

By: Kent Joint Policy and Planning Board

To: Swale Health and Wellbeing Board

Date: 16th July 2014

Subject: **Think Housing First**

Classification: Unrestricted

Summary

This report presents Think Housing First, a strategy to reduce health inequalities in Kent through access to good quality and affordable housing.

Recommendation

The Swale Health and Wellbeing Board is asked to support the implementation and delivery of Think Housing First, as set out in sections 4 and 5.

1. Background

- 1.1 There is a strong link between poor health outcomes and the type of housing (or lack of housing) and communities in which people live. Housing factors that can influence health inequalities include being homeless; living in poor quality or stressful housing conditions; living in neighbourhoods that discourage a healthy lifestyle; or living in relative poverty with expensive housing and high living costs. Such factors influence people's health behaviours, the risk of developing illnesses and having accidents in the home, and the actions taken to deal with health problems when they arise.
- 1.2 The Kent Joint Policy and Planning Board (Housing) (JPPB) is a joint strategic partnership between health, local housing authorities, social care and other statutory agencies in Kent. It provides a forum where issues requiring joint working can be raised and measures put in place to address those issues. The JPPB was invited by its health partners to lead on the development of a housing 'Mind The Gap' to address the housing factors that contribute to health inequalities in Kent.
- 1.3 Think Housing First (attached at Appendix A) is a result of the work that has taken place over the last year and is the first housing 'Mind the Gap' in England. It is an action plan with a life span to 2015 that is intended to complement the county health inequalities action plan Mind the Gap. The principle aim of the strategy is to reduce health inequalities through access to good quality and affordable housing

2. How the Think Housing First was developed

- 2.1 In developing Think Housing First, a 'Housing Mind the Gap' event was facilitated by Kent Public Health in March 2013, where invited partner organisations from a range of sectors came together to explore the key issues surrounding poorer health outcomes related to housing, and the additional interventions that should be introduced to inform the strategy.
- 2.2 Once drafted, the strategy was then open to wider partner consultation and then launched on the 6 December 2013 with the endorsement of Roger Gough, Chair of the Kent Health and Wellbeing Board, and with the support of the Kent Housing Group.

3. Objectives of Think Housing First

- 3.1 Think Housing First contains the following five objectives:
 1. Reduce the negative impact of homelessness on health
 2. Encourage people to live in homes with good air quality
 3. Ensure homes are warm, dry and free from hazards
 4. Develop our neighbourhoods to be healthy places
 5. Strengthen the role housing plays in ill health prevention
- 3.2 It also aims to raise awareness of the role of the housing sector and demonstrate that, by spending relatively modest sums through various housing interventions, provide real cost benefits to health budgets and contribute towards the effort to reduce the disparities in health and morbidity levels in the county.

4. Implementation and monitoring success

- 4.1 The implementation of Think Housing First relies on close collaboration and partnership working between housing, health and other partner stakeholder organisations. The recent health reforms have provided an excellent opportunity to make this a reality through the establishment of Health and Wellbeing Boards and Clinical Commissioning Groups (CCGs).
- 4.2 Given the role that district local authorities now have to work with their local Health and Wellbeing Boards and CCGs to plan and develop services based on local needs and issues, the ambition is that they will implement the strategy locally, integrating it as appropriate into their individual health inequality plans.
- 4.3 For this reason, the success of Think Housing First in Swale is dependent on full endorsement, support and involvement of the districts and the Swale Health and Wellbeing Board.
- 4.4 In terms of tracking success, the JPPB will co-ordinate the monitoring of the strategy in relation to the progress made in its implementation and the outcomes achieved, providing support in delivery where required.
- 4.5 The Kent Health and Wellbeing Board will be kept informed of progress through an annual report produced by the JPPB at the end of the year.

5. Next steps

5.1 As part of the implementation process, it is intended that a further report will be presented to the Swale Health & Wellbeing Board in late 2014 which will ask members to consider:

- the cost/benefit implications of delivering the key actions within the strategy
- how each district envisages to take the actions forward
- any support and assistance requested from the Swale Health and Wellbeing Board

6. Attachments

6.1 Appendix 1 – Think Housing First

End