Some planning authorities have attempted to adopt minimum room sizes or the NDSS for new homes in their planning and development management policies, often in the face of developer opposition, who cite viability as an argument against their adoption. Homes converted from former commercial premises under permitted development rights have been noted as having amongst the smallest floor spaces of any dwelling types, in some cases being only a third of the space as recommended in the NDSS.

The following case study illustrates how overcrowding can contribute negatively on a young person's educational achievement:

CASE STUDY: AN EAST SUSSEX SECONDARY SCHOOL PUPIL

A family with three sons were living in a 2-bedroom house. The pupil was sharing a bedroom with his older brother and reported difficulties sleeping because of this. The younger brother had autism and so had his own room as he was not able to share with his brothers, which resulted in the mother sleeping on a sofa in the lounge.

The mother had taken the pupil to the GP as she was worried about his mental and physical health. He had said that he was feeling unwell most days, was not eating properly at home or at school and the mother was concerned that he had low mood. The mother was not sure if this was due to lack of sleep, the housing situation or something else.

The pupil informed the Attendance Support Worker that he had been staying at home to sleep rather than coming to school and that when he did attend school he often arrived late and would then feel tired all of the time.

'Homeworks' provided support to the family to secure suitable alternative accommodation and they were hoping to move to a new home in time for the new school year.

Source: Attendance Lead Manager, Education Support, Behaviour & Attendance Service, 3 September 2019

INSIDE THE HOME

Indoor Air Quality

IMPACT ON HEALTH

The health effects of poor indoor air quality include asthma, Chronic obstructive pulmonary disease (COPD), respiratory irritation, and vascular problems.[23] Mould or damp can exacerbate asthma in children and lead to increased rates of GP appointments as well as hospital attendances and admissions for respiratory tract infections as well as for uncontrolled asthma.

It has been shown that getting rid of damp and mould can reduce the respiratory symptoms and that well-designed, ventilated, and well-maintained buildings are important to prevent and control moisture.

Indoor smoking has a range of health harms on those in the house that do not smoke and include childhood wheezing, asthma, other respiratory disease, ear infection, cardiovascular disease and sudden infant death syndrome[24].

WHO IS AFFECTED

Around 16% of homes are estimated to have damp and mould[25]. Microbes grow wherever there is water available (they feed from dust and dirt) and apart from leaks most moisture comes in from the air. Damp and mould are common when there is a presence of condensation and history of water damage and leaks[23]. There is a strong evidence base linking damp and mould[26] with respiratory symptoms, including shortness of breath, asthma and rhinitis (long term cold-like symptoms).

In terms of complaints to Environmental Health for damp and mould, in 2018/19 there were 42 in Rother, although this is thought to be an underestimate. In Hastings in 2018/19 there were around 200 complaints to Environmental Health for damp and mould.

CAUSES OF POOR INDOOR AIR QUALITY

Poor indoor air quality may be caused by:

- passive smoking caused by indoor smoking
- mould, damp and cold
- wood burning
- biological materials - house-dust mites, moulds and animal dander
- carbon monoxide from badly maintained gas appliances (it is recommended that all households have carbon monoxide detectors)
- solvents seeping from plastics, paints and furnishings - Formaldehyde vapour can cause irritation of the lungs (found in certain furniture, fabric and glue)
- asbestos
- volatile organic compounds, for example from air freshener or candle use in the home
- poor ventilation often manifests as damp and mould in bathrooms, kitchens and other areas of people's homes

SOLUTIONS

New national guidance from the National Institute of Clinical Excellence (January 2020) has been produced to raise awareness of the importance of good air quality in people's homes and how to achieve this[27]. This includes recommendations on prioritising indoor air quality in local plans, ensuring architects and designers take account of indoor air quality and ensuring rental properties comply with regulations. The guidance is intended for Environmental Health Officers, Housing staff, Private landlords, Housing Associations, Health and Social Care staff, and the public.

INSIDE THE HOME

Hoarding

Hoarding within the home is most often caused by an occupier having a hoarding disorder. This is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value or use.

The reasons why someone begins hoarding are not fully understood. It can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired, and people with learning disabilities or people developing dementia may be unable to categorise and dispose of items[28]. Hoarding can be a standalone mental health disorder or linked to other mental health problems such as depression, psychosis or obsessive-compulsive disorder.

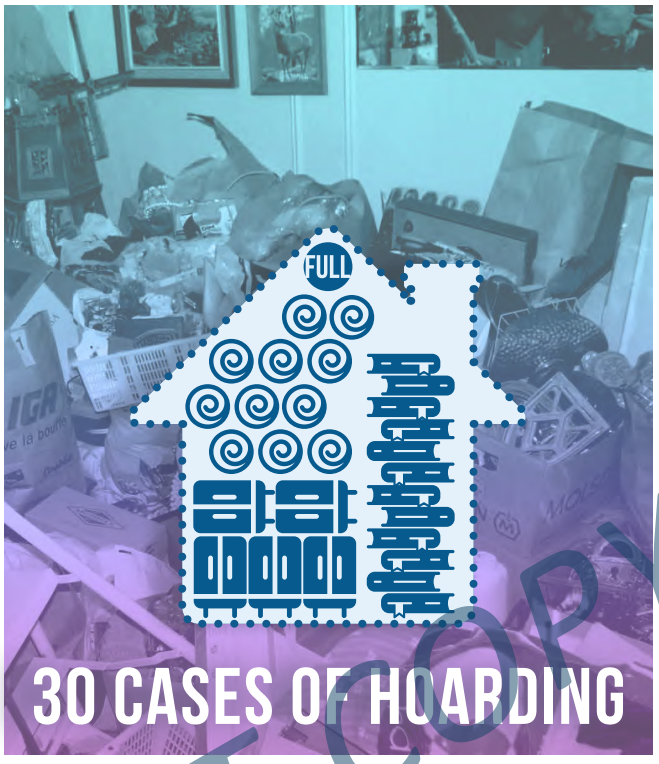
IMPACT ON HEALTH

A hoarding disorder can affect a persons' life in multiple ways. They may be unlikely to have visitors which can cause isolation and loneliness. Risks to health from hoarding include falls, fire, and neighbourhood nuisance and pest infestations[29]. One in four domestic fire-related deaths can be linked to hoarding[30].

WHO IS AFFECTED

It is reported that around one or two people in every 100 have a problem with hoarding that seriously affects their life. In a national survey in 2015, 77 local authority Environmental Health departments reported dealing with 209 cases overall in the previous calendar year[31]. It is estimated that only 5% of hoarders come to the attention of statutory agencies.

In 2018/19 in Hastings, Lewes and Eastbourne there were less than ten recorded cases of hoarding. In Rother and Wealden there were 20 recorded cases in 2018/19.



Source: ESCC population projections (dwelling led) April 2019

SOLUTIONS

The Chartered Institute of Environmental Health has produced a 'professional practice note on hoarding'[32] for environmental health and other staff. This outlines the problem of hoarding, treatments, the statutory powers available and guidelines for working with people with hoarding problems.

In 2018, a local 'Multi-agency Hoarding Framework; Guidance for practitioners in East Sussex' was developed by East Sussex Fire and Rescue Service and signed-off by East Sussex Safeguarding Adults Board. The aim is to ensure that anyone coming into contact or working with someone who is hoarding has an awareness of the tools and resources available to be able to offer help and support. The framework provides images to rate the clutter in each room which is translated to levels of risk and appropriate actions.

The County Councils Adult Social Care Department is the lead organisation for hoarding cases where a safeguarding enquiry is being undertaken. For other circumstances involving adults with care and support needs where hoarding is identified, a decision will be made by the agencies involved as to who is best placed to take the lead.

INSIDE THE HOME

Fire

IMPACT ON HEALTH

The significant risk of preventable death or injury from fire in the home makes it a very serious housing issue. The statistics are stark[33] and warrant continual maintenance and education on fire prevention.

WHO IS AFFECTED

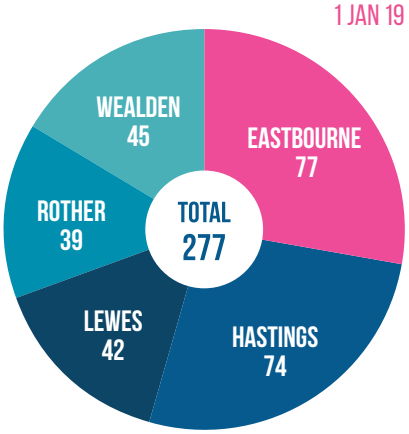
Across the UK:

- there is a four-fold risk of death in a fire in homes that don't have a functioning smoke alarm
- around half of home fires are caused by cooking accidents
- two fires a day are started by candles
- every six days someone dies from a fire caused by a cigarette[*2]
- two fires a day are started by heaters
- faulty electrics (appliances, wiring and overloaded sockets) cause around 6,000 fires in the home across the country every year

In 2019, East Sussex Fire and Rescue Service recorded a total of 277 accidental fires in homes across East Sussex.

ACCIDENTAL DOMESTIC FIRES

1 JAN 19 - 31 DEC 2019



Accidental Domestic Fires(ADFs)

[*2] *There is an increased risk of fire from smoking illegal or illicit cigarettes in the home (those bought at a cheaper price as 'under the counter' cigarettes). This is because they continue to burn once lit, unlike legal cigarettes, which are designed to stop burning when not being smoked.*

SOLUTIONS

People who own their own home are under no obligation by law to undertake fire safety checks, however it is recommended they have smoke alarms (in working order), regular appliance checks and are aware of the potential hazards of smoking, use of candles, unsupervised cooking and poorly maintained electrics.

The Housing Act 2004 and the Regulatory Reform (Fire Safety) Order 2005 are essential legislation for social landlords and people and companies renting out properties[34]. They include: fire safety assessment by a competently trained person, annual gas and electrics checks, functioning and regularly checked smoke alarms, presence of fire blankets and extinguishers and fire escape plans.

Following the fire at Grenfell Tower in London in 2017, building regulations and the fire protection characteristics of building materials have come under the spotlight. This not only refers to newly built buildings, but also the adaptation and renovation of existing buildings, where modifications may alter the fire-proofing features and materials, making them less effective.

East Sussex Fire and Rescue Services' Integrated Risk Management Plan (IRMP) identifies how prevention, protection and response activities will best be used to mitigate the impact of risk on communities, through authorities working either individually or collectively, in a cost-effective way and this includes all housing

providers. The service is committed to reducing the number of accidental dwelling fires through its Safer Communities Strategy.

The prevention, protection and response teams, have a focus on health and housing, recognising the increasing challenges of a mixed and ageing housing stock with the ageing population and vulnerabilities of some residents who often find themselves in property where the fire safety standards do not meet the needs of the individuals. A particular focus is protecting vulnerable residents living in specialised housing (sheltered, extra care and supported housing) through the risk-based inspection programme.

Through the Annual Assessment of Risk, prevention and protection resources are allocated at group and station levels to deliver specific initiatives targeting those most vulnerable. These initiatives are increasingly being co-designed with those receiving the service and each one is fully evaluated to ensure the desired outcomes are delivered.

East Sussex Fire and Rescue Service has committed to four collaborative principles:

- Making Every Contact Count (MECC)
- reviewing partner collaboration at least once each year to ensure that it is effective
- resisting the temptation to start something new if there is an existing framework, meeting structure, process or solution that could be utilised or adapted
- reviewing our information sharing protocols to ensure that they are compliant and fit for purpose

"Fire safety in the home should be based upon a person-centred approach taking into account their individual needs. We are looking to increase our partnerships with social landlords to provide a more strategic approach to the fire safety solutions where the landlord identifies risk and seek to work more closely with the care providers to deliver a balanced and proportionate outcome for the residents."

Assistant Chief Fire Officer, January 2020

Figure 1: Defines the process through which collaborative intelligence on risk drives the local allocation of resource in the form of intervention and community based initiatives. The process includes an evaluation and quality assurance element to ensure organisational learning through the promotion of a culture of trial and error to secure continual improvement.

INSIDE THE HOME

Pest Infestations

People's homes can be affected by a variety of pest infestations, including cockroaches, rats, and mice.

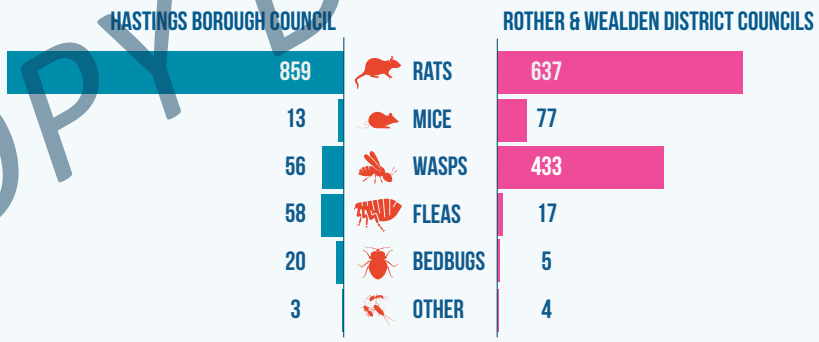
IMPACT ON HEALTH

Pest infestations can spread infectious disease, affect existing physical and mental health conditions and cause new health conditions[35]. The responsibility of managing an infestation in a rented property can be either with the occupier of a property or the landlord dependent on the situation and cause of the infestation. If there is a wider risk to the local public and remedial work has not been undertaken by the landlord, owner or tenant then the local housing authority and/ or Environmental Health team may need to be involved.

WHO IS AFFECTED

Between April 2018 and March 2019 there were 2,897 pest control cases across Hastings, Rother and Wealden: 1,034 in Hasting and 1,863 across Rother and Wealden. The majority of these cases were relating to rats (1,496). Eastbourne and Lewes offer a pest control service for rats only, and currently figures relating to this service are unavailable.

PEST CONTROL CASES ACROSS HASTINGS & ROTHER



Source:

SOLUTIONS

Local District and Borough authority potential powers for tackling pest infestation include:

- prevention of Damage by Pests Act 1949
- the Public Health Act 1936
- and the Environmental Protection Act 1990
- local District and Borough authority powers and duties under the Housing, Health and Safety Rating System (HHSRS, introduced by the Housing Act 2004 and related regulations) may also be relevant, but it is rare for a pest infestation to trigger local authority action under the HHSRS

INSIDE & AROUND THE HOME

Mental wellbeing

The charity MIND has summarised the key impacts of housing conditions that affect emotional and mental wellbeing[21].

THE PHYSICAL CONDITION OF THE PROPERTY	Poor quality homes including those which are cold and or damp have a strong negative impact on mental health and can cause low self-esteem and increase isolation.
AFFORDABILITY OF THE PROPERTY	Housing is one of the largest costs to a household and can cause a great deal of financial stress. Nearly half of people who have stress related to housing report that it is due to lack of finances. People who own and can afford their own homes tend to have higher life satisfaction, with those who rent privately having the lowest.
OVERCROWDING	Overcrowding is strongly linked with depression, stress and anxiety
LOCAL ENVIRONMENT	If the neighbourhood is in disrepair, with a lack of green spaces and poor facilities this can affect mental health, as can the perception (and in some cases, the reality) of high rates of crime, sense of safety and noise.

Housing is a source of identity and housing problems can have an impact on people's self-esteem and sense of failure in the eyes of society. People who have low quality housing may not want to invite people to their homes and are more likely to become socially isolated, affecting their mental health.

People who have poor mental health may already be vulnerable to eviction due to behavioural and financial reasons. The emotional and mental impact of losing a home can exacerbate poor mental health. The experience of applying for housing support can itself affect mental health and people may lack the skills to navigate a complex system of applications for social renting. Therefore, having specific support for people with mental health problems within the housing system is essential. Client facing Housing Officers have mental health awareness training to assist them in supporting people who may be experiencing poor mental health.

The 2017 Community Survey showe that 4% of respondents reported dissatisfaction with the quality of their housing, ranging from 3% in Rother and Wealden to 7% in Hastings. Dissatisfaction in Hastings was significantly higher than Lewes, Rother, Wealden, and East Sussex as a whole. The survey found that people who rent privately were most likely to be dissatisfied with the quality of their housing (14%). At ward level, dissatisfaction ranged from 1-20%.

HOUSING QUALITY DISSATISFACTION

Source:

Additional elements for improving mental health in relation to housing include targeting overcrowding, improving the physical condition of properties, increasing affordability and promoting community-focussed living environments.

AROUND THE HOME

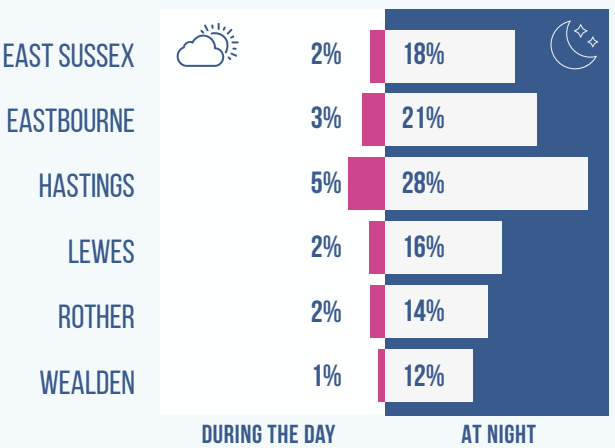
Crime & Anti-social behaviour

Feeling safe and secure in our homes is essential for good emotional and mental well-being. Crime and the fear of crime can threaten this in many ways.

Neighbourhood crime including anti-social behaviour, burglary, street crime, and violence can threaten our feeling of security and lead to poor mental health and wellbeing[36]. Our satisfaction with where we live is affected by how safe we feel and areas with higher crime are found to have less satisfaction.

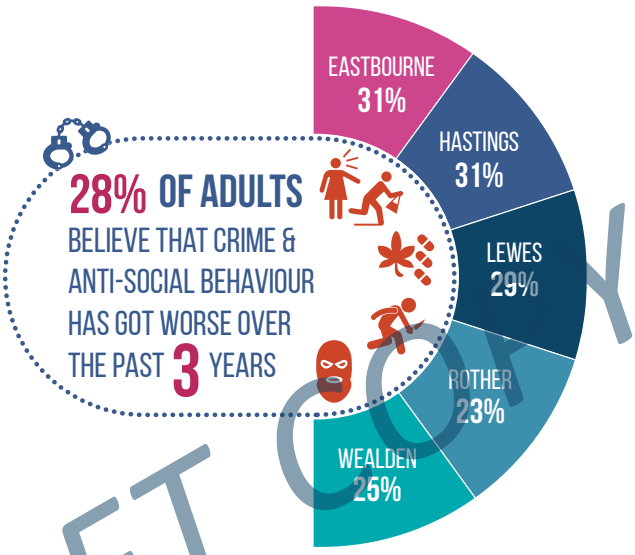
While overall the level of crime in East Sussex is relatively low (and in many areas appears to be falling), rates of crime (including anti-social behaviour and drug dealing) are higher in the more deprived areas. These are likely to be areas with poor housing and include higher rates of people being housed in emergency and temporary accommodation.

In East Sussex, 2% of respondents to the 2017 Community Survey[37] reported feeling very or fairly unsafe in their local area in the daytime, compared to 18% at night. People in Hastings were significantly more likely than any other area to feel unsafe both in the daytime and at night, and people in Eastbourne.



Source:

were more likely to feel unsafe compared to those in Lewes and Wealden and the county as a whole. At ward level, the proportion of respondents feeling unsafe in the daytime ranged from 0% to 15%, and at night ranged from 1% to 48%.

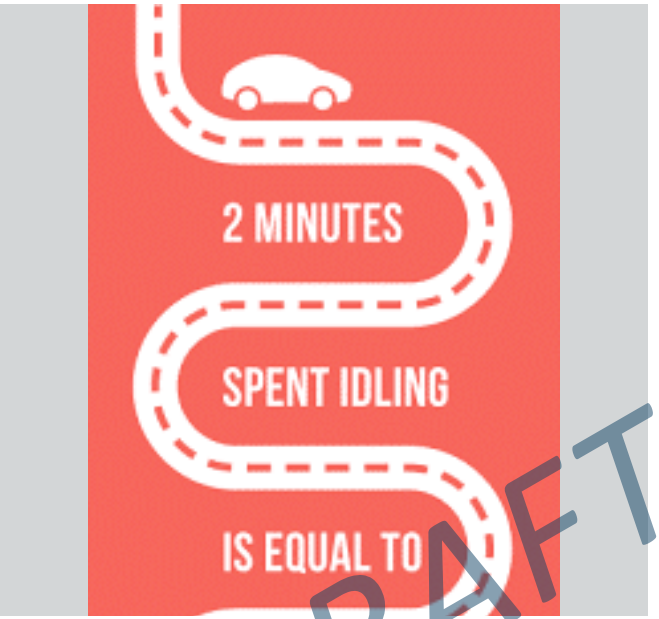


Source:

According to the 2017 Community Survey, 28% of adults in East Sussex believe that crime and anti-social behaviour has got worse over the last three years, ranging from 23% in Rother to 31% in Eastbourne and Hastings. Perceptions of worsening crime are significantly higher in Eastbourne, Hastings and Lewes than in Rother and Wealden, and at ward level ranged from 5% to 59% respondents. Young people aged 18-34 (36%), private renters (36%) and single parents (34%) were most likely to perceive that levels of crime and antisocial behaviour had deteriorated.

AROUND THE HOME

Outdoor Air Quality



IMPACT ON HEALTH

There is mounting evidence about the impact of poor external air quality on health. Around 40,000 deaths a year nationally are thought to be attributed to outdoor air pollution[38]. This is relevant to health and housing through exposure to air pollution in gardens and through ventilation of our homes.

Poor air quality can affect our physical health through various means including increasing cardiovascular and respiratory health symptoms and conditions. These health effects are more pronounced in vulnerable groups of people including pregnant women, children, the elderly and those with chronic health problems. Evidence has shown 64% of air pollution in urban areas is from transport[39] and people with less income are more likely to live in these areas.

WHO IS AFFECTED

In East Sussex it is estimated that 5.2% of deaths (over one in 20) are attributable to air pollution (Public Health Outcomes Framework, 2017)[14].

AIR QUALITY IN EAST SUSSEX

The air quality in East Sussex is mostly very good with the majority of the county having clean, unpolluted air. However, there are a few small areas in East Sussex with relatively higher average levels of Nitrogen dioxide (NO2) and particulate matter (PM) in Hastings and Eastbourne. There is some evidence of a local link of areas with higher levels of deprivation having a greater ongoing risk of exposure to air pollution and its consequences. Air Quality Management Areas (AQMA's) are in place in Newhaven and Lewes. Levels above the annual objective concentration of NO2 of 40µg/m3 were still observed in 2016 in both of these AQMAs. NO2 levels in Lewes are improving. Air quality monitoring in the vicinity of the Newhaven incinerator site shows this to be satisfactory, as far as the existing measurement systems can detect. Pollution levels in future in Newhaven will be greatly influenced by further regeneration and development, and the success of mitigation measures.

SOLUTIONS

The County Council's Public Health department is working with local air quality leads to ensure a joined-up approach to sustainable transport and improving air quality. This includes work with schools to encourage active travel and reduce the incidence of engine idling outside schools; promoting the use of cycle paths and footpaths; and supporting the development of the annual air quality status reports as a mechanism for change.

Sussex Air Alert[40] is a free service provided by the Sussex Air Quality Partnership (SAQP), that sends messages via mobile text, voicemails to home telephone, email or mobile app, providing alerts about poor air quality in areas of Sussex. People who have pre-existing lung and heart conditions (and those who are at risk of these) are encouraged by health professionals to sign up to the service. They can then modify their behaviour accordingly, for example not undertaking strenuous outdoor exercise or gardening on days when local air quality is poor.

AROUND THE HOME

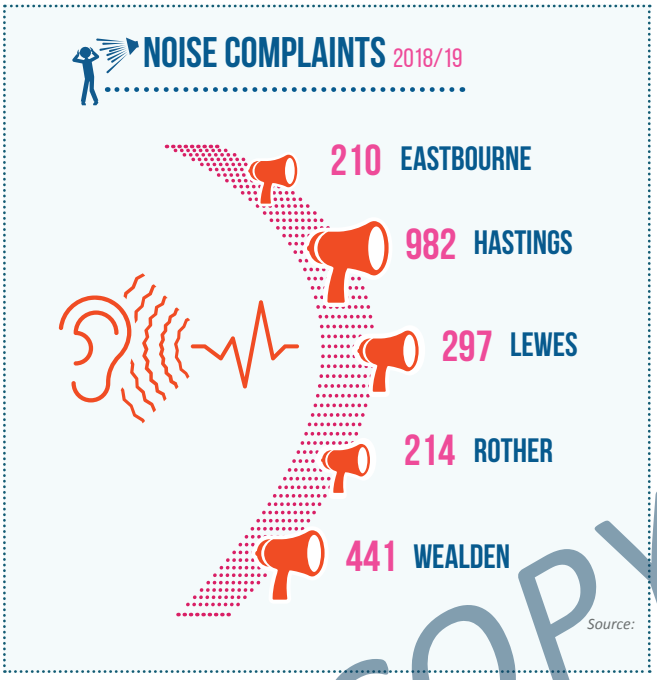
Noise

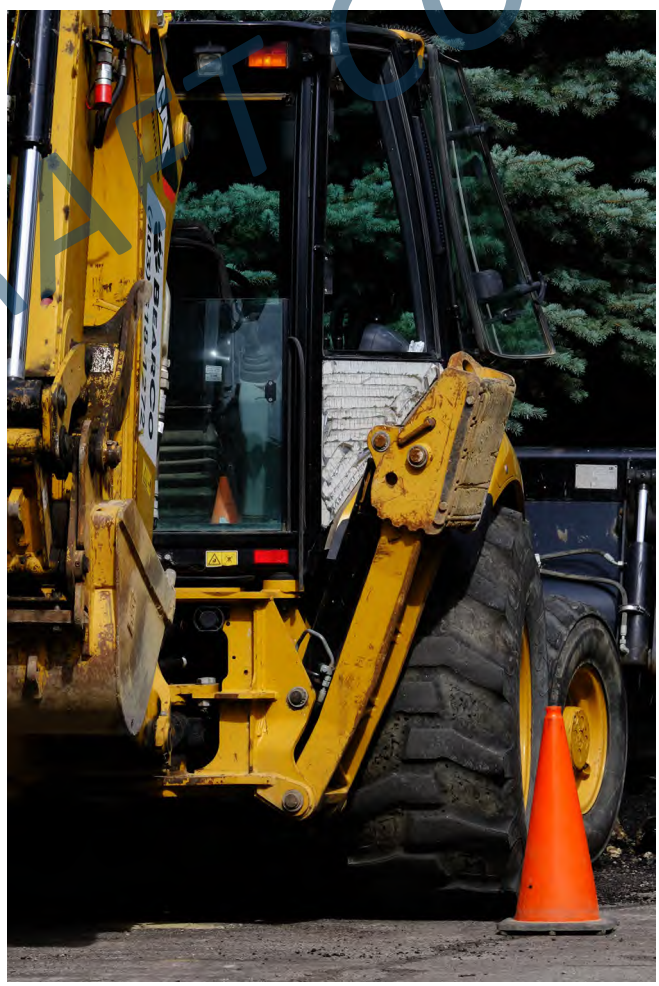
IMPACT ON HEALTH

Outdoor noise has been shown to affect people detrimentally within the home environment. The noise from cars, trains, local machinery, aeroplanes and neighbours has been shown to increase stress which can increase blood pressure and the potential to increase the risk of heart disease, stroke and dementia. There is also a detrimental impact on emotional and mental well-being as well as sleep quality and duration[41].

WHO IS AFFECTED

Certain dwelling types, particularly those of highest density may suffer more from noise from near neighbours, and this could be a particular issue in converted buildings such as flats converted from large houses. Homes converted from commercial premises under permitted development rights have been highlighted as suffering from both internal and external noise disturbance and may have been developed on sites where noise levels, the source, and the potential for nuisance would normally be a material planning concern for residential properties.





AROUND THE HOME

Flooding

IMPACT ON HEALTH

Floods damage to homes creates hazardous living conditions if water and debris is not cleaned up immediately. There are many health and injury risks posed by flood water, including the risk of disease from contaminated water supplies and hazards such as sharp glass or metals. Flooding can also damage drainage systems.

Longer term issues, as homes and communities are rebuilt, include mental health and physical health concerns from the previous stress and distress of the flood itself.

WHO IS AFFECTED

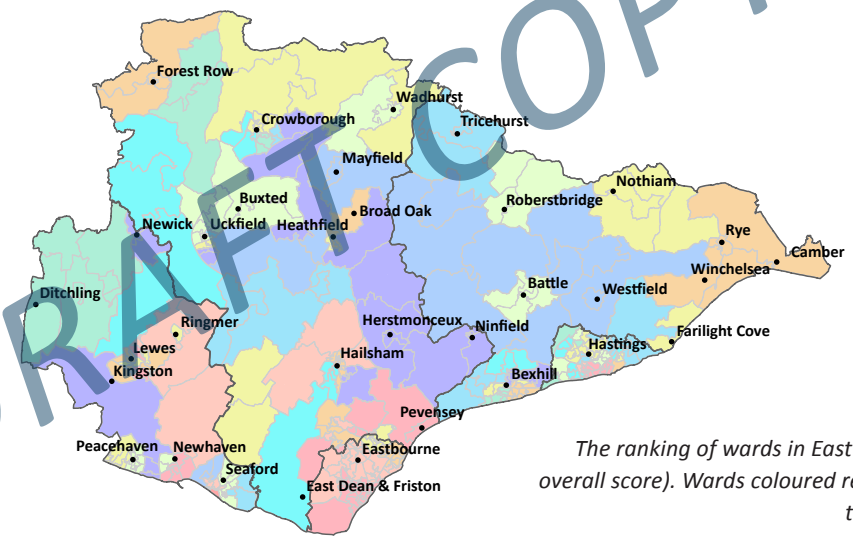
Flooding is becoming more common in the UK and is expected to increase both in relation to severity and the number of incidents in the future. This is linked to our changing climate and the impact on rainfall and its predictability. The resulting effects from flooding can be devastating and range from immediate threats to life to long-term disruption and stress. In the short term, people can be at risk of injuries, potential infections, hazardous spills, property damage and poor service access[42].

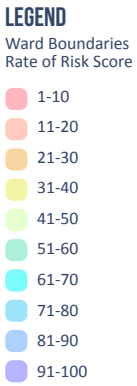
SOLUTIONS

National support includes monitoring at risk areas, fortifying some flood defences, notification of any impending flood risk nationally and locally and supporting emergency responses when needed. There is a national flood alert system which as well as providing advice on planning to reduce risk, what to do in the event of a flood, and recovery, also includes a service for signing up to receive flood alerts[43].

The County Council's Flood Risk Management Team is responsible for ensuring that the authority meets its many duties as a Lead Local Flood Authority under the Flood and Water Management Act (2010). This includes the development and application of a Local Flood Risk Management Strategy, developing and implementing surface water management plans, and engaging in County and local flood partnerships. The focus of the Flood Risk Management service is on surface water, minor watercourse and groundwater flooding; the Environment Agency retains its responsibility for managing main river and coastal flooding. The team is responsible for Ordinary Watercourse consenting, responding to general land drainage enquiries, and is involved in identifying funding streams to deliver flood alleviation / management schemes in the county.

The Assessment of local flood risk provides an overview of recorded and predicted flood risk data, identifying local flood risk hotspots in East Sussex. Wards across the county are ranked according to their overall flood risk score. This assessment has been used to develop more localised flood plans for specific areas.





The ranking of wards in East Sussex based on the relative flood risk (an overall score). Wards coloured red are at a high overall flood risk, whereas those in blue are at a low overall flood risk.

Source: https://www.eastsussex. gov.uk/media/6955/flood-risk-strategy-2016-26-final-edition-ebook1-1.pdf

AROUND THE HOME

Services & Access

The area that we live in helps shape our overall health and well-being.

The following are strongly linked to good health and well-being:

- access to green spaces
- safe walking and cycling routes connecting our homes to essential services
- local services including shops, libraries, leisure facilities, schools, GP and community pharmacists
- communal spaces to meet other people and socialise

In contrast, the following are linked to poor health and also to higher rates of obesity:

- residential areas with poor networks into local communities
- lack of green spaces
- lack of safe pedestrian routes
- lack of access to affordable healthy food
- proliferation of hot fast food takeaway outlets

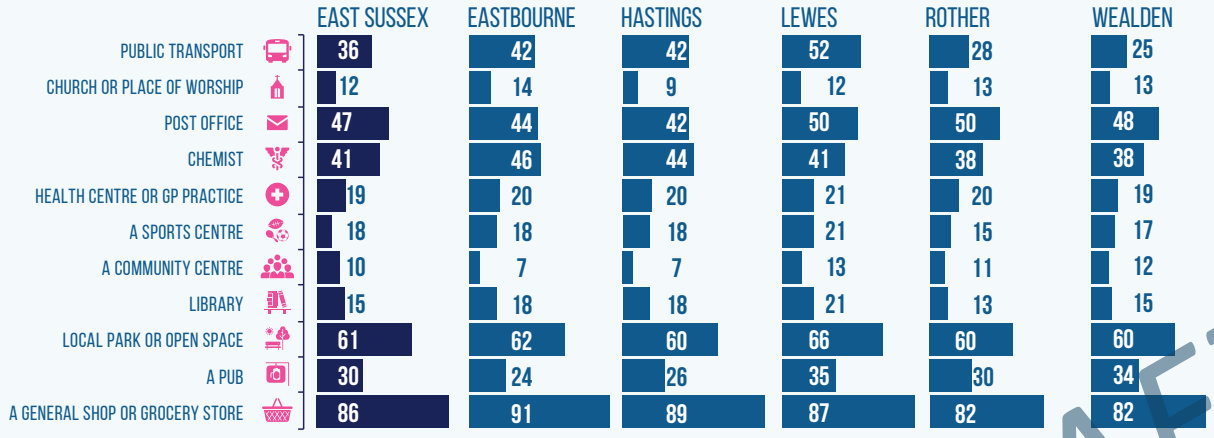
Percentage of people in East Sussex with no service within 15-20 minutes' walk.

PERCENTAGE OF PEOPLE IN EAST SUSSEX WITH NO SERVICE WITHIN 15-20 MINUTES' WALK

Source: 2017 Community Survey[37]

According to the 2017 Community Survey[37], the most accessible service across East Sussex was public transport with only 3% respondents stating no service is available within a 15-20 minute walk, although this does not indicate the frequency of the service. The greatest variation was in access to a chemist, with 5% people in Eastbourne stating no local service compared to 23% in Rother.

PERCENTAGE USING THE SERVICE AT LEAST ONCE A MONTH



Source: 2017 Community Survey 37

The greatest use of a local service was for a general shop or grocery store (86%), followed by a local park or open space (61%). Use of both was similar across all Districts and Boroughs. The least used services for respondents to this survey were community centres (10%), although this varied by area with around twice the proportion of people in Lewes stating they used community centres (13%) than Hastings (7%) or Eastbourne (6%), despite similar proportions stating they lack access to community centres.

East Sussex Public Health is working with local planning teams to improve our local built environment to maximise health and well-being.

This has included providing a training session to the Planning Committees in Rother District; as well as ensuring public health are represented within planning and housing officer groups across the two tiers of local government in the county. The relationships are good, and the production of this report has considerably strengthened them. The holistic interest of public health in all aspects of planning and housing is now well established and the use of the 'Putting Health into Place' principles provides a useful framework to continue our work together.

WHOSE HEALTH IS MOST IMPACTED

An Experience in Housing

Anyone can be at risk from the effects of poor housing; however, the following groups are more susceptible (in terms of both being more likely to live in poor housing and more likely to suffer if they do):

CHILDREN

Children are particularly vulnerable to poor physical and mental health outcomes when faced with sub-standard housing. Poor housing conditions include homes in need of substantial repairs, those that are structurally unsafe, overcrowded, damp, cold, infested or lacking modern facilities.

A total of 3.6m children in the UK are thought to be affected by poor housing[44]. There is a strong evidence base to link children living in cold, damp and mouldy homes with respiratory problems[45].

PEOPLE IN TEMPORARY ACCOMMODATION

Children who are in temporary accommodation for more than a year are three times as likely to have poor mental health compared to children who are not homeless.

Furthermore, around two in five children have associated poor mental health one year after being re-housed and their language lags behind that expected for their age. The reasons may be multi-factorial and may also include adverse childhood experiences such as abuse, neglect, domestic violence, or living in care. This can continue into adulthood, with higher rates of offending, substance misuse and rough sleeping. This highlights the cyclical nature of poor housing and the need to focus our support for these families and children. Living in poor or insecure housing is seen as an adverse childhood experience in itself.

A number of children are living in emergency accommodation provided by the local housing authority, in addition to Children's Services placements. Currently in Hastings there are 76 families with children living in emergency accommodation, 44% of total placements.

OLDER PEOPLE

People who are 65 years old and over spend on average 80% of their time at home[46] and therefore their home environment can have a greater impact on them. Older people are increasingly vulnerable to falls as their mobility decreases, with one in three people aged 85 years and older having more than one fall a year. Elderly people are also more likely than other groups to live in homes poor state of repair and this in turn leads to the increased likelihood of falls.

The elderly are particularly vulnerable to poor housing, especially in relation to fuel poverty, leading to an increase in excess winter deaths; and falls leading to an increase in hip fractures. Additionally, if a home is not suitable for a person's needs (due to the home situation being unsafe or not suitable for their care needs) this can cause avoidable hospital admissions and delayed discharge from hospital. It is estimated that older people in hospital when they don't need to be cost the NHS £820m a year[46].

The evidence suggests that around a third of people aged over 80 are lonely, which affects their mental health, leading to an increase in demand for healthcare. Older people have been shown to benefit from specialised housing including sheltered housing and Extra care (assisted living) housing[47].

A report by the Housing Learning and Improvement Network[47] brought together the evidence on health and housing in relation to older people and highlighted ten areas of practice.

1. HOUSING WITH CARE

- Extra care housing can delay admission to a care home and provide a cost- effective alternative to residential care.
- Residents of extra care housing have a better quality of life and are less lonely than similar people living at home.
- There is some evidence that extra care housing can reduce health costs.

2. HOUSING ADVICE AND INFORMATION

- Housing information and advice services can reduce health and social care costs, as well as achieve other positive outcomes.
- By providing tailored advice on housing and housing-related options, information and advice can support hospital discharge, raise incomes and reduce falls.

3. AIDS W ADAPTATIONS

- There is good evidence of the cost effectiveness of aids and adaptations.
- Adaptations that reduce falls payback in five to six years.
- Home from Hospital services indicate reductions in bed days.

4. HANDYPERSON SCHEMES

- There is good evidence that handyperson schemes enable older people to live independently for longer with greater comfort and security.
- The greatest potential health savings are around falls prevention, for example, grab rails and trip hazard repair.

5. FALLS PREVENTION

- The best paybacks to the NHS come from mitigating falls on the level, on stairs and in baths (5.2 to 6.5 years).
- Services targeted on those at greatest risk and delivered by an occupational therapist appear to be more effective than others.
- A falls response service for non-injured fallers has yielded promising results.

6. ASSISTIVE TECHNOLOGY AND TELECARE

- Evidence on the effectiveness of assistive technology and telecare in reducing demand and improving health outcomes is inconclusive.
- New research funded by the NIHR is seeking to determine the telecare 'dividend'
- There is some evidence that with the right equipment, telecare can enable people to get out and reduce family tensions about care.

7. DISCHARGE SERVICES

- There are a wide range of housing-related services aimed to support early discharge.
- Limited evaluations of schemes such as the ASSIST scheme in Mansfield, the Keiro service pathway in Middlesbrough, and the Sheffield Frailty Unit indicate that significant savings can be achieved.

8. DESIGN OF THE BUILT ENVIRONMENT

- There are a range of evidence based design standards and guidelines which aim to enable older people to live in their own homes, such as Lifetime Home Standards, HAPPI, Evolve, I'DGO and Wel_hops.
- The planning system and the Healthy New Towns initiative provide opportunities to plan for the needs of older people in new developments.

9. WARM HOUSING AND FUEL POVERTY

- Older people are at particular risk of excess cold due to fuel poverty.
- Targeted services for older people to reduce the risk of excess cold can improve well-being, improve physical health and generate savings to the NHS.

10. DEMENTIA RELATED INITIATIVES

- A number of housing providers are providing housing-based initiatives for residents with dementia.
- These have not yet been evaluated in terms of health outcomes, expenditure or resident experience, apart from a small Extra Care Housing scheme for people with dementia.

PEOPLE WITH POOR PHYSICAL HEALTH AND DISABILITY

People with poor physical health and disability are more susceptible to the effects of cold / poor ventilated homes, and generally spending more time at home. People who have a physical disability, including those who use a wheelchair require an adapted home in order to remain living as independently as possible in their own homes. This includes accessibility both into and around the home, as well as adapted kitchen, bathroom areas.

CHILDREN WITH COMPLEX NEEDS

The East Sussex Children's Integrated Therapy and Equipment Service, provided by Kent Community Health NHS Foundation Trust include a small team of Specialist Housing Adaptations Occupational Therapists. Part of the role is to support families who live in unsuitable housing to move. Unsuitable or inaccessible housing is housing that cannot be adapted to meet a child's essential needs such as providing safe access to a bedroom, to hygiene facilities or to access in and out of the home. This is usually due to a lack of space within the present home.

In January 2020, there were 26 families caring for children with complex needs who were awaiting rehousing to accessible social housing across the five District and Borough housing teams. The longest wait has been three years to be rehoused, but it can take much longer. Of the 26 families, half were in Eastbourne and the remaining 13 spread evenly across the remainder of the county.

The rehousing delays are due to a severe lack of three and four bedroom wheelchair accessible homes within East Sussex and also limited council and housing association budgets meaning adapting existing housing stock is usually not possible due to high costs,even where there is enough space to do so.

THE FOLLOWING TWO CASE STUDIES ILLUSTRATE THE DETRIMENTAL HEALTH IMPACT OF UNSUITABLE HOUSING

CASE STUDY: 1

A parent is carrying a heavy ten year old girl who has cerebral palsy up to her first floor bedroom at risk of dropping her or injuring themselves. The child is not able to access toilet or washing facilities so has to wear nappies and be washed and changed on a bed in the dining room with no privacy. The child is not able to use the powered wheelchair that she requires due to lack of space within the home. She is therefore at risks of falls trying to mobilise around the home, she is more dependent on her parent than she would need to be if in an accessible environment and she is also unable to further develop her independence as other children would do so as well as very high physical risk of injury there is also a risk of stopping her developing her abilities and independence

CASE STUDY: 2

An eight year old boy with severe autism and challenging behaviour who has an inability to sleep more than three hours a night is sharing a bedroom with two siblings. The siblings are unable to get to sleep due to the screeching of the disabled child and when they do fall asleep they are then being woken up throughout the night by being hit and shaken as the disabled child wants them to play. This affects the siblings' school work, their sense of home, their emotional stability and also their relationship with their disabled sibling.

Specialist Housing Adaptations Occupational Therapist, East Sussex Children's Integrated Therapy and Equipment Service, Kent Community Health NHS Foundation Trust. January 2020.

In summary, opportunities for these disabled children to develop their physical, emotional, social and life skills are severely limited due to their inappropriate housing environments. The home environment is further disabling these children. They report often feeling that they are a burden on their families and it is 'their fault' the family has to uproot and move. Siblings often feel they and their needs are less important, and many become young carers. There is also a risk of family break down as parents struggle to cope with all the above.

PEOPLE WITH POOR MENTAL HEALTH

Around one in four people will experience a mental health condition in a year[48]. Mind state that people with poor mental health are more likely to be in poor housing and people in poor housing are more likely to develop poor mental health outcomes[49]. The strong association with poor housing and mental health is especially strong in children, women and the elderly who are thought to spend the most time in the home. People with less severe or enduring functional mental illnesses, such as anxiety and depression, may not need specialist secondary mental health care, and can be treated by primary care often with psychological therapies, such as cognitive behaviour therapy.

In East Sussex in 2017/18 there were a total of 56,700 adults with recorded depression. This corresponds to rates of 14.3% in Eastbourne, Hailsham and Seaford, 12.6% in Hastings and Rother, and 10.6% in High Weald Lewes and the Havens. The national rate is 9.9%.

In terms of children, there are 12,558 2-19 year olds with a diagnosed mental health disorder.

Client facing housing officers receive mental health awareness training. As well as providing social housing and the Homeworks service, Southdown provide a range of services for people with poor mental health in relation to housing[50].

Reported mental health issues are higher amongst the homeless population than the general population. In terms of rough sleeping, 34% of individuals engaged through the Rough Sleeping Initiative in Hastings and Eastbourne had mental health issues identified as their primary support need, while 40% had substance dependency issues identified as their primary support need.

PEOPLE WITH SERIOUS AND ENDURING MENTAL ILLNESS (SMI)

Of the one in four adults in the UK who experience poor mental health, one in 10 will require specialist help for Serious and enduring Mental Illness (SMI). People with SMI often have very poor physical health as well as particular requirements in relation to retaining accommodation, finding employment and securing social and support networks. These people include those who are older and may have been discharged from former long-stay institutions (mental health 'asylums').

In East Sussex there are estimated to be around 6,300 people with SMI Prevalence of SMI, which includes schizophrenia, bipolar and other psychoses, on GP Quality and Outcomes Framework registers. This corresponds to rates within Clinical Commissioning Groups (CCG) of 1.15% in Eastbourne, Hailsham and Seaford CCG, 1.32% in Hastings and Rother CCG and 0.90% in High Weald, Lewes, Havens CCG. The national average rate is 0.94% in 2017/18. In terms of trend, the rates are increasing.

More detail about numbers of people receiving treatment on individual GP practice level SMI registers can be found in the GP profiles.

PEOPLE WITH LEARNING DISABILITIES AND / OR AUTISM

Other groups of people who require adapted housing and / or housing related support include those with learning disability, autism and severe mental illness.

They are more likely to live in substandard housing that may be in need of repair; may be less likely to be able to afford to heat their homes adequately; and may require advocacy for housing and non-housing related matters.

LOW INCOME HOUSEHOLDS

People living on low and / or unstable incomes who are less able to afford adequate housing face poorer health outcomes. Those already at a disadvantage from their income and deprivation are at further disadvantage through their housing status and circumstances.

For benefit dependent households, local housing allowance has failed to keep pace with rising rents, particularly in the private rented sector. Local housing allowance is now often around 40% lower than private sector rents. The affordability gap is particularly apparent for larger properties (4 bed plus), which has contributed to an increasing number of families living in emergency accommodation.

PEOPLE WITH MULTIPLE / COMPLEX NEEDS

There are a whole range of people who have complex lives where aspects of their lives can make them vulnerable to poorer housing and less certainty in their housing, and whose health can thus be impacted, often multiplying existing health inequalities. These include those with alcohol / drug misuse, those who are subject to domestic abuse or violence, asylum seekers and refugees, those who are ex-offenders or offenders living in the community, and those who are living in emergency and temporary accommodation.

2

THE EAST SUSSEX HOUSING PICTURE

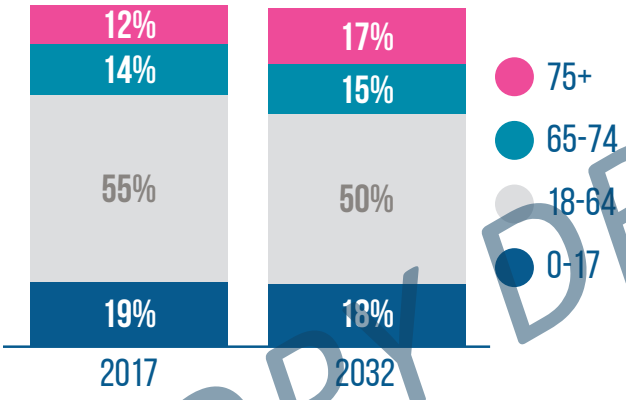
OUR POPULATION

Demographic & Housing Data

It is important to understand the population and demography of the county in order to plan for future housing need and demands. This includes needing to know how our population is likely to change over time, in terms of overall numbers, the age profile, and needs such as disability. This section sets out the key demographic and housing data.

CHANGE IN EAST SUSSEX POPULATION

FROM 2017 TO 2032 BY AGE GROUP

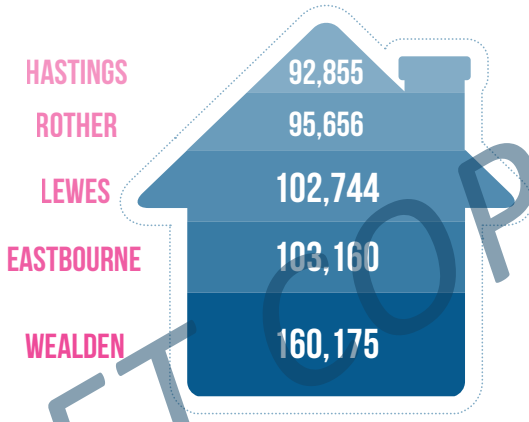


Source: ESCC population projections (dwelling led) April 2019

554,590 RESIDENT POPULATION (2018)

Source: ONS Mid Year Estimates

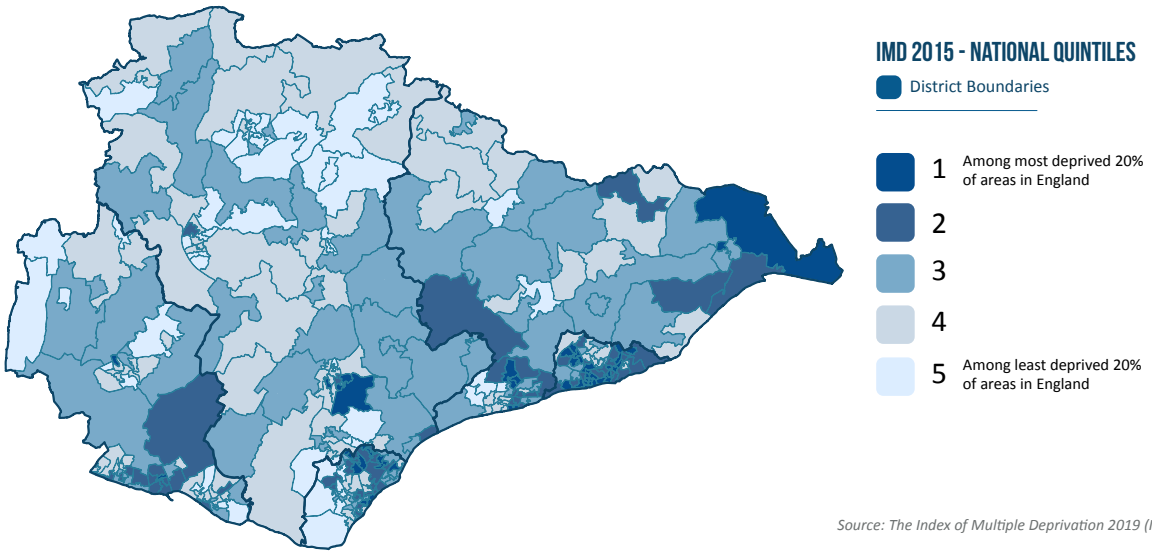
East Sussex has a total population of 554,590 residents. It is a two-tier local authority and has five District and Borough local authorities.



Source: ESCC population projections (dwelling led) April 2019

In 2017 one in four people (25%) were 65 years and over. By 2032 it is predicted that this will have increased to one in three (32%). Nearly one in six residents will be 75 and over in 2032 (17%) compared to one in eight (12%) in 2017. Currently the England average for people aged 65 and over is 18% which is just over one in six.

The Index of Multiple Deprivation 2019 (IMD 2019) measures relative levels of deprivation in Lower Super Output Areas (approximately 1,500 residents) based on: income, employment, education, health, crime, barriers to housing and services, and living.



Source: The Index of Multiple Deprivation 2019 (IMD 2019)

environment. East Sussex ranks 93/151 most deprived local authorities nationally, where 1 is most deprived and 151 least deprived. However, deprivation varies significantly, with Hastings being the 13th most deprived District in the country (out of 326), and Wealden being the 254th.

The population of East Sussex is due to increase by 7.4% between 2016 and 2031, with the increase in the elderly population considerably higher. It is predicted that there will be an overall increase across East Sussex of 21.5% in relation to those aged 85 or over and up to 27% in Wealden.

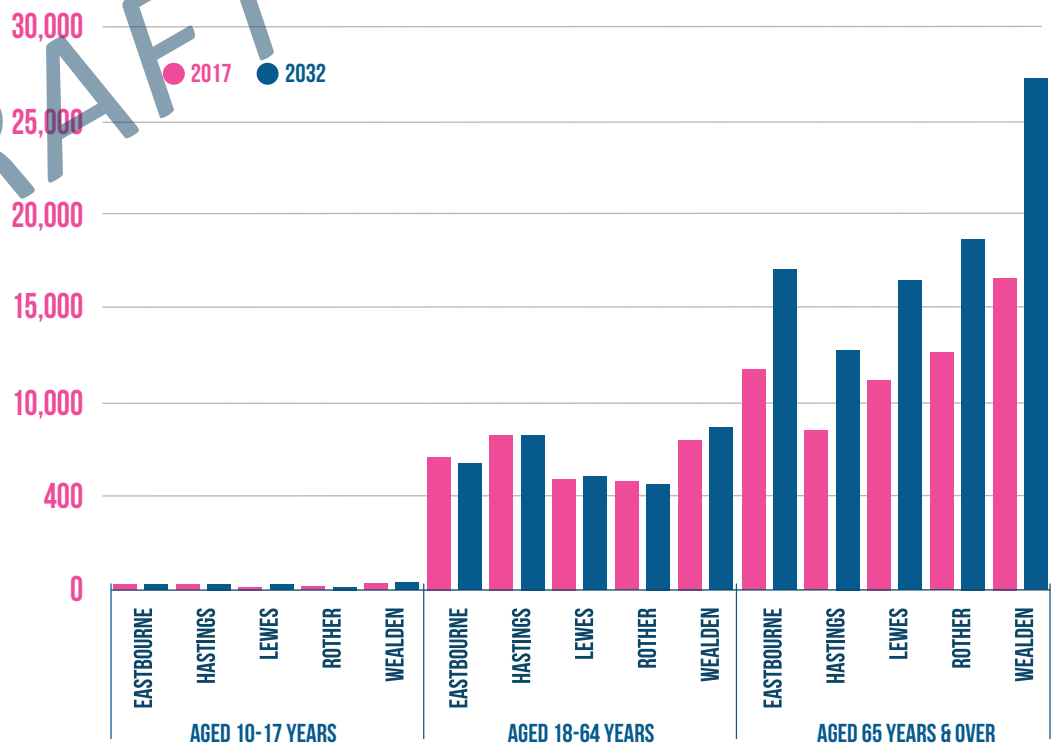
The prevalence of dementia increases with age. It is predicted that by 2035 number of people living with dementia across East Sussex will increase by 60% from 10,793 to 18,250. The density of those with dementia across the County differs with the highest rates in the most populous coastal towns and also in the middle of the County around Uckfield and Crowborough.

Local estimates predict that over the next 15 years the number of residents with a disability will remain similar for those aged under 65 but will increase by around 50% for persons aged 65 years and over[54].

Around one-third of all households are older households[51]. Housing issues affecting East Sussex's older residents in future are likely to centre on affordability and their adaptation for older people's changing needs[52]. An older person's health can benefit from a move to more suitable housing as long as it is an informed choice and they remain in control. 'Staying put' can also be the right choice. Most older people want a home with at least two bedrooms but most specialist provision has only one bedroom[53].

At the 2011 Census, 95% of people aged 65 and over in East Sussex were living in a household [not in a communal residence][53]. The remaining 5%, numbering around 5,900 people, were living in a communal establishment (this category includes sheltered housing and care homes). The majority of older people in East Sussex own their home, and most own it outright. Older people are much more likely to own their home outright than other age groups.

ESTIMATED DISABILITY*3 PROJECTIONS FOR EAST SUSSEX
2017 TO 2032



Source: www.eastsussexinfigures.org.uk

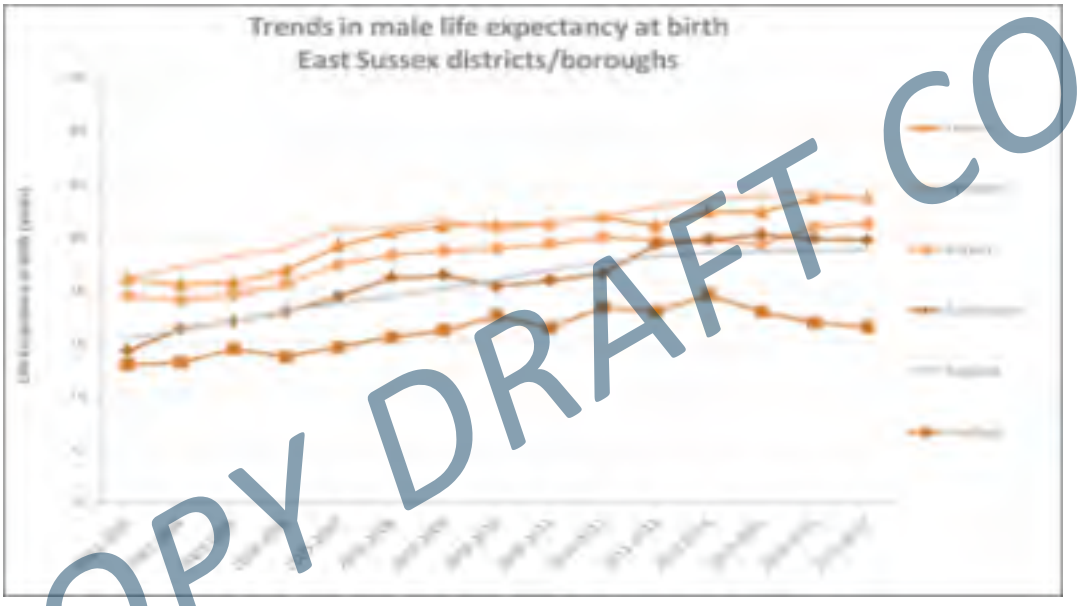
*3 Overall disability measure taken from the Health Survey for England, which measures four disability types: locomotor (ability to move from place to place), personal care, hearing and sight. These are then applied to local population projections.

LIFE EXPECTANCY AT BIRTH

Life expectancy gains in East Sussex have stalled since around 2010, a trend which has been seen nationally.

In East Sussex there is a life expectancy gap of sixteen years between those living in the most deprived and the most affluent areas of the county (at ward level)[55]. For healthy life expectancy (the number of years lived in self-assessed good health) the gap is 22 years. Housing is a key determinant of this inequality and is an area where local services in East Sussex can work together to make a difference to people's lives and reduce health inequalities in East Sussex.

Within East Sussex all local authority areas, apart from Hastings, have similar or better life expectancies than England for both males and females. However, in Hastings, it is significantly worse than England, and for males has seen a decline since the period 2012-2014.



Source:

LIFE EXPECTANCY GAP

Within East Sussex there is a clear gap in average life expectancy between people who live in the most and least deprived areas of the county

Source:

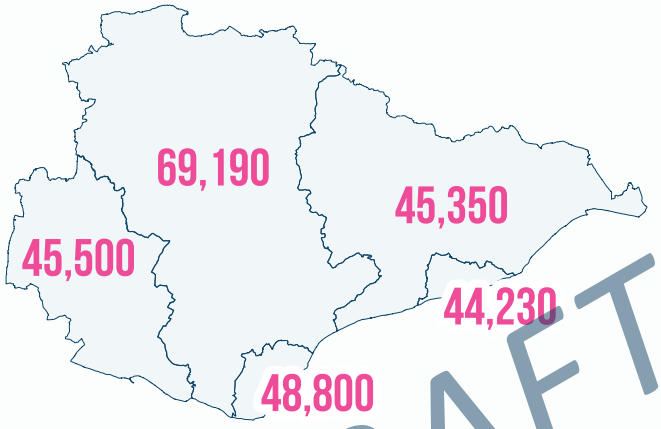
HOUSING STOCK & TENURE

An Overview

HOUSING STOCK IN EAST SUSSEX

In 2018 there were a total of 253,070 dwellings in East Sussex and a resident population of 554,590. By District and Borough, the greatest number of dwellings are in Wealden District Council. Rother and Lewes District Councils have a similar number of dwellings, as do our urban areas of Hastings and Eastbourne Borough Councils, albeit in much smaller geographical areas.

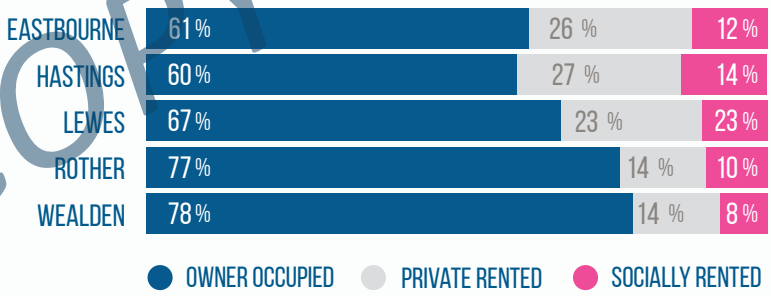
TOTAL DWELLINGS (2018)



Source: MHCLG live tables on dwelling stock including vacants

Hastings Borough Council and Eastbourne Borough Council have the lowest proportion of owner occupied housing and Hastings Borough Council has the greatest proportion of socially rented housing. Wealden District Council and Rother District Council have the greatest proportions of owner occupied housing.

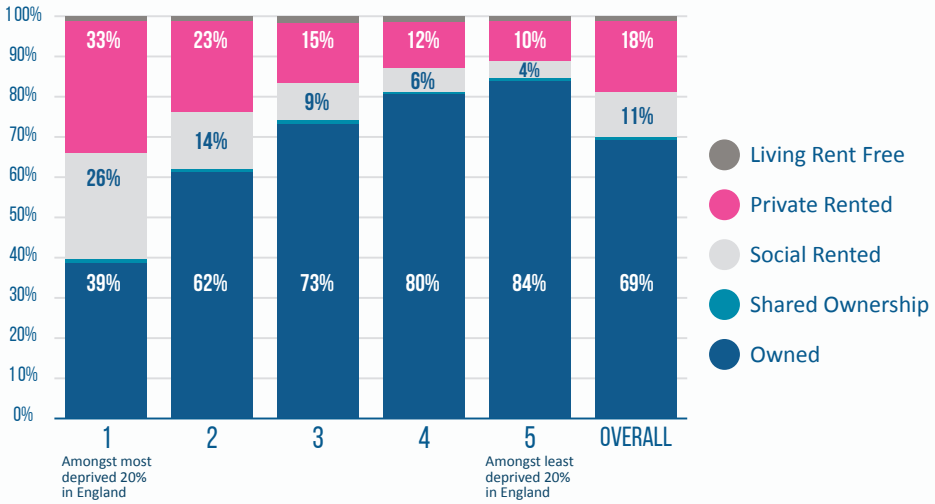
DWELLING STOCK BY TENURE 2017



Source: ONS subnational dwelling stock by tenure estimates
Note: data presented are research outputs and not official statistics on dwelling stock by tenure

There are much higher levels of private and socially rented households in the more deprived areas of East Sussex.

HOUSING TENURE IN EAST SUSSEX
BY DEPRIVATION QUINTILE 2011



Source: 2011 Census Housing Tenure and Index of Multiple Deprivation 2019

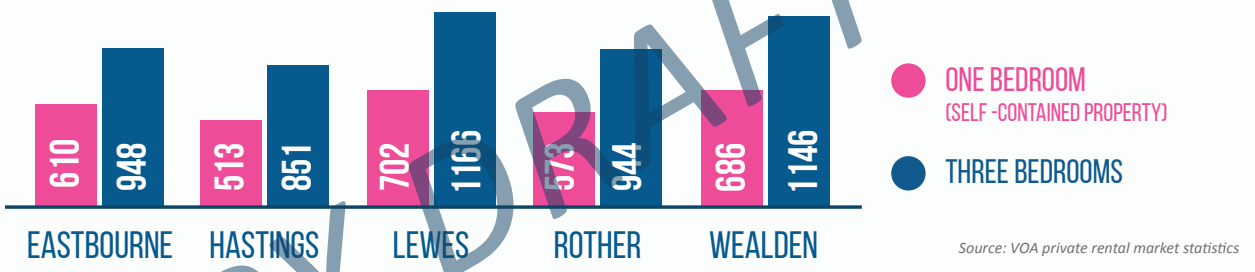
AVERAGE HOUSE PRICE IN RELATION TO AVERAGE EARNINGS

In 2018, average house prices in relation to average earnings were highest in Lewes (11 times annual salary) and lowest in Eastbourne (8 times) and Hastings (9 times). This marks a significant increase for all areas compared to 2002 and have almost doubled in Lewes from 6 times to 11 time's annual salary. All areas have seen house prices increase in relation to average earnings by between 60% and 90%.

Source: ONS. Ratio to house price (existing dwellings) to residence-based earnings

RENTAL MARKET

Average monthly rent costs (October 2017 to September 2018) were lowest in Hastings and highest in Lewes.



Source: VOA private rental market statistics

SOCIAL RENTING

Social rented properties are available either directly from a local authority or via a Private Registered Provider. The table below for 2017/18, shows that rental rates in East Sussex are similar to England overall, although there is more variation amongst private registered providers.

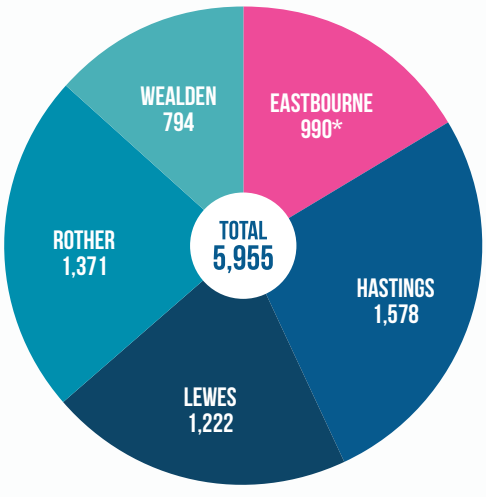
AVERAGE MONTHLY RENTS, 2017/18

LOCAL AUTHORITY	LOCAL AUTHORITY	PRIVATE REGISTERED PROVIDERS
Eastbourne	£ 338	£ 412
Hastings	-	£ 381
Lewes	£ 382	£ 401
Rother	-	£ 418
Wealden	£ 376	£ 450
England	£ 376	£414

Source: Rent, lettings & tenancy statistics, Ministry of Housing, Communities & Local Government

SOCIAL RENTING WAITING LISTS

As of April 2018 there were just under 6,000 households on local authority waiting lists in East Sussex.



**Not available for April 2018, figure shown in table is for December 2019*
Source: Rent, lettings & tenancy statistics, Ministry of Housing, Communities & Local Government

HOUSING BENEFIT

Housing Benefit is a benefit people can claim to help with their housing costs if they are on a low income. It can help with both private sector and social housing rent, and people can qualify for this help whether they are in or out of work.

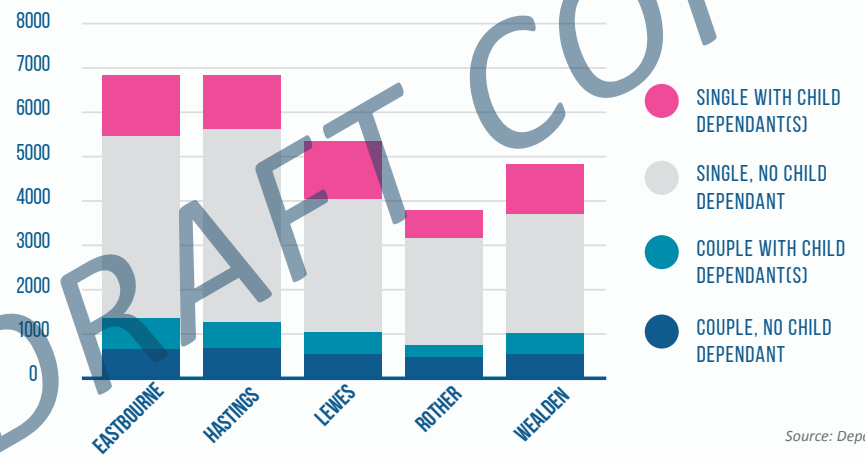
Housing benefit is gradually being replaced with Universal Credit, a new benefit scheme being introduced in stages between 2013 and 2020 which replaces housing benefit, income support, employment and support allowance, jobseeker's allowance and some tax credits. In November 2017 there were about 6,500 households claiming Universal Credit in the county, of whom 3,700 were claiming some sort of housing entitlement.

Most people who are out of work and receiving means-tested benefits such as Job Seekers Allowance or Employment and Support Allowance (ESA) are 'passported' onto Housing Benefit. This means that they are automatically entitled to the maximum amount of benefit. However, this may be lower than the rent they pay because of non-dependent deductions and spare room subsidy (sometimes known as 'bedroom tax'[*4]) if they are a social tenant or the Local Housing Allowance Rate if they are a private tenant. The bedroom tax refers to the reduction in Housing Benefit, or the housing costs element of Universal Credit where people are renting a council or housing association property and have a spare bedroom.

The Rent a Room scheme is an optional scheme, open to people who own their own homes or tenants who let out furnished accommodation to a lodger in their main home.

NUMBER OF HOUSING BENEFIT CLAIMANTS IN EAST SUSSEX

BY FAMILY TYPE, MAY 2019



There are currently over 27,000 housing benefit claimants in East Sussex. Half of those claimants live in Eastbourne and Hastings. Of all the claimants 60% are 'single with no child dependants', 20% are 'single with child dependents', 10% are 'couple with no child dependents' and another 10% are 'couples with child dependents'.

Source: Department for Work and Pensions data, www.eastsussexinfigures.org.uk

100% MORTGAGES AND LOW INTEREST RATES

Around a fifth of all outstanding residential mortgages in the UK are interest-only, according to the Council of Mortgage Lenders, which estimates that about 1.9m borrowers are just paying off the interest on their debts without making a dent in the underlying capital[56].

With interest only mortgages, the borrower makes no capital repayments on the loan, just interest. They are expected to have an investment plan in place to pay off the debt but some of these plans may be underperforming and some borrowers have not set them up. Should interest rates rise significantly, many people may struggle with their repayments, increasing the risk of homelessness.

[*4] *Since April 2013 new rules were introduced in Housing Benefit for working-age people living in social housing (pensioners were unaffected). The new rule was called 'removal of the spare room subsidy' but was better known as the 'bedroom tax'. A household assessed as having more bedrooms than necessary has been subject to benefit deductions of 14% for one spare bedroom and 25% for two or more spare bedrooms. For example, for a monthly rent of £850 the maximum benefit paid would be £731 and £637.50 respectively.*

PLANNING FOR THE FUTURE

Planned housing growth

55,200
MORE PEOPLE LIVING IN EAST SUSSEX
BY 2032 (FROM 2017)

WEALDEN
WILL SEE THE BIGGEST INCREASE
(29500, 19%)

Source: ESCC population projections (dwelling led) April 2019

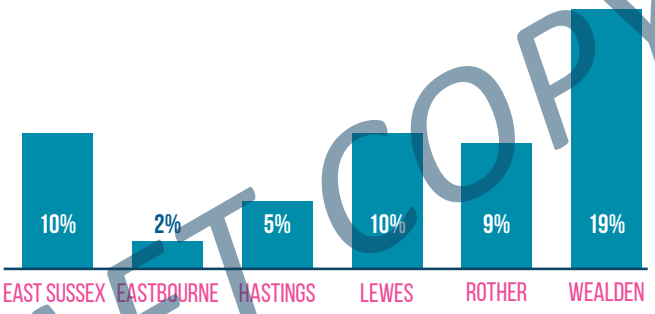
PROJECTED POPULATION INCREASE AND ASSOCIATED AGREED NEW HOMES FOR PLANNING

The population of East Sussex is projected to increase by 10% from 2017 to 2032.

This equates to an additional 55,200 people living in East Sussex by 2032. Wealden is predicted to have the largest increase (19%) resulting in an additional 29,500 residents.

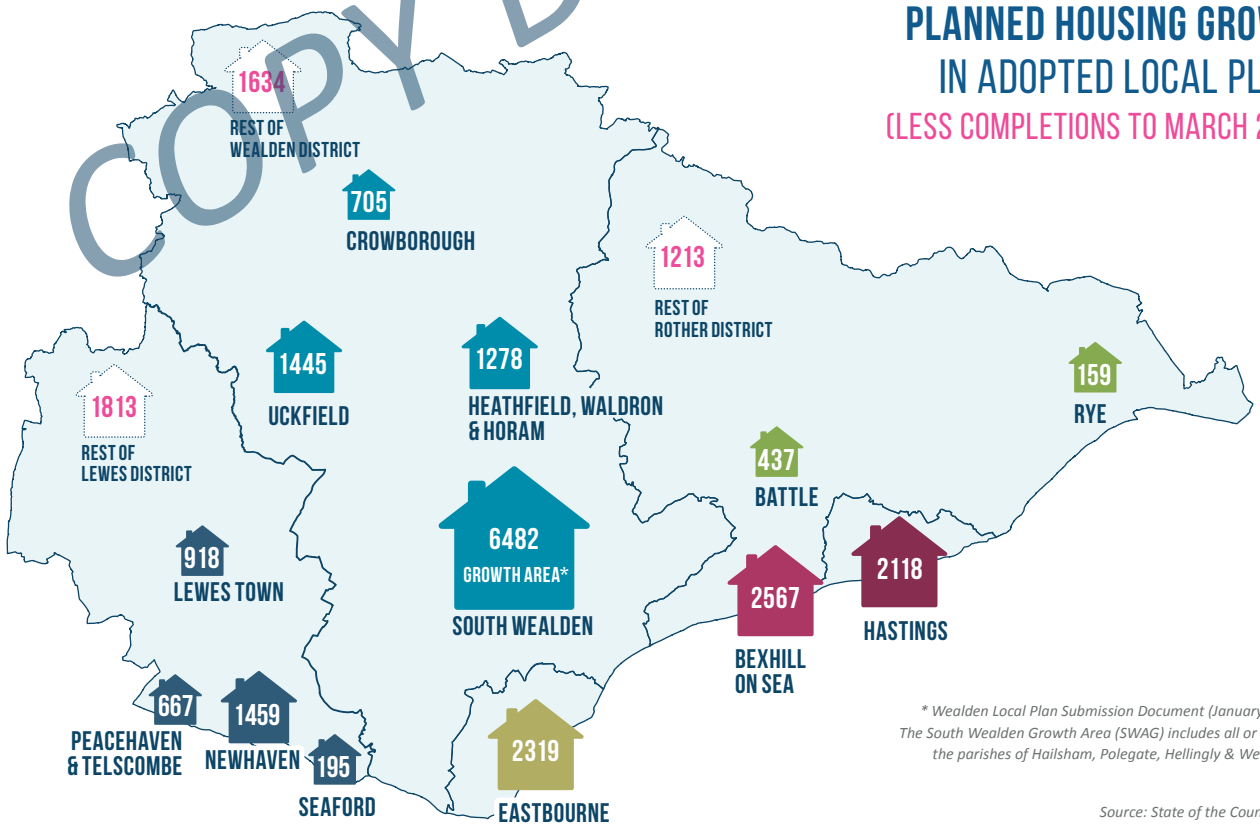
The planned housing growth in Adopted Local Plans March 2018 shows that the highest growth area is in the south of Wealden District. Other growth areas include Eastbourne, Bexhill, Hastings, Lewes and Newhaven.

CHANGE IN TOTAL POPULATION
2017 -2032



Source: ESCC population projections (dwelling led) April 2019

PLANNED HOUSING GROWTH
IN ADOPTED LOCAL PLANS
(LESS COMPLETIONS TO MARCH 2018)



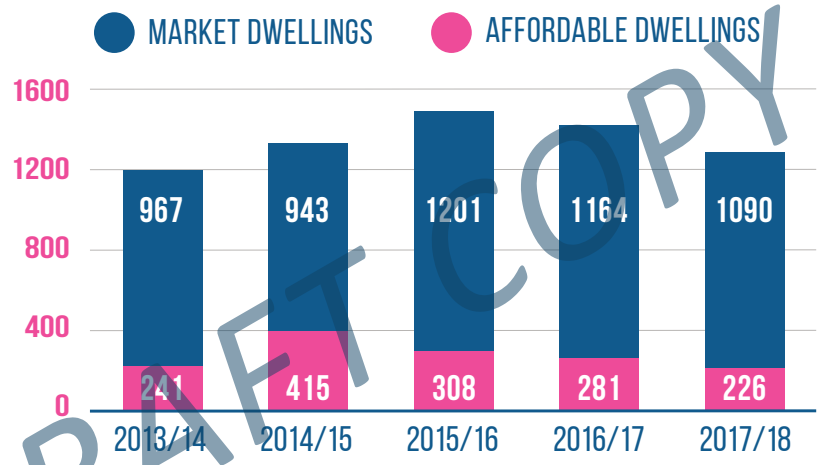
** Wealden Local Plan Submission Document (January 2019) The South Wealden Growth Area (SWAG) includes all or part of the parishes of Hailsham, Polegate, Hellingly & Westham.*

Source: State of the County 2019

LOCAL HOUSING PLANS IN EAST SUSSEX

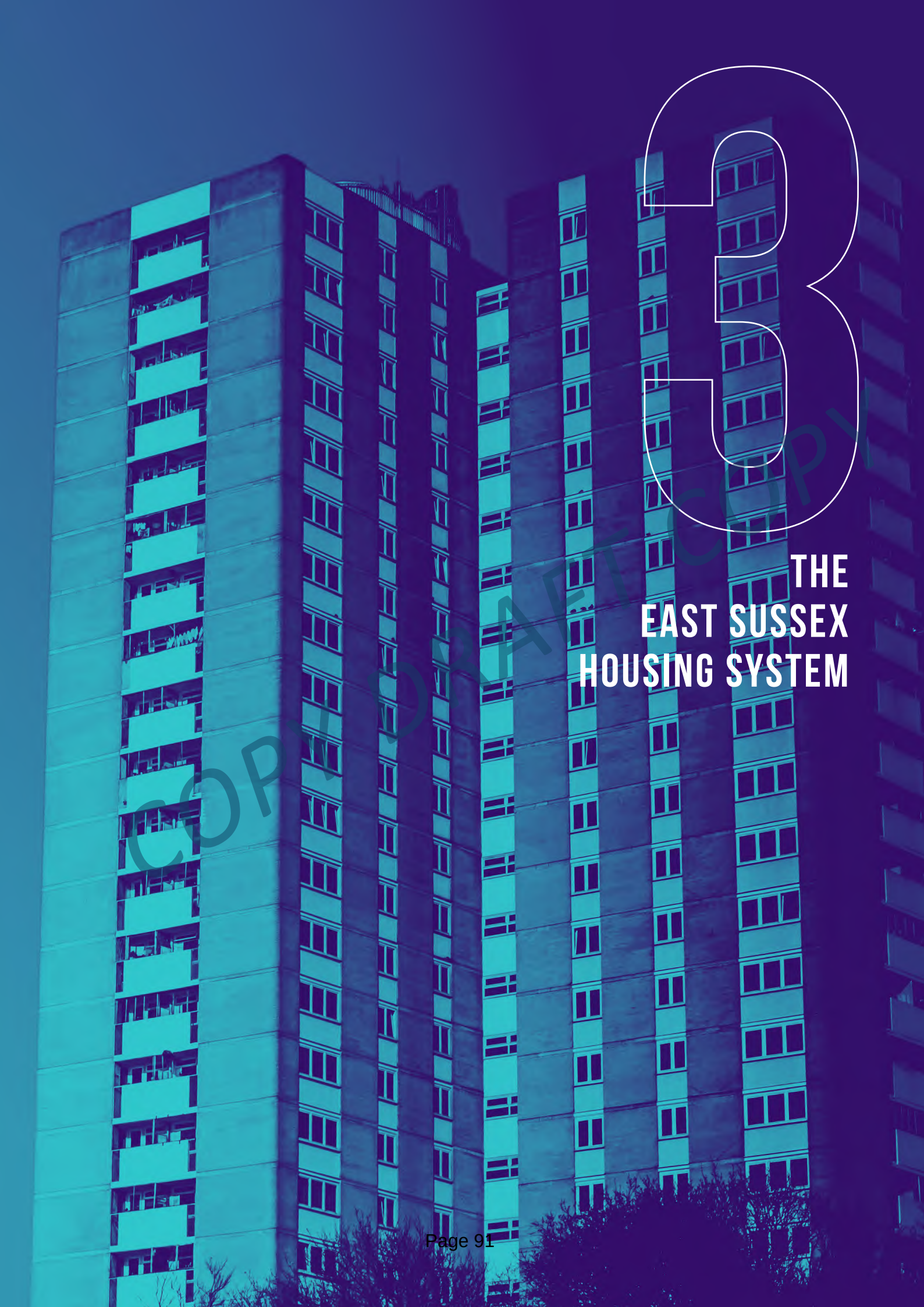
Adopted Local Plans (adoption date)	Number of dwellings over plan period
Eastbourne: Core Strategy Local Plan (February 2013)	5,022 (2006-2027) 239 p.a.
Hastings: Hastings Planning Strategy (February 2014)	3,400 (2011-2028) 200 p.a.
Lewes: Joint Core Strategy (June 2016)	6,900 (2010-2030) 345 p.a.
Rother: Core Strategy (September 2014	5,700 (2011-2028) 335 p.a.
Wealden: Core Strategy (February 2013)	9,440 (2006-2027) 450 p.a.

COMPLETED NEW DWELLINGS



Source: W Housing Monitoring Database, Lewes District Council housing monitoring system.

Affordable housing includes housing for social rent, shared ownership, low cost home ownership and sub-market rent.



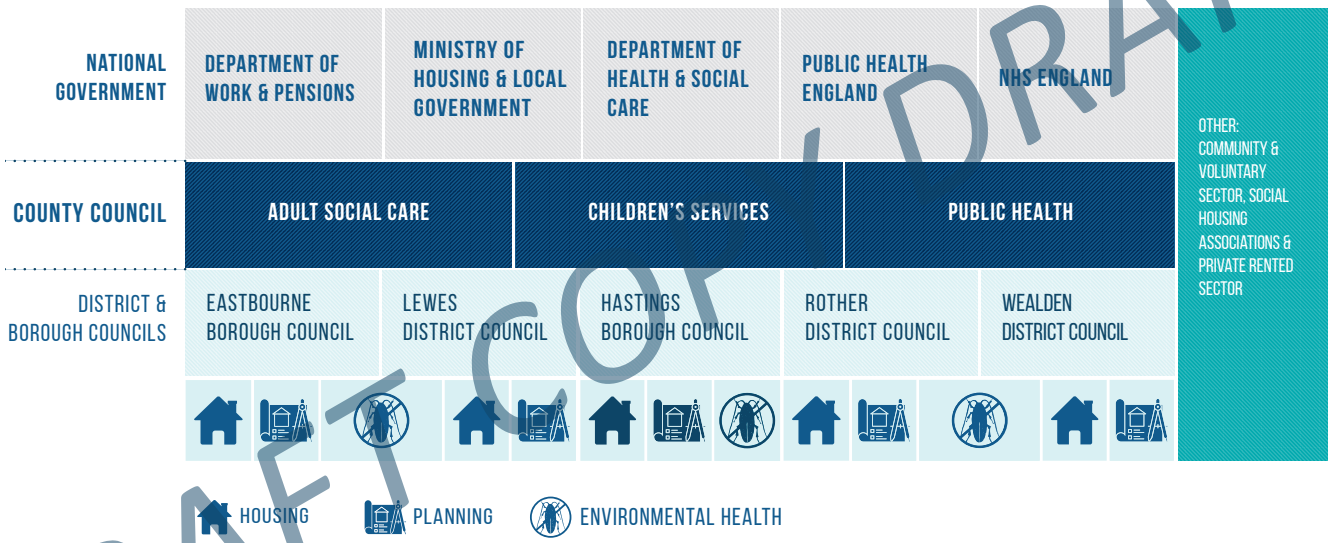
3

THE EAST SUSSEX HOUSING SYSTEM

EAST SUSSEX HOUSING SYSTEM

Roles & Responsibilities

There are formal housing roles and responsibilities at National, County Council, and District and Borough Council levels. The voluntary and community sector have always, and continue, to supplement statutory provision by innovating and advocating for people in housing need. Social housing associations, as well as offering affordable housing provide an important role in supporting the health and well-being both of tenants and local communities. The private rental sector provides a service for people who cannot afford and / or are not in a position to buy a property.



The following table summarises the main housing responsibilities / areas of each of the different agencies.

NATIONAL GOVERNMENT

DEPARTMENT OF WORK & PENSIONS *

administer Universal Credit (incl. housing benefit) and support claimants into employment

MINISTRY OF HOUSING & LOCAL GOVERNMENT

responsible for housing policy, providing a framework to build better places to live

DEPARTMENT HEALTH & SOCIAL CARE

responsible for health policy, including joint working on home adaptations, specialist housing and health care and housing integration

PUBLIC HEALTH ENGLAND

protect and improve health and wellbeing and reduce inequalities, including through housing and place

NHS ENGLAND

prioritises how housing can help prevent hospital admissions; help hospital discharge, and support independence and health in the community

EAST SUSSEX COUNTY COUNCIL *

ADULT SOCIAL CARE

- Support people to live independently in their homes via provision of home care support
- Commission services to support people at risk of homelessness including those who have issues managing their accommodation
- Provide access to sheltered accommodation, extra care housing, care and nursing homes
- Provide residential care and supported accommodation for people with severe mental illness and/or severe learning disability

CHILDREN'S SERVICES

- Prevent destitution – assess, establish a plan and support families into sustainable accommodation
- Prevent homelessness for children and care leavers
- Provide emergency and temporary accommodation if needed

PUBLIC HEALTH

- JSNAA data and evidence base
- Advice and advocacy
- Mobilise action to improve health and reduce inequalities
- Air quality advice and joint working
- Commissioning Warm Homes , childhood accident prevention and equipment service
- Advice and advocacy for homeless people and rough sleepers
- Working with Planning to get 'health into place'

DISTRICT AND BOROUGH COUNCILS*

HOUSING

- Responsible for managing and allocating social housing
- Private rented accommodation quality assurance
- Provision of temporary accommodation for households who are unintentionally homeless and in priority need
- Housing advice and information
- Take reasonable steps to help any eligible person into secure accommodation, regardless of whether they are in priority need
- Prevent a person becoming homeless through assessment and a personal housing plan

PLANNING

- **Develop Local Plans** to address needs and opportunities in housing, the local economy, community facilities and infrastructure

ENVIRONMENTAL HEALTH

- To enforce housing standards for those that privately rent their homes – the most common complaints received from tenants are about disrepair, damp, mould, and heating/cold.
- To provide advice for landlords on compliance with the appropriate regulations
- To provide advise to tenants
- To ensure Houses in Multiple Occupation are licensed appropriately – including meeting licensing standards or taking appropriate action if not.
- **Pest control** – free advice and a costed pest control service
- **Noise** - responding to noise complaints
- **Hoarding** – advice and support to address the issues but if this is not possible an enforced clearing of a property can be made with full charges applied to the householder

OTHER*

COMMUNITY & VOLUNTARY SECTOR

There are a multitude of voluntary and community agencies operating across East Sussex providing an important role in terms of support for people who are homeless including those who are rough sleepers. This includes church and faith-based groups, outreach support to the street community and community based facilities.

SOCIAL HOUSING ASSOCIATIONS

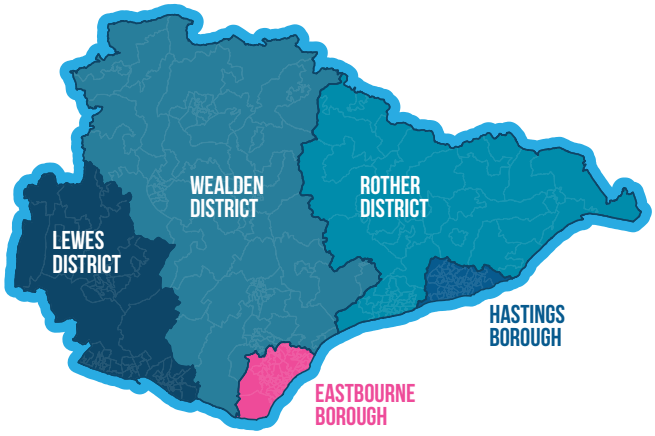
Social Housing Associations offer affordable rented housing, promote tenancy sustainability and support the health and well-being of both tenants and local communities.

PRIVATE RENTED SECTOR

The private rental sector provides a vital service for people who cannot afford and/or are not in a position to buy a property.

ORGANISATION ROLES & RESPONSIBILITIES

Intro



EAST SUSSEX COUNTY COUNCIL ROLES

East Sussex County Council commissions and directly provides services to safeguard the well-being of vulnerable people who are deemed eligible for support under the Care Act. The County Council has a duty to prevent homelessness for children including care leavers.

ADULT SOCIAL CARE

SUPPORTING PEOPLE WHO NEED ASSISTANCE TO MANAGE THEIR ACCOMMODATION

Adult Social Care commissions services to support individuals and families who struggle to stay securely housed.

There are two key services:

- ***'Home Works'*** a free and confidential housing support service for people aged 16 to 59
- **'STEPS to stay independent'** a free and confidential housing support service for people aged 60 or over

The services offer short term support to help people stay living independently if they need advice and support to:

- look into more suitable accommodation
- deal with tenancy and mortgage worries
- keep warm and reduce energy bills
- ensure their home is safe
- manage household bills and debts
- obtain daily living equipment

The services also offer advice and support where someone is:

- at risk of losing their home for reasons such as domestic violence, relationship breakdown or health issues
- already homeless or living in a B&B or hostel
- living in poor quality or unsuitable accommodation

Between October 2018 and September 2019 a total of 2,418 households received interventions from Homeworks.

In addition to supporting with housing issues, STEPS can also support with:

- accessing benefit advice and debt management
- managing long term physical health conditions
- finding community transport
- taking part in healthy living activities
- accessing local social groups and activities
- accessing career's advice and support
- accessing the internet / IT

Between April 2019 and September 2019, Steps East provided a service for 603 clients; and Steps West saw 643 clients.

SUPPORTING PEOPLE WITH CARE NEEDS TO LIVE INDEPENDENTLY IN THEIR OWN HOMES

Supporting people to live well and independently in their own home is a key strategic objective for statutory organisations in East Sussex. The support is wide ranging and the type and level of support a person receives will depend on their needs. People who have been assessed by Adult Social Care as having Care Act eligible needs will have a support plan which describes the support the person will receive to meet their assessed needs.

Occupational Therapy (OT) has an important role in supporting people to live in their own home. The

service is provided via three clinics across the County. Home visits can be arranged if necessary. The OT service supports around 3,000 people per year.

Where 'minor' housing adaptations are required (generally costing less than £1,000), Adult Social Care may fund this via the Integrated Community Equipment Scheme, if the person is assessed as being eligible under the Care Act. Community equipment consists of a range of products designed to help people to continue to stay active, comfortable and independent in their own home, as well as safe in the community. This ranges from relatively simple items, such as walking sticks, crutches and walking frames to aid mobility, to complex equipment like beds, hoists and pressure care equipment.

Disability Facilities Grants (DFGs) are available from councils to pay for essential housing adaptations to help disabled people stay in their own homes. The grant can pay for housing alterations that the local District or Borough Council considers essential for the disabled person to live an independent life.

Following assessment and recommendation by an OT, if the cost of the equipment is more than £1,000 the individual can apply for a DFG. The maximum grant that can be applied for is around £30,000 to £40,000 and is means tested. Examples of home adaptations that may be required include ramps to enter the home / rear garden, hoists to enter and exit baths and showers, seated showers, and stair lifts.

In Hastings, during 2018/19, there were 137 adaptations completed with a total cost of £1,048,532. A total of 71% of the approvals were for a single adaptation. The most common adaptations were level access showers and stair lifts.

In Rother, during 2018/19, there were 109 adaptations completed. Again, the most common adaptations were for level access showers and stair lifts. Other works were for kitchen adaptions, extensions and access ramps.

> *"East Sussex County Counsil enable provision of telecare with its partner Welbeing to around 8000 clients across the county with 31,000 items of equipment currently in use some of which are interdependent. The client base is not static and there are around 400 – 600 new deployments per month with a similar although slightly smaller number of returns. "*
>
> *Project Manager, Adult Social Care Department November 2019*

Telecare is the use of technologies including personal alarms and sensors in the home, which help to manage the risks of independent living and / or reduce the impact of caring on the carer's independence. It is a cost-effective way of maintaining the client's and carer's independence, by managing risk and meeting needs through remote monitoring and contact, where face-to-face care is not required or is declined.

Telecare alarms include: epilepsy sensors, bed sensors, floor sensors, falls detectors and medication pill box monitors. There are also GPS personal locator devices for people at risk of wandering or becoming lost. Personal alarms can be worn, carried or placed around the home to alert the client, carer or monitoring centre to incidents such as a fall or power cut. Sensors can raise an alert in the event of a fire, gas leak or flood. The alerts are monitored 24 hrs a day to ensure that the most appropriate response can be put in place promptly.

TeleCheck is a personal telephone service to support people to live at home and includes reminder calls (to eat, drink, take medicine etc.); calls to ease social isolation: motivational calls e.g. to get up and get dressed; reassurance calls and phone calls to promote healthy living and self-management.

REDESIGNING SUPPORT

Adult Social Care has worked in conjunction with the Design Council to redesign the support that is provided to keep people living at home, who are at risk of housing issues and potential homelessness. The Design Council uses the principles of creativity and innovation in the design of complex public and business sector services.

The Local Government Association (LGA) and Design Council work together to support the public sector to deliver efficient and effective public services, which improve people's lives. In 2018/19, the LGA-funded 'Design in the Public Sector Programme' focused on applying design process and methods to tackle public health challenges with a focus on prevention. The programme is based on the Design Council's Framework for Innovation. (https://www.designcouncil.org.uk/news-opinion/design-process-what-double-diamond).

SUPPORTING OLDER PEOPLE WHO ARE DISCHARGED FROM HOSPITAL

The Joint Community Rehabilitation Service (JCR), an integrated home and community service delivered jointly by Adult Social Care and Health and East Sussex Healthcare Trust, provides rehabilitation and reablement to adults within their own home. By restoring or minimising loss of function, and maximising independence, health and wellbeing, the service aims to promote faster recovery from illness and / or injury; prevent unnecessary acute hospital admission; support timely discharge from hospital; avert and avoid crises in the community, including safeguarding adults to protect them from avoidable harm; prevent premature admission to long-term residential care and support individuals at end of life when there are specific goals that can be addressed in a limited time.

This is a time limited service, typically provided for one to six weeks. JCR will provide a service to clients who require less intensive input and / or a longer duration where there are clear goals aligned to the aims of the service.

East Sussex Adult Social Care commissions two services that are provided by the British Red Cross, which support older people who have been discharged from hospital:

- ***'Assisted Discharge'*** is available from 10am-10pm Monday to Friday and from 10am-6pm at the weekends. Staff can collect the person from hospital and take them home, checking that they are settled, for example by providing food, and checking that they have appropriate and adequate medication. The annual target is a minimum of 1,050 patients supported to return home per year.
- ***'Home from hospital'*** provides support in the first four weeks following discharge from hospital. It is a reablement service focussed on restoring the client's independence and aims to reduce the likelihood of another subsequent hospital admission. It also provides practical support including shopping, housework and meal preparation with a focus on supporting the client to regain their independent living skills. The annual target is to support a minimum of 390 people per year following a hospital stay or attendance.

SUPPORTED ACCOMMODATION

Supported accommodation is defined as a housing scheme where housing, support and (where needed) care services are provided as an integrated package. Some schemes are long-term, designed for people who need ongoing support to live independently, others are short term, designed to help people develop the emotional and practical skills needed to move into more mainstream housing. In some supported housing schemes staff are available on site 24 hours per day.

EXTRA CARE HOUSING

Extra Care schemes enable people, usually aged 60 and over, to maintain independent living whilst meeting their care and support needs. It is generally self-contained accommodation with on-site 24-hour care and support, access to activities and social events and various communal facilities that might include a shop, restaurant and gardens.

Anyone living in Extra Care housing in East Sussex must have an assessed care and support need. Across East Sussex there is a total of 324 units.

CARE HOMES NURSING HOMES

Demand on care home placements within East Sussex is changing and, as a result, so are the pressure areas that need to be alleviated. As more people are choosing to stay at home with support, the number of people moving into residential care settings is reducing. This has resulted in significant vacancy levels in a number of older people residential homes with the exception of those who cater for those with complex dementia.

Conversely, when people get to the point where they can no longer maintain independent lifestyles, they often present with multiple and more complex needs which require support from nursing care provision. Demand for general nursing beds has increased in the last 18 months.

Information from the Care Quality Commission (CQC) from March 2019 shows that across all client groups in East Sussex there are 74 care homes with nursing, with approximately 3,568 beds, and 243 care homes with approximately 4,620 beds. The number of care home beds (4.5) and nursing home beds (5.3) per 100

population aged 75 and over in East Sussex are both significantly higher than in England though this varies across the county[57]. For example, there are just 0.9 residential beds per 100 population aged 75 and over in the Uckfield locality and 7.8 in the Hastings and St Leonard's area. In terms of nursing beds, the lowest number per 100 population aged 75 and over is in the Havens locality with just 1. 0 bed and 9.6 in the Uckfield locality.

A 2019, a needs assessment into the supply and availability of care and nursing home placements across the County found:

- **There is a variance** in the number of residential and nursing home beds across the county, including dementia specific nursing and residential beds.
- **In most areas** there is adequate capacity of standard residential beds as most people are staying at home longer meaning that when they do require formal care it is usually that which caters for a higher acuity of need and is often for complex dementia.
- Adult Social Care only purchases around 20% of the overall nursing and residential care market with the highest amount being in relation to residential dementia beds (31%). New developments have predominantly focused on the high-end self-funding market.
- **There is need** for greater access to standard nursing beds across the whole of the county although this is less pronounced in the Hastings area.
- **The greatest area** of pressure in terms of sourcing beds is in relation to residential and nursing for complex dementia and there are geographical areas of particular concern. With only a couple of exceptions, across the county, adults have to travel farther to access dementia care home placements than standard placements.

CHILDREN'S SERVICES

The County Council has a duty to prevent homelessness for children including care leavers. Under the Children Act 1989 (s.17) Children's Services has a duty to prevent destitution. An assessment will be undertaken to identify the risks and challenges which have led to homelessness and establish a plan to support the family to gain and sustain accommodation. This may include provision of temporary accommodation while those supports are established. The issues identified often include multiple and complex needs, worklessness, disability and mental health concerns which impact significantly on child welfare and self-esteem.

CARE LEAVERS

The term care leavers (in relation to leaving care) refers to young people aged 16-25 years who have been looked after by Children's Services, generally with foster parents and who are leaving that care. Care leavers aged 16-18 years are not eligible to claim housing benefit or apply for local authority managed or owned accommodation.

Care leavers have a higher risk of a range of negative health behaviours including high alcohol use, drug use, and smoking; and are more likely to be not in education, employment or training (NEET). They are also at greater risk of becoming teenage parents.

Some care leavers (including those with chaotic lives) are at risk of becoming homeless during the transition period when they leave care and require supported accommodation prior to independent living. There are supported accommodation housing facilities in East Sussex for care leavers and young homeless people.

However, there are waiting lists to access funded supported accommodation and it is reported that it can take up to a year for a tenancy to become available to those ready to move on to independent living.

In East Sussex, 606 children were looked after in 2017/18 of which 298 were Care Leavers. In East Sussex at any one time, it is reported that around 40 Care Leavers are living chaotic lives, exhibiting challenging and high-risk behaviours and a number of these young people are at risk of becoming homeless, or are already homeless.

There are around 200 homeless presentations of 16-17 year olds countywide each year, some of which are not previously known to Children's Services but who often present with a range of safeguarding issues, complex needs and behaviours. Approximately 20% of all 16-17 year olds who present as homeless

CASE STUDY: I-ROCK

I-Rock - Wellbeing drop-in service for young people in East Sussex. I-Rock is an award winning youth wellbeing service for young people aged 14-25 years. The service is based in Newhaven, Eastbourne and Hastings and is accessed through both drop-in sessions and booked appointments. The service provides a range of support including for mental health and wellbeing, education and housing. Around one in five young people who access the service have a housing-related need[58].

in East Sussex have been referred to Children and Adolescent Mental Health Services (CAMHS).

In September 2018, Ofsted rated Children's Services 'outstanding' and recognised that proactive joint work between Children's Services and District and Borough Councils is improving the supply, availability and consistency of suitable accommodation across all Districts and Boroughs. It should be noted, however, that there remain some gaps in provision which continue to be worked on to address.

TRADING STANDARDS

Trading Standards undertake compliance and enforcement work aimed at redressing the imbalance between tenant, landlord and letting agent relationships in the private sector housing market, as well as activities aimed at eliminating rogues within the housing and energy improvement sector.

Last year, Trading Standards obtained funding in partnership with Hastings Borough Council to visit all Letting Agents in the Borough. This followed previous advice given to Letting Agents to ensure fees were not only those permitted to be charged to tenants but also that these fees were clearly displayed both on-line and on premises. Continued failures identified led to the issuing of penalty notices of up to £5,000 but, most importantly, led to compliance amongst all agents within the Borough. The legislation has now changed, further reducing scope for Letting Agents to charge fees to tenants, and we are anticipating further work across the county to ensure compliance in this area.

The department has a partnership with Trustmark, the government backed scheme for accreditation of the energy efficiency retrofit market, and undertook an initiative in 2019 in Hastings aimed at highlighting to landlords the potential for energy improvement work amongst the private rental sector. As part of the monitoring of this sector, the team have also undertaken investigations of installations which have been inadequate in terms of performance and energy savings claimed, or which were vastly overpriced.

DISTRICT AND BOROUGH COUNCIL ROLES

HOUSING PROVISION

The local District and Borough housing authorities are responsible for accommodation issues (including managing the allocation of social housing and assuring the quality of private rented accommodation) and homelessness and rough sleeping. Social housing is allocated on the basis of need by local housing authorities, who hold waiting lists and set the levels of priority.

Under the Housing Act 1996 Part VII (as amended) a household is considered to be homeless if they have nowhere to stay, or if they have accommodation but it would be unreasonable to continue to occupy this, e.g. because it is unaffordable. This is termed unintentionally homeless. For households which are unintentionally homeless and are in a priority need category (such as having dependent children) the local housing authority has a main duty to ensure suitable temporary accommodation is provided until settled accommodation is available.

However, not all families are eligible for accommodation under the Housing Act. Families with No Recourse to Public Funds (those subject to immigration control) are not eligible for housing – only advice and information.

In addition, households found to be intentionally homeless are not entitled to long term housing under the Housing Act.

Following the introduction of the Homelessness Reduction Act (HRA) 2018, local housing authorities must take reasonable steps to help any eligible person secure accommodation – regardless of whether they are in priority need. If there is reason to believe someone is homeless or at risk of homelessness, they must carry out an assessment and agree a Personal Housing Plan. The effect of the plans can vary in areas where there isn't sufficient affordable housing available. In such areas, the private rented sector can be the only option, as opposed to social housing. The new prevention and relief duties have increased demand from Housing Authorities for temporary accommodation.

ENVIRONMENTAL HEALTH OFFICERS

Environmental Health Officers at District and Borough level in East Sussex have wide-ranging roles in relation to housing.

For housing tenants:

- to enforce housing standards for those that privately rent their homes – the most common complaints received from tenants are about disrepair, damp, mould, and heating / cold
- to provide advice for landlords on compliance with the appropriate regulations, for example see http://www.rother.gov.uk/article/11698/Landlords-Section
- to provide advice to tenants, for example see http://www.rother.gov.uk/article/11699/Tenants-Section
- to ensure Houses in Multiple Occupation are licensed appropriately – including meeting licensing standards or taking appropriate action if not

For everyone in the community:

- **Hoarding** (domestic premises which are 'filthy and verminous') –will encourage those in these situations to address the issues but if this is not possible an enforced clearing out of a property can be made with full charges applied to the householder
- **Noise** – responding to and addressing complaints of domestic, commercial and industrial noise
- **Pest control** – provide a free advice service and costed pest control service in relation to rats, mice, wasps and other pests

PLANNING

The East Sussex District and Borough councils are responsible for housing planning matters. The South Downs National Park planning authority is responsible for planning in the areas of East Sussex that fall within the national park.

Local Plans are the key documents through which local planning authorities can set out a vision and framework for the future development of the area, engaging with their communities in doing so. Local Plans address needs and opportunities in relation to housing, the local economy, community facilities and infrastructure. They should safeguard the environment, enable adaptation to climate change and help secure high-quality accessible design. The Local Plan provides a degree of certainty for communities, businesses and investors, and a framework for guiding decisions on individual planning applications.

SOCIAL HOUSING ASSOCIATIONS ROLE

Social landlords are either housing authorities within the District or Borough councils or housing associations. Local housing authorities as social landlords and housing associations do more than simply collect rent.

They have a far wider remit in promoting tenancy sustainability and the health and wellbeing of tenants and residents and can do this in many ways:

- taking a holistic view of the tenant in relation to their needs, which may range from minimal to complex and high need
- offering payment plans including spreading monthly rents over 10 or less months to take into account 'high cost' months for low income families such as Christmas and summer holiday periods
- providing financial management support including ensuring that tenants are claiming all of the benefits that they are entitled to
- providing advice and support in relation to training, education and employment
- signposting to health and care services
- referring into specialist housing support
- providing healthy lifestyle advice including referral into key services

Housing associations are independent from councils, with all their surpluses going to managing and maintaining existing homes, providing associated services and, in some cases, building new homes.

Social rented housing differs from private rented in that it:

- usually provides a long-term tenancy. Instead of six or twelve-month tenancies, residents have the right to stay for years, with greater protections from eviction
- social rents are cheaper than private rental, being linked to local incomes and set by central government
- social housing has to meet consumer standards set out by the Regulator of Social Housing, meaning that it is generally higher quality
- in direct contrast to this, private rental accommodation can be
- short term and tenants have little protection from landlords ending tenancies and/ or evicting tenants
- higher cost
- lower quality

The social housing situation in East Sussex is mixed in that Lewes, Eastbourne and Wealden are largely stock owning housing authorities in contrast with Hastings and Rother housing authorities who have transferred the majority of their social housing to housing associations including Optivo and Orbit. There are over 20 different housing associations serving East Sussex. There is a chronic shortage of social housing, meaning that many in priority need are not able to access it.

CASE STUDY – ORBIT / OPTIVO

Optivo and Orbit worked in partnership with Hastings and Rother Clinical Commissioning Group (CCG), as part of the CCG led Healthy Hastings and Rother Programme to improve health and wellbeing in the high-density housing communities of Ore, Hollington and Sidley, which are some of the most deprived areas of the county. The project combined housing profiling with health needs data and included developing community skills, employment support and behaviour change. As well as providing MECC training to Optivo, Orbit, Hastings Borough Council and Rother District Council Housing officers, volunteer residents were trained to be involved in assessing the needs and wants of local people. The programme is delivered by Optivo.

Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations such as the NHS and local authorities and the people within them have with others. They can thus encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations. Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly. The tools of Making Every Contact Count (MECC) support frontline workers to broach these conversations and offer motivational interviewing and a brief intervention as appropriate. Anecdotal feedback from Optivo indicates that housing staff have found this training incredibly helpful and empowering in their wider housing roles. Client-facing housing officers are ideally placed to broach the topic of behaviour change (stopping smoking and stopping / reducing alcohol intake, for example).

COMMUNITY LAND TRUSTS ROLE

Community land trusts (CLTs) can be set up and run by local people to develop and manage homes as well as other assets important to that community, like community enterprises, food growing or workspaces. CLTs act as long-term stewards of housing, ensuring that it remains genuinely affordable, based on what people actually earn in their area, not just for now but for every future occupier. People who establish CLTS may do so because there is a lack of affordable homes for young people or families in the village or neighbourhood, local people have to move out of the place they call home, and communities want to do something about it. Areas may have suffered from decline and disinvestment, leading to empty properties and blight, and a CLT may want to bring these homes back into use and turn their neighbourhood around, or places preparing a Neighbourhood Plan may want to take charge about how it is delivered. In all these cases, local people want to make their area a better place to live, and they want more control over how that happens.

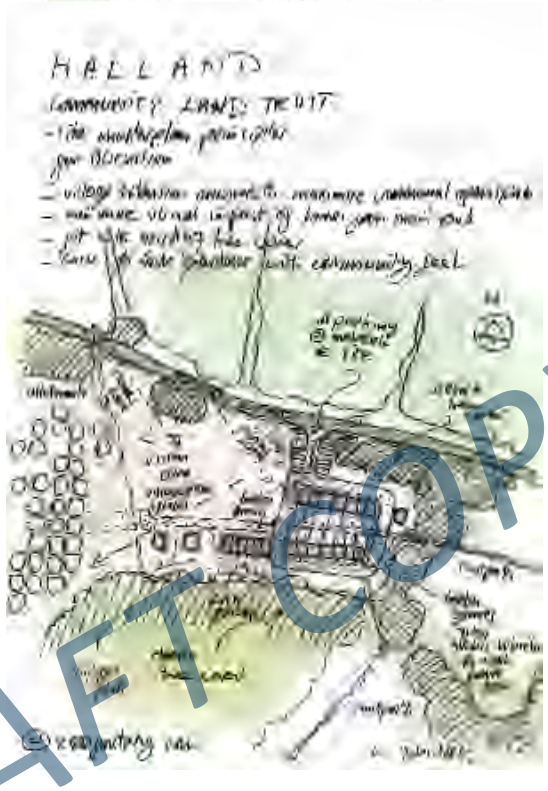
Action in Rural Sussex has a specialist Community Housing Hub, enabling Sussex communities to develop truly affordable homes. This provides: a 'one stop shop' for community led housing; solutions to meet local housing need; maximising community benefit; expertise, skills and experience to help delivery; a long track record of successfully delivering community led projects; independent technical advice, support and information; and extensive networks locally and nationally to inform best practice.

As of January 2020, there are 12 Community Land Trusts in various stages of establishment across East Sussex.

EAST HOATLY WITH HALLAND COMMUNITY LAND TRUST

Zero Bills Home (ZBHCo), in cooperation with ZED Factory Architects, has developed an innovative and cost effective construction system that has the potential to revolutionise the house building market in this country. ZBH Cohomes are built to the highest level of sustainability (as defined by Code Level 6 ENE1 standard of the Code for Sustainable

East Hoathly With Halland Community Land Trust



Homes and the new BRE Home Quality Mark) but at affordable prices. The super insulated energy efficient homes are all electric, require no district heating and no mains gas connection.

The build system has been simplified to benefit both small and large builders. It brings the benefits of offsite construction on site without the additional overheads or lead in times of factory production. The system promotes the use of local labour trained using the technical manual and the ZBH Cohouse kit ordering process, creating a fully scalable system from single homes to thousands of homes annually through a chain of national builders merchants.

The company was co-founded by renowned architect Bill Dunster OBE of ZED Factory Architects, in accordance with the objective of helping to create a ZERO carbon / ZERO waste lifestyle and infrastructure.

East Hoathly with Halland CLT are working Bill Dunster OBE, to prepare a concept plan for an exemplar development in East Sussex. Negotiations are in hand to acquire an identified site for the development.

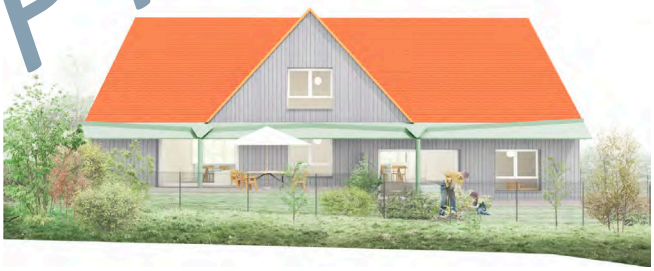
HERSTMONCEUX COMMUNITY LAND TRUST

Strawberry Field: Project Summary

Herstmonceux Community Land Trust is a local community led housing organisation and incorporated Community Benefit Society. The group's primary objective is to provide genuinely affordable housing for local people in perpetuity on the Strawberry Field site in Windmill Hill.

The Strawberry Field project will provide a mixture of two, and one bedroom, low-energy homes with new landscape and resident and visitor parking. New fingers of hedgerows and swales (a planted landscape feature that aids surface water management) give a structure in to which the new homes are placed. Vehicular access is kept to a minimum while also allowing residents and visitors to park close to their homes.

The objective is to create a 'rural' assembly of buildings and spaces with a distinct character and sense of place. All homes are generous in size and flexible to suit a variety of lifestyles and residents changing needs in the long term. All homes have a suitably scaled bathroom and flexible ground floor bedroom/study that can be adapted, now or in the future, to be comfortable to use by those less able.



Ground floor

DEPARTMENT FOR WORK AND PENSIONS ROLE

The Department for Work and Pensions (DWP) is responsible for welfare, pensions and child maintenance policy. It administers the State Pension and a range of working age, disability and ill health benefits to around 20m claimants and customers. In relation to housing, the DWP administers Universal Credit which includes housing benefit. It also supports claimants into employment.

Universal Credit is replacing six other benefits with a single monthly payment for people who are out of work or on a low income. Universal Credit cannot be used to pay for temporary, emergency, supported or sheltered housing. In these circumstances Housing Benefit is applied for via local housing authorities.

4

TACKLING HOMELESSNESS IN EAST SUSSEX

TACKLING HOMELESSNESS IN EAST SUSSEX

Intro

HOMELESSNESS – WHAT IS IT

The terms rough sleeping and homelessness are often used interchangeably but it is important to separate their meanings:

- **rough sleeping** includes living out on the streets / in tents
- **homelessness** is a broader term that is defined by not having a fixed / permanent home and as well as people who are rough sleepers, also includes those living in emergency and temporary accommodation, people who are 'sofa surfing', and those sleeping in their car

The issue of rough sleeping is largely visible, but homelessness is mostly hidden from the public eye.

IMPACT ON HEALTH

The impacts on health associated both with rough sleeping and homelessness are stark. The average life expectancy for a rough sleeper is 44 years for men and 42 years for women. Over 80% of rough sleepers have mental health needs and 75% have physical health needs including long term conditions. A total of 75% of rough sleepers have drug and / or alcohol issues and have been in contact with the criminal justice system. Over 53% of rough sleepers have sustained a head injury (usually as the result of being intoxicated) and this in itself adds to problems around communication and understanding. The other common types of physical health issues that rough sleepers present with include leg ulcers (often as a result of injecting drugs), foot infections and dental problems.

WHO IS AFFECTED

The causes of homelessness and rough sleeping are multifactorial and complex and are outlined in the infographic below[60].

THE CAUSES OF HOMELESSNESS & ROUGH SLEEPING

STRUCTURAL FACTORS INCLUDE:

- Poverty
- Inequality
- Housing supply & affordability
- Unempolyment / insecure employment
- Access to social security

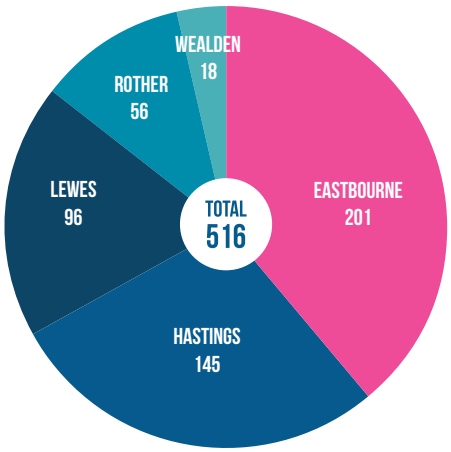
INDIVIDUAL FACTORS INCLUDE:

- Poor physical health
- Mental health problems
- Experience of violence / abuse / neglect
- Drug & alcohol problems
- Relationship breakdown
- Experience of care or prison
- Bereavement
- Refugees

TEMPORARY ACCOMMODATION

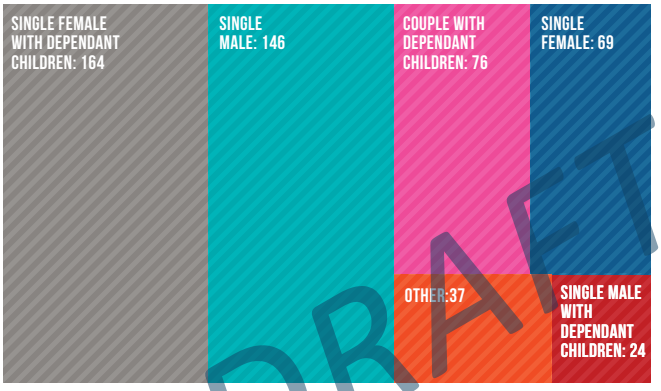
There are 516 households in temporary accommodation across East Sussex, of which 39% are in Eastbourne and 28% in Hastings. Of those in temporary accommodation across East Sussex 51% contain dependent children.

Jan-Mar 2019



Source: Temporary accommodation data, Ministry of Housing, Communities & Local Government

NUMBERS IN TEMPORARY HOUSING IN EAST SUSSEX
BY HOUSEHOLD TYPE JAN-MAR 2019



Source: Temporary accommodation data, Ministry of Housing, Communities & Local Government

STATUTORY HOMELESSNESS

Statutory homeless refers to households that have presented themselves to their local authority but under homelessness legislation have been deemed to be not in priority need. The majority of people in this cohort are single homeless people who have a high rate of poor mental and physical health. A 'Duty to Refer' is placed on the County Council and other named providers to refer all those at threat of homelessness to the local housing authority.

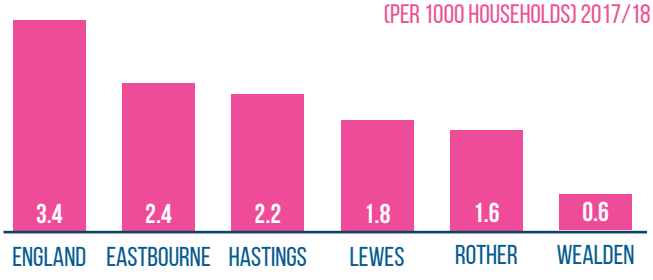
In 2017/18 Hastings had significantly more eligible homeless people not in priority need (2.9 per 1,000 households) compared to the England rate of 0.8.

The rate of rough sleepers has increased 4.5 times from 2010 to 2017 (MHCLG Homelessness statistics).

Source: MHCLG Homelessness statistics

For households in temporary accommodation who are deemed to be statutory homeless, in 2017/18, the rates were highest in Eastbourne and Hastings with rates lower than the England average.

HOUSEHOLDS IN TEMPORARY ACCOMMODATION
(PER 1000 HOUSEHOLDS) 2017/18



Source: PHE Public Health Outcomes Framework

ELIGLBLE HOMELESS PEOPLE NOT IN PRIORITY NEED
(PER 1000 HOUSEHOLDS) 2010/11 TO 2017/18

Note: This indicator demonstrates the number of households that have presented themselves to their local authority but under homelessness legislation have been deemed to be not in priority need. The majority of the people that full under this cohort are single homeless people, who as a group have very high prevalence of mental and physical health issues.

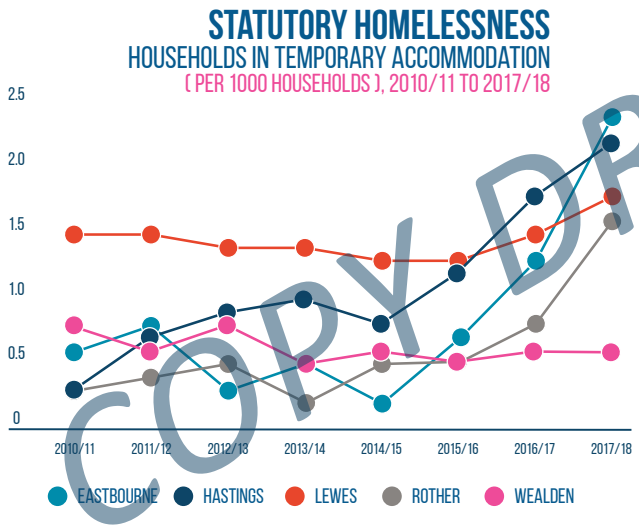
Source: PHE Public Health Outcomes Framework

In 2018 the most commonly addressed health issues were for foot care, wound care, poor mental health, musculoskeletal disorders, and skin disorders and infestations[66].

"A chaotic lifestyle due to drug use, homelessness and mental health problems, combined with frequent experiences of stigmatisation by health services and / or inflexible appointment systems, often leads to disengagement with treatment and leg ulcers being left untreated and deteriorating for long periods – in some cases, years.

However, through building trust and rapport within a flexible, accessible, non-judgmental service, these individuals are now accessing regular treatment and seeing significant improvement in a debilitating and severely life-impeding condition. "

Roger Nuttall, Nurse Co-ordinator



Source: MHCLG Live table 784

Between 2015/16 and 2017/18 there has been a significant rise in households in temporary accommodation, particularly in Eastbourne (from 31 to 114). Overall in East Sussex the rate has almost doubled from 192 to 395.

THE IMPACT OF HOMELESSNESS ON FAMILIES AND CHILDREN

Homelessness has a significant impact on children's physical health[61] and families who are homeless are less likely to be registered with a GP and are more likely to miss immunisations. The physical and mental health issues along with missed school and mobility can lead to poor educational outcomes long -term[61].

The report from the Children's Commissioner, 'Bleak House'[62] proposes that children should not be placed in Bed and Breakfast-style accommodation (with shared bathroom / kitchen facilities; or lack of kitchen facilities). The report also recommends that Children's Services need to work closely with local housing authority teams to access their expertise and contacts with local landlords to secure adequate housing for children.

Compared to children in secure housing, homeless children have:

- four times as many respiratory infections
- five times as many diarrhoeal infections
- twice as many emergency hospital admissions
- four times the rate of asthma
- six times the likelihood of speech issues and stammering

The Bleak House report[62] advocates for more detailed information on the number of children who are homeless including how long they have been in emergency / temporary accommodation. The report indicates that those placed in temporary accommodation by Children's Services, rather than by the local council housing teams are not captured by official government statistics.

IMPACT OF THE HOMELESSNESS REDUCTION ACT 2018:

The new prevention and relief duties have increased demand from Housing Authorities for temporary accommodation.

There are now more homeless households in temporary accommodation and a number of those are being placed out of area. This places the family away from its support network, disrupts statutory services, including schooling and can have a negative impact on employment and general well-being.

Housing Authorities work closely with Children's Services to try to return such households to the local area as soon as possible, but vulnerable children are severely disadvantaged by homelessness.

FAMILIES IN TEMPORARY ACCOMMODATION

Local data from East Sussex Children's Services[63] suggest that as of 25th July 2019, there were 22 households financially supported by children's services for temporary accommodation and with a social worker allocated to them. Children's Services cover the cost of renting temporary accommodation for these families. This support is provided in accordance with the Council's statutory responsibilities to promote and safeguard children in the area under the Children Act 1989.

The 22 households included 46 children between the ages of 0-17 who would have been street homeless without financial assistance from Children's Services. Of the 22 households, 15 were families with 2 or less children and 7 households had 3 or more children.

This data does not include a much larger cohort of households open to Children's Service at Level 3 and Level 4 of the Continuum of Need[*5] where housing related advice and support may be required alongside interventions for other identified needs. Many of the families receiving support from Children's Services have complex and multiple needs which can impact upon housing stability. Households within this larger group may be at risk of becoming homeless but are not destitute. These households may be open to Early Help Key Work services (Level 3) or statutory Social Care (Level 4) for support (s17 CA 1989) or open because there are child protection concerns (s47 CA 1989).

A small number of households currently receiving support with temporary accommodation only require Level 4 interventions because they are homeless and have presented to Children's Services at the point where they face street homelessness. These cases will remain in the Duty and Assessment service, where allocated social workers will convene a Family Support Meeting every six weeks to review progress with the family and professional network. Most of the households included in the data have multiple needs and are open to long term social work teams. They may have become homeless during the time they have been open to Children's Services or at the point of initial presentation an assessment has identified wider need and risks that may have contributed to the housing crisis. Many of the families have entrenched and multiple difficulties and are struggling to cope without support.

The 22 households have been assessed as Intentionally Homeless by housing authorities and have not been able to resolve their housing crisis before being evicted. They require specialist advice and advocacy alongside the provision of temporary housing. Families are advised to engage with Homeworks and other identified agencies, such as Brighton Housing Trust, to promote move on plans. For most families move on options are very limited. Some families have poor tenancy histories. Most of the families are on a low income and are experiencing financial difficulties.

Typically, families are placed in bed and breakfast type accommodation or self-contained flats that can be rented at short notice. The weekly costs range from £350 - £600. As properties are rented to the Council and not by the client tenants are not able to claim Housing Benefit to contribute to the rent, so the whole cost is met by Children's Services.

There are eight cases where costs will be over £20,000. Accommodation is funded from the Children's Services s.17 budget.

The projected cost of funding accommodation for the 22 homeless households over the course of 2019/20 based on current costs is £331,039.34.

FAMILIES SUPPORTED BY THE FAMILY YOUTH SUPPORT TEAMS (FYST)

A total of 600 households were accepted as statutorily homeless by the five Housing Authorities countywide and placed in temporary accommodation. A total of 31 households with children were found intentionally homeless by the Housing Authorities and placed in temporary accommodation by Children's Services. Seven years ago these figures were approximately 100 and 3 respectively[64].

[*5] *Level 3 of the continuum of needs (also known as Universal Partnership Plus) refers to children with multiple and complex needs; Level 4 (also known as safeguarding) refers to children with acute needs including protection.*

The following case study illustrates how not having secure accommodation can impact on a child's educational achievement:

CASE STUDY: EAST SUSSEX PRIMARY SCHOOL PUPIL

'The school were concerned with a child's poor attendance and made a referral to the Education Support, Behaviour and Attendance service (ESBAS) for support.

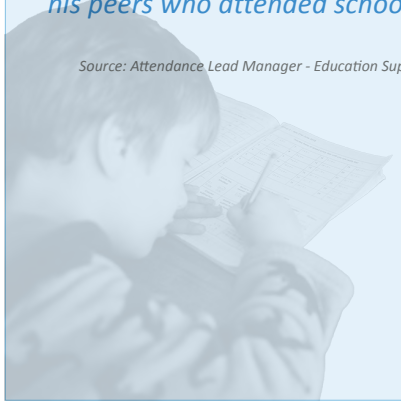
The child was living with his mother in temporary accommodation following a move into the county. Before then, he had already attended more than one school outside of East Sussex. At the current school he was identified as having special educational needs and disability (SEND).

The mother provided different reasons for the lack of attendance including transport difficulties, illness, bullying issues and accommodation issues and then withdrew the child from school altogether.

A home visit to the temporary accommodation was undertaken by the relevant services to assess the provision in place for the child's educational provision and further support from children's services was sought to support the parent in securing suitable accommodation on a more permanent basis.

The child was impacted negatively in achieving his age-related expectations as compared to his peers who attended school regularly. '

Source: Attendance Lead Manager - Education Support, Behaviour & Attendance Service 2019



SOLUTIONS

District and Borough Housing teams aim to place people into emergency and temporary accommodation to prevent rough sleeping. There is then support to source and place people into more permanent homes and to support them to sustain their tenancies.

East Sussex District and Borough Councils have been successful in obtaining national funding from the Ministry for Housing, Communities and Local Government (MHCLG) both to support people who are rough sleepers and to prevent people from becoming rough sleepers.

Currently, there are three different funding streams:

- Rough Sleeper Initiative (RSI) 1 – Hastings and Eastbourne
- Rough Sleeper Initiative (RSI) 2 – Lewes, Rother and Wealden
- Rapid Rehousing Project – all Districts and Boroughs in East Sussex

The current funding streams are all short term. There is a Rough Sleepers Initiative Programme Board that oversees all of the work in relation to the bids and rough sleeping in general. These projects will be combined more closely in 2020/21, and may move to become a county wide RSI model if a bid for funding is agreed by MHCLG.

ROUGH SLEEPER'S INITIATIVE 1

This was launched in September 2018 in Hastings and Eastbourne. The aim is to improve access to statutory services, temporary accommodation and long-term housing solutions for entrenched rough sleepers and consists of a multidisciplinary team alongside housing support.

The Rough Sleeping Initiative is a joint project between Hastings and Eastbourne Borough Councils. The aim of the project is to reduce the number of rough sleepers in both towns by improving access to statutory services, temporary accommodation and long-term housing solutions for entrenched rough sleepers. A multi-disciplinary team of health, mental health, social care, substance misuse and housing professionals work collaboratively to develop holistic support plans for each individual. Temporary accommodation, with support, is provided at an Assessment Centre in Hastings. From here, the multi-disciplinary team identify the most suitable long-term accommodation solution for each individual. Those individuals who require the highest level of ongoing support are able to access new Housing First units in Hastings and Eastbourne. The accommodation for the Housing First units is provided by social landlords, and the project has created a support team to work with individuals placed in this accommodation. The level of support is gradually reduced over time as each individual is able to live independently. The project has also enhanced day centre activities in both towns. The principal of Housing First is that a 'home for life' is firstly offered, along with the provision of wraparound care and support which gradually tapers off. There are ten Housing First units in Hastings and ten in Eastbourne.

The funding secured forms part of the national rough sleeping strategy, published in August 2018. The strategy sets out a commitment to halve rough sleeping by 2022 and end it completely by 2027. The strategy identified 3 key areas of work prevention, intervention and recovery. The funding streams will be included in the public sector spending review which is due in 2020. If the number of rough sleepers continues to reduce, it is likely that future funding streams will focus more heavily on the prevention and recovery work packages.

ROUGH SLEEPER'S INITIATIVE 2

Operating across Lewes, Wealden and Bexhill, the project launched in July 2019 to improve access to housing and support services for entrenched rough sleepers living in rural East Sussex. The team of two service navigators assist clients to access the range of services that have been designed to respond to the needs of people who are homeless, from those with low level support needs who might be at high risk of rough sleeping to those with higher support needs who have a long history of rough sleeping.

THE RAPID RE-HOUSING PATHWAY

This was launched in April 2019 and covers all of the Districts and Boroughs across East Sussex and is provided by Southdown. The project works with rough sleepers with low to medium level support needs and people at high risk of rough sleeping across East Sussex to access long term accommodation. The project provides ongoing tenancy sustainment support to minimise the risk of individuals returning to rough sleeping in the future.

THE VOLUNTARY AND COMMUNITY SECTOR

The voluntary and community sector (VCS) play an important role in rough sleeper and homelessness support. This includes church and faith-based groups, outreach support to the street community and community-based facilities.

There are a multitude of voluntary and community agencies operating across East Sussex providing an important role in terms of support for people who are homeless including those who are rough sleepers. All of these services, including those that it has not been possible to list, provide, in conjunction with statutory services, a lifeline for marginalised and vulnerable people in our community.

THE SEAVIEW SERVICE

The Seaview service, which started 34 years ago and offers 'practical services for complex lives' to approximately 1400 individuals every year.

The Seaview Service provides:

- peer leadership and a place to connect, build friendship and reconnect with life
- showers, clean clothing and meals
- specialist night time outreach to rough sleepers and the street community (twice per week to Hastings and once a week both to Bexhill and Eastbourne)
- daytime follow up outreach to rough sleepers and members of the street community
- access to support services to help with addiction, mental health, budgeting and benefit claims and personal development
- access to healthcare and healthy activities e.g. gym, arts, running and football

The University of Sussex have been successful in attracting funding for a research project for testing and providing treatment for Hepatitis C across Sussex and Seaview are one of their key partners and will be the main delivery site for East Sussex. A new clinical space within the building has been prepared.

FEEDBACK FROM A CLIENT:

"when I was homeless in Hastings I found Seaview the most helpful place I went to, without them I would have felt uncared for, cold, dirty, smelly. but this is an incredible place. a homeless person could not need anything else to feel better about their situation except a home! Good work girls and guys. You're ace. thankfully I have a lovely little flat now.

Cheers . x"

ST JOHN AMBULANCE HASTINGS HOMELESS SERVICE

The Hastings Homeless Service (HHS) provides healthcare and first aid, as well as mental health support and therapeutic listening. The service, which aims to be accessible, approachable and inclusive supports marginalised members of the community who find it difficult to access NHS services. There are four daytime clinics per week at Seaview Service, St Leonards (a mix of nurse consultations and specialist foot care) and a health outreach service one evening per week at Hope Kitchen, Hastings.

The holistic service is based on a psychologically informed approach (this means that it takes into account the thoughts and feelings of the client, particularly required when people have faced trauma and have been marginalised).

The service offers:

- Primary healthcare:
- advocacy and support to access
- mainstream health, housing and other services
- proactive health promotion

More specifically the health service offers:

- wound dressing including leg ulcers
- specialist footcare
- referrals to other services
- mental health support and advocacy
- first aid
- medicines prescribing for minor ailments, wounds, and infections
- pregnancy testing
- flu jabs in winter
- stop smoking advice

During 2018 HHS had 1399 client contacts. The majority of client care and support takes place at Seaview and Hope Kitchen. In 2018 the Hastings Homeless Service ran 191 nurse-led primary healthcare clinics at Seaview and 42 healthcare outreach sessions at Hope Kitchen. Other client contacts recorded are from ad hoc advocacy meetings with clients at appointments or occasional outreach sessions.

WHAT CLIENTS SAY:[65]

"They totally understand your situation. They put you at ease."

"They listened to the full story and made decisions in partnership with me."

"Professional and friendly. Did the job. Solution focused."

"Positive energy and attitude to people who are vulnerable and down on their luck."

The Hastings Homeless Service, while offering directly accessible healthcare services to marginalised individuals, also actively supports clients to integrate into mainstream healthcare systems. The service works in close collaboration with NHS services, Hastings Borough Council and a number of voluntary services, to ensure housing and other needs, as well as healthcare issues, are addressed[66].

HASTINGS FURNITURE SERVICE

Hastings and Rother Furniture Service (HFS) is an independent charity and was established in 1988 to help low-income households to access good quality furniture and appliances at affordable rates. The service collects and reuses good quality items. The stores in Hastings and Bexhill are open to everyone, with reduced rates for low-income households. HFS also works with schemes to help people who are starting again after a crisis such as domestic violence, home fire, resettlement, homelessness. Over 200 clients access the service each year.

The service receives some grant funding towards training activities, which include supporting unemployed volunteers into work, providing DIY and craft training in the workshop and using a mobile Workshop on Wheels to visit community settings including local refuges.

Recently, national schemes that provided help for households in crisis were devolved from the Department of Work and Pensions to local authorities to each set up their own discretionary scheme using their allocation from the Local Welfare Assistance LWA fund. East Sussex set up the Discretionary East Sussex Support Scheme and HFS worked with Furniture Now to deliver essential goods – beds, cookers, fridges, starter packs of kitchen basics – to hundreds of households each year. The LWA fund has now ceased to exist in many local authorities, including East Sussex. Households in crisis now depend on small local charities like HFS for affordable essential furniture.

CASE STUDY: "JULIE" SAYS

"When I escaped a controlling and violent partner I left behind my home, job and friends. It was hard but I didn't want my son to grow up around abuse. We lived in a Refuge for nearly a year before we were able to get a flat because the waiting list was so long.

I was excited about getting our own place, but I was scared because it was completely empty and I didn't have the money to make us a real home. I didn't even have a bed for my son.

The HFS store was a lifeline. They delivered the beds and cooker really quick, the same day I got my keys and had to move in, so we didn't have to sleep on the floor. HFS also gave us a pack which had all the basics I needed to cook, clean and wash. I found a sofa and some curtains I could afford too.

The list of stuff we needed was so overwhelming and I felt like I was on my own to deal with it all, so the help they gave us with the basic things really helped me feel like I could do it, even though I'd spent so long believing that I was useless and worthless. The people in the store and on the delivery were so kind and respectful; they made me feel like a real person again."

MATTHEW 25

Matthew 25 is based in Eastbourne and supports people in need providing a listening ear, information and advice as well as providing food clothing and basic necessities.

Volunteers at the Matthew 25 Mission aim to support people trying to rebuild broken lives, especially those with life-threatening addiction, loneliness, bereavement, unemployment, homelessness, offending and more[68].

As well as offering healthy food, guests can gain experience in food preparation, hygiene, team work and communication. There is also a charity shop where guests can volunteer, again gaining valuable experience. Other activities include a music group, family groups for children and families and outreach, working in partnership with other agencies.

WARMING UP THE HOMELESS

Warming up the Homeless is a group of volunteers in Hastings, Bexhill and Eastbourne who distribute hot drinks, food, clothing and other donated items to homeless people on the streets[69].

BEXHILL AND ROTHER HOMELESSNESS UNITY GROUP (HUG)

Bexhill and Rother homelessness Unity Group is formed by local churches and community groups and operates as a centre in Bexhill, 'offering breakfast, pastoral support and referral to health, housing and social care services to those on the streets'[70].

> *"We have been in operation just over a year. We are now open two mornings and 3 evenings a week providing access to food, showers, clean clothes and input from statutory agencies. We average 15 on a morning session and 8 in an evening. By working closely with the local housing department we now have several of our previously street homeless in temporary accommodation. We don't just concentrate on homelessness we look at health and ensure access to a GP, dentist, chiropodist etc. We are also registered with The Dog Trust as many of our homeless folk have a dog. Dogs are welcome at the safe space. We are currently in liaison with STAR (drug and alcohol service) who hope to have a presence with us each week in the near future."*
>
> *Chair of trustees, HUG*

SNOWFLAKE IN HASTINGS AND ST LEONARDS

Snowflake provides a seasonal night shelter for people who would otherwise be rough sleepers in Hastings and St Leonards during the winter. The service provides supervised overnight accommodation to homeless people who would otherwise be sleeping rough in Hastings and St Leonards during the extreme winter months (end of November to mid-March).

Clients are referred by various local organisations and agencies, including Hastings Borough Council Housing Department, Probation Service, and the Seaview Project'[67].

LEWES OPEN DOOR

Lewes Open Door provides[71]:

- a daily drop-in homeless centre where clients can have a nourishing meal, wash, and collect clean clothes and bedding
- support with housing and benefits queries, filling in paperwork, access to the internet and contact details of agencies that may be able to offer additional support
- a winter night shelter from November to March

During 2018 around 25–30 clients accessed the service.

> *"We can direct people to the right agencies to help address their specific needs, but in the first instance, Lewes Open Door offers a safe space where someone can have a healthy meal (or a chocolate biscuit if they prefer!) a cup of tea and find a friendly non-judgemental face and a listening ear"*
>
> *David Griffiths, Chair - Lewes Open Door*

The service also can support with the following:

- registering with a GP
- accessing emergency dental treatment
- accompanying them to a Job Centre interview
- applying to local housing charities
- aetting access to benefits
- making appointments with the relevant council departments
- arranging transport to hospital and making hospital visits

Lewes Open Door also plans to run a winter night shelter from November through to March.

YMCA – YOUTH ADVICE CENTRE EASTBOURNE[72]

The Homelessness Prevention project began in 2008 and provides workshops for school groups, educating young people on the problems of youth homelessness and the reality of independent living.

As the examples above show, there is a vast, varied and vital infrastructure of community and voluntary agencies that work to improve the lives of people who are homeless and rough sleeping in East Sussex.

CONCLUSION

Overall, the benefits of the voluntary and community sector in relation to housing include:

- diversity
- development in response to local need
- longevity i.e. many services including Seaview have existed for several decades
- collaborative and active work with the statutory (as well as other voluntary) agencies in order to achieve integrated and holistic care and support for vulnerable and marginalised people

It is essential that we build on the links between statutory and non-statutory services in order to provide the best support for people who are homeless and who are rough sleeping.

WHAT WE HAVE LEARNT & CONCLUSIONS

What we've learnt about health and housing in East Sussex.

This report provides an overview of health and housing in East Sussex and illustrates the very strong link between our physical, emotional and mental wellbeing, and our living environment. It illustrates how the negative effects of housing do not impact on us in equal measures. People living in areas of deprivation and those who are already vulnerable suffer the most harm in relation to physical health and emotional and mental wellbeing and for children, future life chances. The report shows that housing-related harm is largely hidden, including the impact of living in insecure accommodation or poor-quality housing.

The impact of poor housing affects all organisations across East Sussex: The NHS, East Sussex County Council, our District and Borough Councils, the VCS and our economy are all affected. By taking a whole-systems approach we can make in-roads to improving the availability of affordable, decent housing; reduce inequalities; and improve health and well-being.

People who are insecurely housed often have greater health and care needs than the general population. Additionally, they may require support with debt and financial management, literacy skills and links into education, training and employment. Housing-related services are well placed to take a holistic approach to supporting people, by identifying additional needs of people who are insecurely housed and to support them to use these wider services.

A range of authorities support people in their need to access emergency and temporary accommodation including District and Borough housing teams, East Sussex County Council Children's Services and Adult Social Care, the NHS, and Probation Services.

A recurring theme, from contact with services, is that health, housing, housing support and social care services need to work together, along with the community and voluntary sector to ensure that housing related services and support is joined up and reaching those who need it the most.

As set out in the East Sussex Health and Social Care Plan, the strategic direction for health and care is to move to a place, based approach that focusses on prevention and integration of services. The new East Sussex based Integrated Care Partnership is an opportunity to provide the strategic support to embed this approach.

This could be supported by implementing the Memorandum of Understanding on improving health and care through the home (Public Health England 2018). By signing such a MoU, participating organisations pledge to work together for the combined ambition of improving health and care via housing.

WHAT WE'VE LEARNT ABOUT THE IMPACT OF POOR HOUSING

The cost of poor housing to the NHS has been estimated nationally to be at least £1.4b[73]. There are tools to estimate the local costs to health of poor housing, including the BRE Housing Health Cost Calculator[74]. These could be accessed to quantify the local impact that poor housing has on health in East Sussex.

Impacts on East Sussex services caused by housing needs include:

- District and Borough Housing teams paying for emergency and temporary accommodation
- East Sussex County Council providing housing related support services
- East Sussex County Council Children's services providing emergency and temporary accommodation for children and families
- East Sussex County Council Adult Social Care for specialist accommodation for people with poor mental health, learning disability, people who are disabled and for older people (who are eligible under the Care Act) to have packages of care, residential care and other forms of specialist housing including sheltered accommodation and Housing with Care
- The NHS: general practice, community pharmacy, acute hospitals, community trust, mental health trust and ambulance trust - in relation to falls in older people, accidents in children, the health impact (both physical and mental) of living in damp, cold and overcrowded / unsuitable/ unsupported housing, as well as those who are homeless and rough sleeping.

There are also wider impacts to individuals and society, including:

- Families and children moving homes in relation to being in emergency and temporary accommodation (often out of their local areas and sometimes out of county) and the impact on getting to work / school (including changing school). This is likely to have a detrimental impact including reduction in educational attainment for children and perpetuates social inequality
- Higher rates of unemployment in those in emergency and temporary accommodation
- Higher rates of unhealthy behaviours including smoking, poor diet, alcohol and drug misuse in those who are insecurely housed
- Possible reduced access to general practice due to being insecurely housed and the ensuing additional health costs of, for example, late diagnosis of conditions and illness
- Deaths from cold homes

WHAT WE'VE LEARNT ABOUT WHAT WE'RE ALREADY DOING AND GAPS

Many health, housing, housing support and social care services in East Sussex are facing capacity issues. Our population is increasing both in terms of overall numbers and also in relation to the proportion and number of elderly people. We are living longer, which is good news, although not always in good health.

There is anecdotal evidence both from Housing Officers and from the voluntary and community sector, that people who are rough sleepers and / or living in unsuitable housing and are admitted to hospital (sometimes for emergency care) are discharged back to their existing living conditions. As well as being a clear opportunity to intervene, this can create a cycle of needing healthcare whereby the same individual might be re-admitted for a similar reason. There is a need to take a holistic approach to housing and if people are receiving hospital care their living conditions should be taken into account and referrals made, as appropriate, to relevant services including the local housing authorities.

"Why treat people and send them back to the conditions that made them sick?"

Michael Marmot (2015)
The Health Gap: The Challenge of an Unequal World

As illustrated by the stark impact on health of not having a home, the focus needs to be on prevention of homelessness and rough sleeping. In considering the factors that pre-dispose a person to insecure housing, many cases are likely to be linked to low levels of education and training, lack of employment and other skills including literacy and managing finances. While East Sussex has some excellent tenancy sustainability services (including those provided by local housing authorities, social housing organisations and our floating support services) it is important to review these and assess:

- Is there enough service / support for the need?
- Are the right people accessing the support?
- Do these need to be increased / strengthened?

This is clearly a large and complex area as the causes of insecure housing include other wider determinants of health including education and employment. These are system-wide issues that require a system-

wide approach. Our local statutory services can be considered to be 'anchor institutions'[75]. This means that they are rooted in their geography, likely to be geographically located long-term, and they have a vested interest in the health and well-being of residents. Anchor institutions include all Local Authorities, the NHS (acute, community and mental health), academic institutions and other services including Probation, Police, and Fire and Rescue Services.

They can enhance their role in relation to housing to consider:

- the use of their estate assets for potential housing construction (including the use of surplus estate to build affordable housing including for key workers (NHS, Care staff, teachers etc.)
- how, as a major employer, they may create local training and employment opportunities for people who are insecurely housed. Also considering the provider / commissioning opportunities for services including catering, cleaning, care-taking, gardening etc
- as a major purchaser of goods and services, if more could be sourced locally. This could include setting up a Community Interest Company for people who are insecurely housed

ADDITIONAL WAYS TO MITIGATE THE HEALTH HARMS OF HOUSING

Across health, housing, housing support and social care there are a range of services that are delivered to people in their homes. These include adult social care carers, children's services social workers, health visitors, district nurses, community midwives, GPs and many others. These staff are ideally placed to ensure that if it appears that someone is experiencing negative health impacts due to their housing, that this is raised with the local Housing Authority. Similarly, primary care services, paediatrics, geriatricians, specialists in respiratory and circulatory health, and mental health professionals should routinely enquire about living conditions when treating people. Training on housing could be offered to health and care staff to raise awareness and support this.

As well as the services that are delivered to people in their own homes, there is an opportunity for staff to enquire about housing conditions when people access services (including general practice) with conditions that could be linked to poor housing (for example poorly managed asthma, repeat respiratory infections).

Social prescribing is a way of assessing a person's needs holistically to ensure that they are receiving all of the support and services that they need that may fall outside of healthcare. Every group of GP practices (Primary Care Networks[*6]) can offer social prescribing. Housing could become one of the social prescribing 'themes' whereby every social prescriber has knowledge of housing-related services to refer people into as required (including Warm Homes, the Childhood Accident Prevention service and the Falls Prevention programme).

East Sussex definition of social prescribing

Social prescribing provides a pathway to refer people to non-clinical community-based support to help improve their health and wellbeing, increase independence, promote personal and community resilience and encourage social inclusion.

Clients are assisted to access social prescribing support through Link Workers (funded and employed by a range of partners). Link workers, working as part of Multi-Disciplinary Teams (MDTs) within Primary Care Network GP practices, take a holistic approach to assess and directly respond to identified needs, as well as connecting people with other support options and activities within their community.

[*6] *Primary care networks were introduced into the NHS in England as part of the NHS Long Term Plan, published in January 2019. The 2019 GP contract gave the opportunity for GP practices to join networks, each with between 30,000 and 50,000 patients. The stated aim is to create fully integrated community-based health services.*

STRATEGIC RECOMMENDATIONS

This report covers a vast range of distinct impacts on health of housing and details the wide range of organisations and roles that promote and sustain good housing and the support required for people in East Sussex to maintain secure and healthy housing. The work entailed in researching and editing this report has highlighted the great efforts and amazing working together across all sectors that exists, as well as bringing together the evidence and data from a vast range of places. Consequently, we wish to make a number of succinct and achievable recommendations to build on the existing work and strengthen the ability of housing in East Sussex to secure good health for all.

Ultimately, we recognise that we face a housing crisis in East Sussex and across the UK as a result of increased demand and reduced supply of housing. That equation however, is not always straightforward, as developers may hold planning permissions for houses, but not be delivering them.

Put simply and for all partners within our housing system, we must build more homes.

The more specific recommendations of this report are set at three scales: the Whole East Sussex level – using the local spatial plans as a focus for collaboration; Household level – ensuring a safe and healthy home for all; and Individual level – personalising the support people require to improve population health overall.

TO MAKE ALL HOUSING AND NEIGHBOURHOODS HEALTHY:

The County Council and the District and Borough Councils will work more collaboratively on each of the Local Plans through the existing groups - Local Plan Managers and East Sussex Housing Officers Group (ESHOG); sharing data and intelligence to fully understand housing needs and population distribution; and hardwiring the principles of 'Putting health into place' to ensure health is central to place making, and the design and delivery of homes and neighbourhoods.

TO MAKE ALL HOMES HEALTHY:

The County Council, District and Borough Councils and the NHS will support and promote initiatives that improve the health and safety of homes, including adaptations that improve environmental sustainability, and promote independent living.

TO MAKE PEOPLE HEALTHIER IN THEIR HOMES:

The County Council, District and Borough Councils and the NHS in East Sussex will collaborate to integrate the planning and delivery of care and support in housing; ensuring that specific homelessness and rough sleeping support is continued.

EMERGENT THEMES & ACTIONS

Most Local Planning Authorities within East Sussex are reviewing their Local Plans in the next two years. This provides a great opportunity for East Sussex County Council to work more collaboratively on each of the Local Plans.

We will work as one council to ensure our contribution to this work is coherent and consistent – using information and data to support local planners in particular with a focus on the housing needs of our growing and changing population to have a focus on:

- affordable housing
- broad range of supported accommodation
- homelessness
- residential and nursing home development

Housing Strategies are being prepared by some District and Borough Councils. These give East Sussex County Council the opportunity to support these, again with information and data, and to champion the learning in this report to ensure health and improving health can become central to their objectives.

Two Town Fund bids are being prepared in East Sussex to secure Town Deals for Hastings and for Newhaven. Led by the local Borough and District councils, East Sussex County Council will support these ensuring the links between economy; infrastructure; homes and skills are at the centre of the aspirations we all have for these towns and their communities.

The East Sussex Housing Officer's Group (ESHOG) has provided support and useful critique in the development of this report. Public Health officers from East Sussex County Council will continue to work with ESHOG to develop opportunities which enable two-way learning and collaboration.

The Local Plan Managers Group have agreed to develop training programmes led by East Sussex County Council's Public Health department to bring new learning including the 'Putting health into place' principles into action. Other learning opportunities will be explored, as both professions have a training role in supporting the career development of their professionals, and some cross-fertilisation may bring some exciting new alliances across the County.

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East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Phone: 0345 60 80 190
Fax: 01273 481261
Website: eastsussex. gov.uk

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**3rd March 2020**
By:	**Executive Managing Director, East Sussex Clinical Commissioning Groups (CCGs)**
Title:	**East Sussex Continuing Healthcare interim report**
Purpose:	**To provide an update on key developments relating to Continuing Healthcare (CHC) in East Sussex**

RECOMMENDATIONS

The Board is recommended to:

1. Consider the progress that has been made to date in respect of Continuing Healthcare in East Sussex.

2. Agree to receive a further progress report to be submitted to the Board in July 2020.

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1. Background

1.1. NHS continuing healthcare is the name given to a package of care or placement that is arranged and funded solely by the NHS for individuals outside of hospital, who have long-term complex health needs.

1.2. People can receive NHS continuing healthcare in any setting, including their own home or in a care home. NHS continuing healthcare is free, unlike support provided by local authorities for which a financial charge may be made, depending on a person's income and savings.

1.3. In order to receive NHS CHC funding, people have to be assessed by Clinical Commissioning Groups (CCGs), according to a legally prescribed decision-making process, to determine whether the individual has a primary health need. The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (revised 2018) sets out the principles and processes for determining eligibility. It takes account of legislative changes brought about by the Care Act 2014, which preserves the existing boundary and limits of local authority responsibility in relation to the provision of nursing and/ or healthcare.

1.4. Anyone over the age of 18 assessed as having a certain level of health care needs may be entitled to NHS continuing healthcare. It is not dependent on a particular disease, diagnosis or condition, nor upon who provides the care or where that care is provided. Once eligible, care will be fully funded by the NHS and subject to regular review, to monitor whether a person's needs and therefore their eligibility has changed.

1.5. People who are not eligible for CHC may still be eligible for additional NHS support through Funded Nursing Care (FNC). Funded nursing care is a contribution towards the cost of registered nursing care, funded by the NHS for eligible nursing home residents.

2. Supporting information

Our local context

2.1. The continuing healthcare team in East Sussex covers all three Clinical Commissioning Groups and works closely, co-located in the same building, with East Sussex County Council Adult Social Care and Health assessment and care management staff. Whilst the responsibility for funding continuing healthcare sits with the CCGs, social care plays an important part in supporting assessments to determine need and, therefore, eligibility for continuing healthcare and funded nursing care.

Our local challenges

2.2. Across Sussex, the CCGs' benchmark is lower than the England average for eligibility per 50,000 population. We are undertaking work to understand this and address as appropriate. Within East Sussex, there is a variable referral rate into the service, with some recent variation in performance relating to the number of assessments undertaken in a hospital, rather than community setting. The national expectation is that no more than 15% of CHC assessments are undertaken within an acute hospital setting.

2.3. Action has been taken to address this, together with timeliness of decision-making and assessments within the community, with a new pathway in place, is demonstrating an improving picture.

2.4. Staff training and development has been strengthened with a focus on the consistent application of the framework supported by case audits.

Our local strengths

2.5. There has been strengthened leadership to the NHS Continuing Healthcare Team, together with agreed shared approaches between the CCG and County Council to ensure a key focus on delivering high-quality, patient-centred assessment. This includes:

- a new pathway out of hospital for assessment in the community;
- an agreement to implement a policy across health and care so that any differences of view regarding eligibility can be speedily resolved in an integrated way;
- ways of operational working across our health and care teams that promote transparency and support;
- regular meetings at a senior level across the system to monitor performance and quality improvement and resolve any identified challenges.

Next Steps

2.6. Across Sussex, we have recently reviewed all continuing healthcare services to ensure we are delivering a service of good quality and compliant with the National Framework, providing a fair and equitable services for the local population, and ensuring best value in commissioned care.

2.7. As a result of this, we have established a Continuing Healthcare Transformation Board of which all Sussex CCGs and local authorities are members to develop longer term strategic improvements to CHC services. Internally within the CCGs there has also been a recent in-depth review of these services to test performance, key challenges, and any additional action to be agreed. This Board is finalising a delivery plan that addresses strategic workforce; market development; application of the National Framework, including consistency of policies and working across health and social care; and wider engagement and communication.

3. Conclusion and Recommendations

3.1. The CCGs have identified some opportunities for improvement relating to the delivery of CHC within East Sussex and have clear plans in place, alongside the County Council, to deliver a range of service improvements, both on an East Sussex and Sussex-wide footprint.

3.2. It is recommended that a further report is submitted to the July 2020 meeting of the Health and Wellbeing Board outlining progress against these plans.

JESSICA BRITTON
Executive Managing Director, East Sussex CCGs

Background documents

None

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East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
14 July 2020	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership
	Children and young people mental health and emotional wellbeing review
	Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report
	East Sussex Health and Social Care Programme– quarterly monitoring report
	Healthwatch Annual Report
	Presentation on 2019/20 Key Developments in Health and Social Care Programme
17 September 2020	East Sussex Health and Social Care Programme– quarterly monitoring report
8 December 2020	Pharmaceutical Needs Assessment (every 3 years and next due by end of 2020)
	East Sussex Health and Social Care Programme– quarterly monitoring report
	Children's Safeguarding Annual report
	Safeguarding Adults Board (SAB) Annual Report 2019-20
2 March 2021	East Sussex Health and Social Care Programme– quarterly monitoring report
	Director of Public Health Annual report
TBC	

East Sussex Health and Wellbeing Board Work Programme