Cambridgeshire Joint Strategic Needs Assessment (JSNA)

Housing and Health 2012-13

FINAL REPORT
10/04/13

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1. Summary

This Joint Strategic Needs Assessment (JSNA) provides a succinct introduction to a wealth of information and data on housing and housing issues in Cambridgeshire; to the local and national organisations that deliver housing services and funding (much of which is relevant to health and wellbeing); and to strategic housing plans for Cambridgeshire and the mechanisms through which these plans can be influenced. Health professionals and managers who wish to learn about the potential links between health and housing services are strongly recommended to read the full JSNA report.

The seven broad housing priorities for Cambridgeshire agreed by the Cambridge sub-regional housing board are to:

- Deliver new homes to support economic success.
- Enable better health and wellbeing through housing, affordable housing and housing-related support.
- Create mixed, balanced, sustainable and cohesive communities.
- Improve standards in existing homes and encourage best use of all housing stock.
- Extend housing choice and meet housing need.
- Prevent and tackle homelessness.
- Promote the benefits good partnership working can bring to housing-related issues.

The aim of the JSNA is to identify how each of these areas of housing activity is relevant to the health and wellbeing of Cambridgeshire residents; and the priorities of the Health and Wellbeing Board. It also relates activities where applicable to the three commissioning priorities of the Clinical Commissioning Group (CCG).

Key findings identified in this assessment focus heavily on partnership working, building networks, learning from each other, and sharing information, while addressing new challenges due to organisational change.

This JSNA is a starting point to help build these connections and strengthen existing partnerships, highlighting areas the sub-regional housing board would like to explore further with partners in 2013-14. It provides an introduction to some of the issues, plans, partnerships and practices across Cambridgeshire which aim to help residents navigate their way through often complex systems, to meet their housing, community and support needs.

1.1 Introduction and Overview

The following sections outline the statutory housing functions of district councils; the role of housing associations in delivering both social housing and community services; the way that 'affordable housing' is currently defined; the role of the National Homes and Communities Agency, in funding affordable housing and housing targeted to the needs of vulnerable groups; and a range of useful sources of information on Cambridgeshire housing and examples of best practice. Information on the impact of housing on health and wellbeing is included, such as adverse health effects of cold and damp homes, pollutants associated with respiratory problems, features that increase the risk of physical injury, and the impact of overcrowding.

1.1.1 Deliver new homes to support economic success

- Housing needs in the Cambridge sub-region are regularly assessed and updated through the Strategic Housing Market Assessment (SHMA). Across the county more than 70,000 new homes are planned to be built between 2011 and 2031. This reflects a significant need for new homes to support local population growth and to meet the requirements of people moving into the county for employment.
- The scale of developments across our county on a variety of small and larger sites, provides opportunities to meet needs and to create thriving communities and economies. Between 2001 and 2012, a total of around 33,000 homes were built; around half on sites of less than 100 homes, and half on sites of more than 100 homes.
- There are a range of mechanisms through which partner agencies can influence district level Local Plans for housing development. The JSNA report outlines funding mechanisms such as the Community Infrastructure Levy (CIL) and the Cambridgeshire local investment plan for affordable housing.
- Information from residents' surveys for new housing developments across Cambridgeshire is presented which is relevant to health needs, together with a range of good practice examples including 'lifetime homes', the Cambridgeshire Quality Charter for new housing, health impact assessment built into the planning process, and other local case studies. Carefully designed new developments can impact positively on health through new facilities, green spaces, specialist housing schemes, shared services, targeted community development resources, or increased walking and cycling access.
- A key gap is that agencies do not explicitly link the way that housing needs are quantified and predicted in the strategic housing market assessment, with the work on health and social care needs through the JSNA.
- Working together in 2013-14, housing, health and social care data could be shared and improved, to help inform plans for new developments of all scales across the county. If this proves useful and successful, partners could consider a joint plan for investment to meet our communities needs in future.

1.1.2 Enable better health and wellbeing through housing, affordable housing and housing-related support

- Affordability of housing is a key issue for Cambridgeshire, and has been for some time. The average house price was nine times the average income in Cambridge, and the lower quartile house price was 14 times the lower quartile income. Affordability ratios vary across the county, but even in Fenland which is a relatively affordable area, the average house price was 4.7 times above the average income, with lower quartile house prices 8.3 times lower quartile income (Hometrack, September 2012).
- Since 2003, a total of almost 6,000 new affordable tenure homes have been built across Cambridgeshire – that is, around 27% of the total number of homes built.
- Affordable housing is under pressure as people find it hard to access the private housing market, particularly those on lower incomes. This includes households that are key to the health, social care and service industries,

who provide childcare and other services that enable others to go to work. Changes to benefits are an issue for some, as is availability of homes, in the right location and type.

- Another significant issue for Cambridgeshire is the provision of appropriate housing for the growing older population, for example through 'floating support services', sheltered housing or extra-care housing, which are likely to reduce the need for residential care.
- Housing-related support (previously known as the 'Supporting People Programme') supports some of the most vulnerable and socially excluded members of society. The primary purpose is to develop and sustain an individual's capacity to live independently in their accommodation. Client groups include single homeless, homeless families and rough sleepers, Ex-offenders and those at risk of offending, people with physical or sensory disability, people suffering domestic violence, people with alcohol or drug problems, teenage parents, vulnerable older people, young people at risk/leaving care, people with HIV or AIDs, people with learning difficulties, Gypsies and Travellers, migrant workers, refugees and asylum seekers, and people with mental health problems. Housing related support is vital to many, helping them recover from a life trauma, maintain their existing housing, or continue to live at home instead of needing care.

1.1.3 Create mixed, balanced, sustainable and cohesive communities

- As outlined above, affordability of housing and the limited availability of affordable tenure homes, are significant issues across Cambridgeshire. This section looks at the importance of balanced and mixed communities, and the role partners play in creating them.
- Part of a community's 'mix' relates to a cross-section of age and income groups. In Cambridgeshire, given the pressurised housing markets, affordability is a key issue. As housing and welfare reforms take effect a concern is that housing benefits and local housing allowances will not keep up with housing costs. People may not be able to continue to afford their current home, and be obliged to either secure more income, or move to a cheaper housing area with associated impacts of increased travel to work times, effect on children's schooling, effect on ties with local communities, friends and families.
- A local Welfare Reform Strategy Group has been formed to monitor such trends by collating a small set of key data. The aim is to identify trends or impacts early on before they become a problem, and prepare to help and support those most affected and most vulnerable.
- The design of homes and estates also plays a role in supporting mixed and cohesive communities, where people of all ages and backgrounds feel safe and included. 'Secured by design' principles have been shown to reduce crime by combining minimum standards of physical security with well-tested principles of natural surveillance and defensible space.

1.1.4 Improve standards in existing homes and encourage best use of all housing stock

- Local authorities work with local private landlords and home owners on a range of housing issues, some of them statutory, including:

  - Works and advice to improve the condition of homes, to put right serious disrepair.
  - Enforcement action if a property fails to reach a minimum standard.
  - Ensuring houses in multiple occupation (HMOs) pass standards and are licensed if necessary.
  - Give advice to help bring empty homes back into use.
  - License mobile home parks.
  - Make sure resources are directed to improve housing standards for the most vulnerable households.

- The 'Decent Homes' standard in a nutshell is that a 'decent' home must:
  - Be free from Category 1 hazards (serious risk to health and safety).
  - Be in a reasonable state of repair.
  - Have reasonable modern facilities and services.
  - Provide a reasonable degree of thermal comfort.
- Across the county there is variation in the numbers of privately owned dwellings which have at least one Category 1 hazard and therefore fail the Decent Homes Standard – most commonly due to excess cold or risk of falls on stairs. Based on the most recent stock surveys carried out by each individual district and presented in the main JSNA report, up to 27,000 homes (around 10% of the total number of private homes) in Cambridgeshire are estimated to be in this group. Homes built before 1919 commonly present more serious levels of risk than more recently built homes.
- In 2009/10, a total of 483 homes were made good by the direct action of the local authority.
- Access to decent housing is a reflection of affordability. Low income households and vulnerable groups are the most likely to occupy poor standard homes, often related to issues of overcrowding, fuel poverty, disrepair, damp and mould.
- As fuel prices rise more rapidly than income and benefit levels, heating will become increasingly difficult to afford for some groups. The risk to vulnerable and older residents is likely to increase, and measures to improve energy efficiency will be needed even more than at present to maintain health and independence at home. Estimates made in 2010 showed more than 46,000 of Cambridgeshire households, or 14.5%, were in fuel poverty (ie more than 10% of household income is spent on heating) compared with 11.5% in 2008. Levels of fuel poverty were highest in Fenland and lowest in Huntingdonshire.
- There are local Home Improvement Agencies, Handyperson schemes, and Winter Warmth initiatives that help support older and more vulnerable people to maintain safety and independence in their homes.

1.1.5 Extend housing choice and meet housing need

- Housing needs are high, and the supply of affordable tenure homes does not meet the expressed need. In Cambridgeshire, how people access affordable housing and find solutions to their housing issues is dealt with through three main routes:
    - Making a homelessness application to the district council.
    - Applying for social housing through the 'Home-Link system'.
    - Applying for intermediate tenures through the Orbit system.
- In March 2013, nearly 20,000 people were registered with Home- Link as in housing need and applying for social housing, across Cambridgeshire. Of these, more than 1,000 had an 'urgent' or 'high' health and safety or medical need. The JSNA report presents detailed statistics by district of Home-Link registrations and housing needs categories. Because the number of people registered is greater than the number of homes let each year, the register of need continues to grow. [A review of applicants on the register is being carried out which will end in April 2013 and may result in changes to these numbers if people's circumstances have changed].
- Housing lettings' systems are complex. While the Home-Link system aims to be as fair, accessible and transparent as possible, feedback from customers points to the fact it is not easy to navigate and that people may need more help and support. There is potential to investigate possible improvements eg with the Speak Out council and other partners and to test any solutions that might help.

1.1.6 Prevent and tackle homelessness

- The 2010 Homelessness JSNA identified three overlapping groups of homeless people:
    - Single homeless and rough sleepers.
    - The statutorily homeless.
    - Hidden homeless.
- Homelessness is still a major issue across the County. More than 800 households approached the local authority as homeless in 2011/12, of which nearly 600 were accepted as 'statutory homeless' (definition provided in the main JSNA report). Some 250 of these households were living in temporary accommodation at the end of March 2012.
- Although some homelessness is being prevented, it continues to be a major concern as the number of people applying as homeless, and the severity of the impact of homelessness on health and wellbeing, warrant a continued focus on tackling homelessness across the county.
- Placing individuals and families in temporary accommodation can cause disruption and impact on health and wellbeing, for example meaning people may have to travel to reach school and family networks, and may have limited facilities for cooking fresh meals.
- Since the homelessness JSNA was launched in 2010, the action plan has been progressed by the various partners involved. There is a network of active agencies across Cambridgeshire, particularly but not exclusively focused on Cambridge, who work to prevent, tackle and reduce the effects of homelessness. Examples include the Cambridge Access Surgery, Winter

Comfort, Foyers, Jimmy's night shelter, Octavia View in Wisbech, Cambridge Cyrenians, Emmaus, Single Homelessness Service Project, targeted housing related support, and district homelessness and housing advice services.

- While there has been much progress on the plan, partners are predicting an increase in homelessness in parts of the county. The action plan might benefit from a review and update in collaboration with the agencies that originally contributed. New actions may be needed to tackle new issues and challenges, should partners support this idea.

1.1.7 Promote the benefits good partnership working can bring to housing-related issues

- Partnership working, sharing resources and opportunities, and working to resolve issues, helps us to achieve the sixth health and wellbeing strategic priority, to work together effectively, across all agencies.
- Partnership working is increasingly important to ensure all agencies work together to the benefit of residents. Current changes in organisations and partnerships can challenge ability to maintain contact, continuity, understanding, or referral systems. New ways to communicate and identify shared agendas can help in this area.
- As this JSNA presents a review of secondary data from a wide variety of sources and partners, a key outcome would be to explore further the data and the issues raised during the drafting process. An event in 2013-14 and further sharing of data, plus identifying shared outcomes, would help build on this 'introductory' JSNA.

2. Introduction

This Joint Strategic Needs Assessment (JSNA) looks at the key issues of housing, health and social care. It aims to help build networks across Cambridgeshire, describing the existing housing network, the health and wellbeing board and network, and some changes being put into action across these networks. By providing a snapshot of the networks at March 2013, the JSNA aims to help people understand roles and relationships, the opportunities for and importance of partnership working; and the potential for new and increased joint work in the future. It is a JSNA which is designed to evolve, as structures change and new networks and partnerships form. Its aim is to provide a starting point as to how these networks can help us work together, and why.

With such a huge number and range of partners involved it is not exhaustive in the shared agendas of housing, health and social care. However, it does form a starting point to help the reader understand some key issues, who is involved, and how to find out more. To summarise, the JSNA key findings focus on:

- Understanding our related agendas, new structures and requirements.
- Building partnerships between agencies and partners including community and voluntary agencies; and with our residents, tenants, patients, customers and clients.
- Sharing key facts to help partners understand our shared needs now and in future, to feed into various planning, bidding, funding and commissioning processes.

People who live in good quality housing, that meets their needs and which they can afford, are much more likely to be healthy, well and to feel safe. A decent home helps residents achieve an active, happy life, a sense of community, stability, warmth and comfort - whomever they are, whatever their income, whether young or old, a single person, a couple, a family of any other type of household. The JSNA is divided into sections that reflect agreed, shared housing priorities. Each section includes a brief account of how that topic contributes to high level priorities set out in the health and wellbeing strategy, and by the CCG.

There is data available in existing and new JSNAs for Cambridgeshire, in the Strategic Housing Market Assessment (SHMA) for the housing sub-region, and in data gathered by the government agencies and departments. To avoid repetition, and maintain focus, this JSNA on the issue of building networks, includes key facts with links, to give readers an introduction to an issue with access to more detail if needed. Naturally, data will be updated and links will break in the course of time. We can only assure you that the JSNA was up-to-date as at April 2013, and future updates will correct any errors or changes in time.

3. Overview

This JSNA covers the interlinked themes of housing, health and social care. Housing is recognised in Cambridgeshire's health and wellbeing strategy as part of the local economy and environment, as a 'wider determinant of health'.

Figure 1: Model of wider determinants of health and wellbeing

Source: Modified from Dahlgren and Whitehead's Determinants of Health model (1991) and Local Government Association Circle of Social Determinants.

3.1 What are our priorities?

Across Cambridgeshire, our shared **housing priorities** are to:-

- Deliver new homes to support economic success.
- Enable better health and wellbeing through housing, affordable housing and housing-related support.
- Create mixed, balanced, sustainable and cohesive communities.
- Improve standards in existing homes and encourage best use of all housing stock.
- Extend housing choice and meet housing need.
- Prevent and tackle homelessness.
- Promote the benefits good partnership working can bring to housing-related issues.

These are set out in our sub-regional housing statement,[1] which is updated each year.

The Cambridgeshire **health and wellbeing** strategy priorities are to:-

- Ensure a positive start to life for children, young people and their families.

[1] http://www.cambridgeshireinsight.org.uk/webfm_send/331

- Support older people to be independent, safe and well.
- Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Create a safe environment and help build strong communities, wellbeing and mental health.
- Create a sustainable environment in which communities can flourish
- Work together effectively.

These are set out in more detail in the Health and wellbeing strategy 2012-2017.[2]

Working with Local Commissioning Groups (LCGs), the Cambridgeshire **Clinical Commissioning Group** priorities have been identified for 2012 to 2013 as:

- To develop clinical commissioning and achieve authorisation of the CCG from the NHS National Commissioning Board.
- To fundamentally transform our health and social care system.
- To achieve sustainable financial balance through implementing quality and productivity improvement plans. The implementation of these plans aim to:
  - Improve quality of life for those who are at their most vulnerable.
  - Encourage people to lead healthier lifestyles.
  - Improve access to services and streamline to the patients' journey through these services.
  - Move care to a more clinically appropriate setting, which might mean that people may be treated in a community rather than hospitals, wherever appropriate.
  - Use prevention as a way of encouraging a balanced use of health and social care services.

Three **commissioning priorities** have been identified for the CCG to focus on:

- Frail elderly
- End of life care
- Coronary heart disease

Further details are provided at the CCG website.[3]

3.2 Who is involved?

In Cambridgeshire, the statutory housing function sits within the five district councils. This includes:

- Managing the social rented housing needs register.
- Providing housing options advice.
- Discharging homelessness duties.
- Licensing homes in multiple occupation (HMOs).

[2] http://www.cambridgeshire.gov.uk/council/partnerships/health-wellbeing-board.htm
[3] http://www.cambridgeshire.nhs.uk/

- Working with local social and private landlords to address housing issues.
- Managing council housing: in Cambridge and South Cambridgeshire, retain and manage council housing, while in other districts council homes have been transferred into housing association ownership.

Other district level functions of relevance to housing include:

- Environmental health: monitoring and addressing housing quality issues.
- Planning: negotiating with developers over the type of housing built within the district and the infrastructure which supports it.

Housing authorities, both district and county, work together with Forest Heath and St Edmundsbury in Suffolk, and with housing association partner and the Homes and Communities Agency on a range of housing issues and projects. This partnership is referred to as the Cambridge housing sub-region. Further information about the partnership and the groups it links to and support is provided in Section 11.

3.3 What are housing associations?

Housing associations are independent, not-for-profit social businesses that provide both homes and support for people in housing need, as well as key community services.

Various terms are used to describe the builders and managers of social housing. In this JSNA, for simplicity we refer collectively to housing associations, which includes the range of partners such as registered providers, registered social landlords (RSLs), almshouse trusts and 'private registered providers of social housing'.

Housing associations vary in size from those with fewer than ten homes, to those providing more than 50,000. They are major providers of affordable housing in the country, providing 2.5m homes for 5m people. They build almost all the nation's new affordable homes. During the recession, they delivered almost half of all new homes, building around 45,000 in 2009/10.

Housing associations also work to build strong communities, investing £435m a year in neighbourhood services – ranging from anti-social behaviour programmes to job training schemes, and from business start-up initiatives to IT classes.

In 2011, social housing providers (that is, councils and housing associations) produced Delivering Localism[4] - a report that gives examples of housing interventions which contribute to:

- Building strong and vibrant communities
- Giving young people a good start in life
- Helping younger children and promoting health and wellbeing
- Putting tenants in the driving seat
- Supporting older and vulnerable residents
- Providing financial advice and support
- Helping tenants into work.

[4] https://www.cambridge.gov.uk/sites/www.cambridge.gov.uk/files/docs/delivering-localism.pdf

3.4 Providing homes and communities in rural areas

What is the Homes and Communities Agency (HCA)?

The HCA's remit is

> *"Working with our local partners, we use our skills and investment in housing and regeneration to meet the needs of local communities; creating new affordable homes and thriving places"*

This breaks down into three key strands relevant to health and wellbeing:

Housing: The HCA has a statutory duty to improve the supply and quality of housing in England. This remit includes the delivery of the following programmes:

- National Affordable Housing Programme.
- Affordable Homes Programme.
- Affordable Homes Guarantees Programme.
- Low Cost Home Ownership (including FirstBuy).
- Mortgage Rescue.
- Empty Homes.
- Homelessness Change.
- Traveller Pitch Funding.
- Specialist or supported housing.
- Decent Homes.
- Community Led Development.

These investment programmes help deliver new affordable housing, assist first time buyers in purchasing their first property, bring empty properties back into use, provide new or refurbish accommodation for people who are homeless and for Gypsies and Travellers. The HCA also accelerates delivery of new homes through Get Britain Building and Local Infrastructure Funding.

Land: The HCA plays a key role in land, regeneration and local economic development. It is committed to using its land holdings to promote economic activity, and works with other public sector land owners to promote the release of public sector land for development.

Regulation: The focus of regulation is to ensure that social housing providers are properly governed, financially viable and maintain value for money.
HCA best practice guidance is available on the website.[5]
Some of the most relevant are:

- Urban Design Compendium 2008: Guidance on good urban design - summarising the principles of urban design, how they can be applied and the processes which lead to successful places.

- HAPPI report 2010: The Housing our Ageing Population Panel for Innovation (HAPPI) has gathered good practice from across Europe and put together new and creative proposals to help put us at the forefront of housing for older people.

[5] http://www.homesandcommunities.co.uk/ourwork/best-practice-and-guidance

- Meeting Local Housing Demand 2012 (HCA/LGA); an enabling tool outlining what local authorities can do to help realise the housing aspirations of their communities, and what support the HCA and Local Government Association can offer.

For the 2011-2015 period, the HCA has a £6.8bn capital spending budget for housing and housing-related programmes, broken down as:

- £4.5bn for building up to 150,000 affordable new homes; £2.3bn to pay for existing commitments to build 60,000 affordable homes and £2.2bn to pay for new commitments

Within this total of £4.5bn is:

- £100m for bringing empty homes back into use.
- £200m for the continuation of the Mortgage Rescue Scheme.
- Continuing provision for Homelessness Change and Traveller Pitch Funding.

In addition, HCA funding includes:

- £2.1bn for the Decent Homes Programme to halve the backlog of disrepair in social housing stock. The HCA announced £1.6bn of allocations for this in February 2011.
- £200m for the new FirstBuy affordable home ownership scheme.

The Agency will also have access to a share of £1.3bn set aside to meet existing HCA and Regional Development Agency commitments on land and regeneration.

Map 1: The Homes and Communities Agency Operating Areas

Source: http://www.homesandcommunities.co.uk/inyourarea

3.5 A network of partners

Alongside major public agencies, a whole range of partners are involved in every aspect of housing development and management, sales, lettings and lobbying.

Housing developers, private landlords, estate and lettings agents, the construction industry, housing charities and advisors, support groups, community land trusts, housing managers and wardens all have vital, if different, roles to play. Examples of who is involved are included throughout this JSNA, though the list of those included is neither exclusive nor exhaustive.

3.6 What is affordable housing?

The terms 'affordability' and 'affordable housing' have different meanings.

'Affordability' is a measure of whether housing may be afforded by certain groups of households. It can apply to any type of housing – whether owned or rented, and is generally measured by the proportion of someone's income spent on housing costs. A general rule of thumb is that housing costs should not take more than a third of someone's income, or 3.5 times a joint income.

'Affordable housing' refers to particular products outside the main housing market. This includes tenures specially set up to provide housing at 'less than market' costs, in the long-term, for example, social rented, 'affordable rent' and shared ownership homes.

For more detail, please see section six. A glossary is also provided in Section 12.

3.7 Data sources

A wide range of useful data is available at Cambridgeshire Insight[6] including health and wellbeing, economy, demography, community safety, 2011 population Census and housing information.

The housing pages[7] provide useful information including our strategic market assessment[8] and three-monthly housing market bulletins.[9]

You can find the current JSNA on the Cambridgeshire JSNA website.[10]
Links are provided throughout this JSNA to relevant pages on Cambridgeshire Insight and elsewhere, to enable direct access to up-to-date information.

3.8 Involvement and feedback

This JSNA includes feedback from:

- The Cambridgeshire Health and Wellbeing Strategy Consultation 2012.
- Consultation undertaken for the 2012 working age population JSNA.
- The 'Speak Out Council' workshop on housing, held in December 2012 (see Section 13 for more detail).
- Other sources, including consultation with partners based on the brief for this JSNA in 2013.

6 http://www.cambridgeshireinsight.org.uk/
7 http://www.cambridgeshireinsight.org.uk/housing
8 http://www.cambridgeshireinsight.org.uk/housing/shma
9 http://www.cambridgeshireinsight.org.uk/Housingmarketbulletin
10 http://www.cambridgeshirejsna.org.uk/

4. Public health, public housing

Individual dwellings in the private and social sectors have a role in helping to reduce health inequalities and improve the health of residents.

The National Housing Federation highlights that poor housing conditions increase the risk of severe ill-health or disability by up to 25% during childhood and early adulthood.[16]

Practical advice from government to private sector housing teams on how to identify and promote the health impacts of poor housing identified the importance of incorporating the housing needs of private sector residents into the JSNA as part of a sound local evidence base.[11]

Housing can affect health in terms of:

- Access in and around the home, particularly for vulnerable and disabled groups of the community.
- Provision of adequate spaces for living and playing in and around the home, including the importance of front and back gardens or common public spaces.
- Quality of existing and new homes, including construction, internal environments and design quality.

Planning can help deliver the right environment for housing, for example the setting of locally-derived quality standards can improve health and wellbeing through good quality and affordable housing and neighbourhood surroundings.

The Code for Sustainable Homes awards credits under the health and wellbeing category where kitchens, all living rooms, dining rooms and studies achieve a minimum average daylight factor[12] and where developments have complied with all the principles of Lifetime Homes, Lifetime Neighbourhoods.[13]

Well-designed homes support the occupiers safety and wellbeing, by avoiding and preventing trip hazards, and making the home easier and more affordable to heat.

The first UK planning legislation, the 1909 Housing and Town Planning Act, sought to prevent the development of poor quality housing by introducing a system of local town planning and minimum quality standards.

The Mayor of London is now seeking to introduce minimum housing space standards for all new private and public housing through the Draft Replacement London Plan and the new Housing Design Guide.[14] [15]

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11 Local Government Regulation, March 2010, Including private sector housing in joint strategic needs assessments, www.lacors.gov.uk/lacors/ContentDetails.aspx?id=23383

12 The Code for Sustainable Homes Health and Wellbeing Hea 1: Daylighting

13 The Code for Sustainable Homes Health and Wellbeing Hea 4: Lifetime Homes

14 Mayor of London, August 2010, London Housing Design Guide – Interim Edition

15 Spatial Planning for Health, A guide to embedding the Joint Strategic Needs Assessment in spatial planning, November 2010 http://www.tcpa.org.uk/data/files/spatial_planning_for_health.pdf

4.1 The effects of housing upon health

There is a growing evidence base that confirms the impact of housing upon health. Some of the key areas identified are:

- Housing conditions that adversely affect health, including
    - indoor dampness;
    - pollutants associated with respiratory problems;
    - features that lead to physical injury.
- Indoor cold was estimated as causing 38,200 deaths across 11 European countries - or 12.2 excess deaths per 100,000. It is also linked to cardio-vascular health problems.
- Household overcrowding is associated with an increased risk in the spread of infection.
- The combination of factors associated with poor housing and economic stresses has been identified as having an adverse effect on mental health.

4.2 Reducing the negative effect of housing upon health

Poor housing is usually linked to poverty which means it is difficult to measure health gains from housing improvements alone.

The World Health Organisation report identifies evidence that interventions designed to increase energy efficiency, home improvements and wider neighbourhood renewal schemes have a positive effect upon health.

4.3 Economic cost of inadequate housing

A growing body of work quantifies the cost of inadequate housing conditions on health, although there are some inherent difficulties.

The Chartered Institute of Environmental Health (CIEH) toolkit found in the Good Housing Leads to Good Health report[16] shows the cost benefit of rectifying defects within the home that can cause accidents and the cost of medical treatment following the occurrence of an accident. In England the cost is estimated to be £600 million per year which is estimated to be 40% of the total cost to society as it excludes the effect of absence from education and work.

There are examples of where the collaboration of agencies has led to interventions to improve homes. For example, Liverpool City Council and the local Primary Care Trust jointly funded home improvements as an acknowledgement that poor housing conditions can influence the use of health services.

[16] Good housing leads to good health, Building Research Establishment, 2008

5. Deliver new homes to support economic success

5.1 Introduction

Across Cambridgeshire more than 70,000 new homes will be needed between 2011 and 2031.[17] These will meet the need of current residents of the county, and of people who want to move into the county to live and work.

The county also anticipates generating a huge number of new jobs. This will be vital to drive forward the national economy and ensure a good quality of life for residents, now and in future.

New homes are needed to support economic growth and to enable a good quality of life for all, in Cambridgeshire's highly pressurised housing market. There is currently a backlog of housing need and, in many areas, prices on the open market are well beyond people's reach. As mortgages are hard to secure without large deposits, housing options are limited for first time buyers, for people on low incomes, and even for workers who are key to our economic success.

5.2 Facts, figures and trends

Over the next 20 years or so, more than 70,000 homes will be needed across Cambridgeshire. New communities will form and existing communities will be extended, according to a joint statement for Cambridgeshire and Peterborough.[18]

Across the housing sub-region, housing needs are assessed and updated through the Strategic Housing Market Assessment (SHMA). This looks at the need for all homes to meet resident and in-comer needs, and specifically at the need for 'affordable' housing. Research is undertaken by Cambridgeshire County Council Research and Performance Team and is updated annually to provide data and commentary on changes to our housing market. It is specifically detailing how many homes are needed in future and how many of these homes need to be 'affordable' tenures. The SHMA is used to inform local plans, about the level and types of homes most needed in each district.

Cambridgeshire County Council's Research and Performance Team surveys new housing sites, to assess housing delivery and keep track of the number of homes completed across the County. Annual reports are published on major housing developments, and annually on all housing developments[19] - the source data behind Map 2 and Map 3. These show the location and monitoring of larger sites, as at the end of September 2012.

To ensure we produce good quality homes and communities, with all the provisions necessary to help support residents health and wellbeing, new developments must be planned carefully. This applies to sites of all sizes. However, where larger numbers of homes are being secured it is especially important to make sure we take the opportunity to meet housing, community, infrastructure, health and social care needs.

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17 Technical Report 2013

18 http://www.cambridgeshire.gov.uk/NR/rdonlyres/4D50D9E1-BB3D-40A9-A083-14E4E1C93932/0/FinalJointStatementJuly2012.doc

19 http://www.cambridgeshire.gov.uk/environment/planning/policies/monitoring/

Figure 2: About the New Communities JSNA

In 2010, the New Communities JSNA outlined key issues affecting health and social care when developing larger housing sites. A summary is provided in Section six. In brief it highlighted the need to:

- Plan places to reflect changes over a whole lifetime so people are not excluded by design as they grow older[20] or as their circumstances change.
- Provide affordable housing to include a range of tenure options.
- Develop more flexible service provision to help integrate new and existing communities.
- Take a coordinated approach to community development roles.
- Secure a mixture of formal and informal green spaces, with community gardens and allotments close to residential areas, well connected to green spaces and walking routes.
- Consult residents of new communities about community resources including green space provision, and encourage locally agreed monitoring.

5.2.1 Outline of planning system

The planning system is there to manage the development of land and buildings across the country. The main aim is to save what is best of our heritage and improve the infrastructure upon which we depend for a modern existence. Local planning authorities (usually the district or borough council) are responsible for deciding whether a development - anything from building an individual property to building a new shopping centre or a new town - should go ahead.

Planning involves making decisions about the future of our cities, towns and countryside. It is vital to balance our desire to develop areas where we live and work with ensuring the surrounding environment is not negatively affected for everyone. This includes considering the sustainable needs of future communities, such as health, social care, community, housing and infrastructure needs.

The planning system in England requires each local planning authority to prepare a set of documents outlining how planning will be managed for that area known as the Local Development Framework (LDF) or the Local Plan. Local planning authorities must use this framework when deciding on planning applications made to them.

5.2.2 Planning permission

Most new buildings, major alterations to existing buildings and significant changes to the use of a building or piece of land, need planning permission. Some minor building works (known as permitted development) don't need it if they have a low impact. Certain areas get special protection against certain developments, for example to:

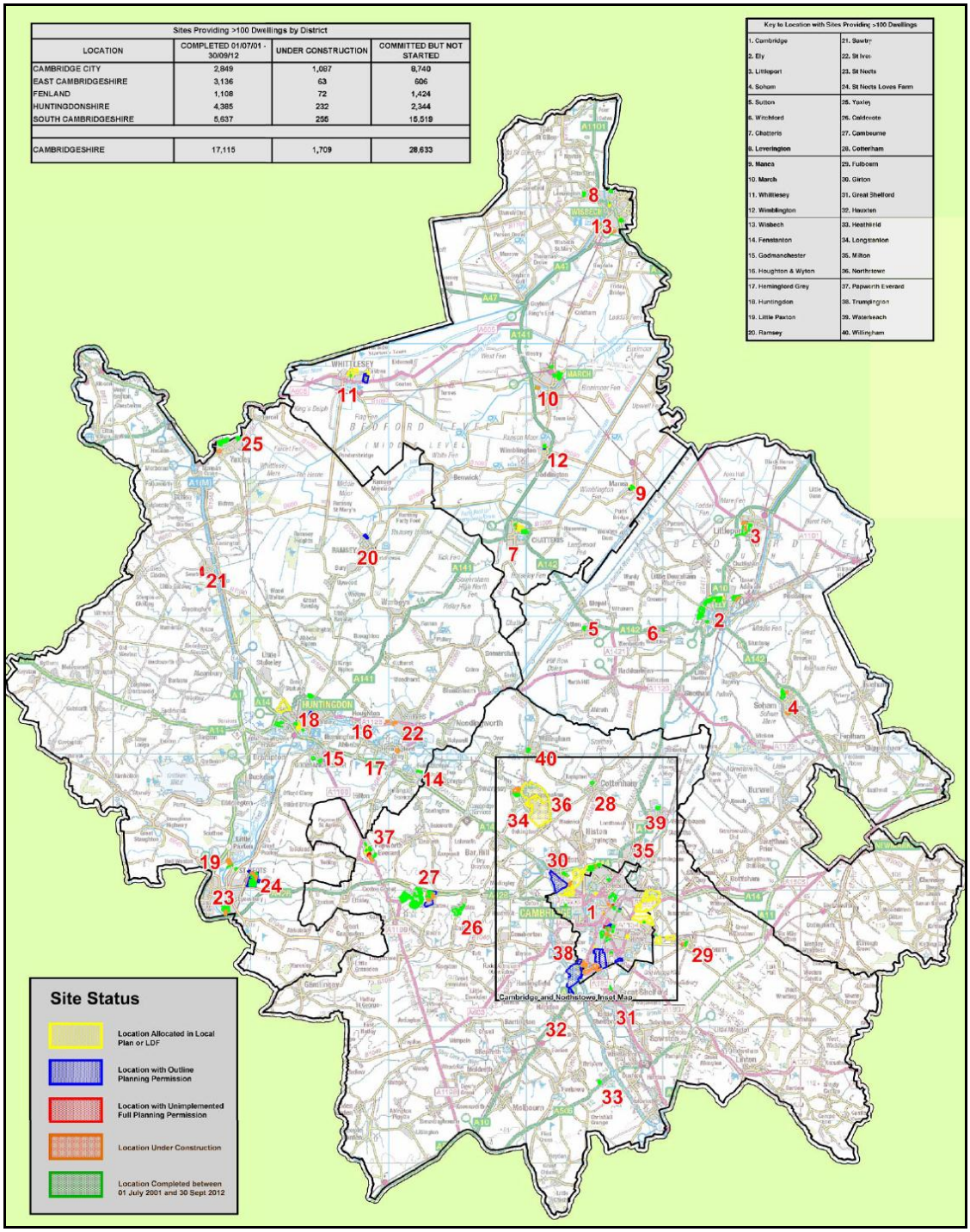
- Protect attractive landscape such as national parks.
- Protect interesting plants and/or wildlife.
- Control the spread of towns and villages into open countryside – eg Green Belts.

[20] Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.

- Protect monuments or buildings of historical or architectural interest.

Some large or controversial proposals, perhaps of national significance, are 'called in' to be decided by the Secretary of State instead of the Local Planning Authority.[21]

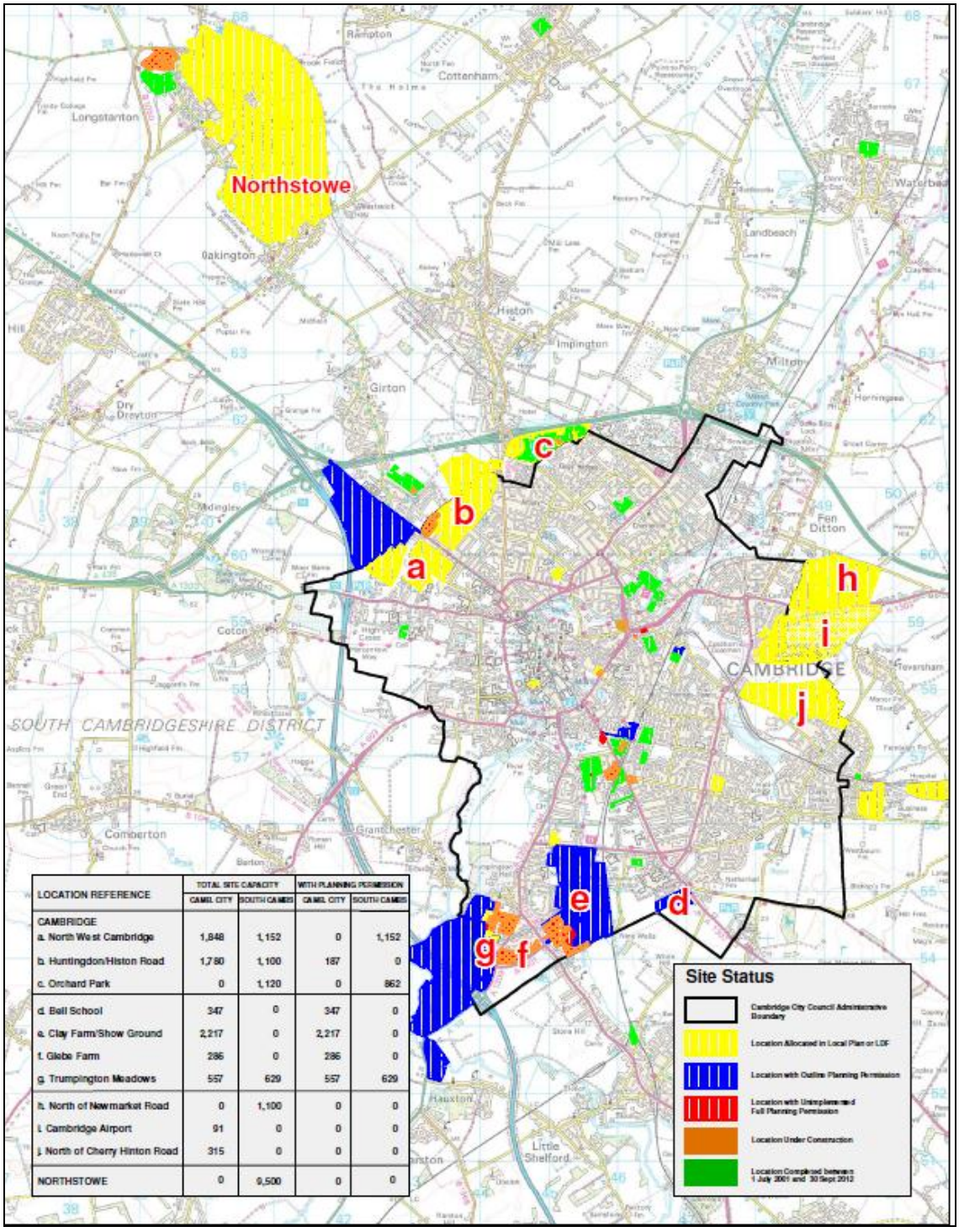
Map 2: Cambridgeshire housing supply on sites of more than 100 dwellings, Sept 2012



Source: *http://www.cambridgeshire.gov.uk/NR/rdonlyres/18F7372E-F325-462D-BBAD-C83ED6ECF090/0/Map1.pdf*

21 http://www.planningportal.gov.uk/planning/planningsystem/

Map 3: Cambridge sites and Northstowe: housing supply on sites of more than 100 dwellings, Sept 2012



LOCATION REFERENCE	TOTAL SITE CAPACITY		WITH PLANNING PERMISSION	
	CAMB. CITY	SOUTH CAMBS	CAMB. CITY	SOUTH CAMBS
CAMBRIDGE				
a. North West Cambridge	1,848	1,152	0	1,152
b. Huntingdon/Histon Road	1,780	1,100	187	0
c. Orchard Park	0	1,120	0	862
d. Bell School	347	0	347	0
e. Clay Farm/Show Ground	2,217	0	2,217	0
f. Glebe Farm	286	0	286	0
g. Trumpington Meadows	557	629	557	629
h. North of Newmarket Road	0	1,100	0	0
i. Cambridge Airport	91	0	0	0
j. North of Cherry Hinton Road	315	0	0	0
NORTHSTOWE	0	9,500	0	0

Source: *http://www.cambridgeshire.gov.uk/NR/rdonlyres/67CF9AC8-CD60-4531-AD8F-3B3AC0292700/0/Map2.pdf*

5.2.3 What does this mean for health, social care and housing partners?

When a local planning authority draws up its local plan, it seeks views of local partners and residents. This might include the county council, health service partners, adult social care teams and community groups. If these partners respond to the consultation, they can point out their own priorities in that area and work with the local planning authority to plan to meet these needs over the lifetime of the plan (usually five years initially, with a view to the next 15 to 20 years). Evidence would be needed, to demonstrate the needs identified.

5.2.4 When sites come forward for development

Once the local plan or framework is in place, the local authority has a plan and supporting evidence for what it needs to deliver. Once planning applications are made, the authority assesses the application against its plan and decides whether to grant permission, refuse, or refuse with conditions. It is then up to the applicant to prove how they would meet any conditions.

If partners have a specific need in an area, they can point this out and appeal to the local planning authority to plan, or to make provision for whatever the need is. For example, if there are plans for a significant new development which would attract families with children, the County Council would assess the pressure added to local schools by the newcomers and would make sure the children's educational needs are catered for. This might be by extending an existing school, or adding a new school on the site. The same applies for health services and community facilities.

5.2.5 How can we work together to secure what is most needed?

Local health partnerships, clinical and local commissioning groups and local planning authorities need to start a conversation about what is planned, both across the area in strategic plans, and on all scales of site in the local area.

Other partners involved in delivering these sites, such as land owners, housing developers and housing associations, need to understand each other's priorities to make the most of every opportunity to secure the broad range of health and wellbeing outcomes needed for residents.

In a complex environment, where commissioning arrangements are changing and new strategies and priorities are being put into action, learning about our partners' motivations and constraints can only help. Housing enablers are key navigators for this process.

5.2.6 It is not only about larger sites

There are a large number of homes completed each year on smaller sites, some in market towns, some in villages. These smaller sites are a significant contributor to meeting local housing need and support a local community. In villages a small development of homes can have a beneficial effect and may provide an opportunity to secure a new health or social care facility.

To secure what village residents need most, Cambridgeshire ACRE[22] may get involved to help the community clarify its priorities. ACRE's rural housing enabler can/will, help if a need survey is needed to secure affordable housing on a site. Table 5: Past housing completions, comparing larger and smaller sites shows numbers of homes delivered sites of more and less than 100 homes.

[22] ACRE is the Action for Communities in Rural England http://www.acre.org.uk/

5.2.7 Viability

A key consideration is how viable a site is and what infrastructure is needed. In 2010, the housing sub-region coordinated a viability study which is useful to refer to when considering the viability (particularly in this study, of housing) across our area. Refer to the study for more detail.[23]

Figure 3: Community Infrastructure Levy (CIL)

The CIL is a new levy that local authorities can choose to charge on new developments in their area. The money can be used to support development by funding infrastructure that the council, local community and neighbourhoods want.

Huntingdonshire and East Cambridgeshire are the first to set up a CIL system within Cambridgeshire.

For more details visit the Planning Advisory Service web page.[24]

5.2.8 The Homes and Communities Agency's investment programme

The HCA's National Affordable Housing Programme is increasing the supply of affordable homes in England (see Section three for an outline of HCA's national programme).

The Affordable Housing Programme's investment partners will deliver 150,000 new homes in the programme period up to March 2015. The homes built will be made available for affordable rent and affordable home ownership.

Before applying for funding, housing providers must be awarded investment partner status. Some 143 providers have received Investment Partner accreditation nationally. Further details are provided in the Affordable Homes Programme Framework Document.[25]

Table 1: The affordable housing programme 2011-15 (as at end Dec 2012)[26]

Area	Grant (£)	Number of homes			of which		
East and South East operating area		Affordable rented	Affordable Home Ownership	Total	Larger	Rural	Supported
Buckinghamshire	18,201,775	593	263	856	91	85	0
Cambridgeshire	20,159,219	1,507	613	2,120	790	90	165
East Sussex	27,922,175	1,115	339	1,454	371	162	132
Essex	27,718,969	1,460	568	2,028	506	84	76
Hertfordshire	15,934,807	983	517	1,500	304	162	27
Kent	62,400,321	3,072	897	3,969	1,051	267	482
Norfolk	15,566,221	850	118	968	252	360	8
Suffolk	16,624,535	975	143	1,118	257	309	60
Surrey	11,621,965	707	462	1,169	165	35	82
West Sussex	15,017,575	1,062	355	1,417	406	142	0
East and South East Total	**231,167,562**	**12,324**	**4,275**	**16,599**	**4,193**	**1,696**	**1,032**
England total	**1,127,973,449**	**53,341**	**13,133**	**66,474**	**18,492**	**6,195**	**6,179**

Source: Homes and Communities Agency, Dated January 2013, downloaded March 2013[27]

[23] http://www.cambridgeshirehorizons.co.uk/documents/crhb/integra_report/affordable_housing_economic_viability_study.pdf

[24] http://www.pas.gov.uk/pas/core/page.do?pageId=122677

[25] http://www.homesandcommunities.co.uk/sites/default/files/our-work/affordable-homes-framework.pdf

[26] NOTE: the figures presented only relate to 2011-15 Affordable Homes Programme offers accepted by the HCA at the end of December 2012

Most districts employ 'housing enablers' to secure funding for affordable housing from the HCA. These liaise with housing associations on site plans. Each site is separately negotiated with developers. Housing needs information and viability issues are used to draw up planning requirements for affordable housing.

5.2.9 Cambridgeshire Local Investment Plan

Districts work together to create a Local Investment Plan setting out housing and infrastructure priorities for Cambridgeshire. This helps the HCA prioritise its available funding and is prepared by the sub-regional housing enablers.[28]

Table 2: Summary of housing local investment plan by area and theme, 2012

	Cambridge			ECDC			FDC			HDC			SCDC			County
	No. schemes	No. homes	No. affordable	No. schemes	No. homes	No. affordable	No. schemes	No. homes	No. affordable	No. schemes	No. homes	No. affordable	No. schemes	No. homes	No. affordable	No. schemes
Affordable housing	25	1819	1173	9	116	112	25	1014	445	28	2073	763	7	335	270	-
Growth	6	5405	1655	3	3800	1240	9	8200	2180	6	10799	3658	3	11170	4374	-
Regeneration	2	227	148	3	300	90	6	209-439	161-152	4	272	126	0	0	0	-
Market town and rural	0	0	0	11	1297	402	4	309	109	5	50	47	13	192	166	-
Supported	0	0	0	4	80	-	3	117	117	3	110	110	3	46	46	-
Gypsy and Traveller	0	0	0	0	0	0	1	20	0	1	-	-	1	20	20	-
Infrastructure	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Total no of schemes	33	7451	2976	38	5593	1844	48	9869-10099	3012-3033	47	13304	4704	27	11763	4876	8

Source: CLIP 2012

Table 3: Countywide investment plan total, 2012

	Total number of Schemes	Total number of homes	Total number of affordable homes
Affordable housing	94	5,357	2,763
Growth	27	39,374	13,107
Regeneration	15	799	364
Market town and rural	33	1,848	724
Supported	13	353	273
Gypsy and Traveller	3	40	20
Infrastructure	16	0	0
County wide total	**201**	**38,111**	**14,400**

Source: CLIP 2012

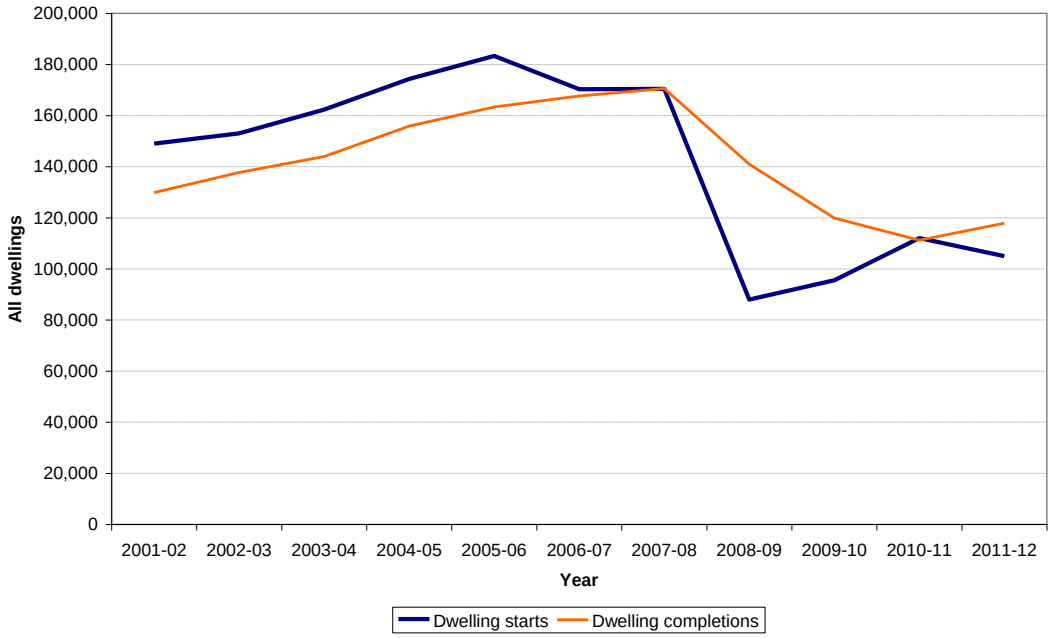
5.2.10 Housing in the recession

The graphs below show how the number of homes started, and completed on site have changed over time across England, and the impact of the recession nationally.

[27] http://www.homesandcommunities.co.uk/sites/default/files/our-work/2011-15_ahp_offers_accepted_by_hca_-_minimum_geography_listing_end_of_dec_2012.xls

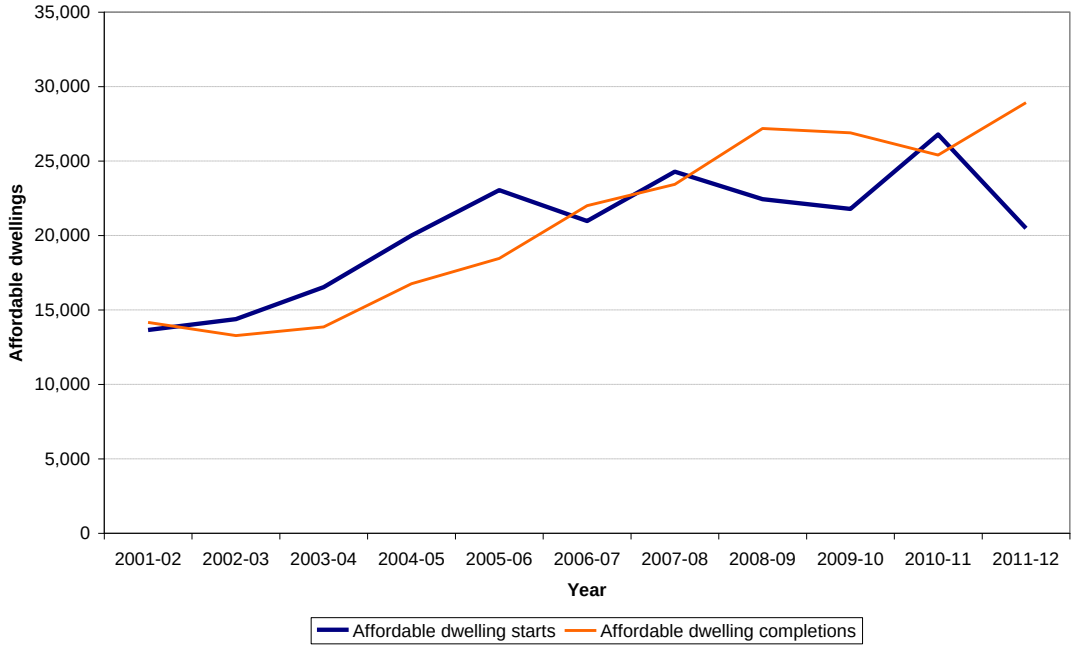
[28] https://www.cambridge.gov.uk/sites/www.cambridge.gov.uk/files/docs/cambridgeshire-local-investment-plan-2012-update.pdf

Figure 4: Dwelling starts and completions – all dwellings, England



Source: DCLG[29] Tables 208 and 209

Figure 5: Affordable dwelling starts and completions, England

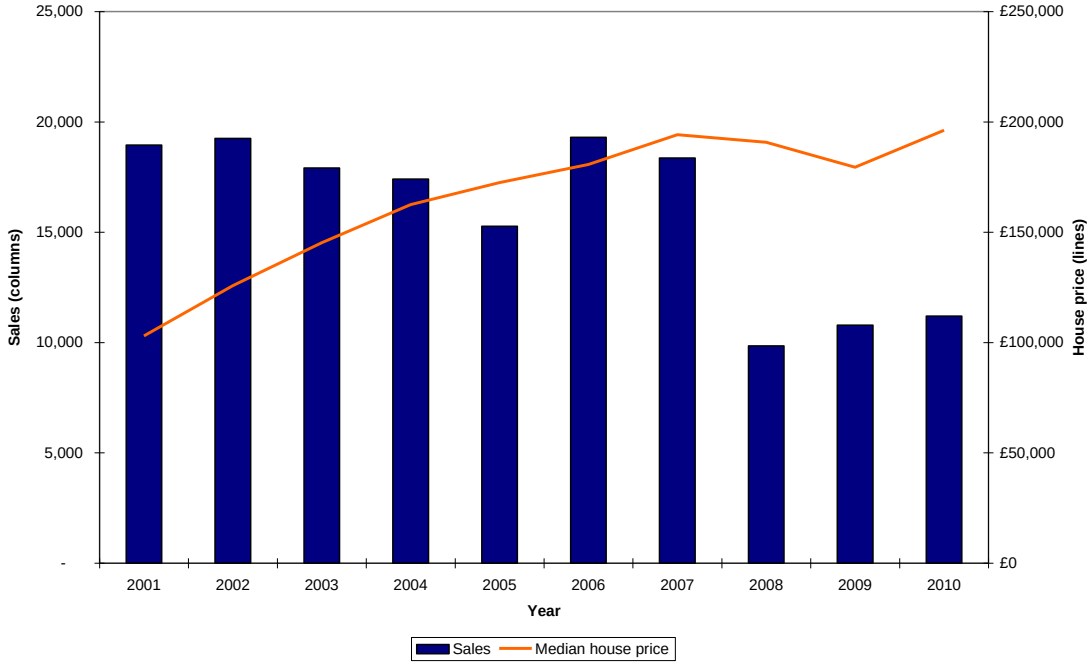


Source: DCLG Tables 208 and 209

[29] That is, the Department for Communities and Local Government

For a more local comparison, the chart below shows the number of house sales completing across the Cambridge Housing sub-region (that is, Cambridgeshire plus Forest Heath and St. Edmundsbury) and the median house price being achieved.

Figure 6: Median house price and number of sales, Cambridge sub-region 2001-2010



Source: DCLG Table 586 and 588

Table 4: Past housing completions for Cambridgeshire

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Cambridge	159	287	505	601	731	629	521	588	288	390	337
East Cambridgeshire	801	591	608	401	796	687	757	466	204	368	370
Fenland	500	697	734	636	781	757	922	308	245	296	209
Huntingdonshire	333	578	576	698	742	650	728	815	798	795	874
South Cambridgeshire	525	653	979	571	877	924	1,274	610	595	655	693
Cambridgeshire	**4317**	**4805**	**5401**	**4906**	**5926**	**5646**	**6,201**	**4786**	**4129**	**4503**	**4482**

Source: District annual monitoring returns, to April 2012

Relating to England as a whole, Cambridgeshire compares positively in terms of housing completions, although there has been a drop since the high level of homes built in 2006-2007. This is good news for the local economy and meets the need for new homes – whether private market or affordable homes (see section six).

Table 5: Past housing completions, comparing larger and smaller sites

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Cambridge											
Sites more than 100 dwellings	0	17	326	693	1,030	1,502	1,736	2,146	2,331	2,564	2,723
Sites less than 100 dwellings	159	429	625	859	1,253	1,410	1,697	1,875	1,978	2,135	2,307
East Cambridgeshire											
Sites more than 100 dwellings	368	638	981	1,118	1,540	2,010	2,360	2,627	2,712	2,914	3,076
Sites less than 100 dwellings	433	754	1,019	1,283	1,657	1,874	2,281	2,480	2,599	2,765	2,973
Fenland											
Sites more than 100 dwellings	140	380	544	706	809	927	989	1,000	1,034	1,054	1,084
Sites 100 dwellings	360	817	1,387	1,861	2,539	3,178	4,038	4,335	4,546	4,822	5,001
Huntingdonshire											
Sites more than 100 dwellings	147	395	670	1,114	1,392	1,707	1,960	2,456	3,118	3,627	4,238
Sites less than 100 dwellings	186	516	817	1,071	1,535	1,870	2,345	2,664	2,800	3,086	3,349
South Cambridgeshire											
Sites more than 100 dwellings	321	779	1,525	1,851	2,472	3,124	3,844	4,234	4,557	5,040	5,442
Sites less than 100 dwellings	204	399	632	877	1,133	1,405	1,959	2,179	2,451	2,623	2,914
Cambridgeshire											
Sites more than 100 dwellings	976	2,209	4,046	5,482	7,243	9,270	10,889	12,463	13,752	15,199	16,563
Sites less than 100 dwellings	1,342	2,915	4,480	5,951	8,117	9,737	12,320	13,533	14,374	15,431	16,544
All Sites	2,318	5,124	8,526	11,433	15,360	19,007	23,209	25,996	28,126	30,630	33,107
Cambridgeshire: percentage on larger and smaller sites											
% on sites more than 100 dwellings	42%	43%	47%	48%	47%	49%	47%	48%	49%	50%	50%
% on sites less than 100 dwellings	58%	57%	53%	52%	53%	51%	53%	52%	51%	50%	50%

Source: Research & Monitoring, Strategic Planning, Cambridgeshire County Council, Feb 2012

5.2.11 Supply of new affordable housing

In the past eight years, nearly 6,000 new affordable homes have been built across Cambridgeshire. This includes social rented, shared ownership and intermediate rented homes.

Table 6: Additional affordable dwellings, 2002 to 2010

	2003	2004	2005	2006	2007	2008	2009	2010	Total
Cambridge	81	200	38	159	173	156	101	132	1040
East Cambridgeshire	106	105	74	219	190	201	102	38	1035
Fenland	34	67	89	91	76	111	58	103	629
Huntingdonshire	88	92	99	145	221	96	240	316	1297
South Cambridgeshire	98	246	108	261	252	408	293	243	1909
Total	407	710	408	875	912	972	794	832	5910

Source: HSSA Section N.

5.2.12 Local views

"In any development planners need to consider if there is the appropriate balance of types of housing, including sheltered housing in various areas/communities."

"Increased housing and population growth needs to be in keeping with the infrastructure that is available."

"We know that Cambridgeshire is one of the fastest growing areas in the country so it is important that building and adaptations keep pace with a growing disabled population and their future needs."

From Cambridgeshire Health and wellbeing strategy consultation 2012

5.2.13 Learning from new housing developments

Between 2006 and 2012, Cambridgeshire County Council Research and Performance Team ran a programme of surveys of new housing developments. Cambourne, in South Cambridgeshire (2006) was the first site-specific survey. Other surveys sampled households living on selected new developments focussing on developments of more than 50 homes, preferably completed in the last five years. In some districts, for example Huntingdonshire and Fenland, a number of smaller housing developments were surveyed.

Table 7: The new development survey programme

	Year of Survey	Number of sites	Sample Size	Returns	Response Rate
Cambridge	2012	3	447	107	24%
East Cambridgeshire	2010	5	1,473	462	31%
Fenland	2010	5	851	169	20%
Huntingdonshire	2007	8	1,710	702	41%
Cambourne, South Cambridgeshire	2006	1	2,012	816	41%

Source: Cambridgeshire County Research Group

Table 8: Household structure on new developments

	Average number of adults per household	Average number of children per household	% single	% 2-adult	% 3 or more adults	% households with children	Unknown	Total
Cambridge	1.76	0.22	47%	30%	12%	12%	0%	100%
East Cambridgeshire	1.85	0.58	22%	35%	6%	34%	3%	100%
Fenland	1.64	1.55	30%	37%	3%	25%	4%	100%
Huntingdonshire	1.92	0.6	20%	38%	6%	35%	2%	100%
Cambourne, South Cambs	1.81	0.74	17%	35%	5%	42%	0%	100%

Source: Cambridgeshire County Research Group

New developments can attract a different composition of households depending on the position of the development, cost, type and size of property. This is reflected in the figures for households with children which varies from 12% in Cambridge, where 75% of the properties in the survey were flats; to 42% in Cambourne. Only 17% of households in Cambourne were single, while it was 47% in Cambridge.

Table 9: Age groups on new developments compared to Census 2011

Age group (New development surveys)	Cambridgeshire	Age group (Census 2011)	Cambridgeshire
16 and under	25%	14 and under	17%
17 to 24	7%	15 – 24	13%
25 to 29	10%	25 to 29	7%
30 to 44	36%	30 to 44	21%
45 to 59	13%	45 to 59	19%
60 to 74	7%	60 to 74	15%
75+	2%	75+	8%
Total	100%	Total	100%

Source: Cambridgeshire County Research Group and Office for National Statistics 2011

The age structure in new developments is younger than in the population overall. A broad comparison can be made with the 2011 Census:

- 78% of people in new housing developments were aged under 45 compared to 58% across Cambridgeshire.
- 9% of people in new developments were aged 60+ compared to 23% across Cambridgeshire as a whole.

The main reasons for moving to the new housing development were:

- To find larger or smaller home – between 22% and 37% of responses.
- Wanting to set up or buy a home – between 18% and 29%.
- To be nearer to a job or for a new job – between 12% and 24%.
- To be nearer family and friends – between 13% and 22%.[30]
- Unhappiness with the previous environment or quality of life – between 12% and 19%.

Across the whole Cambridge housing sub-region (all seven surveys) respondents were asked, what were the 'top five' things they would identify as 'best' and 'worst' about living there?

Table 10: The best and worst things

Best things	% who said this	Worst things	% who said this
Quiet	19% and 36%	Lack of local shops	15% and 51%
The environment	13% and 43%	Parking problems	6% and 32%
Community and people	18% and 19%	Poor public transport	7% and 22%
Location (proximity to facilities)	7% and 20%	Anti-social or 'youth' behaviour	6% and 30%
Close to family/friends	8% and 14%[31]	Too much traffic	3% and 23%

Source: Cambridgeshire County Research Group

Overall the surveys highlight:

- Some new developments, notably Cambourne, have large proportion of young families.
- Some benefits of living on a new development related to quality of life, such as quietness, the environment, sense of community, closeness to family, friends and facilities.
- However dis-benefits include factors such as a lack of few local shops, poor public transport and too much traffic, which could discourage beneficial behaviours such as walking or cycling.
- It is important to remember that the older survey, undertaken at Cambourne, was completed in 2006 and many of the lessons learned by getting resident feedback have been tackled since the survey results were reported.
- However all the surveys can be used to gain more insight to peoples' responses to the individual development, and can be looked at in more depth to draw out further lessons to apply to developments in future.

[30] Excluding Cambridge where 8% said they left their previous home to be nearer to family and friends.
[31] Excludes Cambridge new developments where no respondent stated being close to family and friends as one of the best things.

- In 2013, CCRG plans to analyse further all seven new development surveys across the housing sub-region to draw out as much data as possible to guide future developments. Key lessons to look at include:
  - The movement patterns of different sizes and types of household, and the housing choices they make, to help inform local guidelines on the sizes of homes most suitable on different scale housing developments.
  - Where people move from and to across the country, the reasons they left their old home and the things that attracted them to the new development.
  - Whether people change tenure or not, as they move on to the new housing developments.

Health, social care and housing teams should consider these surveys as a resource, and work together to identify any key issues to be drawn out in the 'seven survey' analysis, to inform our future plans. For further detail, the survey reports can be found on Cambridgeshire Insight.[32]

Figure 7: Introduction to Northstowe

Northstowe is a proposed new town north of Cambridge. It relates to South Cambridgeshire's core strategy objective:

"To create a sustainable small new town close to but separate from the villages of Longstanton and Oakington connected to Cambridge by a high-quality rapid transit system along the route of the disused St Ives railway. The new town will make best use of previously developed land."

The core strategy also states that Northstowe will consist of up to 10,000 new homes. Northstowe will have a town centre to serve the town and nearby villages. It will also be a site for new employment, allowing for continuing growth in the high technology research and development sectors.

5.2.14 Identifying supported housing needs for Northstowe

In 2012, commissioners at the County Council working for a range of client groups collated information about supported housing needs for the new town.

Northstowe and other significant housing sites will provide opportunities to meet housing and support needs.

Commissioners also indicated that some groups would be helped through access to general needs housing, not specific supported housing schemes, including people with learning disabilities, people with physical disabilities, and those with mental health issues, where a cluster of houses can facilitate mutual support and friendship.

Recent workshops have been held to bring agencies together to re-open and broaden discussions about Northstowe's needs and capacity.

[32] http://www.cambridgeshireinsight.org.uk/housing/new-development-surveys

Figure 8: Northstowe: a snapshot of potential needs as at October 2012

Client Group	Need identified
Profound and multiple disabilities	One x five bed bungalow or house with through-floor lifts for four service users. Property would need to be spacious and be fully adapted with an assisted bathroom. Preferably in a later phase of Northstowe when infrastructure and facilities have been completed.
Physical disabilities	Individual move-on properties in a cluster, for six to eight people, for up to two years. Could be used by people with a range of conditions eg MS, Parkinson's and acquired brain injury. Could be used by other client groups eg learning disability. Probably for later phases as good access to facilities and transport would be necessary.
Mental Health	Eight to ten flats in a cluster with an office space where staff can call in during the day. Two of the flats to be two-bedroom properties.
Learning Disabilities	Small number of core and cluster one-bed flats, preferably with small communal lounge and sleep-in room. Would need access to facilities and transport so development in the later phase would be preferable.
Older People	60 flats (minimum) to support frail older people as an alternative to residential care. Also to provide intermediate care in order to avoid unnecessary hospital admissions. Northstowe has been identified as an appropriate location - further discussion would be required to establish whether it would be more suitable for later phases of the development.
Older People	Residential or Nursing Homes – a 100 bedded unit to meet the needs of the most frail, older people and to provide short-term respite facilities to carers to prevent unnecessary hospital admissions or delayed discharges from hospital.

Figure 9: Cambridgeshire mental health accommodation strategy

This strategy identifies a need to move from group home models of support. Most adults do not wish to share kitchen and bathrooms and find it stressful to live with others. At the same time, they do wish for some mutual companionship. Locally schemes have been successfully developed in housing that give people necessary support and companionship. The preferred approach is to develop two models:

- Clusters of flats where people can move-on from other more intensive supported housing projects. They will receive community support from staff and visiting specialist mental health community support teams.
- Clusters of flats with a room available to be used as an office to enable visiting support staff to spend more time with those people with more complex needs.

5.2.15 Other supported housing needs

In the past, Cambridgeshire Supporting People team carried out a needs assessment including supported housing and support needs for a range of client groups. Using this, accommodation needs to account for projected increased population in South Cambridgeshire, have been identified, including need of single homeless/rough sleepers, drug and alcohol misuse, families fleeing domestic violence, teenage parents, young people leaving care, young people at risk and ex-offenders.

A future action could be to improve our long-term planning of health and social care needs, by improved links between the JSNAs and the SHMA. If we can create a longer term plan for investment needed in health and social care as well as housing, the needs which could be met through larger sites might be

identified early in the process and incorporated into bids and plans, increasing the opportunities for input and consultation with local partners and residents.

Figure 10: Lifetime Homes

The concept of Lifetime Homes was developed in the early 1990s by a group of housing experts, including Habinteg Housing Association and the Joseph Rowntree Foundation.

The group was formed because of concerns about how inaccessible and inconvenient many homes were for large sections of the population. The principles of Lifetime Homes have supported the growing demand for choice, flexibility and independence among disabled people of all ages, as well as promoting high quality and thoughtful housing design for the general population. Lifetime Homes are ordinary homes incorporating 16 Design Criteria that can be universally applied to new homes at minimal cost.

Each design feature adds to the comfort and convenience of the home, and supports the changing needs of individuals and families at different stages of life. Lifetime Homes are all about flexibility and adaptability; they are not 'special', but are thoughtfully designed to create and encourage better living environments for everyone.

From raising small children to coping with illness or dealing with reduced mobility in later life, Lifetime Homes make the 'ups and downs' of daily living easier to manage.[33]

5.2.16 Assets and resources

Across the county there is longstanding commitment to co-operate on issues of planning, development, land use and housing.

Partners work together to create a joint statement on future plans, and are currently working on a draft strategic framework for the county, which includes health and community issues, led by the Joint Strategic Planning Unit.

Partners work together 'Making Assets Count' by which land and buildings owned by public sector partners are mapped, plans compared, and development plans shared to ensure agencies make the best of any asset-related opportunities.

Partners also work together to identify needs, though the SHMA and JSNA, to plan for the future.

Housing Enablers, Chief Planning Officers and Planning Policy Forum and a Sub-regional Housing Association Development Forum meet regularly to share notes and progress joint projects (see Section 11 for group diagram).

[33] http://www.lifetimehomes.org.uk/

5.2.17 Good practice and local case studies

Figure 11: The Cambridgeshire Quality Charter

Building new homes, whether on large or small sites, provides an opportunity to create something of lasting value for individuals and communities. Across Cambridge partners have joined together to develop new homes according to the Quality Charter principles which relate to Connectivity, Community, Climate, and Character.[34]

Figure 12: Balanced mixed communities

As Cambridgeshire grows, it will become home to a wide range of people, with differing needs and circumstances. To ensure that new developments meet these diverse needs, Cambridgeshire Horizons carried out a study into the requirements of balanced and mixed communities back in 2006.[35] The report sets out guidelines for planning for a mix of housing types (eg family homes, flats) and tenures (eg owner-occupied, affordable social housing, social and market rental housing) within desirable settlements that will allow for individuals, families and communities to mature, grow and change.

Figure 13: Facilitating health and wellbeing of Fenland residents (summary)

Fenland has just approved Policy CS2 in its core strategy[36], which is to be submitted to the Secretary of State for examination. The policy demonstrates the commitment to put health at the very heart of Fenland's planning, as part of its mission "to improve quality of life for people living in Fenland".

There are many factors which have an important influence on people's health. While health services make a contribution to health, other key determinants include education, employment opportunities, the ability to earn a reasonable wage, fit-for-purpose housing, open space, an active lifestyle, cultural and community facilities, healthy food, care and health facilities and safe environments …issues which lie outside the direct influence of healthcare.

The planning system, and in particular new developments, can make a real difference affecting the wider determinants of health described in the Cambridgeshire Health and Wellbeing Strategy. If we get the local economy and environment right, we set the framework for establishing successful local communities which in turn support greater activities that can facilitate healthy lifestyles and lead to a greater likelihood of a healthy individual.

If the planning system gets the local economy and environment wrong then it can have a detrimental effect on an individual's health.

There is a particularly pressing need to tackle this issue in Fenland because Fenland has high levels of obesity, low levels of exercise and healthy eating, high rates of road injuries and deaths, high levels of smoking and low male life expectancy, compared to Cambridgeshire, the East of England and national averages.

It is essential that the Core Strategy makes provision for appropriate housing, improved access to quality local services, healthy transport choices such as cycling and walking, access to our green infrastructure and active recreation, good place making (including creating new, and connecting with existing, vibrant and successful communities), and promoting renewable energy and energy efficiency to help address fuel poverty.

The Council's commitment extends to mental health, which can be helped by creating environments based on equality and fairness, promoting community cohesion and reducing crime, the fear of crime and anti-social behaviour.

Our residents are entitled to expect equal chances in employment, education, housing and health, and live in a safe environment. Development can contribute to these aims.

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34 http://www.cambridgeshirehorizons.co.uk/quality_charter

35 http://www.cambridgeshirehorizons.co.uk/documents/publications/horizons/balanced_and_mixed_communities_brochure.pdf

36 http://www.fenland.gov.uk/aksfenland/images/att4110.pdf

Diet is also a key determinant of general health and obesity levels. While The Fens[37] provide 37% of the vegetables grown in England, have half the country's Grade 1 and 2 agricultural land and have a food and drink manufacturing sector generating approximately £1.7 billion, the resident population eats less fruit and vegetables and is more likely to be obese, than to other parts of the country.

The Council is determined to turn around this situation and promote access to healthy local food. This is also low carbon, low mileage food. All development, whenever possible, should contribute to meeting this aim. More details are provided in Policy CS2 - Facilitating Health and Wellbeing of Fenland Residents.

Figure 14: Health Impact Assessment in South Cambridgeshire

In 2011, South Cambridgeshire brought in Health Impact Assessments (under the title of a Supplementary Planning Document or SPD) as part of its Local Development Framework. Health Impact Assessments are a material consideration when SCDC determines planning applications, and have been since 2011.

The document provides advice and guidance on undertaking health impact assessments for development proposals within South Cambridgeshire and expands broader policies set out in Policy: DP/1 *Sustainable Development*. [38]

Figure 15: Loves Farm – a new community

At Loves Farm in St Neots – a major urban extension of 1,400 new homes where 520 are affordable – Bedford based British Pilgrims Housing Association (bpha) has provided a dedicated Community Development Officer (CDO), funded by Huntingdonshire District Council, to get the new community off to a flying start. All residents have been invited to welcome events and a Community Association was established within just a few months of the first residents moving in. The Association's stated aim is to make Loves Farm 'the place to live in St Neots'. They produce a lively newsletter and have created an excellent website - www.ourlovesfarm.co.uk - which is attracting advertising to help cover costs. A new Community Centre will be built during 2011 and the Community Association plans to take on its upkeep and running.

Figure 16: 'Welcome to Orchard Park'

Orchard Park is a major urban extension on the northern edge of Cambridge, where over 900 new homes are being built, around 250 of them affordable.

bpha has provided a community development role for the whole area, for all tenures whether social or private, renters or owners. This means the whole community will be treated the same. bpha staff provide welcome packs and organise events, helping to create social networks from the outset and build social capital.

At Orchard Park bpha set up a Community Interests Group that meets every two months. Residents and private, public and voluntary sector representatives attend, and the group provides a forum for steering the future of the development. An active website is up and running at www2.insideorchardpark.com

Part of this work has involved learning from mistakes. Anti-social behaviour and crime is often high on the agenda of residents everywhere. At Orchard Park the local Police Community Support Officer (PCSO) tried to organise regular surgery sessions, but no one turned up. After discussions with bpha it was agreed to go on shared monthly 'walkabouts' where both parties knock on doors and engage residents in their neighbourhood. Residents believe that this works well as it is less formal than a police surgery and issues can be raised in conversation. Jackie King, Orchard Park's PCSO explains:

"As regular surgeries didn't seem to be the best way of engaging with people we set up regular walkabouts. These have been really well received by residents and having the CDO present adds another dimension to the walkabouts. Not only can residents get all the safety information they need but they can also find out what is happening on the development. Whether it's a social night coming up or what stage the build is at, most questions can be answered between

[37] Fens for the Future: A Strategic Plan for Fenland - A Proposal for an Enhanced Ecological Network - June 2012 http://www.eoebiodiversity.org/reports/Fens%20Plan%20Final%20Report%20(with%20maps).pdf

[38] http://www.scambs.gov.uk/documents/retrieve.htm?pk_document=909967

the both of us. People also find it easier to contact us once they are able to put a face to a name."

At Orchard Park, bpha also supported residents to set up an arts project that involved designing local street signs and participating in the local Arbury carnival, where residents learned how to stilt walk among other things! The Park Arts group has emerged from this and its Chair, Katie Huane describes the importance of the work carried out by bpha:

"The delivery of events and activities… by the Community Development Officer, allowing residents to meet one another is essential to the establishment of a sense of community. Equally as important is the support of resident-led groups emerging from within the community, building their capacity and engaging them in the delivery of such events and activities, as this also drives the development of new friendships and networks."

Figure 17: Cambourne: listening to feedback

Cambourne is a major new development of 5,000 homes, located some nine miles west of Cambridge. Work began in 1998. The affordable homes are provided by three housing associations working in a consortium: CHS Group, Granta and Wherry. These associations have developed a community development strategy and provide a range of events and activities for residents, including mother and toddler groups and youth clubs. In a recent postal survey, 47% of the all housing association residents felt 'very' or 'strongly' that they belong to their neighbourhood and 83% were satisfied with their local area. However, 16% of residents felt that anti-social behaviour was a problem in Cambourne. The three associations have taken on board the feedback from this and other surveys, adapting their community development plan so that work is targeted at activities for young people, better financial support for residents, and safety and cleanliness issues.

Figure 18: Rural homes and facilities in Great Shelford

In Great Shelford, a village south of Cambridge, bpha has built a stunning new library for the County Council that it is twice as big as the previous library and includes a new local history collection, a children's area and computing facilities.

The old library was well past its sell-by-date and the County Council needed to rebuild the library at no cost to the taxpayer. By working in partnership, bpha were able to lever in private funding that would subsidise a new library and provide five new flats for key workers at nearby Addenbrooke's hospital. As a result, the village has been revitalized with a great new facility and homes have been provided for young people who would not otherwise be able to live in the village. Since it re-opened, library membership has risen 440% in three months and book issues are up 130%. Visitor comments include, "Wonderful" and "…a great asset to the village" and "I look forward to enjoying many happy visits to this lovely place" All of these changes have allowed the library to become a community focal point, hosting events such as a storytelling session and activities with local author, Rebecca Stott.

Figure 19: Rural homes meeting local needs

For people living in rural areas, finding a home can be especially difficult and many people have to move away from the village where they grew up. The nine new homes on this development were built under Huntingdonshire District Council's 'rural exceptions' policy specifically to address the needs of Offord people. They will always be affordable to current and future occupants, either for rent or for shared ownership through the new build HomeBuy scheme, and they will always be made available to people who have a close connection with the Offords. Muir Group Housing Association secured over £250,000 from the Homes and Communities Agency to build these homes which were highly commended for their design and quality in the Local Authority Building Control Awards in 2008.

5.3 Key Inequalities

Across the county there is a huge need for new homes to support local population growth and to meet the needs of people moving into the county for employment. In this way, new homes support economic growth, as well as the health and wellbeing of our existing residents.

New developments can help meet needs and tackle housing, health and social care inequalities locally – whether through new facilities, green spaces, specialist housing schemes, shared services or increased walking and cycling access. The scale of developments across our county on a variety of small and larger sites, provide huge opportunities to meet needs and create thriving communities and economies.

5.4 Areas for development

A key gap is the way we quantify housing needs in the SHMA, and health and social care needs through the JSNA.

Working together in 2013-14, housing and health needs data could be improved, to help inform plans for new developments of all scales across the county.

If this proves useful and successful, partners could consider a joint plan for investment to meet our communities needs in future, possibly as part of the housing Local Investment Plan.

5.5 How does this help us?

Health and wellbeing priority	**Contribution made by new homes which support economic success**
Ensure a positive start to life for children, young people and their families	Good quality housing in well-designed communities helps provide a good start to life for our children and families.
Support older people to be independent, safe and well	New housing development can include specialist provision for older people if this is most needed.
Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices	The design, layout and facilities on a new housing development can encourage healthy lifestyles for example through green spaces and community gardening schemes
Create a safe environment and help to build strong communities, wellbeing and mental health	Design of homes and wider areas around them can have a strong impact on feelings of safety, can 'design out crime' and support good mental health though the space and layout of the home; and sociable open spaces to encourage neighbourliness
Create a sustainable environment in which communities can flourish	New developments are places where environments and communities are created. These provide an excellent opportunity for the new comers, but also to put right deficiencies which may have built up in neighbouring areas, such as lack of local shops or loss of a local facility, which the new community might 'bring in'
Work together effectively	New homes and communities provide the ideal opportunity for partners to work together, understand each other's need and agendas, and seek, with local communities, to work together on them to create a cohesive and healthy new place, whatever the scale.
Commissioning for the frail elderly.	New housing development provides an opportunity to plan for demographic changes across the county, and to put into place homes designed to be adaptable to life

Health and wellbeing priority	Contribution made by new homes which support economic success
	changes (such as older age, disability and ill-health)
Commission end-of-life care.	Design of housing can contribute and support end of life care at home, if appropriate. This can include adaptability, access to assistive technology, adaptable space to accommodate a carer if needed. Lifetime Home standards can help.
Commission for Coronary heart disease (CHD).	New homes in communities that encourage and support an active lifestyle will help promote activities which might otherwise be difficult to access – for example, safe walkways, available cycle ways, open spaces for sport and recreation.

5.6 Key findings

- A workshop is to be held in Autumn 2013, focusing on local planning, as part of the health and wellbeing development priority plan.
- A further workshop with housing developers has also been suggested, to support understanding of the changing health and social care systems and networks, and to enable greater partnership working on new development sites across the county.
- Local planning authorities are encouraged to consider using supplementary planning guidance or Health Impact Assessments in their local plans to ensure health and social care needs identified by the relevant partner and fed into the planning process at an early stage; also that the housing developer has fully considered the needs of the area and has consulted the appropriate agencies and groups about the needs and how they are best met.
- Partners to be encouraged to contribute to the planned Strategic Framework for the county, which is to include a section on health and social care needs, alongside other housing and infrastructure needs.
- Make sure the opportunity provided by all housing sites, particularly larger sites, is used to provide much needed health, social care and housing, to meet identified needs and cater for forecast changes in the population in the future.
- Work together so housing needs identified by health and social care partners are fed from JSNAs into the SHMA, and are updated periodically so partners are clear of what 'specialist' housing needs and models are preferred. (Planning Authorities can use the SHMA to feed into the local planning process).
- Partners to be made more aware of the housing Local Investment Plan and its purpose, to identify supported and other relevant housing schemes across the county, and contribute to its annual update.
- Encourage all partners to respond to local plan consultations and site specific consultations as needed.
- Continue to work together to assess plans for assets by different public agencies. Involve the HCA in discussions about making assets count as it clarifies its new role in managing and disposing of public assets nationally.

- Ensure all partners are aware of the contribution of housing partners, and of existing good practice by housing associations and others in supporting health and wellbeing in a wide variety of ways.
- Health, social care and housing teams should consider the Research and Performance Team's new development surveys as a useful resource, and work together to identify key issues to be drawn out in the 'seven survey' analysis to help inform future plans for new developments.

6. Enable better health and wellbeing through housing, affordable housing and housing-related support

6.1 Introduction

Having looked at the need to deliver new homes of all types sizes and tenures in Section five, this section looks more closely at how good quality housing, affordable housing and housing-related support all contribute to health and wellbeing.

Building new homes is vital to meet housing needs.

Existing homes are also vital. Homes need to be a decent standard and be reasonably easy to light and heat if they are to be comfortable; and they need to be affordable if financial worries are not to form a problem for the tenant or owner, which can be a huge source of stress and mental anguish. Sometimes, a little support can help the tenant or owner keep things in balance, ensuring they can deal with debt before it piles up; and can secure practical assistance – for example from the landlord or a handyperson scheme. Small interventions often help to avoid a crisis. Therefore, availability of a range of housing-related support can have positive effects on all ages and types of householders.

6.2 Facts, figures and trends

6.2.1 Affordability

Housing affordability is an issue across Cambridgeshire. The number of home purchases has decreased, while house prices have increased and although house prices are lower in Fenland, wages are also lower. Decreases in access to social housing and first time buyers who can raise deposits has led to an increase in the number of people renting privately. Private housing is particularly expensive in Cambridge both to purchase and to rent. This has resulted in an increasing affordability gap between incomes, rents and house prices. The tables below set out some comparison price to income ratios. The figures denote, for example, that in December 2010, the average house in Cambridge would cost 9.2 times the average income.

Table 11: Average house price: income ratio (rounded)

	Dec-10	Mar-11	Jul-11	Sept-11	Dec-11	Mar-12	Jun-12	Sep-12
Cambridge	9.2	9.2	9.1	9.1	9.2	9.3	8.8	9.0
East Cambridgeshire	6.1	6.0	5.7	5.6	5.6	5.7	5.6	5.7
Fenland	4.9	4.9	4.7	4.7	4.7	4.7	4.7	4.7
Huntingdonshire	5.5	5.5	5.2	5.2	5.1	5.0	5.2	5.2
South Cambridgeshire	7.1	7.2	6.8	6.8	7.0	6.9	6.9	6.9

Source: Hometrack, December 2012

Table 12: Lower quartile price: income ratio (rounded)

	Dec-10	Mar-11	Jul-11	Sept-11	Dec-11	Mar-12	Jun-12	Sep-12
Cambridge	9.6	9.6	12.0	11.9	12.1	12.3	13.7	14.0
East Cambridgeshire	6.7	6.6	8.7	8.6	8.6	8.6	8.8	9.0
Fenland	5.7	5.7	6.1	6.1	6.2	6.3	8.3	8.3
Huntingdonshire	6.0	6.0	6.4	6.4	6.2	6.3	8.1	8.1
South Cambridgeshire	7.5	7.5	8.4	8.4	8.7	8.7	10.3	10.5

Source: Hometrack, December 2012

Planned changes to the Local Housing Allowance that supports people who cannot afford the full cost of their housing, will have a number of effects.

The cost of fuel for domestic use is rising at a greater rate than inflation. The inability to heat a house properly will impact on the health of vulnerable households.

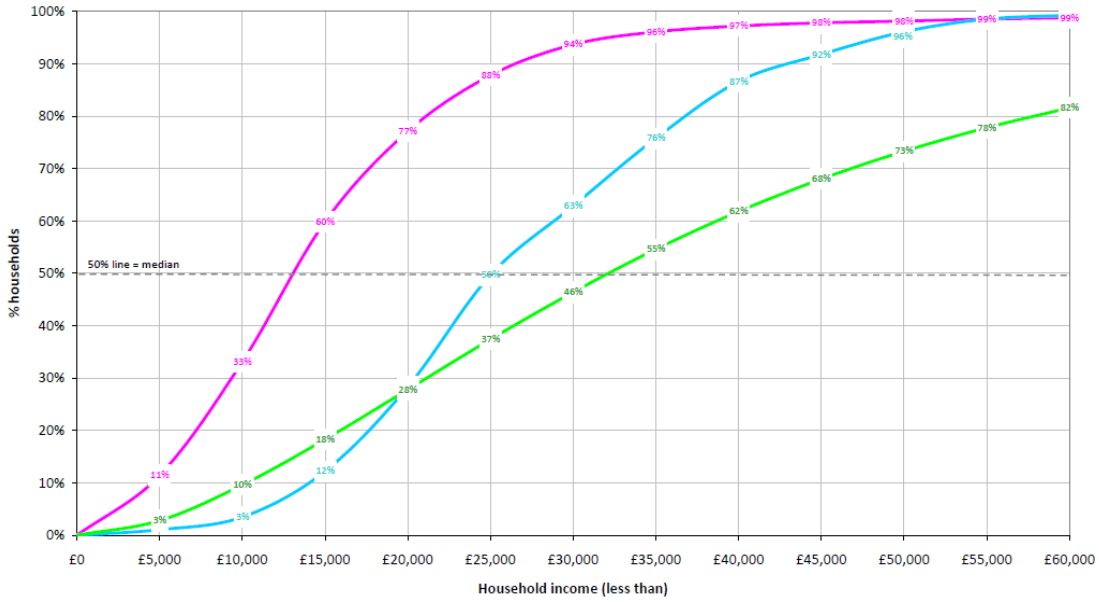
6.2.2 Affordable housing

Housing needs, particularly the need for affordable tenures housing, is discussed fully in Section eight. In summary, the need for affordable housing continues to increase while there are not enough lettings of affordable homes to meet that need. From 2005 to 2010, the number of social housing lettings varied from between 8% and 17% of the total number of households on the Home-Link register. There is a clear under-supply of affordable housing in relation to expressed need.

In 2012 and 2013, a project was undertaken, by the sub-regional housing board, to look at housing affordability and the impact of introducing 'flexible tenancies' and affordable rents.[39] The second phase of the project involved comparing incomes of people applying for affordable housing – through Home-Link for rented housing, through Orbit, our home-buy agent for shared ownership; plus the income distribution of all residents (CACI data).[40]

There is a clear difference in income levels between the three 'groups' identified.

Figure 20: Comparing household incomes across the sub-region for all residents, home-link applicants and Orbit applicants, 2012



Key:

Home-Link applicants Orbit Applicants All households

39 https://www.cambridge.gov.uk/sites/www.cambridge.gov.uk/files/docs/future-affordable-housing-summary.pdf

40 https://www.cambridge.gov.uk/sites/www.cambridge.gov.uk/files/docs/future-affordable-housing-part-2-summary.pdf

A growing concern is the need for some additional help for low paid workers, especially when their employment supports other residents and workforce – for example:

- People who provide care, perhaps assisting in the hospital discharge process, but unlikely to be able to afford a long commute from an area of lower housing costs to a higher one. Without these carers, hospital discharge is at best delayed.
- Lower paid hospital staff who are key to the health service, but struggle to afford housing within reach of the workplace.
- Workers who may not be able to afford housing within reasonable distance of their workplace, even if not on the lowest of incomes, as housing is not affordable for them. One example is the difficulty recruiting staff to work in a childcare centre in Cambourne, where housing costs were high in relation to levels of pay. Living in a cheaper housing area and commuting was also not economic.

A key worker housing needs study[41] was completed in 2006 for the housing sub-region, as it was identified that there was a need to classify and consider key worker groups and the issues they face. Addenbrooke's Hospital also usefully contributed data on their staffing needs, and has offered to continue to assist in the task of updating such information. This may include revisiting the scope of such a study, to encompass employment-related housing in general (building on outcomes of the original study).

The sub-regional study could be revisited and refreshed, with input from a range of employers who find this has an increasing effect on recruitment and retention, or where commuting distances are extending beyond a reasonable distance.

The Greater Cambridgeshire-Greater Peterborough Local Enterprise Partnership could be invited to contribute, as promoters of economic growth in our area.

Care Network, who help and support older people coming out of hospital, along with other agencies, would be invited to contribute and advise in finding solutions to this issue.

6.2.3 Assessing housing need

The supply of new affordable homes in recent years is set out in - Additional affordable dwellings, 2002 to 2010. The on-going need for affordable homes is fully explained in the Strategic Housing Market Assessment (SHMA). For ease of reference, the table below briefly summarises the amount of affordable homes needed, as identified in the SHMA over the past five years. The table shows the net need for new affordable homes, taking into account anticipated supply.

[41] http://www.cambridgeshirehorizons.co.uk/documents/crhb/publications/cambridge_sub-region_key_worker_housing_research.pdf

Table 13: Total net housing need

	Based on 2005/06 data	Based on 2007/08 data	Based on 2008/09 data	Based on 2009/10 data
Cambridge	2,491	1,690	1,910	2,140
East Cambridgeshire	1,098	849	594	660
Fenland	1,045	694	790	735
Huntingdonshire	1,722	1,038	738	1,002
South Cambridgeshire	2,782	1,552	1,372	1,474

Source: SHMA 2009/10 consultation version

These figures are being updated in March 2013, to reflect 2010/11 and 2011/12 data, which will be published as part of the 2013 SHMA update.

6.2.4 Housing for older people

An updated Older Peoples JSNA, that focuses on prevention of ill-health identifies that the number of people over the age of 75 is projected to increase substantially in future. For over 85 year olds there is year-on-year growth of 3.5%.

The JSNA includes a number of indicators where housing may contribute to ill-health, focussing on older people but applicable to others:

- Accessibility of the local neighbourhood.
- Delays in appropriate adaptations or improvements to the home increasing dependency.
- Exposure to damp, mould or dust mites.
- Fuel poverty related to thermally inefficient housing.
- Geographic isolation.
- Poor access to aids and adaptations or handyperson service, can delay moving home after a hospital admission.
- Poor housing quality (condition and/or design).
- Poor information and assistance to help older people make decisions about housing and support options, alongside restricted number of options.
- Poor social and physical infrastructure and poor community services, social isolation exacerbated.
- Poorly ventilated housing.
- Re-ablement services or hospital discharge planning poorly integrated with housing.

The housing-related support team identified more than 4,800 sheltered bedspaces across Cambridgeshire in March 2013, in a total of 37 sheltered housing schemes.

Evidence suggests that there are financial benefits to supporting older people to live in their own home. Research into the financial benefits of the Supporting People programme by the Department of Communities and Local Government (2009),[42] reported considerable savings made by using the funding to provide floating support to older people in place of their moving to residential care or

[42] https://www.gov.uk/government/publications/research-into-the-financial-benefits-of-the-supporting-people-programme-2009

extra care. The table below provides a snapshot of general needs, sheltered and older peoples housing provided by housing associations in 2011.

Table 14: Housing association sheltered and older peoples housing

	General needs housing	Supported housing	Older peoples housing	Total stock
Cambridge	3,283	577	577	4,437
East Cambridgeshire	3,788	101	1,162	5,051
Fenland	4,383	214	695	5,345
Huntingdonshire	7,749	273	1,094	9,116
South Cambridgeshire	2,480	337	245	3,062
Cambridgeshire	21,683	1,502	3,773	27,011

Source: Regulatory and Statistical Returns, 2011

6.2.5 Extra care housing

A strategic approach is being taken under the Commissioning Strategy for Extra Care Sheltered Housing in Cambridgeshire 2011-15.[43]

Figure 21: What is extra care housing?

Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Extra Care Housing can accommodate people who need a little, or a higher level of care.

It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can provide an alternative to a care home.

Extra care housing schemes can also combine some intermediate care beds designed more for a short stay, for example helping make the move from hospital care to home or for short respite stays to give carers a break.

Extra Care housing can be rented, owned or part owned/part rented. There is an increasing amount of Extra Care Housing in most areas and most providers set eligibility criteria which prospective residents have to meet.[44]

Extra Care provides a real alternative to institutional care for older people in Cambridgeshire. The Extra Care Housing Strategy sets out the commitment of key commissioning organisations to deliver appropriate levels and standards of extra care sheltered housing in Cambridgeshire. Specifically, it identifies targets, priorities and standards for this purpose.

The strategy seeks to clarify the process for prioritisation and authorisation of funding streams. It also provides guidance on best practice for the planning, development, and implementation of schemes. The latter includes guidance on the allocation process for tenancies. The strategy framework focuses primarily on the development of new extra care sheltered housing schemes for older people, taking into account current and future needs based on demographic projections. The definition of older people in this instance is people aged over 65. The strategy also provides operating guidance that is applicable to existing schemes.

[43] http://www.cambridgeshirehorizons.co.uk/documents/crhb/publications/final_delivery_strategy.pdf
[44] http://www.housingcare.org/jargon-extra-care-housing.aspx

Housing-related support team data shows that by March 2013, some 17 'extra care' schemes providing 480 more places were available across Cambridgeshire.

The Extra Care Commissioning Strategy includes a commitment to develop one new extra care scheme in Cambridgeshire every year between 2011 and 2015, prioritising districts in greatest need first.

6.2.6 Assistive technology: Shaping our Future[45]

A Cambridgeshire-wide assistive technology strategy was adopted in July 2012. This sets out commissioning intentions for 2012 to 2014, for the development and provision of Assistive Technology to the people of Cambridgeshire.

Assistive Technology is

"A range of health and social care equipment, devices and systems that are available to people to support them to remain as independent as possible in the community."

These can include personal community alarm systems or lifelines; telecare and telehealth equipment; wheelchairs; daily living equipment; housing adaptations; equipment for people with visual and hearing impairment; electronic communication aids; environmental control systems; prosthetics, and equipment for NHS continuing care. Assistive Technology excludes specialist medical and nursing equipment.

The strategy identified assets to be put from October 2012 onwards, including:

- Improve the quality of information available to people to enable them to self- help and make informed choices regarding equipment provision.
- Improve service users' access to tele-health technology.
- Make telecare technology available to people going through Re-ablement.
- Improve the compatibility of remote monitoring devices with mainstream health and social care IT systems.
- Develop Tele-healthcare services that are evidenced based.
- Improve people's access to specialist equipment.
- Improve the procurement of statutory telecare equipment.
- Improve people's experience of accessing telecare call centre support.
- Service users access to telemedicine (remote diagnostics).
- People have access to demonstration and retail facilities, particularly in isolated rural communities.
- Re-tender of the ICES includes service-user consultation.
- Ensure that Telehealthcare is being utilised to best effect with dementia clients.

Linked with our plans for good quality housing development as described in Section five, the technology needed to support telehealth and the opportunity to design new homes to ensure we make best use of this technology, would be worth exploring together. Housing providers have experience in this area, and could usefully contribute to the plan, possibly highlighting opportunities to

[45] Cambridgeshire Assistive Technology Strategy 2012–2014

increase availability and access of telehealth particularly on new developments at the appropriate stages.

6.2.7 Housing related support

Housing related support (previously known as the Supporting People programme) strategically commissions, monitors and reviews housing-related support services to complement existing statutory services. The programme supports some of the most vulnerable and socially excluded members of our society. The primary purpose is to develop and sustain an individual's capacity to live independently in their own accommodation. Examples include enabling individuals to access their correct benefit entitlement, ensuring they have the necessary skills to maintain a tenancy, advising on home improvements and accessing a community alarm service. Client groups include:

- Single homeless, homeless families and rough sleepers.
- Ex-offenders and those at risk of offending.
- People with physical or sensory disability.
- People suffering domestic violence.
- People with alcohol or drug problems.
- Teenage parents.
- Older people.
- Young people at risk/leaving care.
- People with HIV or AIDS.
- People with learning difficulties.
- Gypsies and Travellers.
- Migrant workers.
- Refugees and asylum seekers.
- People with mental health problems.

In March 2013, these support services helped around 1,600 clients in the working age group (not older people who are detailed in the section above) across Cambridgeshire through more than 50 different schemes.

Table 15: Outline of housing-related support schemes, district and spaces (excludes older people schemes)

Client group / theme	District	Maximum number of places
Multi-disciplinary floating support	Cambridge	167
	East Cambridgeshire	54
	Fenland	77
	Huntingdonshire	135
	South Cambridgeshire	62
People with HIV / AIDS	Cambridge	8
Young People at Risk	Cambridge	150
	East Cambridgeshire	12
	Fenland	43
	Huntingdonshire	57
Teenage Parents	Cambridge	7
	Fenland	4
	Huntingdonshire	2
Homeless Families with Support Needs	Cambridge	35
	Huntingdonshire	28
	South Cambridgeshire	8
Single Homeless with Support Needs	Cambridge	216
	Fenland	44
People with Alcohol Problems	Cambridge	6
Offenders or People at risk of Offending	Cambridge	10
	Huntingdonshire	6
Floating Support for Women at Risk of Domestic Violence	Cambridge	11
	East Cambridgeshire	3
	Fenland	7
	Huntingdonshire	6
Accommodation for Women at Risk of Domestic Violence	Cambridge	11
	Fenland	12
	Huntingdonshire	9
Gypsies and Travellers	Fenland	66
	Huntingdonshire	20
Floating Support for People with Mental Health Problems	County-wide	90
Learning Disability Partnership accommodation based	County-wide	110
People with a Physical or Sensory Disability	Huntingdonshire	24
	South Cambridgeshire	127

Source: Housing-related support team, March 2013

The programme can save money elsewhere by preventing or deferring the use of more costly alternatives, such as hospitalisation or institutional care, committing or becoming a victim of crime or homelessness. It can also help smooth the transition to independent living.

Figure 22: Skills to maintain a tenancy

Many community and voluntary organisations help people develop the skills needed to maintain a tenancy, such as…

LifeCraft[46]

Lifecraft is a self-help user-led organisation for adults with experience of mental health difficulties in their lives. We offer a range of activities such as art, music, singing, meditation, and a Women's group, which help our users in their recovery.

Alongside these groups, we have IT facilities, an evening social club running four days a week, counselling and a telephone helpline that runs 365 days a year. Campaigning is also a big part of Lifecraft. As well as addressing the anti–stigma agenda, we also have a unique radio programme called Making Mental Notes, which allows us to promote mental health issues.

Cambridge Women's Resources Centre[47]

Provides resources, opportunities and space for women to change their lives for the better. CWRC offers accredited training, emotional and practical support, networking and friendship to develop and empower women, and through them, to strengthen their families and communities.

An onsite crèche provides childcare for centre users. An integrated volunteer programme offers a broad range of ways in which women can get involved and contribute to the work of the centre. Our services are accessible to all women in the community with formal training programmes, one-to-one and group support and drop-in facilities including a coffee room with a library and internet access.

On top of that there is the work of the Citizens Advice Bureaux and other advice agencies that help ensure people are able to maintain tenancies and avoid repossession etc.

The Financial Capability Forum has highlighted the need to develop skills with a bank account, and access to basic banking services, for those not used to using and managing their money this way, in light of benefit reforms that mean claimants must use a bank account.

6.2.8 Future need for housing-related support

In May 2009, a Supporting People needs analysis was completed for the Supporting People programme, in Cambridgeshire. This provides a theoretical picture of need across 21 different groups and concludes:

- There is current capacity to support 2,100 adults of working age in Cambridgeshire.
- A greater proportion of spend should be invested in floating support services.
- Looking at individual groups in isolation gives a narrow understanding of need.
- Some of the most vulnerable groups we support eg Gypsies and Travellers, receive the least funding but should receive more.

There are disproportionately more services in some districts than others. Similarly, there are currently a disproportionate amount of services for some client groups rather than others.

[46] http://www.lifecraft.org.uk
[47] http://www.cwrc.co.uk

6.2.9 How housing-related support contributes to health and wellbeing

Housing-related support helps people at difficult times of their life and/or towards the end of their life. Without support people may suffer poorer health, life-chances or die prematurely.

The Health and Wellbeing Strategy stresses the importance of supporting the physical and mental health of all residents, particularly for children and young people, the elderly and vulnerable individuals. Given the number of vulnerable people supported by housing-related support and the particular focus on vulnerable groups, it is an important resource to improve health and wellbeing.

6.2.10 Out-of-County placement of adults with learning disabilities[48]

Supporting people to live independently in the community means care must be taken to ensure that people are placed appropriately.

What is appropriate will vary between individuals, but assessment will include certain factors, such as meeting their support needs and access to support networks. It may be necessary to place a person outside Cambridgeshire to meet their individual needs.

Adult Social Care reviewed all out-of-County placements for adults with learning disabilities in 2012, to make sure individual needs were being met and that the placements were appropriate.

The review found 139 appropriate out-of-County placements and 17 inappropriate. Adult Social Care is negotiating to transfer funding responsibility for the people in Supported Living to the relevant local authorities. Many have now transferred. As part of the process, Cambridgeshire has taken over funding for people placed appropriately in Cambridgeshire by other authorities.

The revised annual gross budget for the out-of-County placements of adults with learning disabilities currently equates to just over £10 million.

In future, housing and social care could work together to address the needs of these people, should placements stop being appropriate or needs change, after future reviews of the placements. New housing schemes and developments may be able to help to meet that need, should it arise.

6.2.11 Other groups particularly vulnerable to ill health and poor housing

The JSNA published in 2011, the Prevention of Ill Health in Working Age Population, contains a very useful summary of specific groups identified as more likely to be vulnerable to ill health and poor housing outcomes. These are Migrant Workers, People with Learning Disabilities, Gypsies and Travellers and people who have become homeless (see Section 10). The 2011 Gypsy and Traveller accommodation needs assessment is available for further detail on Cambridgeshire Insight.[49]

[48] Contracts and Negotiation Manager, Adult Social Care Procurement, CCC

[49] http://www.cambridgeshireinsight.org.uk/housing/gtana-0

6.2.12 Good practice and case studies

Figure 23: Enabling greater personal choice

Between July 2011 and July 2012, a total of 551 individuals reported they had made progress towards addressing their drug and, or alcohol issues during their period of receiving housing-related support. For some of these, it will have resulted in complete abstinence from substances and for others they will have reduced their consumption or moved further towards recovery. This can only be achieved via a multi-agency approach involving specialist drug and alcohol services.

Between April 2011 and April 2012, across the three refuges 122 individuals were helped to leave the refuge into new accommodation in a planned way, when previously they were homeless. Through other housing-related support funding a further 800 women who experienced domestic abuse, are known to the refuges and are being supported in some way. This will vary from basic contact, which could be a lifeline if a person suddenly becomes at greater risk, to a full support plan and goals to help an individual, and their family, make a new life after being identified as victims of abuse.

Figure 24: Axiom Foyer in St Neots

Between April and June 2012, 12 young people moved from the Foyer into new accommodation. Of these, seven had been found paid work and ten were taking part in training and education (some benefitting from both).

This is at a time when youth unemployment is a real issue locally and nationally. There are similar Foyers available for young people in Wisbech and Cambridge.

Figure 25: Saxongate

In Huntingdon town centre, Papworth Trust developed the award-winning Saxongate scheme. This is a large development of housing and flats for rent and sale. The design is of a high standard and it is impossible to differentiate the rented from the privately owned properties. There are 24 fully wheelchair accessible rented flats 'pepper-potted' in the scheme. At the heart of Saxongate is a Community Learning Centre, with a range of meeting rooms and communal facilities. Courses and communal activities are available to residents and the wider community, and this has helped to integrate disabled people within the local community.

A recent street survey of 185 local people indicated that the majority of people who were aware of the purpose of the centre said they felt Saxongate had had a positive impact on the community, primarily by raising awareness of disability issues and by bringing facilities to disabled people and the community as a whole. One resident said:

"The best thing is having my own place ... able to go out when I want to. Being more independent is the biggest change the best thing that could have happened – there's no going back!!"

6.2.13 Local views on housing, affordable housing and housing-related support issues

"Ensure that the needs of disabled and vulnerable residents in Cambridgeshire are met appropriately. A failure to do so will only lead to more intensive support and greater expense in the long run."

"A focus on prevention is also required to help reduce inequalities."

Health and wellbeing strategy consultation 2012

"House prices and private rents are higher than elsewhere in the county, and there are a higher proportion of private rented homes than elsewhere in the county."

"Improvements could be made, particularly relating to excess cold-related winter deaths and increases in childhood asthma and allergies".

"There is a long delay in assessing people for disability aids in their own homes."

"The Cambridgeshire Quality of Life Survey (2006) identified "affordability of housing" as the feature of local life that respondents in South Cambridgeshire were least satisfied about."

JSNA Working Age Population consultation 2012

"There appears to be an increase in the number of single males with low-level mental health problems and support needs."

"Concerns about the time it takes for a referral to floating support. The floating support service appears to have been overwhelmed by the number of referrals and it is a concern for us if we cannot access this support for vulnerable tenants - especially for those in isolated locations."

Response to JSNA brief, housing advice team 2013

6.3 What are the key inequalities and key trends?

Affordability is an ongoing issue across the county and has been for some time. Changes to benefits are an issue for some, availability of homes in the right location and of the right type are issues for others.

Affordable housing is under pressure as people find it hard to access the private housing market, particularly those on lower incomes, including households that are key to the health and service industries, and provide childcare that enables others to work.

Housing-related support is vital to many, helping them recover from a life trauma, maintain their existing housing, or continue to live at home, instead of needing care.

There remain specific groups, identified in previous JSNAs, highlighted as at a greater risk of the impacts of poor housing.

Affordability of all housing continues to worsen.

Supply of affordable tenure homes continues, but at a lower rate than is necessary to meet needs, and in light of increasing concern that more affordable tenure homes will be needed in the current economic climate.

Housing-related support provides a vital resource to many of our most vulnerable residents, and can prevent unnecessary hospital admissions, homelessness, trauma and other life crises.

Outcomes of welfare benefit reforms are not yet known, so it will be vital to monitor impacts if agencies are to respond effectively and in a coordinated fashion, should residents need additional support through the changes.

6.4 How does this help us?

Health and wellbeing priority	**Contribution made by affordable housing and housing related support**
Ensure a positive start to life for children and young people and their families.	This priority includes a focus on creating positive opportunities for young people to contribute to their community and raise their self-esteem. Housing-related support services help young people who may have experienced

Health and wellbeing priority	Contribution made by affordable housing and housing related support
	homelessness and/or relationship breakdown, often with their parents or carers. At any one time 250 places are available to young people funded via housing-related support in a range of different types of accommodation from young person's hostels and foyers (designed to help young people particularly with accessing training and education) to supported lodgings. The services help people to find new housing, placing a particular focus on accessing training, education or employment and maintaining their tenancies.
Support older people to be independent, safe and well.	This area is focused on promoting interventions which reduce unnecessary hospital admittance and enabling older people to live at home, or in a community setting, where appropriate. At any one time 5,400 older people are housed in 170 sheltered and extra care schemes across Cambridgeshire. Sheltered housing schemes provide safe and accessible housing to residents and support staff funded by housing-related support to help people maintain their independence for as long as possible. Plans are underway to extend this support to older people living in the community, increasing access to all who need it, not just those living in sheltered housing. Extra Care schemes also help older people with significant health problems who would otherwise need to be in more expensive residential care or hospital.
Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.	This is about encouraging individuals to take more responsibility for their health and wellbeing. The ethos of housing-related support is about encouraging personal responsibility and independence. An outcomes framework is in place which asks service users as they leave services how support has helped them.
Create a safe environment and help build strong communities, wellbeing and mental health.	The work of housing-related support is particularly relevant to this priority because it is concerned with minimising the negative impacts of alcohol and illegal drugs, providing support for victims of domestic abuse and working to prevent and tackle homelessness. These are all areas where housing-related support makes a significant contribution. Housing-related support is key to prevention and helping victims of domestic abuse. Services provided include refuges which help people who have become homeless. There are other outreach/floating support services to help people who are still housed but might be at risk of abuse.
Create a sustainable environment in which communities can flourish.	Housing-related support is channelled through 60 organisations and businesses across

Health and wellbeing priority	Contribution made by affordable housing and housing related support
	Cambridgeshire. The majority are in the voluntary sector and include local charities and enterprises who work with a range of marginalised groups such as Gypsies and Travellers, offenders, and young people leaving care. A key component is to improve social inclusion, helping people find employment and not depend on welfare benefits. Between July 2011 and July 2012, across all age groups, housing-related support services helped 241 individuals into paid work in Cambridgeshire.
Work together effectively.	Working together to meet the need for good quality, suitable and affordable accommodation is more important now than ever. With the appropriate support, homes of all tenures can help meet the needs of our most vulnerable residents; prevent homelessness and ensure a better quality of life. All these issues support the health and wellbeing of our residents in the long term.

6.5 Key findings

- Our key worker housing study could be revisited, broadening its focus onto employment-related housing , with input from employers who find this is an increasing recruitment and retention issue, or where commuting distances are extending. Tackling these issues would improve the wellbeing of staff, help people on lower incomes who provide key services, benefit the local economy, and reduce commuting.

- Linked with our plans to deliver good quality new homes, new technology can also be provided or enabled to help support telehealth. We must take the opportunity to design new homes to make best use of the technology and work with residents and tenants to encourage its use. Housing providers have experience in this area, and could highlight opportunities to increase availability and access of telehealth, particularly on housing developments at an appropriate stage.

- The benefits of housing-related support to the health and wellbeing agenda and individuals quality of life needs to be monitored in the future, to help retain this vital role while funding and services are integrated into other services. The benefits of, and access to, housing-related support must be recognised if its role as a key contributor to health and wellbeing is to be maintained.

- Housing and social care partners could work together to address the needs of people living ‘out of county’ in future, should placements stop being appropriate or needs change.

- It will be vital to monitor the impact of welfare benefit reforms across all agencies, if all are to respond effectively and in a coordinated fashion, responding to residents’ needs for additional support through the changes. This should be a multi-disciplinary approach and must involve the Financial Capability Forum (see Section 11).

7. Create mixed, balanced, sustainable and cohesive communities

7.1 Introduction

Communities, as well as homes, are a major contributor to residents' health and wellbeing.

As described in Section eight, good standards of housing are crucial. In addition, the areas around homes; the spaces for meeting; moving through; walking and cycling; and for enjoying green spaces; also contribute to a sense of place, belonging and safety.

Housing associations and other landlords provide housing management and community development support. This in turn helps build communities, maintain good housing standards and resolves neighbourhood issues.

The New Communities JSNA, completed in 2010,[50] outlined the factors to consider for new housing sites and provides a useful resource when considering health and wellbeing on such sites. In summary, it recommends the following:

- Plan housing and the places we live to reflect the changes that occur over their lifetime, so that people are not excluded by design as they grow older and frailer[51] or as their circumstances change.
- Provision for affordable housing needs that include options to address social rented housing meeds.
- Develop options need to fund more flexible service provision that allows greater integration of new communities with existing settlements than is being currently offered by Section 106 arrangements.
- Ensure resourcing of community development roles that may be fulfilled by different workers employed by different agencies, in different phases but within an agreed and coordinated approach. This in keeping with the findings of the Building Communities that are Healthy and Well in Cambridgeshire report and the report's recommendations adopted.
- Create a mixture of formal and informal green spaces. Considerations should include community gardens and allotments that are close to residential areas, accessible, well-maintained and well-connected to existing networks of strategic spaces and walking routes, such as green chains.
- At the earliest opportunity, there should be consultation with residents of new communities about the provision of community resources. This should include green space provision, a clear allocation of responsibilities in managing these resources and a mechanism to ensure that locally agreed monitoring is implemented and the results acted upon.

7.2 Facts, figures and trends

7.2.1 Building communities can reduce crime and fear of crime

'Secured by Design' is the UK Police initiative which supports the principles of 'designing out crime'. This is a national scheme that focuses on the prevention of crime towards homes and commercial premises and promotes the use of security standards for a wide range of applications and products.

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50 http://www.cambridgeshirejsna.org.uk/currentreports/new-communities

51 Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.

Combining minimum standards of physical security and well-tested principles of natural surveillance and defensible space have proven to reduce the risk of crime by up to 75%.

The objective is to reduce burglary and crime in the UK by designing out crime through physical security and processes.[52]

New homes and communities should implement Secured by Design principles to help create a safe, strong community in the longer term. Many local plans include such principles – it could be useful to monitor their success and impact on residents, also by comparing responses to questions in the new development surveys, about feelings of safety and security (see Section five).

The County Council Safer Communities Partnership Team's objective is *"To work closely with the local community safety partnerships on projects aimed at reducing crime and anti-social behaviour in Cambridgeshire".*

The Countywide Community Safety Agreement for 2011/14 outlines priorities, and a Countywide Community Safety Board oversees delivery of the agreement, through joint working with local Community Safety Partnerships.

There are five local partnerships, aligned to the five districts that are statutory multi-agency partnerships and include representation from:

- Police
- Police authorities
- Local authorities
- Fire and rescue services
- Primary care trust
- Probation trust

The responsible authorities come together to review the pattern and extent of crime and disorder in their local area and to produce a strategy for tackling these issues together, rather than working in isolation.

It would be useful to share the work of the local community safety partnership with housing providers across the county, and to encourage links to be made where not already in place. In this way, housing managers could highlight issues or concerns for residents and explore possible interventions, with input and support from local partnerships.

Figure 26: Domestic abuse and sexual violence

Areas of high-density housing are known to be 'hotspots' for domestic abuse and sexual violence across the county. This includes new housing developments which, based on British Crime Survey data, bring fresh challenges to services.

Nationally, as many as 7% of the adult population may become victims of violence or abuse in any given year.

This area of concern is one that partners need to tackle together, including through local community safety strategic assessments.

Domestic Abuse and Sexual Violence Partnership Manager, Cambridgeshire Safer Communities Partnership Team

[52] http://www.securedbydesign.com/

7.2.2 Cohesion and financial inclusion

In times of recession, financial instability leads to feelings of vulnerability and threat and can seriously affect mental health and wellbeing.

A Welfare Reforms Strategy group has been formed to look at the impact of welfare reforms on Cambridgeshire residents. They will monitor key trends to gauge the impact of welfare reform and prepare to help and support those most affected and most vulnerable. There are always unintended consequences in a process of large-scale reform, so this work aims to help monitor any headline trends or impacts before they become a problem. The group agreed in January 2013 that the most efficient and productive way to monitor the impact of welfare reforms across Cambridgeshire was to collate a small set of key data which is already collected and clearly identifies useful points. This paper lists the data to be collected and their sources.

Figure 27: Data to be monitored

- Number of housing benefit claimants by district.
- Employment status of housing and council tax benefit claimants.
- Number and percentage of housing benefit claimants living in private rented accommodation.
- Number of households presenting as homeless.
- Success in preventing homelessness.
- Placement of households presenting as homeless.
- Number on Housing Needs Register.
- Number of social tenant households affected by size criteria.
- Number and types of households affected by the overall benefit cap and number of children affected.
- Number of households with a reduction in benefit.
- Number of insolvencies.
- Number of clients seeking debt advice from Citizens Advice Bureaux (CABx).
- Number of clients seeking benefits and tax credits advice from CABx.
- Number of children in out-of-work households.
- Number of under 25's receive out-of-work benefits.
- Number of under 25's receive in-work benefits.
- Number of children receiving free school meals.

Additionally, the Financial Inclusion Forum continues to meet quarterly to bring agencies together from across the wider area, to promote financial inclusion and share good practice (see Local best practice below).

A page has been set up on Cambridgeshire Insight, to start gathering data examples and good practice around housing and welfare reforms.[53] Still at an early stage of development, it aims to help housing, health and social care partners, to share and learn from existing information.

7.2.3 Local views

"Must not overlook the need to provide support to people who are isolated, lonely and depressed – there is a clear implication here for how we commission mental health services."

"Continue the policy of mixing social housing in with owner/occupiers, to avoid the mistakes of the past with large estates of council housing."

[53] http://www.cambridgeshireinsight.org.uk/housing/housingwelfarereform

"Don't build high-density family social housing because it creates terrible problems for the people that have to live there. Give people the space they deserve.

"Important that the NHS is involved in assisting development planning. Is there enough lifetime housing for the elderly? Green spaces, medical facilities, adequate gardens? All the issues that make a good community."

"Problems such as depression and anxiety are extremely common, cause widespread distress and dysfunction and are associated with a wide range of poor outcomes."

"A strategy for addressing the likely increase in these mental health problems at a time of economic and social hardship could have an important role in preventing distress and improving health and economic outcomes."

Health and wellbeing strategy consultation 2012

"Homelessness and numbers in temporary accommodation are now on the increase and we expect this to get worse due to the impact of the welfare reforms. Applicants find it difficult to afford their private rented properties, and when trying to prevent homelessness it is harder to find affordable private rent as a solution. Direct payments under universal credit may also put landlords off taking tenants on benefit."

"New rules on under-occupation impact on those requiring an additional bedroom due to health issues. There is some new discretion to be used by local authorities, however there will still be a negative impact for some households."

Response to Housing JSNA brief, 2013

7.2.4 Local best practice: Housing partners providing financial advice and support

Figure 28: CHS and financial capability

CHS Group (formerly Cambridge Housing Society) has a strong commitment to the needs and aspirations of its tenants. Its vision is that housing is a means to an end rather than an end in itself – in other words decent affordable housing is a stepping-stone to a better life. CHS has developed a regional and national profile for developing a wide range of innovative services. Its three priorities are to build customers' financial security through money advice, improve customers' access to learning and work to help build neighbourhoods where people want to live.

CHS Group has given positive financial advice to 212 tenants over the last three years, helping customers claim an additional £565,000 which they were eligible for and would otherwise have missed out on. In 2009/10 alone, some 92 tenants gained from this advice.

CHS also hosts the Cambridgeshire and Peterborough Financial Capability Forum, where partner agencies meet to share good practice and experiences on issues of Financial Inclusion.

Figure 29: CHS: helping tenants into work

CHS Group has provided advice, coaching and tuition to over 700 people over the past three years, to enable them to improve their work prospects.

Almost 150 customers of CHS Group achieved a Skills for Life qualification in the last three years. This was on the back of a unique partnership with Long Road Sixth Form College, which provided a home tuition service to customers who found it difficult to access mainstream services due to caring responsibilities or poor transport links. Between 2007 and 2010 some 126 customers of CHS Group improved their home access to IT, and 422 benefited from IT support and training over the same period. Of the people who completed this course 13% went into full-time work, 4% into part-time work, 29% into volunteer posts. A further 26% went into educational courses – a total of 72%. Between 2007 and 2010, some 52 customers of CHS Group were supported into getting a job and 41 started work experience or volunteering. For many tenants, the lack of affordable childcare makes a return to work impossible.

CHS Group also runs a savings and loan scheme called New Horizons, run in partnership with Cambridge Building Society. This helps residents who move into a new home or need crisis funds to see them through an emergency.

Figure 30: Hope Social Enterprises

Luminus Group has set up a subsidiary - Hope Social Enterprises - that now provides cleaning, gardening and caretaking throughout its housing schemes. Hope employs residents and volunteers who have come through the Octavia View hostel in Wisbech and elsewhere, where they are offered training and support to enter the jobs market.

This project is an outstanding example of a housing organisation contributing to wider social objectives. It provides decent employment to people who have been through difficult times, and ensures that service charge money paid by tenants is recycled within the community, going to people who really need it, rather than adding to the profits of a large contractor. Hope also runs house clearances, furniture restoration and recycling, as well as Octavia House's retail business, which sells high-quality, low-cost household goods to Luminus tenants and the wider community. The company provides valuable work experience and skills training to the long-term unemployed, better equipping them for the jobs market.

Figure 31: Wherry financial inclusion service

Wherry Housing Association runs a financial inclusion service for tenants across Cambridgeshire and Suffolk. Specialist money advisors visit tenants at home to discuss options for tackling debts. This includes a benefit check to ensure residents are claiming everything they are entitled to. Advisors also provide a telephone advice service and will help with filling in forms and appeals and even represent tenants at tribunals. All new tenants are contacted to make sure that their finances are in order.

7.2.5 Local best practice: Housing partners helping younger children; promoting health and wellbeing

Figure 32: Childcare

King Street Housing Society has provided a nursery in partnership with the Patacake Nursery – located in a purpose-built hall on their scheme at Cockroft Place in Cambridge. The nursery is registered to care for 26 children, aged two to five years. Working alongside the Nursery Manager is a team of five staff with a wide variety of qualifications, skills and experience. In return for a subsidised rent, Patacake provides free bursary places to King Street tenants who wish to return to work. This is a great example of partnership working.

Figure 33: Children's Street Olympics

Hundred Houses Society runs a 'Children's Street Olympics' in Hardwick, near Cambridge. Traditional street games like hopscotch and rounders take place over a seven week period leading to a huge reduction in anti-social behaviour.

Hundred Houses runs similar sporting events in Cambridge, particularly in areas where children had complained of being bullied. Between 30 and 50 children attended each which are hugely popular with kids and parents. Hundred Houses also provides free vegetable boxes to young mothers at its Harvey Road scheme in Cambridge. The aim is to promote healthy eating and improve the health of infants at this supported housing scheme.

Figure 34: CamBabes

In Cambourne, the housing association consortium supports a parent and baby group called CamBabes, which helps parents to develop their parenting skills through lessons in healthy cooking and budgeting. Some of the parents have grown in confidence to the point where they have taken on more prominent roles in other resident-led groups. One of its regulars, Ellie said: "I really enjoy the group, it gets me out of the house and I've met some more young parents. Being a young mum can be extremely isolating, so it is very exciting to be able to go to something at a local level".

Figure 35: Team Thomas

In Fenland, Roddons Housing Association has supported school pupils to learn practical skills like plumbing, decorating and carpentry. Each pupil built a mock bathroom and learnt valuable life skills, such as team-working and problem-solving. Team Thomas has involved Year 11 pupils from the Thomas Clarkson Community College in Wisbech. Two empty retail units in Wisbech, owned by Roddons, were converted into a workshop for the pilot scheme, which was held each Friday throughout the summer term. As a result of gaining confidence through the scheme, several of the pupils have applied to go on to further education and training.

Roddons developed the project after being approached by the school who wanted their pupils to gain some work experience. Wendy Coles, Community and Projects Officer for Roddons said: "Roddons Housing Association is passionate about enhancing the life chances of residents and projects like this have a positive effect on their lives and the entire community".

Teacher, Nina Redhead, said everyone was very proud of the boys' achievements, which had been recognised throughout the school. "We are grateful to Roddons for its engagement in this joint community project and we look forward to developing this partnership to benefit even more of our pupils".

Figure 36: Mums R Us

Another group called Mums R Us, was set up to help parents whose children were not attending pre-school groups. It meets weekly and has been a great success.

One parent, Chantal, moved to Cambourne in 2008. This is her story:

"I moved to Cambourne in 2008 from a hostel… I was pregnant when I arrived... I had my daughter Caitlyn in October 2008. Caitlyn and I started coming to 'Mums R Us' last year. We love everything about it. It's great. Caitlyn gets excited when we get ready to go. The children all interact, even though there are children of different ages there. There is good bonding and they learn to share toys with one another. We do music sessions, story time, messy play, other play activities and cooking. The cooking session is also good as it helps those parents who don't really know how to cook to get some help. For any concerns you have about the children, however small, you can get friendly informal advice from Judy, who works for the Children Centre. Again, there is a good mix of parents, young and old and we all get to exchange tips about the children and the local nursery, Sunflower, which I use."

7.3 How does this help us?

Health and wellbeing priority	Contribution made by mixed, balanced cohesive communities
Ensure a positive start to life for children, young people and their families.	Mixed and cohesive communities contribute to quality of life for all, including younger residents; providing safe environments to live and form community ties
Support older people to be independent, safe and well.	As for younger people, homes and communities designed to support mixed and cohesive communities, enabling different age groups to live together in comfort and safety, enhancing quality of life for all.
Encourage healthy lifestyles and behaviour in actions and activities, while respecting people's personal choices.	Balanced communities, including the facilities and services needed, will support a healthy community and individuals' wellbeing.
Create a safe environment and help to build strong communities, wellbeing and mental health.	The aim of the Health and Wellbeing Strategy directly relates to the housing priority to create mixed, balanced and cohesive communities. Mental health is an important part of wellbeing that well-designed new communities seek to support.
Create a sustainable environment in which communities can flourish.	Again this bears a direct relation to the shared priority to create mixed balanced cohesive communities

Health and wellbeing priority	Contribution made by mixed, balanced cohesive communities
Work together effectively.	Working together on these shared themes, across health housing and social care agendas, can only help us make best use of our limited resources, and the huge opportunities, facing partnerships across Cambridgeshire

7.4 Key findings

- A well-designed area will include Secured by Design principles. New homes and communities should use such principles to help create a safe, strong community in the long term.
- Local Plans may include Secured by Design principles – it would be useful to monitor their success and the impact on residents, possibly by comparing responses to questions in the new development surveys about feelings of safety and security, and compare the responses on whether Secured by Design was in place.
- It would be useful to share the work of local community safety partnerships more widely with housing providers across the county, and encourage the links to be made if not already in place. In this way, housing managers could highlight issues or concerns for residents and explore possible interventions, with input and support from local partnerships. The newly-formed Housing Management Forum would be an excellent starting point.
- It will be vital to monitor the impact of welfare benefit reforms across all agencies if all are to be responded to effectively and in a coordinated way. Furthermore, to respond to residents needs' for additional support through the changes utilizing a multi-disciplinary approach that must involve the Financial Capability Forum.

8. Improve standards in existing homes and encourage best use of all housing stock

8.1 Introduction

Local authorities are committed to improving conditions across all tenures, including privately rented and owner-occupied houses.

It is the home owner's responsibility to maintain their home but some homeowners, particularly the elderly and vulnerable, may not have the resources to keep their homes in good repair.

Poor quality housing has an adverse impact on health, safety and wellbeing. Improving housing conditions also makes a contribution to agendas such as regeneration, energy efficiency and environmental sustainability.

Local authorities work with local landlords, lettings agents and home owners on a range of housing issues, some of them statutory, and include:

- Assessing homes under the Housing Health and Safety Rating System (HHSRS).
- Works and advice to improve the conditions of homes, to put right serious disrepair and remove Category 1 hazards.
- Enforcement action if a property fails to reach a minimum standard, to put right disrepair and removeCategory 1 hazards.
- Ensuring houses in multiple occupation (HMOs) pass standards and are licensed if necessary.
- Give advice to help bring empty homes back into use.
- License mobile home parks.
- Make sure resources are directed to improve housing standards for the most vulnerable households.

These points work within certain limits. For specific works grant funding may be available. Additionally, Disabled Facilities Grants (DFGs) are used to fund works such as:

- Widening doors and installing ramps.
- Improving access to rooms and facilities. For example, installing a stairlift or a downstairs bathroom.
- Providing a suitable heating system.
- Adapting heating or lighting controls.

A decent home is also a key contributor in supporting end-of-life care at home.

In addition, where adaptations to facilities are made to homes, local authorities and partner agencies need to work together to make best use of that 'added value', for example, if a person moves out of a specially-adapted home, is there someone else in need of the same adaptations who could move into thd property? This joint working helps to get the best value for money from expensive and (more importantly) disruptive works to individual homes.

This all forms part of a wide review of the advice we give householders and tenants; the use we make of specialist equipment and facilities, and how we help residents to navigate through their 'housing options' should the need arise.

8.2 Facts, figures and trends

Figure 37: About the Housing Health and Safety Rating system

The Housing Health and Safety Rating system (HHSRS) was introduced in April 2006. This system allows inspections to focus on hazards to health and make repairs and improvements to homes that will improve occupier's health, particularly for those in vulnerable groups. Where significant (category 1) hazards are found, the LHA has a duty to ensure that they are removed. A property that has aCategory 1 hazard fails to meet the Decent Homes Standard.

8.2.1 The condition of privately rented homes

The privately rented sector is a relatively small part of our overall housing stock, accounting for only 14% of homes nationally.

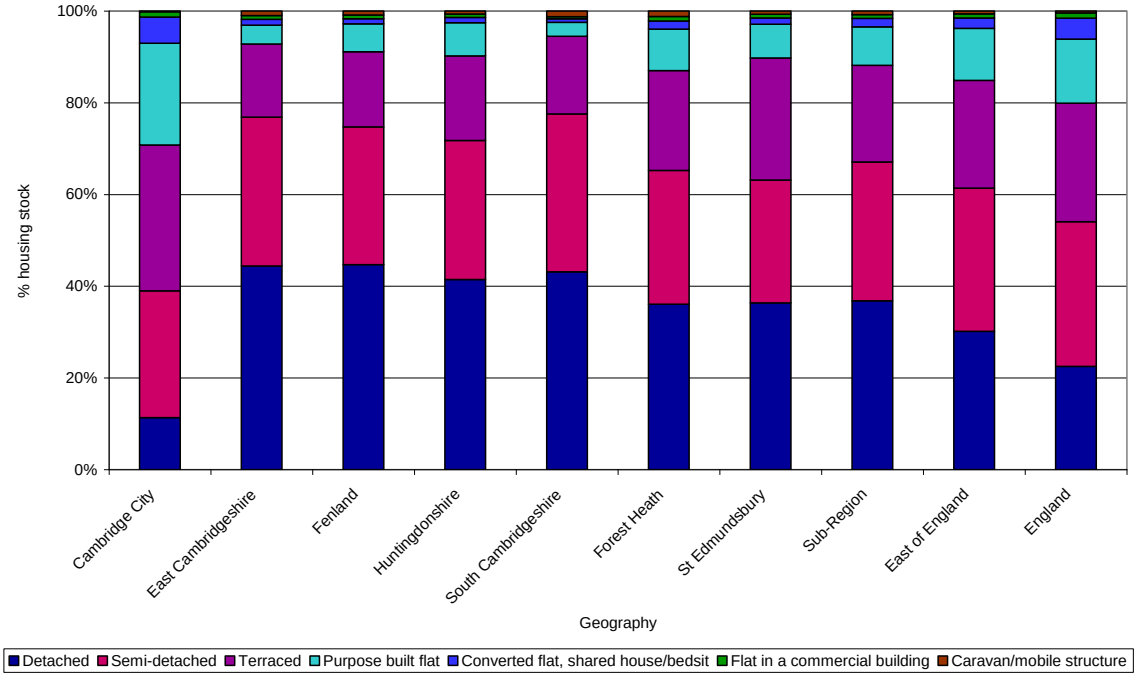
There is no general requirement in law for any landlord or prospective landlord to notify their local authority of the rental status of their property.

The exception to notification is where a property-owner has a property of three-storeys or more that they rent to five or more persons in two or more households. That scenario describes an HMO (house in multiple occupation) that normally requires a (mandatory) licence. Licences are quite rare in the parts of Cambridgeshire where most properties have less than three storeys.

To seek information about housing stock it is common practice for district councils to undertake or commission surveys. These are usually refreshed every five years. These surveys are sample based, so the number of dwelling types visited/inspected is relatively low. For example, in an area with total housing of stock 66,200, the latest survey was designed on a sample of 2,000, with a final total of 1,021 full surveys being undertaken. From a well-designed survey it is possible to extrapolate statistical information for service-planning purposes, but it includes an element of assumption.

The quality of an individual home is assessed by inspection.

Figure 38: Housing stock by type of building, Cambridge housing sub region, 2001



Source: Census 2001 Table KS16

Figure 39: The Decent Homes Standard in a nutshell

A 'decent' home must:

- Be free from Category 1 hazards.
- Be in a reasonable state of repair.
- Have reasonable modern facilities and services.
- Provide a reasonable degree of thermal comfort.

8.2.2 Empty homes

Empty homes are sometimes empty for a good reason. However, in many cases, empty homes are the sign of a wasted resource – a home someone could be living in.

To help partners compare good practice and the various approaches to empty homes, a page for good practice has been set up at Cambridgeshire Insight.[54]

The number of empty homes has varied over time. Public sector empty homes virtually always represent less than 3% of the stock, which is the level generally accepted as the natural level of turnover.

8.2.3 Factfile: housing stock condition across Cambridgeshire

The following pages contain a review of the stock condition survey and related information for each district.

Table 16: Cambridge: Stock profile, 2001

	Owner occupiers			Social tenants		Private tenants/other				
Area	Own outright	Own with a mortgage	Shared own-ers	Renting from LA	Other social rented	Private letting agent/ landlord	Rented from emp-loyer	Rented from family/ friend	Other	Living rent free
Cambridge	25%	28%	1%	18%	6%	17%	1%	1%	2%	2%
East of England	31%	42%	0.5%	12%	5%	8%	0.3%	0.6%	0.3%	2%
England	29%	39%	1%	13%	6%	9%	0.3%	0.6%	0.3%	2%

Source: Census 2001, Table UV63

Condition of dwelling stock[55]

- Total dwellings owned by local authority: 7,364
- Dwellings with Category 1 hazards: 0
- Total number of dwellings within local authority area.[56] 48,905
- Dwellings within local authority area with Category 1 hazards: 9,000 (184 per 1,000 dwellings)
- Number of dwellings made free from Category 1 hazards as a direct result of local authority action, April 2009 to April 2010: 41 (4.6 per 1,000 dwellings)

Stock condition survey

- Produced in 2009, based on a survey of 969 properties.
- Covers private and housing association stock, not local authority stock.
- Found a large proportion of smaller properties, flats and terraced homes.

54 http://www.cambridgeshireinsight.org.uk/Emptyhomes
55 Housing Strategy Statistical Appendix 2010 HSSA 2009/10
56 *Dwellings not owned by the local authority includes those owned by: Registered Social Landlords (RSL), 'Other' Public sector or Private sector (non RSL).*

Decent homes

- 37% of private stock does not meet Decent Homes Standards (national average 35%).
- 45% of vulnerable households live in non-decent stock.
- Stock built before 1919 was most likely to fail to meet Decent Homes Standards.
- The overall cost to repair non-decent stock was estimated at £81.7m, or £5,400 per property.
- 34.5% of homes fail on more than criteria.

Most common failure reason

- The most common failure is a Category 1 hazard, due to excess cold and falls.
- Category 1 hazards: an estimated 9,000 dwellings, largely due to age and construction type of the housing stock and insulation standards, leading to high rates of excess cold (approx 4500 homes) and falls on stairs (approx 2000 homes).
- Both these hazards will have significant impact of health particularly for vulnerable groups.

Houses in multiple occupation, April 2010

- Estimated total number: 4,960 (76% of estimated Cambridgeshire total)
- Includes 1,040 being used by students.
- The overall level of non-decent HMO stock is just under 30%, which is a lower rate than for the general stock. The university owned stock included has a very low proportion of non-decent stock (13%), which contributes to higher overall decency standards.

Fuel Poverty

- The survey estimated 5,800 households are in fuel poverty, which is slightly higher than the estimates from the Department of Energy and Climate Change.
- Households in the private rented sector are more likely to experience fuel poverty than households in other tenures.
- The average SAP rating (for energy efficiency) is 51, matching the national average.
- Just under 13% of private rented homes had a SAP of less than 35 which is termed ‘excess cold’.

Overcrowding

- The report estimates 2.6% of households are overcrowded.
- This is slightly higher than the regional average (2.1%), based on the English Housing Survey.

Complaints and accreditation

- About 250 housing-related complaints are received annually, the vast majority from private sector tenants, only a few from housing association tenants.
- Almost 500 homes were accredited through the local accreditation scheme.

Table 17: East Cambridgeshire: Stock profile

Area	Owner occupiers			Social tenants		Private tenants/other				
	Own outright	Own with a mortgage	Shared own-ers	Renting from LA	Other social rented	Private letting agent/ landlord	Rented from emp-loyer	Rented from family/ friend	Other	Living rent free
East Cambridgeshire	32%	41%	0.4%	1%	13%	8%	0.3%	1%	0.2%	4%
East of England	31%	42%	0.5%	12%	5%	8%	0.3%	0.6%	0.3%	2%
England	29%	39%	1%	13%	6%	9%	0.3%	0.6%	0.3%	2%

Source: Census 2001, Table UV63

Condition of dwelling stock[23]

- Total number of dwellings within local authority area.[57] 35,360
- Dwellings within local authority area with Category 1 hazards:6,808 (192.5 per 1,000 dwellings)
- Number of dwellings made free from Category 1 hazards as a direct result of local authority action April 2009 to April 2010: 232 (34.1 per 1,000 dwellings)

Stock condition survey

- Produced in 2010, based on a survey of 990 properties.
- Includes private stock only, excludes Housing Association stock.
- East Cambridgeshire has a high proportion of homes built in the last 30 years compared to the national stock profile.

Decent homes

- 29% of private stock does not meet Decent Homes Standards, concentrated around the more urban areas of the district but especially Ely and Burwell.
- 31% of households non-decent stock are vulnerable households.
- Stock built before 1919, flats and converted homes were most likely to fail the Decent Homes Standard.
- The overall cost to repair non-decent stock is estimated to be £26.2m, or £2,992 per property.
- 29% of homes fail on more than one criteria.

Most common failure reason

- The most common failure is a Category 1 hazard.
- Around 23% of private housing stock across East Cambridgeshire might have a Category 1 hazard.
- Dwellings with high levels of non-decency, include, private rented dwellings, empty homes and pre 1919 dwellings and flats.
- More than 30% of vulnerable households were living in non-decent housing in East Cambridgeshire.

Houses in multiple occupation, April 2010

- Estimated total number: 378 (6% of Cambridgeshire total)
- The survey estimates that of the 378, 217 are a self-contained bedsit type rather than shared houses. The proportion of non-decent HMO stock is higher than for housing stock overall. The report identifies Ely and Soham as HMO hotspots.

Fuel Poverty

- The survey estimated 4,216 households are in fuel poverty which is slightly higher than estimates from DECC. Private tenants are more likely to be in fuel poverty than owners. Single older people are also more likely to experience fuel poverty than other groups.

[57] *Dwellings not owned by the local authority includes those owned by: Registered Social Landlords (RSL), 'Other' Public sector or Private sector (non RSL).*

Table 18: Fenland: Stock profile

Area	Owner occupiers			Social tenants		Private tenants/other				
	Own outright	Own with a mortgage	Shared own-ers	Renting from LA	Other social rented	Private letting agent/ landlord	Rented from emp-loyer	Rented from family/ friend	Other	Living rent free
Fenland	34%	40%	0.2%	11%	3%	8%	0.1%	1%	0.1%	3%
East of England	31%	42%	0.5%	12%	5%	8%	0.3%	0.6%	0.3%	2%
England	29%	39%	1%	13%	6%	9%	0.3%	0.6%	0.3%	2%

Source: Census 2001, Table UV63

Condition of dwelling stock

- Total number of dwellings within local authority area:[58] 42,286
- Dwellings within local authority area with Category 1 hazards: 7,227 (170.9 per 1,000 dwellings)
- Number of dwellings made free from Category 1 hazards, as a direct result of local authority action, April 2009 to April 2010: 123 (17.0 per 1,000 dwellings)

Stock condition survey[59]

- Produced in 2009 and based on a survey of 968 properties.
- Covers private housing stock only.
- Fenland identified a high proportion of homes built in the last 30 years compared to the national stock profile.

Decent homes

- 28% of private stock does not meet Decent Homes Standard.
- Around 30% of vulnerable households in Fenland, live in homes that fail the Decent Homes Standard.
- Stock built before 1919 was most likely to fail the Decent Homes Standard.
- The overall cost to repair non-decent stock was estimated at £30.6m, or £2,974 per property.
- 32% of homes fail on more than one criteria.

Most common failure reason

- Most common failure is a Category 1 hazard, especially due to excess cold and falls.
- More than 19% of private sector dwellings had at least one Category 1 hazard, with hazards most commonly found in private rented dwellings. The most frequent failing was 'excess cold'.

Houses in multiple occupation, April 2010

- Estimated total number: 603 (9% of estimated Cambridgeshire total).
- 538 HMOs with shared facilities eg shared houses and bedsits; 37% of these are non-decent, 69 poorly converted buildings comprised self-contained flats type HMOs, of which half are non-decent. Mostly located in Wisbech and surrounding villages. Fenland had 13 licensed HMOs.

Fuel Poverty

- The survey estimated 5,032 households are in fuel poverty.
- Private tenants are more likely to be in fuel poverty than owners, while older people and lone parents are more likely to be affected.
- The average standard rating for private sector housing in Fenland was SAP 53.
- An estimated 229 long-term empty homes in the private sector.

[58] *Dwellings not owned by the local authority includes those owned by: Registered Social Landlords (RSL), 'Other' Public sector or Private sector (non RSL).*

[59] Fenland 2008 Stock Condition Survey

Table 19: Huntingdonshire: Stock profile

	Owner occupiers			Social tenants		Private tenants/other				
Area	Own outright	Own with a mortgage	Shared own-ers	Renting from LA	Other social rented	Private letting agent/ landlord	Rented from emp-loyer	Rented from family/ friend	Other	Living rent free
Huntingdonshire	27%	49%	0.4%	4%	9%	8%	1%	1%	1%	2%
East of England	31%	42%	0.5%	12%	5%	8%	0.3%	0.6%	0.3%	2%
England	29%	39%	1%	13%	6%	9%	0.3%	0.6%	0.3%	2%

Source: Census 2001, Table UV63

Condition of dwelling stock

- Total number of dwellings within local authority area:[60] 71,035
- Dwellings within local authority area with Category 1 hazards: 1,700 or 23.9 per 1,000 dwellings
- Number of dwellings made free from Category 1 hazards, as a direct result of local authority action, April 2009 to April 2010: 72 (or 65.6 per 1,000 dwellings)

Decent homes

- Stock condition survey produced in 2010.[61]
- There may be 2,730 privately-rented homes that would fail the Decent Homes Standard in Huntingdonshire.
- The privately-rented sector had the highest proportion of pre-1919 dwellings (the majority in Huntingdonshire are post-1964).
- These older dwellings are most associated with 'non-decency'.

Houses in multiple occupation, April 2010

- Estimated total number: 500 (8% of estimated Cambridgeshire total)

Issues arising from Huntingdonshire's Local House Condition Survey

- Recent combined average income of a head of household and partner were considerably lower than the average for England.
- The owner-occupied tenure group had average incomes that were 29% lower than the national average, with the privately rented tenure group being 26% lower.
- There are high levels of migrant workers in Huntingdonshire and many of these are in ad hoc agency workers where income and employment is irregular. To reduce costs, these migrant workers share houses, often crowding together to reduce costs.
- There is no direct liaison between local health services and the local authority where information is passed on via the patient/tenant/client. Improvements can often be made to the accommodation by the local authority.

60 *Dwellings not owned by the local authority includes those owned by: Registered Social Landlords (RSL), 'Other' Public sector or Private sector (non RSL).*

61 Huntingdonshire District Council: Private Sector House Condition Survey 2010

Table 20: South Cambridgeshire: Stock profile

	Owner occupiers			Social tenants		Private tenants/other				
Area	Own outright	Own with a mortgage	Shared own-ers	Renting from LA	Other social rented	Private letting agent/ landlord	Rented from emp-loyer	Rented from family/ friend	Other	Living rent free
South Cambridgeshire	31%	43%	1%	11%	3%	6%	1%	0.5%	1%	2%
East of England	31%	42%	0.5%	12%	5%	8%	0.3%	0.6%	0.3%	2%
England	29%	39%	1%	13%	6%	9%	0.3%	0.6%	0.3%	2%

Source: Census 2001, Table UV63

Condition of dwelling stock

- Total dwellings owned by local authority: 5,427.
- Dwellings with Category 1 hazards: 0.
- Total number of dwellings within local authority area.[62] 60,657.
- Dwellings within local authority area with Category 1 hazards: 2,260 or 37.1 per 1,000 dwellings.
- Number of private sector dwellings made free from Category 1 hazards, as a direct result of local authority action, April 2009 to April 2010: 15 (6.7 per 1,000 dwellings).

Stock condition survey[63]

- Of 55,124 private sector dwellings, it is estimated that 70% were built after 1964, compared to 40% nationally.
- Just 13% of the stock was built before 1919, compared to 24.5% nationally, making the District's stock more modern than elsewhere.
- There is a high incidence of under-occupation amongst elderly owner-occupiers.

Decent homes

- Estimated that 21.5% of the South Cambridgeshire housing stock does not meet the requirements of the Decent Homes Standard, which is better than the national average of 31.5% in 2009.
- The majority fail on one criteria only.
- However, within this, rates of 'disrepair' are almost double the English average, mainly in pre-1919 and privately-rented sectors, indicating a longer-term danger to stock condition and quality.
- 16.5% of properties experience Category 1 hazards and/or disrepair

Most common failure reason

- The vast majority of Category 1 hazards falling into two categories of risk: 'excess cold' (53%) and 'falls on stairs' (40%).
- Highest rates of Category 1 hazard non-compliance, are in the privately rented sector, in pre-1919 housing, flats within converted buildings, and/or bungalows.

Houses in multiple occupation, April 2010

- Estimated total number: 89 (1% of estimated Cambridgeshire total).

Fuel Poverty

- Energy efficiency ratings are above the national average in South Cambridgeshire.
- The survey estimated that 7% of households are in fuel poverty, with those most affected being including older people, single people, elderly people with families and single-parent families and those living in accommodation with lower energy efficiency scores.

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62 *Dwellings not owned by the local authority includes those owned by: Registered Social Landlords (RSL), 'Other' Public sector or Private sector (non RSL).*

63 South Cambridgeshire District Council: Private Sector Stock Condition Survey 2011-12

8.2.4 Fuel poverty

Fuel poverty, where more than 10% of income is spent on heating, is linked to general poverty and is greatly affected by energy prices and energy efficiency.

In 2003, a national report of fuel poverty was produced.[64] This map indicated that fuel poverty was generally more significant in the north of the country than in the south and East Anglia. It showed a low proportion of households in Cambridgeshire living in fuel poverty compared to other parts of the country. An estimated 13,154 households in Cambridgeshire were in fuel poverty, based on full income (6% of households).

The Department of Energy and Climate Change (DECC) produces figures for fuel poverty which are included in detail in the JSNA: 'Prevention of ill health in adults of working age, 2011.[65] The most recent DECC report showed:

- Nationally, 49% of households in fuel poverty had residents aged over 60 with the remainder being households containing children and people of working age.
- As fuel poverty is linked to economic wellbeing vulnerable groups, those on low incomes and the unemployed are particularly susceptible.
- The number of vulnerable group households experiencing fuel poverty has increased from 1m in 2003 to 3.2m in 2009.

Estimates made in 2010 show that 14.5% of Cambridgeshire households live in fuel poverty:

- Fenland has the greatest percentage of households in fuel poverty at 19%.
- Huntingdonshire had the lowest at 11%.
- The national average was 16%.

An interactive map on the themes of fuel poverty can be found at Cambridgeshire Insight.[66]

Table 21: Households in Fuel Poverty - 2010 compared to 2008[67]

	2010			2008
District	All Households	Fuel Poor Households	% Fuel Poor	% Fuel Poor
Cambridge	46,387	7,497	16.2%	11.7%
East Cambridgeshire	34,701	4,764	13.7%	12.9%
Fenland	39,922	7,680	19.2%	15.3%
Huntingdonshire	67,730	7,637	11.3%	9.6%
South Cambridgeshire	58,781	7,523	12.8%	10.7%
Cambridgeshire	319,515	46,357	14.5%	11.5%
England	21,599,926	3,535,932	16.4%	15.6%

Source: DECC 2010

64 www.fuelpovertyindicator.co.uk
65 http://www.cambridgeshirejsna.org.uk/current-jsna-reports/prevention-ill-health-adults-working-age-2011
66 http://www.cambridgeshireinsight.org.uk/housing/fuel-poverty
67 https://www.gov.uk/government/organisations/department-of-energy-climate-change/series/fuel-poverty-sub-regional-statistics

8.2.5 Energy efficiency

Energy efficiency is one element contributing to fuel poverty. Levels of energy efficiency tend to be lowest in older private sector homes.

In 2009/10, the average SAP rating in private sector dwellings across Cambridgeshire was between 51 and 57 (on a scale 1 to 100).

The proportion of dwellings with a SAP rating below 35 (on a scale 1 to 100) indicates a low level of energy efficiency was highest in East Cambridgeshire at 18%.

This proportion was lowest in Huntingdonshire at 6% of private sector dwellings.

Table 22: Energy efficiency in private sector housing

	Average SAP[68] rating of the private dwellings		Percentage of private dwellings with a SAP rating below 35%	
	2008	2010	2008	2010
Cambridge	51	51	12%	12%
East Cambridgeshire	51	-	18%	-
Fenland	53	53	14%	14%
Huntingdonshire	57	54	6%	5%
South Cambridgeshire	54	54	14%	14%

Source: Housing Strategy Statistical Appendix 2010 and 2011.

Figure 40: How heating impacts health

- Housing improvements, particularly warmth improvements can generate health improvements.[69]
- Lowering the living room temperature by 1°c is associated with a 1.3mmHg rise in blood pressure in older people. An increase in blood pressure increases the risk of strokes and heart attacks.[70]
- Cold air can affect the functioning of the respiratory system and can trigger breathing difficulties particularly for people with Asthma and Pulmonary Disease. A cold damp house is more likely to have mould growth which increases the risk of infections.[71]
- Cold houses affect mobility and increase falls.
- Cold housing can be associated with mental health problems; some people become more socially isolated during the winter months.
- Cold winter weather is associated with an increased demand for healthcare services, resulting from an increase in the numbers of people admitted to hospital. The demographic shift that leads to increasing numbers of older people in the population exacerbates the demand on services during these cold weather episodes.

[68] Using the SAP 2005 measure.

[69] Thompson et al (2009) The Health Impacts of Housing Improvement: A Systematic Review of Intervention Studies From 1887 to 2007. American Journal of Public Health 99(S3): S681–S692.

[70] Woodhouse PR et al (1993) Seasonal variation of blood pressure and its relationship to ambient temperature in an elderly population' Journal of Hypertension 11(11): 1267-74.

[71] Somerville M et al (2000) 'Housing and health: does installing heating in their homes improve the health of children with asthma?' Public Health: 114 (434-39).

- A Health Impact Evaluation of the Warm Front Study indicated that insulation and health improvements are associated with increases in both living room and bedroom temperatures.[72]
- A randomised control study carried out in New Zealand, provided family homes in low income communities with new insulation, resulting in significant increases in indoor temperatures. Residents reported significant improvements in quality of life, decreased wheezing, fewer GP visits and fewer sick days from school and work.[73]
- www.warmerhealthyhomes.org.uk provides examples of good practice around how warmer homes support good health.
- Generally, more successful interventions involve establishing effective referral pathways to support services; educating front line professionals on how to identify the most vulnerable people and how to make those referrals.
- Promotional campaigns for winter warmth work best when linked with other relevant health messages, for example the seasonal flu campaign.[74]

8.2.6 Excess winter deaths

Inefficient heating and insulation are factors driving the high level of winter deaths in Britain, with 30,000 to 40,000 more deaths in winter than summer months, old people make up the vast majority of that excess.[75] Reducing excess winter mortality is one of the outcomes outlined by the Public Health Outcomes Framework in the 'Healthcare public health and preventing premature mortality' domain. Excess winter deaths are measured as the ratio of extra deaths from all causes that occur in the winter months, compared to the average of the number of non-winter deaths during the same period. The table below shows the average excess winter deaths in Cambridgeshire, over the period 2007-2010, broken down by district. On average, there were 239 excess winter deaths recorded in Cambridgeshire.[76]

Table 23: Excess Winter Deaths and Excess Winter Deaths Index (2007-2010)

District	Average annual Excess Winter Deaths (2007-2010)	EWD Index (%)	95% Confidence Intervals
Cambridge City	19	12.4%	(3.6% - 22.0%)
East Cambridgeshire	24	15.6%	(5.5% - 22.7%)
Fenland	51	17.4%	(9.1% - 26.3%)
Huntingdonshire	76	16.2%	(8.6% - 24.3%)
South Cambridgeshire	42	16.6%	(8.5% - 25.3%)
Cambridgeshire	239	15.8%	(14.0% - 17.7%)
England	24,046	18.7%	(18.3% - 19.1%)

Source: Source: Health Profiles 2012, Public Health Observatory

[72] Warm front study group, 'Health impact evaluation of Warm Front – Summary results' Web resource http://www.warmerhealthyhomes.org.uk/media/PDF/Warm_fron_summary%20results.pdf

[73] Howden-Chapman et al (2007) 'Effect of insulating existing houses on health inequality: cluster randomised study in the community' BMJ 334:460.

[74] From Winter Warmth evaluation.

[75] Wilkinson P, Armstrong B, Landon M, et al. Cold comfort: The social and environmental determinants of excess winter deaths in England, 1986-1996. Joseph Rowntree Foundation. 2001. Available at: http://www.jrf.org.uk/publications/cold-comfort-social-and-environmental-determinants-excess-winter-deaths-england-1986-19.

[76] Excess Winter Death in England Atlas URL: http://www.wmpho.org.uk/excesswinterdeathsinenglandatlas/default.aspx Source: Atlas produced by the West Midlands Public Heath Observatory on behalf of the Public Health Observatories in England Publication date: 25th January 2013.

Figure 41: Local views from Home Improvement Agency clients

"I felt I must write a few lines to thank you for the wonderful service you provide for people like us who are getting on in years and are unable to do things that your service provide."

"Your handyperson is a lovely man. I've spent months trying to solve the problem and he came and fixed it right away. I'm very grateful. Thank you."

"I was very thankful to have my new lock fitted so quickly"

"Very good – very important to be able to completely trust people who have access to my frail elderly mother's home."

"I rang at 16.30 on Thursday 11th Feb and by 9.00 12th Feb key safe had been fitted. Explained carefully how to use it."

"Wonderful Service for elderly disabled people"

"Marvellous – needs more publicity!"

"Speed of service & knowledge of assessor was fantastic"

"This is a wonderful service to the elderly"

"Very prompt service."

"I am so thankful."

8.2.7 Other local views

"A key concern is the increase in house prices and more privately-rented accommodation. This has led to an increase in tenants and in the number of Houses in Multiple Occupation."

JSNA Working Age Population consultation, 2012

8.2.8 Assets/resources

- Home Improvement Agencies across Cambridgeshire.
- Private sector housing and environmental health teams, and the various grants and schemes they administer to improve housing conditions.
- Handyperson and home improvement services across the county.
- The network of partnerships that provide the services needed to help customers link to the services they need.
- Guidance contained in, Good housing leads to good health,[77] and the health costs of cold dwellings.[78]
- The Housing Health Cost Calculator enables cost-savings for both the NHS and society overall from housing improvements.[79]

[77] Good housing leads to good health, BRE 2008.
[78] The health costs of cold dwellings, BRE 2001.
[79] BRE housing health costs calculator https://www.housinghealthcosts.org *Please note: there is a subscription element to this tool.*

8.2.9 Local good practice

Figure 42: Cambridge City Council

Links with local GPs has led to the identification of vulnerable clients at 'flu clinics'. Three area-based promotional projects have helped to raise the profile of energy efficiency and the potential hazards of poor housing for vulnerable residents. Establishing links within the City Council and beyond, means a referral network is available to help vulnerable residents and maximise any contacts made. The Cambridgeshire Home Shield scheme is an example of where joint work has been effective.

Figure 43: Huntingdonshire District Council

Where vulnerable households qualify for energy efficiency works, an additional survey is carried out, and where a Category 1 hazard is identified, additional aid is offered either in the form of a small grant or practical advice to reduce the hazard to an acceptable level.

Figure 44: Fenland Housing Strategy

Fenland District Council Housing Strategy sets out a commitment to work to reduce the number of vulnerable households living in private sector accommodation defined as non-decent. Between 2004 and 2008, the Council worked to bring approximately 200 homes up to Decent Homes Standard. This has had a particular effect upon Houses of Multiple Occupation that are largely used by migrant workers and other vulnerable groups. This meant rectifying housing conditions that had experienced years of low or no investment reflecting the low incomes in the area.

Figure 45: Winter Warmth

In 2011/12, a countywide partnership came together to deliver the Cambridgeshire Warm Homes Healthy People Project, funded by the Department of Health.

The project's overarching aims were to reduce deaths and disease from cold housing through provision of responsive services; establishing a rapid referral system; and increasing the range and level of practical support such as advice on benefits, insulation and heating interventions, shopping services and emergency heating repairs. In practice, this meant increasing the access by vulnerable groups to support and services that would enable people/residents to keep their homes warm and have a healthy lifestyle in winter.

Ten local organisations were funded to provide a wide variety of services, ranging from the provision of new boilers to information sessions that help in crisis situations. Those in need could be identified and referred to an organisation or professional, or an individual could self-refer. A referral could be made directly between organizations or to central referral management centre to be allocated to the most suitable organisation.

Overall, the project benefited 1,123 individuals and provided a total of 784 wide-ranging service interventions. The total spend was £205,750. It is difficult to estimate an average cost per intervention.

The demographic data indicates that the intervention services were targeted at vulnerable older age groups and the remainder to other vulnerable groups. The greatest number of beneficiaries appears to be from the most deprived sections of the population.

Planning for adverse weather conditions needs to be undertaken well in advance. This is an advantage not only for implementation but also for ensuring that communication and engagement of all stakeholders and the public is in place. Learning from the

evaluation could be undertaken by partners over the summer months to ensure that there is a plan in place and that organisations are fully prepared for the winter months

There was robust partnership working to develop the Cambridgeshire Warm, Healthy People Project that was instrumental in a substantial number of vulnerable people accessing support. Further development and refinement of the project based on the learning could be embedded into existing services to address the needs of vulnerable groups during the winter months.

Figure 46: Home Improvement Agencies (HIAs)

Home Improvement Agencies work with homeowners and private sector tenants who may be older, vulnerable, people with disabilities and those on low income; to maintain or adapt their homes by providing practical or financial advice and support. Their aim is to enable people to remain in their own home comfortably and safely. They are local, not-for-profit organisations.

Following a review of the five HIAs in Cambridgeshire in 2010, there are now three separate organisations that cover Cambridgeshire districts:

- 'Cambs HIA' is a single HIA set up in spring 2012, which covers Cambridge, Huntingdonshire and South Cambridgeshire.
- Care and Repair East Cambridgeshire.
- Care and Repair West Norfolk, which covers Kings Lynn, West Norfolk and Fenland.

The HIA services in five districts are a considerable asset in the community, providing around £4.5m of funding in 2011/12, to enable older and disabled people to remain in their own home.

Funding for adaptations is provided through Disabled Facilities Grants (DFG), a mandatory obligation for local authorities to make available to disabled people. DFG are targeted at maintaining disabled people in their own home and can be up to £30,000. Referrals for DFG are usually through an Occupational Therapist.

Funding for repairs is through home-improvement grants and loans which are discretionary and available to vulnerable people who may or may not be disabled. Non-secured grants of up to £1,000, repair grants of up to £5,000 and secured loans of up to £20,000 are available and subject to conditions such as having less than £20,000 in savings and having owned the property for more than three years, though these conditions vary between HIAs in different authorities. Secured loans are against the property. Some HIAs offer other funding options.

Many older people live in their own homes and the HIA services cover all five districts in Cambridgeshire. However some older people, particularly in rural areas, may not be aware of Home Improvement Agencies/Care and Repair which may perpetuate some inequalities in access.

The Prevention of Ill Health in Older People JSNA, 2013, includes more detail on this area of work. See Chapter 9, Housing.

Figure 47: Handyperson and Safer Homes services

The Shadow Health and Wellbeing Board (HWB) received a report on the Safe and Secure Homes and the Handyperson Scheme across the County in October 2012:[80]

Key findings were:

- The Handyperson schemes across Cambridgeshire carried out: 2,031 jobs in 2010/11, and 1,538 jobs in 2011/12.

[80] http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Meeting.aspx?meetingID=547.

- Between 30% and 50% of Handyperson clients were aged over 80.
- Key financial benefits of HIA works:
- Postponing entry into residential care by a year saves on average £28,080 per person;
- Preventing a fall leading to a hip fracture saves the state £28,665 per person on average;
- Housing adaptations reduce the costs of home care (saving £1,200 to £29,000 a year);
- Hospital discharge services speed up patient release, saving at least £120 a day.

Age UK Cambridgeshire is a partner to the Handyperson scheme.

Satisfaction with the Handyperson scheme runs at 96% to 100% depending on district and year, with positive feedback being received from clients about their experience of the scheme.

The handyperson/safer homes schemes are designed to pick up low-level interventions which can prevent older people developing more complex needs and therefore costing more from higher level services.

Many of these low level cases will not be known to other more complex services such as Home Improvement Agencies and County Council Occupational Therapy departments, as the need will not have triggered that level of intervention.

The huge benefits delivered by these schemes are also integral to the successful delivery of the newly agreed CCG priorities of improving out-of-hospital care for frail older people and improving out-of-hospital end-of-life care.

Figure 48: Gardening support

Havebury Housing Partnership runs a scheme matching elderly tenants with volunteers who will look after their gardens. The volunteers provide much needed social contact for some elderly people. Over 140 people have benefitted from the scheme so far.

Figure 49: Helping people return home from hospital

Havebury has also worked with West Suffolk Hospital to help prevent 'bed blocking'. They provide an adapted property in one of their sheltered schemes that allows elderly hospital patients to be more suitably accommodated, with proper care and support, on a temporary basis, until they can return home. This is a good example of 'joined up thinking' in practice and shows that housing associations can work well with other statutory agencies.

8.3 What are the key inequalities?

Across the County, there is variation in the rates of privately owned dwellings with Category 1 health and safety hazards and those made good by local authority, as there is for decent homes failures and activity.

Access to decent housing is a reflection of affordability. Low income households and vulnerable groups are the most likely to occupy poor standard homes with issues of overcrowding, fuel poverty, disrepair, damp and mould.

As fuel prices rise proportionally greater than income and benefit levels, heating and light will become increasingly unaffordable. The risk to vulnerable and older residents will increase, and measures to improve energy efficiency will be needed even more than at present if the home is to remain useable.

8.4 Gaps in knowledge

By working together more closely and building the links between agencies, health and social care partners will become more aware of possible housing interventions, such as the local authority enforcement powers to remedy housing defects. Hopefully, this JSNA will start to set out some facts about the links between agendas. In addition, the health and wellbeing board has a major role in building this health network, as expressed in Priority six. A resource for health and social care officers, it explains how the local authority role could help as an on-line information and training resource.

Cross-sector investment in housing as preventative intervention would support the good health of residents. Using the CIEH toolkit would accentuate the cost-benefit of such action and (as recommended in the Working Age Population JSNA) deserves further progression, as necessary.

Local intelligence and fuel pricing schemes, community purchase schemes as run by Cambridgeshire ACRE in 2012, and fuel buying co-operatives could all make a real difference to our communities.

Increasing numbers of people may be sharing homes to save costs, and this is likely to increase as Housing Benefit reforms are implemented, with single room rates only available for under 35-year olds. Data on overcrowding is scarce. A system to identify adults of working age and their family, who live in overcrowded conditions, and those most at risk, would be of real benefit in tackling these issues.

It would be useful to investigate use of the Building Research Establishment (BRE) Housing Health Cost Calculator across the county, to compare who uses it, who subscribes to it and how useful it is. Then investigate whether in future it might help us better identify and target the poorest housing conditions where health impacts are greatest.

End of life care is strongly supported by a decent, hazard-free and warm home. Work to share the support of end-of-life care at home, should housing standards need to be improved, could be helpful provided the necessary works can be completed in time and with minimal disruption. This could be an area for further development, in partnership with agencies such as the Arthur Rank Hospice[81] who help people who are terminally ill to remain at home.

8.5 Is what we are doing working?

There is a great deal of good practice and partnership working to keep homes safe and well across Cambridgeshire.

However, we also need to do all we can collectively to ensure homes reach a minimum standard, particularly for older and vulnerable households.

If we think our ageing population will be able and would prefer to remain in their own homes, rather than move into care in later life, help with maintenance and small domestic jobs will be needed. Further help and personal support may be needed from carers or community networks.

As local authorities are now able to place homeless households in private rented accommodation, discharging their homelessness duty, it is important that the homes used are safe and suitable.

[81] http://www.arhc.org.uk/

The Single Homeless project (see Section 10) is looking to forge new partnerships with private landlords, and may be able to bring empty homes back into use. It will be useful to work together on these issues, making sure resources and efforts are targeted and support the maximum benefit for all agendas, across the county.

The county has Home Improvement Agencies covering each district, which are set up and effectively delivering this support to our most vulnerable residents. Similarly, handyperson schemes provide practical assistance to those who most need it, enabling them to remain comfortable and safe at home, and not to call on health and social care services directly when an earlier action averts a potential emergency. It is vital to the preventative agenda that these partnerships, so effective over time, continue to support residents who most need it. Services may change, as the creation of Cambs HIA demonstrates, however, the focus and priority of the work must remain.

Disabled Facilities Grants remain a concern, as they can take time to assess and process. This area deserves attention as people who need the grants may suffer ill health or accidents while awaiting the funds. It would be helpful to review the whole process, involving all partners, to identify hold-ups and solutions to them, the resources needed to tackle issues and the cost-benefit of putting the solutions in place.

8.6 How does this help us?

Health and wellbeing priority	**Contribution made by improving housing standards**
Ensure a positive start to life for children, young people and their families.	A safe and healthy home is necessary for a good start in life, and to achieve a person's full potential.
Support older people to be independent, safe and well.	Adaptations to a property and measures to keep warmth affordable, can help a person stay living at home into older age. Small interventions through handyperson schemes improve home safety, and feelings of safety.
Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.	A hazard free home is a basic requirement for a healthy lifestyle, and a platform for healthy behaviours.
Create a safe environment and help to build strong communities, wellbeing and mental health.	The environment within the home – adequate space, light, heat and affordability – are key factors contributing to wellbeing and mental health.
Create a sustainable environment in which communities can flourish.	Similarly, the environment around a home, the design and layout of the areas, all contribute to communities which flourish.
Work together effectively.	So much work is already undertaken to improve housing conditions, working together more effectively across agencies can only enhance this area of work, and recognising the 'cross over' to health, wellbeing and social care priorities.
Commissioning for the frail elderly.	Frail elderly people may need specialist housing (see Section six) however if they remain at home into later life, standards must support their health and wellbeing as described in this section.

Health and wellbeing priority	Contribution made by improving housing standards
Commission end of life care.	In some circumstances, end of life care at home can be facilitated by improved housing conditions. However, this is a sensitive issue so the suggestion is to draw together partners involved in this area to raise awareness of local authority work to improve housing conditions to investigate if more can be done to support end of life care through this action.
Commission for Coronary heart disease (CHD).	CHD is exacerbated by cold in the home, which may be tackled through the various projects and funding streams particularly for those on low incomes.

8.7 Key findings

- Liaison could be improved between health housing teams, where housing improvements might be possible, and even grant-funded.
- Learn from the Winter Warmth project, and the success of interventions which involves effective referral pathways to support services, including educating front line professionals on how to identify the most vulnerable people and how to make those referrals.
- Promotional campaigns for winter warmth work best when linked with other relevant health messages, for example the seasonal flu campaign.
- Continue to share good practice across the county, for example the Cambridgeshire Home Shield scheme.
- Partners need to focus on fuel poverty, stock condition, energy efficiency and excess winter death data to target efforts at those most vulnerable to fuel poverty. All relevant agencies need to continue to work on this message, including housing landlords and housing advisors, community wardens and floating support workers.
- Planning for adverse weather conditions needs to be undertaken well in advance. This is essential to ensure that engagement of all stakeholders and the public is achieved. Learning from the evaluation of winter warmth could be developed by partners over the summer months to set a plan in place ready for the winter months
- Develop and refine the Cambridgeshire Warm Homes, Healthy People Project, embedding learning into existing services that address the needs of vulnerable groups.
- Investigate the use, and usefulness of, the BRE Housing Health Cost Calculator across the county.
- Review our approach to housing options, adaptations, and the DFG process involving all partners, to identify issues and solutions, the resources needed and the benefit of putting the financial and preventative solutions in place.
- In some circumstances, end of life care at home can be facilitated by improved housing conditions. However, this is a sensitive issue, so the suggestion is to draw together partners involved in this area, to raise awareness of local authority work that improves housing conditions and investigate if more can be done to support end of life care through this action.

9. Extend housing choice and meet housing need

9.1 Introduction

How people access affordable housing and find solutions to their housing issues, is dealt with through three main routes:

- Making a homelessness application (see Section 10).
- Applying for social housing through the Home-Link system.[82]
- Applying for intermediate tenures through the Orbit system.[83]

In 2006, the seven districts in our housing sub-region launched Home-Link, a system to help people choose the home they would live in, rather than being 'allocated' a home through a bureaucratic process. The idea being that people are more engaged in the decision of where to live; have more control over the kind of home and location they prefer to settle in; and would therefore bid for, and eventually move to, a home they wanted to settle in.

Choice does not increase the supply of homes available. It can still take a long time to find and successfully bid for a property.

9.1.1 How Home-Link works

Every fortnight Home-Link produces an e-magazine, that advertises virtually all the available council and housing association property across the Cambridge housing sub-region.

Existing council and housing association tenants who wish to transfer to a different property and homeseekers on the housing register, can use home-link to see what properties are available.

People can view adverts and decide whether they want to be considered for any of the properties. If so, they express an interest by making a 'bid'. People can get help with bidding if needed by approaching their council or housing association *(please note feedback from the Speak Out Council below).*

Home-Link offers more choice about where people want to live, giving a clear picture of the properties available in the area and across the sub-region. In each magazine there is a feedback page which shows how previously advertised properties were let. This shows the level of housing need the successful bidder had and how long they had been waiting in their housing need band.

Everyone registering on Home-Link is put in a 'band' which can be summarised as set out below:

- **BAND A - Urgent Need**
  - A council or housing association tenant who needs to move urgently, for example because their property is about to be demolished or redeveloped.
  - Where the council has a statutory duty due to overcrowding.
  - The property poses an urgent risk to health and safety.
  - Applicant has an urgent medical condition which current housing is adversely affecting.

[82] www.home-link.org.uk
[83] http://www.orbithomebuyagents.co.uk/main.cfm

- Current residents of supported housing who are ready to move into independent accommodation.
- Applicant is homeless and owed a duty to accommodate by one of the partner councils in the housing sub-region.
- Applicant has two or more needs from Band B.

- **BAND B - High Need**
  - Occupying a property assessed as posing a high health and safety risk.
  - High need to move because of a medical condition which current housing is adversely affecting.
  - High need to move because of harassment or threat of violence or abuse.
  - Assessed as needing two additional bedrooms (overcrowded in current housing).
  - Council or Housing Association tenant living in the Cambridge housing sub-region, who has two or more bedrooms than needed and willing to move to a smaller property.
  - Threatened with homelessness, and working with homelessness prevention service to try and prevent your homelessness.
  - Applicant has three or more needs from Band C.
- **BAND C - Medium Need**
  - Medium need to move because of a medical condition current housing has a minimal effect on the medical condition.
  - Council or Housing Association tenant in the Cambridge sub-region living in a property with one bedroom more than required, and willing to move to a smaller property.
  - Need to move for social reasons, for example to give or receive support to a family member, for employment reasons, or has a child under 10 years and live above the ground floor.
  - Sharing facilities within your home with people who are not family members.
  - Assessed as needing one additional bedroom (overcrowded in current accommodation).
  - Applicant is homeless or threatened with homelessness and are either intentionally homeless, not in priority need or are owed a main homeless duty by a local authority that are not a partner organisation in the sub-region.
- **BAND D**
  - All applicants assessed as being adequately housed will be placed in Band D.

9.2 Facts, figures and trends

In March 2013, there were over 22,000 people on the Home-Link register.

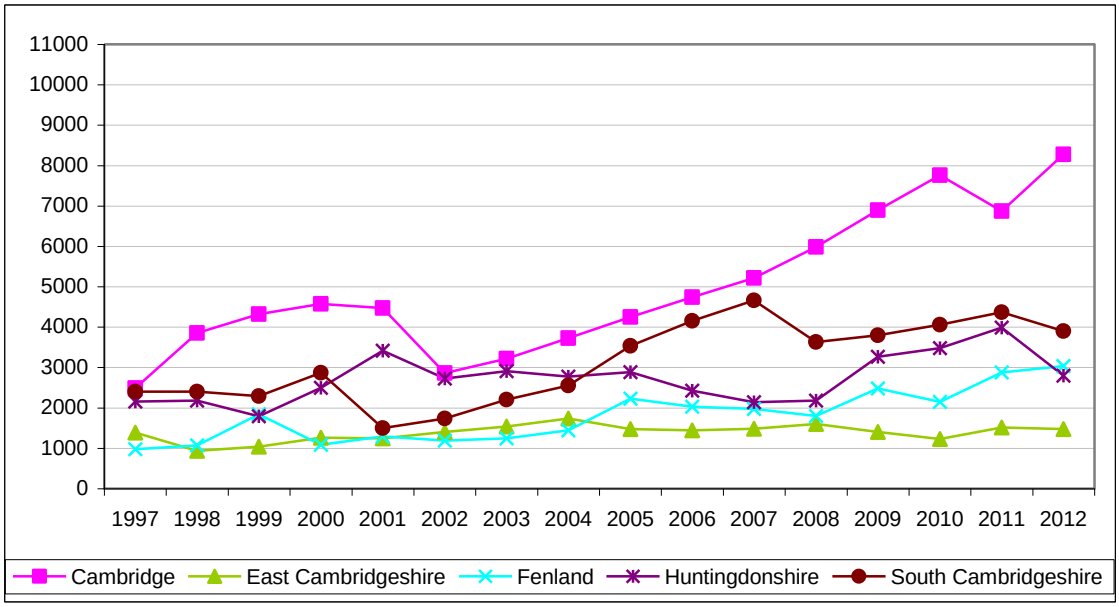
Both nationally and locally, demand for affordable and market housing significantly outstrips supply. Locally, particularly around Cambridge, affordability is a problem for households wishing to buy or rent in the market due to high housing costs and limited mortgage finance, particularly compared to pre-'credit crunch'.

Table 24: Number of households on Home-Link register by district, 2001 to 2012

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Cambridge	4,472	2,860	3,218	3,724	4,251	4,743	5,214	5,984	6,897	7,758	6,869	8,272
East Cambridgeshire	1,245	1,400	1,538	1,737	1,477	1,442	1,479	1,603	1,404	1,226	1,512	1,478
Fenland	1,293	1,185	1,248	1,439	2,226	2,032	1,971	1,802	2,481	2,147	2,874	3,033
Huntingdonshire	3,416	2,724	2,910	2,772	2,887	2,425	2,139	2,178	3,267	3,477	3,983	2,798
South Cambridgeshire	1,500	1,733	2,207	2,553	3,538	4,155	4,661	3,626	3,800	4,054	4,369	3,898
Cambridgeshire	9,413	9,902	11,121	12,225	14,379	14,797	15,464	15,193	17,849	18,662	19,607	19,479

Source: DCLG Table 600 as at 31 March 2012

Figure 50: Trend showing households on the Home-Link register, 1997 to 2012



Source: DCLG Table 600 as at 31 March 2012

The number of people in need is greater than the number of homes that are rented at an affordable rate each year, hence the register of need continues to grow.

Since there are not enough affordable homes available each year to fulfil the need; making better use of existing homes, as well as building new and affordable homes, will help. The table below shows the number of homes let to people each year. This equates to the number of .people coming 'off' the Home-Link register – meanwhile new people fall into housing need and join the register.

Table 25: General needs lettings per year 2005 to 2011

	2005	2006	2007	2008	2009	2010	2011
Cambridge	260	313	895	462	978	815	310
East Cambridgeshire	309	252	367	336	431	377	350
Fenland	120	106	124	244	374	541	441
Huntingdonshire	519	648	722	532	633	705	674
South Cambridgeshire	224	238	550	598	686	616	324
Total	1172	1244	2658	1710	3102	3054	1789

Source: National Register of Social Housing and Housing Strategy Statistical Appendix forms for each year

Table 26: Home-link cases on the housing needs register, showing band and specific band reason (includes Forest Heath and St Edmundsbury), March 2013.

Band Reason	Band				
	A	B	C	D	Total
Current supported housing resident	105				105
High health and safety risk		45			45
High medical need		757			757
High multiple needs		339			339
Homeless other			804		804
Homeless prevention		386			386
Housing conditions			5,925		5,925
Low housing need				7,251	7,251
Medium medical need			705		705
Not known	1	8	3	484	496
Overcrowded: lacking 1 bedroom			2,131		2,131
Overcrowded: lacking 2 bedrooms		265			265
Rough Sleeper		11			11
Social reasons			1,468		1,468
Statutory homeless	324				324
Statutory overcrowding	7				7
Under occupying by 1 bedroom			373		373
Under occupying by 2 bedrooms		226			226
Urgent health and safety risk	23				23
Urgent medical need	196				196
Urgent multiple needs	144				144
Urgent transfer	170				170
Victim of harassment, violence or abuse		192			192
Total	970	2,229	11,409	7,735	22,343

Source: Locata, March 2013

Please note: there is currently a review of all applicants on the register that will end in April 2013. This may lead to a change in numbers registered eg if peoples' circumstances have changed - they may no longer have a need, or their need may have changed.

The table below shows the number of people on the register in February 2013, by band reason and district.

Table 27: Home-link showing specific band reasons for housing need by district, Cambridgeshire only, February 2013.

Band Reason	District				
	Cambridge	East Cambs	Fenland	Huntingdonshire	South Cambs
Current supported housing resident	21	1	14	23	4
High health and safety risk	11	3	4	2	23
High medical need	278	71	113	94	150
High multiple needs	187	22	17	44	14
Homeless other	29	108	299	37	129
Homeless prevention	86	29	17	63	100
Housing conditions	3,036	196	623	509	897
Lacking 1 bedroom	613	142	412	313	240
Lacking 2 bedrooms	68	17	42	81	41
Low housing need	2,726	283	1,185	808	1,195
Medium medical need	147	56	140	109	135
Not known	375	8	84	31	20
Rough Sleeper	4			3	2
Social reasons	319	186	208	159	174
Statutory homeless	56	60	15	43	40
Statutory overcrowding			1		3
Under occupying by 1 bedroom	109	42	42	48	50
Under occupying by 2 bedrooms	46	15	12	25	68
Urgent health and safety risk	4	4	2	6	3
Urgent medical need	114		9	21	41
Urgent multiple needs	53	18	2	24	24
Urgent transfer	107	3	11	21	26
Victim of harassment, violence or abuse	85	13	38	15	29
Blank	2		3		
Total	8,476	1,277	3,293	2,479	3,408

Source: Locata February 2013

The table highlights the huge overlap between housing and health and wellbeing issues. The reasons for needing housing are closely related to health and the health impacts of waiting to find a new home, while living in a home unsuited to the households needs, can be significant.

9.2.1 Flexible tenancies and affordable rents

Since October 2011, homes on Home-Link have been let under the new flexible tenancy and affordable rent regimes.

- 'Flexible tenancies' refer to homes let by social landlords on a 'less than lifetime' basis. The idea is that with the imbalance between supply and need, tenancies should be reviewed periodically to ensure if the tenants can now afford to rent privately or to go into shared ownership they are encouraged to do so.

- ‘Affordable rents’ are charged at up to 80% of the local private market rent level (which is higher than rents charged by housing providers under the previous social rent regime). This is done to enable housing associations to raise more funds to build new affordable homes that meet future demand.

More detail on these products and their effect is outlined in the sub-regional housing statement.[84] The tables which follow were produced to see how many lettings were being made under the new tenancy types, and whether there was any difference in which applicants were taking up offers of affordable rents versus social rents.

Table 28: Bands and tenure (housing sub-region)

Band	Affordable Rent	Social Housing	Total
A	133	1,201	1,334
B	48	640	688
C	25	487	512
D	7	76	83
Total	213	2,404	2,617

Source Home-Link, October 2011 to September 2012

Table 29: Lettings by district and tenure (Cambridgeshire)

	Affordable Rent	Social Housing	*Blank*	Total
Cambridge	25	415	*23*	463
East Cambridgeshire	25	246	*47*	318
Fenland	3	324	*13*	340
Huntingdonshire	13	519	*17*	549
South Cambridgeshire	33	374	*13*	420
Cambridgeshire	99	1,878	*113*	2,090

Source Home-Link, October 2011 to September 2012

9.2.2 Local views

“Disability living and employment support changes are likely to have an impact. Will need to monitor effects on mental health and on services supporting those with mental health problems.”

“There is a shortage of affordable single person’s accommodation.”

“We should not forget the people who work but their employment does not generate enough money for independent housing, but does not qualify them for social housing.”

Health and wellbeing strategy consultation 2012

“Moving house is complicated. Information needs to be as clear and accessible as it can be to make it easier for people with learning disabilities.”

“Families and carers need to understand the housing system so they can support the people they care for to understand it.”

“Most people are living where they want to live and having their needs met. However, a lot of people can’t move if they want to. There are lots of reasons for this.”

[84] www.cambridge.gov.uk/crhb

Speak Out Council consultation on housing, December 2012

"There is currently no private housing in Cambridge which is affordable to those on housing benefit."

"Family breakdown increases the need for housing-a split family ideally needs two family sized houses."

JSNA Working Age Population consultation 2012

9.3 What are the key inequalities?

Housing needs are high, and the supply of affordable tenure homes does not meet the expressed need.

Housing lettings' systems are complex. While the Home-Link system aims to be as fair, accessible and transparent as possible, feedback from customers indicates it is not easy to navigate, and people need more help and support.

We need to investigate possibilities with the Speak Out council and test any solutions we think may help, in partnership with them. Other groups may also want to be involved and work with us to improve the system.

9.4 What are the key trends?

The key trends include increasing numbers of people registered for affordable housing; the supply of lettings in any year is less than 10% of the number of people registered at any one time, at approximately 19,000 households on the register, compared to just less than 1,800 lettings in 2011.

Lack of availability and poor affordability continue to keep housing needs high, while new flexible tenancies and affordable rented homes are being accepted by applicants, so continue to meet some housing need, despite the change in product.

It may be useful to monitor changes to 'band reason' more closely in future and to share information with health and social care partners about any changes in patterns of lettings for people with a 'health' or 'social care' related band reason for their housing need.

9.5 What are the gaps in knowledge/services?

We continue to monitor homes let on both to the flexible tenancies and at affordable rents homes, compared to social rented homes and homes let on lifetime tenancies.

Rent levels and their relationship to housing allowance rates are of particular interest and need to be monitored in future.

9.6 How does this help us?

Health and wellbeing priority	**Contribution made by extending housing choice and meeting housing need**
Ensure a positive start to life for children, young people and their families.	Housing need must be tackled if families with children are to live in the most suitable housing. Accessing such housing is vital for those that need it, if they are to secure homes which support their future health and wellbeing.
Support older people to be independent,	Housing options for older people vary –

Health and wellbeing priority	Contribution made by extending housing choice and meeting housing need
safe and well.	in Section six various housing options are outlined for older people. A clear range of options and help (if needed) in weighing them up, can only support good housing choices, long term independence and safety for older people at home.
Encourage healthy lifestyles and behaviours in all actions and activities, while respecting people's personal choices.	Accessing affordable housing is vital to households who need it and who cannot meet their needs through the private housing market. The lack of an affordable home will (in general) form a barrier to healthy lifestyles and behaviours.
Create a safe environment and help to build strong communities, wellbeing and mental health.	Being able to move to a home that suits an individual's or family's changing needs, is vital for communities wellbeing and metal health. Strong, sustainable communities, comprising people who want to live in that area (as enabled by a choice-based housing system) contributes to this goal.
Create a sustainable environment in which communities can flourish.	
Work together effectively.	The Home-Link system aims to be open and accessible. Partners may welcome more information about the system to gauge its role in meeting housing need, and the types of housing need being expressed.

9.7 Key findings

- Reports on the Home-Link register and lettings, including a breakdown of the broad housing needs of applicants could be prepared and circulated to partners, to assist with monitoring trends in health and wellbeing of those applying for social housing.
- Similarly, monitoring reports on take-up of flexible and affordable rent tenancies could be provided, if this informs partners on the impact of housing reforms.
- Despite the Home-Link's aims to be simple, clear and accessible, feedback from customers clearly shows this is not always the case. It would be helpful to explore these issues further, with applicants and carers, to ensure improvements are made both to the process, and to Home-Link communications.

10. Prevent and tackle homelessness

10.1 Introduction

Homelessness describes a wide range of circumstances where people have no secure accommodation. Being homeless or at risk of homelessness has implications for an individual's health, employment prospects and education.

You don't have to be living on the street to be homeless. You may be legally classed as homeless if you are sleeping on a friend's sofa, staying in a hostel, suffering from overcrowding, or other bad conditions.[85]

In 2010, a JSNA was published that focused on homelessness and people at risk of homelessness.[86] It identified three overlapping groups of homeless people:

- Single homeless and rough sleepers.
- The statutorily homeless.
- Hidden homeless.

The JSNA focused on single homeless and rough sleepers, as they have the poorest outcomes in Cambridgeshire.

"Making the transition out of homelessness can be an intensely difficult process, involving much more than the provision of housing. Their complex needs require well-coordinated services and support from a variety of different organisations.

These complexities are also reflected in the commissioning of services for the homeless, which involves different funding streams and a variety of commissioning and provider organisations."[87]

Compared to the general population, homeless people experience poorer health outcomes. Physical health, drugs, alcohol, mental health and wellbeing have been recognised as priority health issues among the homeless. Homeless people generally experience difficulties accessing health services; this poor access also impacts on their health status.

Homelessness is a complex issue and a number of interlinked personal and social factors can contribute; there is rarely a single explanation for someone becoming homeless. Many homeless people are initially assigned to live in temporary accommodation or poor quality housing.

There are also wider implications if a family with children become homeless. Living in temporary accommodation, when necessary, impacts on schooling, friends and family networks; a huge source of stress for adults and children.

85 http://england.shelter.org.uk/
86 http://www.cambridgeshirejsna.org.uk/currentreports/people-who-are-homeless-or-risk-homelessness
87 http://www.cambridgeshirejsna.org.uk/currentreports/people-who-are-homeless-or-risk-homelessness

Figure 51: What is statutory homelessness? A brief summary

Homelessness legislation defines what level of help should be offered to households in different situations. To decide if someone is homeless, the Council investigates and secures proof that the person is:

- Homeless or threatened with homelessness.
- Eligible for assistance.
- Has a priority need.
- Did not become homeless intentionally.
- Has a local connection with the district.

Someone may be homeless if they:

- Have nowhere to live in the UK, or anywhere else in the world.
- Are staying somewhere where they have no legal right to remain.
- Have a home but are afraid of violence, abuse, harassment or threats.

Some are not eligible for help with housing in the UK, for example if they are:

- Subject to immigration control and have limited rights to remain in the UK.
- An asylum seeker.
- Not subject to immigration control but have recently returned to live in the UK. This can apply to British citizens who have lived abroad for some time.

Groups in priority need include those who:

- Have dependent children living as part of the household.
- Are pregnant woman or have a pregnant woman living in the household.
- Have become homeless because of a fire, flood or other emergency.
- Are 16 or 17 years old and social services are not responsible for them.
- Are aged 18 to 20 and used to be in care.
- Are assessed as being vulnerable because they are less able to find and keep accommodation of their own.

Who is intentionally homeless?

Someone is considered to have made themselves homeless intentionally if they did something (such as act in an anti-social way), or failed to do something (such as not pay their rent), that resulted in them losing their home. If someone is in priority need but became homeless intentionally, the Council does not have a responsibility to offer help with housing; however they will offer advice on finding accommodation.

Someone has a 'local connection' if they:

- Have lived in the district for a certain amount of time.
- Have a permanent job in the district.
- Have members of family[88] who have lived in the district for a specified length of time.
- Have a local connection for another special reason.

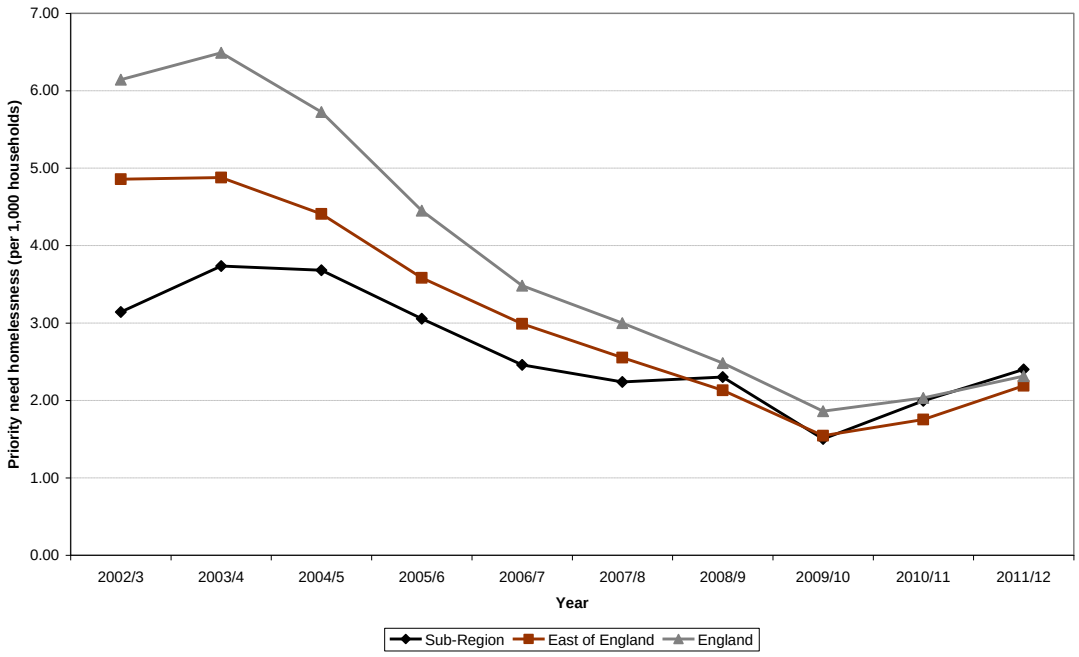
If someone has a priority need, is unintentionally homeless and does not have a local connection, they will usually be referred to a Council in an area where they do have a local connection.

[88] "Members of family" as defined in the legislation

10.2 Facts, figures and trends

Figures reveal the number of households accepted as homeless in Cambridgeshire, and nationally, dropping to April 2010. This is partly explained by the growing prevention agenda, which aims to keep people out of homelessness and seek alternative paths wherever possible (without compromising the council's statutory duties). Since April 2010, the number of acceptances per 1,000 households across the country, region and Cambridgeshire, have increased. The figures are shown in more detail below.

Figure 52: Statutory homelessness per 1000 households, Cambridge housing sub-region, East of England and England



Source: DCLG Table 784

Table 30: Households accepted as homeless, per 1000 households, 2002/03 to 2011/12

	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Cambridge	2.83	5.55	4.34	3.81	2.80	3.17	3.07	2.74	3.04	2.49
East Cambridgeshire	4.84	5.78	6.00	4.34	4.75	2.75	2.22	0.70	2.12	4.29
Fenland	2.91	3.39	2.86	2.28	3.54	2.87	2.14	1.26	1.85	1.87
Huntingdonshire	3.86	3.53	3.85	3.14	2.42	2.19	2.35	1.99	2.45	2.51
South Cambridgeshire	1.94	2.39	2.15	2.26	1.58	1.86	1.50	1.15	1.24	1.60
East of England	4.86	4.88	4.41	3.58	2.99	2.55	2.13	1.54	1.75	2.19
England	6.14	6.49	5.73	4.45	3.48	3.00	2.48	1.86	2.03	2.31

Source: DCLG Table 784

Not every household who approaches the local authority as homeless, is accepted as homeless. Some may get advice and assistance which means they can avoid becoming homeless; others simply do not meet the statutory definition of homelessness. Nevertheless it is useful to monitor how many people 'approach' the district regardless of the eventual outcome of their 'approach'.

Table 31: Homelessness approaches across Cambridgeshire

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Cambridge	176	362	258	208	156	159	167	149	166	143
East Cambridgeshire	184	229	249	225	221	132	115	43	86	157
Fenland	146	160	141	146	190	192	158	105	124	124
Huntingdonshire	367	291	361	292	251	220	262	232	289	265
South Cambridgeshire	174	194	180	170	128	124	128	85	104	126
Cambridgeshire	1,047	1,236	1,189	1,041	946	827	830	614	769	815
East of England	22,960	22,850	19,800	16,700	-	11,250	9,700	7,680	8,030	9,090
England	279,480	300,840	266,870	213,290	81,196	130,840	112,900	89,120	102,200	108,720

Source: DCLG Table 784

Table 32: Homelessness acceptances[89] across Cambridgeshire

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Cambridge	130	261	204	179	129	138	140	126	137	112
East Cambridgeshire	150	185	192	139	152	87	73	23	72	146
Fenland	102	122	103	82	131	108	83	49	72	73
Huntingdonshire	251	233	254	207	160	146	162	137	169	173
South Cambridgeshire	103	129	116	122	87	101	83	63	72	93
Cambridgeshire	736	930	869	729	659	580	541	398	522	597
East of England	11,060	11,230	10,150	8,250	6,890	5,900	5,050	3,660	4,220	5,270
England	129,700	137,000	120,860	93,980	73,360	63,170	53,430	40,020	44,160	50,290

Source: DCLG Table 784

10.2.1 Why are people placed in temporary accommodation?

While a homeless application is being considered, the applicant may have to stay in temporary accommodation. Even if they are accepted as homeless, it can take some time to find the right home to live in, which may mean a longer stay in temporary accommodation. The numbers of people across Cambridgeshire placed in temporary housing are shown below.

Table 33: Number of homeless households in priority need, placed in temporary accommodation, across Cambridgeshire, 2002/03 to 2011/12

	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Cambridge	124	132	134	119	109	108	89	69	72	91
East Cambridgeshire	24	24	33	36	28	23	17	8	15	40
Fenland	101	152	99	93	50	23	19	13	10	19
Huntingdonshire	61	63	110	96	93	88	61	76	76	64
South Cambridgeshire	132	143	153	137	112	57	45	41	31	36
Cambridgeshire	442	514	529	481	392	299	231	207	204	250

Source: DCLG Table 784

[89] Eligible priority need & unintentional

Temporary accommodation could mean Bed and Breakfast, a homeless hostel, a short term let of council or housing association property, or a home leased from a private landlord, as shown below.

Table 34: Number of households placed in each kind of temporary accommodation, Cambridgeshire, 2002/03 to 2011/12

	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Bed & Breakfast	54	22	31	31	24	36	18	28	26	56
Hostel	106	103	128	107	107	84	83	71	83	90
Local Authority or Housing Association stock	148	237	199	204	155	114	86	79	68	76
Private sector leased	130	142	153	130	97	60	44	24	23	24
Other	4	10	18	9	9	5	0	5	4	4
Total	442	514	529	481	392	299	231	207	204	250

Source: DCLG Table 784

Factors which affect the length of stay can include the complexity of investigating the application, the specific needs of the individual or family, and the time it takes to secure suitable accommodation.

The location of the temporary accommodation can cause disruption – meaning people may have to travel to reach school and family networks. Facilities may be limited for cooking fresh meals. There is bound to be an impact on the person's health and wellbeing. The cost, as much human as financial, is obviously much better avoided if at all possible – hence the importance of the homelessness prevention agenda, and of helping people consider different 'pathways' and options to meet their housing needs.

Table 35: Number of households where homelessness was prevented, across Cambridgeshire, 2009/10 to 2011/12

	2009/10	2010/11	2011/12
Cambridge	122	218	344
East Cambridgeshire	151	92	122
Fenland	93	155	124
Huntingdonshire	376	397	163
South Cambridgeshire	148	185	290
Cambridgeshire	890	1047	1043

Source: DCLG Table 784

Table 36: Types of homelessness prevention, across housing sub-region

Type of prevention	2009/10	2010/11	2011/12
Able to remain in own home	248	420	444
Assisted to obtain alternative accommodation	434	435	492
Relief	208	192	107

Source: DCLG Table 784

10.2.2 Local Views

"Reducing homelessness and addressing the effect of changes in housing benefit on vulnerable groups".

"Looking at costs of homelessness against cost of housing. Need to ascertain matching savings against potential costs"

"…individuals in this county in the most vulnerable of circumstances with the worst health outcomes… will include homeless, offenders, gypsies/travellers, drug and alcohol dependents and those with complex mental health needs".

Health and wellbeing strategy consultation 2012

"Little use seems to be made of the hospital discharge protocol. Applicants are sometimes discharged directly to a housing provider with no notice, even out of hours. On occasion, we have also experienced difficulty getting appropriate support in place"

"There seems to be a 'blockage' in people moving on from supported housing. The supply of move-on properties from via Home-link is not meeting demand, so people remain in supported housing for longer periods of time, meaning new cases cannot be referred but have to be placed elsewhere, such as B&B."

"Concerns at the increase we are experiencing in single people with complex/high needs and mental health issues. Increasingly we are being asked to accommodate (usually in B&B) while an assessment takes place."

"Need to improve knowledge about homelessness and housing provision amongst mental health support providers – this knowledge is key, and greatly influences the outcomes for their client."

Response to JSNA brief, housing advice team 2013

10.2.3 Assets and resources

There is a network of active agencies across Cambridgeshire, particularly but not exclusively focussed on Cambridge, who work to prevent, tackle, and reduce the effects of homelessness.

Examples include the Cambridge Access Surgery, Winter Comfort, Foyers, Jimmy's night shelter, Octavia View in Wisbech, Cambridge Cyrenians, Emmaus, District Council Homelessness and housing advice teams to name a few.

Regular meetings of two groups support cooperation between agencies:

- Cambridgeshire Countywide Homelessness Executive, which includes a range of partners such as the county's drug and alcohol action team, Police, voluntary sector representation, health, DCLG Specialist Homelessness Advisor, Cambridgeshire County Council, Probation, Providers Representative, Homeless Link, Cambridgeshire Police, Housing-related support

- Sub-regional homelessness group, which reports to both the Cambridge sub-regional housing board (CRHB) and the Homelessness Executive. This includes homelessness officers from Cambridgeshire and Peterborough.

10.2.4 Examples of good practice

Figure 53: The Ferry Project

Luminus Group, based in Huntingdon, has a subsidiary called The Ferry Project, based in Wisbech that provides over 24 en-suite rooms for homeless people at Octavia View – a formerly derelict Grade 2 listed building that was restored with a mixture of public and private funding. It includes a shop where recycled and donated products are sold, a café, art gallery, function rooms and a training suite where residents can learn key skills including literacy, numeracy and IT skills.

Figure 54: Housing-related support: addressing domestic abuse

In the area of addressing domestic abuse, housing-related support is a key intervention both in terms of prevention and helping victims if they have been subject to abuse. Services provided include three refuges in the county for victims of abuse, which help people who have become homeless. There are other outreach/floating support services to help those who are still housed but might be at risk of abuse in some way, meaning that individuals do not have to move home in order to access support.

Between April 2011 and April 2012, across the three refuges 122 individuals were helped to leave the refuge into new accommodation in a planned way, when previously they were homeless. Through other housing-related support funding a further 800 women who have experienced domestic abuse are known to the refuges and are being supported in some way. This will vary from basic contact, which could be a lifeline if a person suddenly becomes at greater risk, to a full support plan and goals to help an individual, and their family, make a new life following being victims of abuse.

Figure 55: Tackling homelessness through support

Support has a key role in preventing and tackling homelessness.

As well as housing homeless people in the 351 spaces funded through housing-related support, other services help people who are at risk of homelessness in their own homes.

Particularly important interventions are the floating support services, especially those which help people who have previously been homeless or are at risk of homelessness. These services will help people with managing their homes and maintaining their tenancies, setting up utilities, preventing rent arrears and helping people to improve their wellbeing and manage their recovery.

Housing-related support funds floating support across Cambridgeshire. At any one time over 500 individuals who may have been identified as at risk of homelessness receive prevention work via floating support to help them maintain their tenancies. Without this support being in place, it is likely that a number of individuals may become homeless again and their support needs and other associated costs may have increased as a result.

Figure 56: Housing-related support: Drug and alcohol misuse

Between July 2011 and July 2012 a total of 551 individuals reported they had made progress towards addressing their drug and or alcohol issues during their period of receiving housing-related support. For some of these, it will have resulted in complete abstinence from substances and for others they will have reduced their consumption or moved further towards recovery. This can only be achieved via a multi-agency approach involving specialist drug and alcohol services.

Figure 57: Cambridge Access Surgery

The Surgery is staffed by doctors, nurses and administrative staff, who work closely with other agencies eg Mental Health Outreach Team; housing, hostels, night shelter, mental health teams, drug and alcohol services etc to provide a comprehensive service for those who are homeless or at risk of homelessness.

The Surgery offers a full range of general practice services and in addition offers in-house treatment for drug and alcohol problems and mental health problems. Patients living in

Cambridge register with the practice as they would with any other general practice. Newly registering patients are offered a comprehensive new patient check. The practice runs two clinics a week for the treatment of substance misuse problems. This clinic is for patients registered at the practice.

The registered population of Cambridge Access Surgery is around 500. The majority of people presenting to services for the homeless are white British males aged between 26 and 49.

Homeless people are much more likely to die prematurely than people who are not homeless. In Cambridgeshire, the mean age of death is 44, which comparatively is very poor compared to the rest of the Cambridgeshire population.

Figure 58: Project: single homelessness service[90]

The single homelessness service enables an offer of accommodation for a single homeless person, essentially into any type of accommodation as long as it alleviates homelessness and ensures that the individual does not have to sleep rough.

The expectation is that a single homeless person approaching any of the eight districts within the cluster[91] will get an offer of accommodation anywhere within one of the districts within 24 hours to align with No Second Night Out.[92]

It will be resourced mainly through government funding of £323,000 for our cluster.

A customer will qualify for a single offer if they are aged over 18, AND at risk of rough sleeping as assessed by a Housing Advice Team or designated local service, AND do not already have a tenancy elsewhere. The single service offer is not designed for those already known to and using single homelessness services.

The service will include a 'rapid response service' operating across the cluster, offering immediate help until mainstream floating support services is secured. This service could augment work by chronically excluded adults' service at Cambridgeshire County Council.

Providers will be asked to sign up to the scheme and accept any referral of a single homeless person who has a connection in the cluster area, and meets the criteria.

As social rented housing is in such short supply, this scheme will need to secure additional supply of private rented housing. In return for becoming partners in the scheme, the housing provider can access move-on opportunities through the private rented sector delivery mechanisms we will put in place. There may also be providers who have temporarily empty homes and could make them available on a short-term basis.

Figure 59: Operation Pheasant: partnership working and engagement with hard to reach customers

In November 2012, the Police and Fenland District Council formed a new partnership to tackle issues relating to exploitation and to engage with hard–to-reach migrants in houses in multiple occupation (HMOs).

Wisbech has a significant number of HMOs – the vast majority inhabited by migrant workers attracted to the Fens from the Baltic States for agricultural work.

We took a bottom-up approach, this client group is historically hard to reach, meaning that individuals will not engage, will not complain or ever come forward with concerns or issues. We know from previous experience that we would need to engage on a face to face basis in people's own homes rather than expect them to come forward to us. Having listened to previous feedback, we also know that some migrant communities find the Police and the Council 'intimidating'. We needed to change this perception.

We made the decision to conduct a pilot programme of visits from a community safety perspective, we found:

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90 Brief for the service was drafted December 2012

91 The cluster covers Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Forest Heath District Council, Huntingdonshire District Council, South Cambridgeshire District Council, St Edmundsbury Borough Council, Peterborough City Council

92 www.nosecondnightout.org.uk

- Extreme overcrowding – for example 15 to 20 people living in small, three bedroom properties.
- Hot bedding and significant safety issues.
- No smoke detection in the properties presenting hazards to life.
- Exploitation of individuals, including no tenancy agreements, illegal evictions, blackmail, child protection issues, exploitation by way of control, human trafficking and threats of/ actual violence by unscrupulous gangmasters and their employees.

Arrests have been made as a result of this project.

Because of the success of this initial pilot, the partners have engaged with more statutory agencies including the Gangmaster Licensing Authority (GLA), Cambridgeshire Fire & Rescue, The Department of Work and Pensions, UKBA, HM Revenues and Customs , SOCA and several district council teams including Benefit Fraud, Council Tax Fraud, Homelessness, Private Sector Housing, Planning and CCTV.

We have completed questionnaires with residents to build intelligence in order to tackle the issues they face.

Since the start of Operation Pheasant, migrants living in HMOs have come forward and have asked to speak about how they are being exploited.

If we had not taken this approach together then we would not have understood the issues and exploitation of vulnerable people and be able to act on it.

This approach has really proved that going out in the community and being accessible as part of a partnership is an effective way of engagement and intelligence gathering and taking appropriate action.

Source: Fenland District Council, March 2013

10.3 What are the key trends?

Homelessness is still a huge issue, and although prevention of homelessness is helping to avoid some formal presentations, the scale of approaches and the severity of the impact of homelessness on health and wellbeing warrant keeping focussed on preventing and tackling homelessness across the county.

Placing individuals and families in temporary accommodation can add to the trauma, and can make life very difficult, involving huge upheaval and pressure.

Since the homelessness JSNA was launched in 2010, the action plan has been progressed by the various partners involved. A review of action plans was presented to the sub-regional housing board in July 2012, noting much progress but difficult times ahead and an increase in at least homelessness in parts of the sub-region.

The action plan might benefit from a complete review, updating in collaboration with the originally contributed agencies if possible. New actions may be needed to tackle new issues and challenges, should partners support this idea.

10.4 How does this help us?

Health and wellbeing priority	Contribution made by preventing and tackling homelessness
Ensure a positive start to life for children, young people and their families.	Homelessness is traumatic for any household, but for families with

Health and wellbeing priority	Contribution made by preventing and tackling homelessness
Support older people to be independent, safe and well.	children it is particularly stressful. It must be a priority to prevent homelessness for families with children, older people and other vulnerable groups wherever possible. If it is inevitable, the focus must be on swift action and minimising the impact.
Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.	Homelessness, in any of its three main forms, is the enemy of a healthy lifestyle, of wellbeing in general and of good mental health. Although homelessness can be a short 'stop' in someone's life, it is important people are supported through the process, and once they have secured accommodation, to set up the behaviours needed to maintain settled housing in future.
Create a safe environment and help to build strong communities, wellbeing and mental health.	
Create a sustainable environment in which communities can flourish.	
Work together effectively.	As an extreme symptom of unmet housing need, homelessness and particularly rough sleeping, are issues agencies do, and must, work together on, to prevent and tackle. These groups need continuing support from the various agencies and community sector partners and a focus maintained on the issue.

10.5 Key findings

- Continue to progress development of the Single Homeless Service, with involvement of health and social care partners and work together to identify any properties that could be used for the scheme, especially in public ownership - perhaps in partnership with the county-wide, Making Assets Count project.

- National feedback implies private landlords are uncertain of the impact of welfare reform, housing allowance and affordability changes, and are therefore nervous of letting to benefits claimants. Housing authorities need to act to combat these fears locally, if private rented accommodation is to help meet homelessness duties and other housing needs.

- Housing-related support is vital to preventing homelessness by helping people maintain their tenancies, providing the support needed to cope in these challenging economic times and putting people in touch with other support networks. Providing housing-related support is a key intervention to prevent tenancies from failing which would result in increased levels of homelessness. The cost (both human and financial) would be huge, and an unnecessary burden when low-cost interventions are so effective. Housing health and social care partners could work together to cost the support, and the potential impact on services and costs of not providing that support in the future.

- The health impacts of homelessness can be severe, and homelessness is far more common in people with multiple and complex needs, including dual diagnosis. Housing, homelessness, health and social care colleagues, particularly the *Making Every Adult Matter* (MEAM) team, focusing on chronically excluded adults, need to continue to work together to identify and prevent homelessness among such individuals.

- All partners could do more to promote access to the *Making Every Adult Matter* team and related services, especially for single homeless people.

- The health service does not commission *Making Every Adult Matter* but could help to build links and awareness of the team and its work in promoting health and wellbeing amongst the county's most vulnerable adults.

- Need to work together to improve the interface between local authority homelessness and housing advice teams, GP's, occupational therapists and health professionals to help all understand more about our lettings policy and help them write more effective letters when advocating for patients/clients.

- For housing partners, hospital discharge protocols can be difficult to get signed off and implemented.

- Cross-disciplinary posts covering health and housing can work well. Examples include:

  - An alcohol community psychiatric nurse role, based in street outreach services was very effective, whose primary concern was finding housing solutions for people, combined with a clinical function, so the individual needs could be met much more swiftly and efficiently.

  - Chronically excluded adults work: Housing is at the heart but having staff based at the county council level gives the team direct access to health and social care professionals, bridging the gap between adult health and social care and housing advice.

- Better communication when processes and job roles change for local authorities, health and social care teams will help all staff in their working practices. These changes are often critical to offering joined-up housing options' advice to customers.

11. Promote the benefits good partnership working can bring

11.1 Introduction: what do we know?

There are networks of agencies across Cambridgeshire, who work together on a wide variety of issues.

As structures change, links can break and re-form. In a period of massive upheaval it can be a challenge to remain in contact with partners, and to continue to work together.

Terminology can also provide a barrier to partnership working.

In this section of the Housing JSNA, the focus is on structures and networks which are either in place or newly forming, to help partners get an insight to existing groups, what they do and how to get in touch.

Because of the current pace of change, the JSNA will soon be out of date as new teams are put in place and new alliances form. However, this provides a starting place and an introduction for people not familiar with the new health 'environment', or who are not aware of the various groups involved in housing activities.

11.2 Local views

"The links with the voluntary sector are crucial for overall success. We need to encourage strong joint working."

"More joined-up services offering early intervention for people with acquired disabilities can reduce spending on social care and health, and improve services and their health and wellbeing."

Health and wellbeing strategy consultation 2012

11.3 What is this telling us?

Partnership working, sharing resources and opportunities, and working to resolve issues helps us achieve the sixth health and wellbeing priority to work together effectively, across all agencies.

Partnership working is increasingly important to ensure all agencies work together to the benefit of residents.

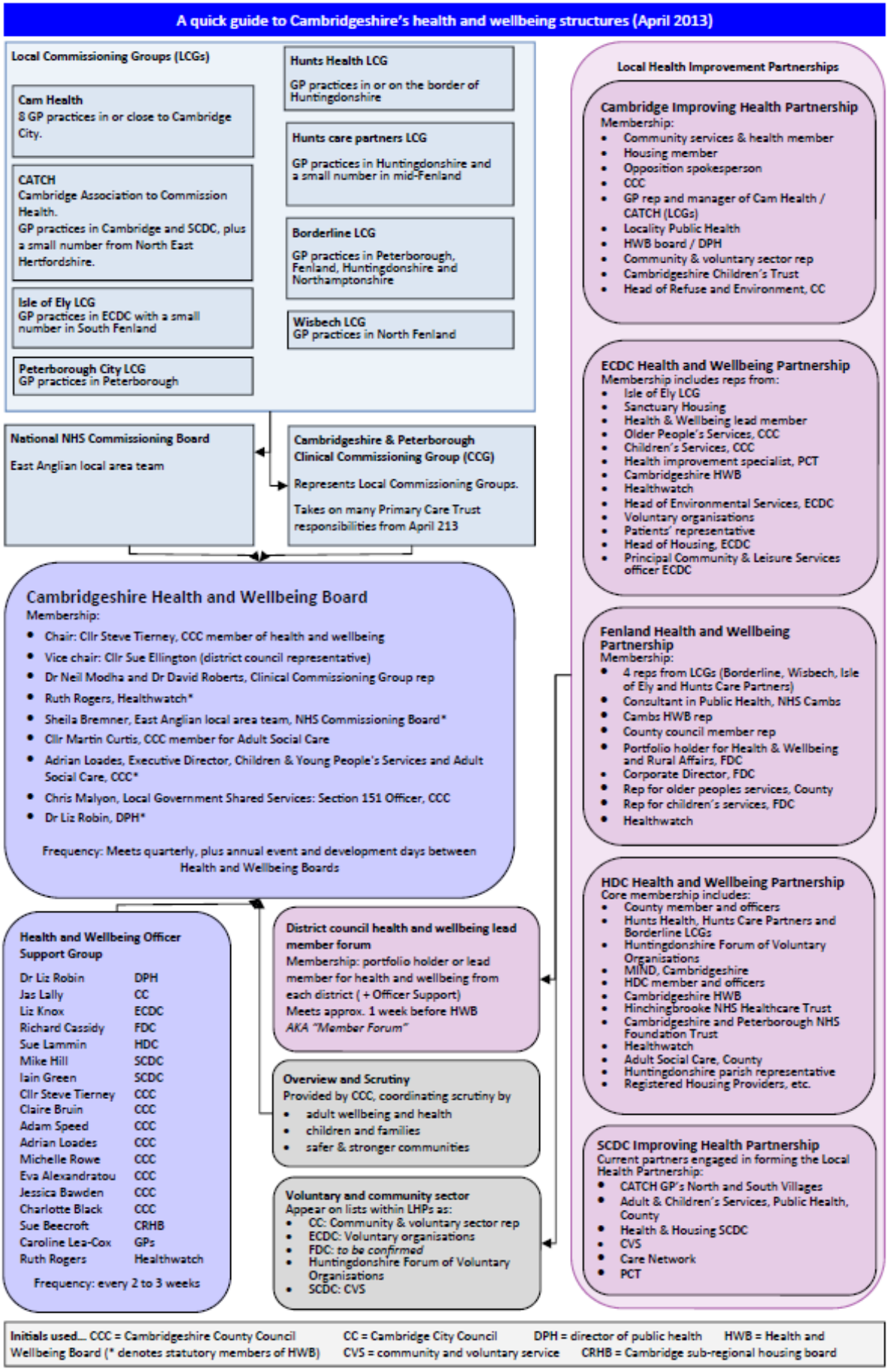
Changes in partnerships – such as we are currently experiencing – do not help to maintain contact, continuity, understanding or referral systems.

11.4 A guide to structures and links

This section of the JSNA presents some simple diagrams to help different groups and organisations understand each other's network. The suggestion made is to extend such diagrams to other related areas, so professionals can see the links, and know who to contact on a specific issue.

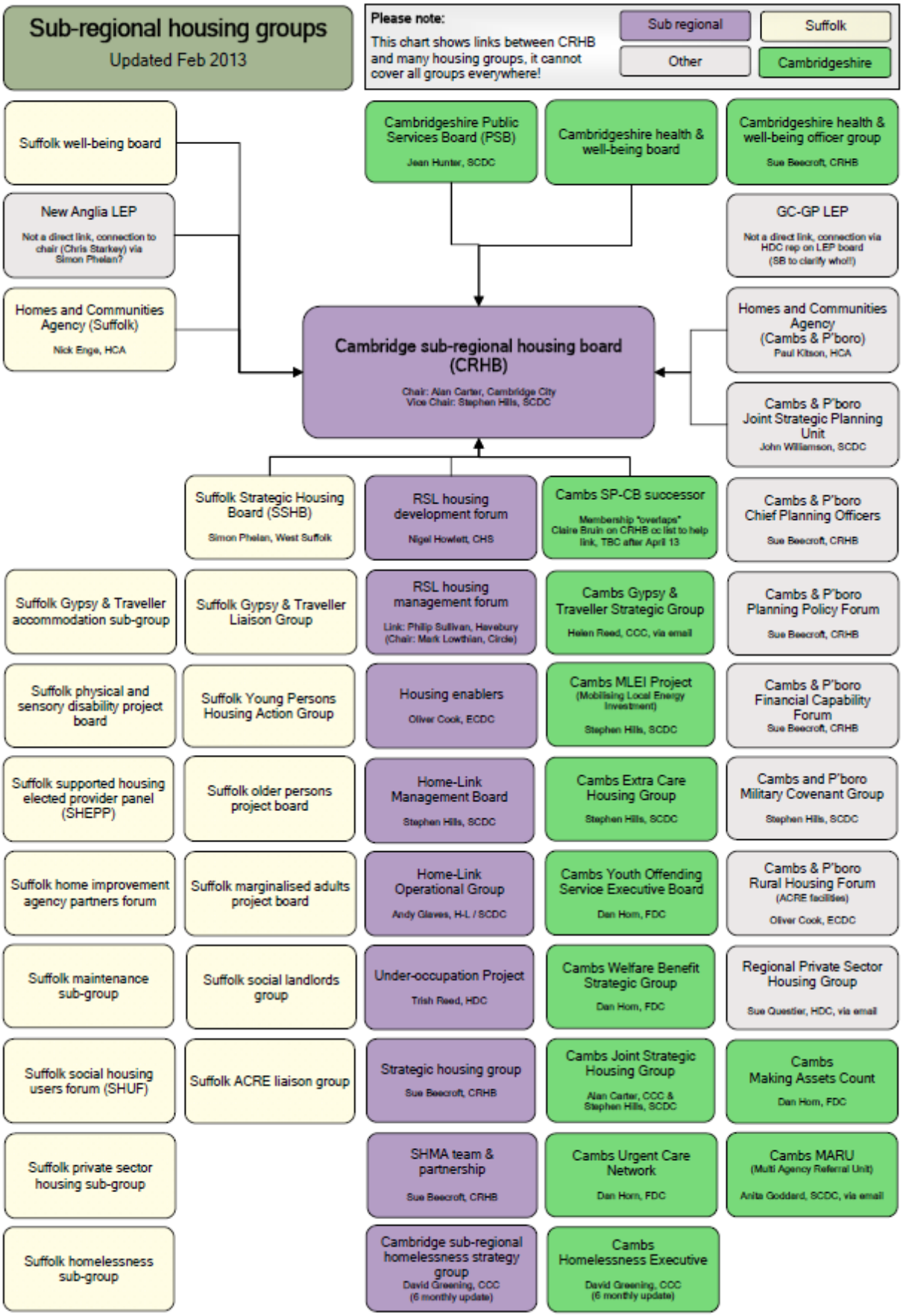
If they are a success, links could be added to websites or individuals, however they would need to be kept up to date.

Figure 60: A quick guide to health and wellbeing structures



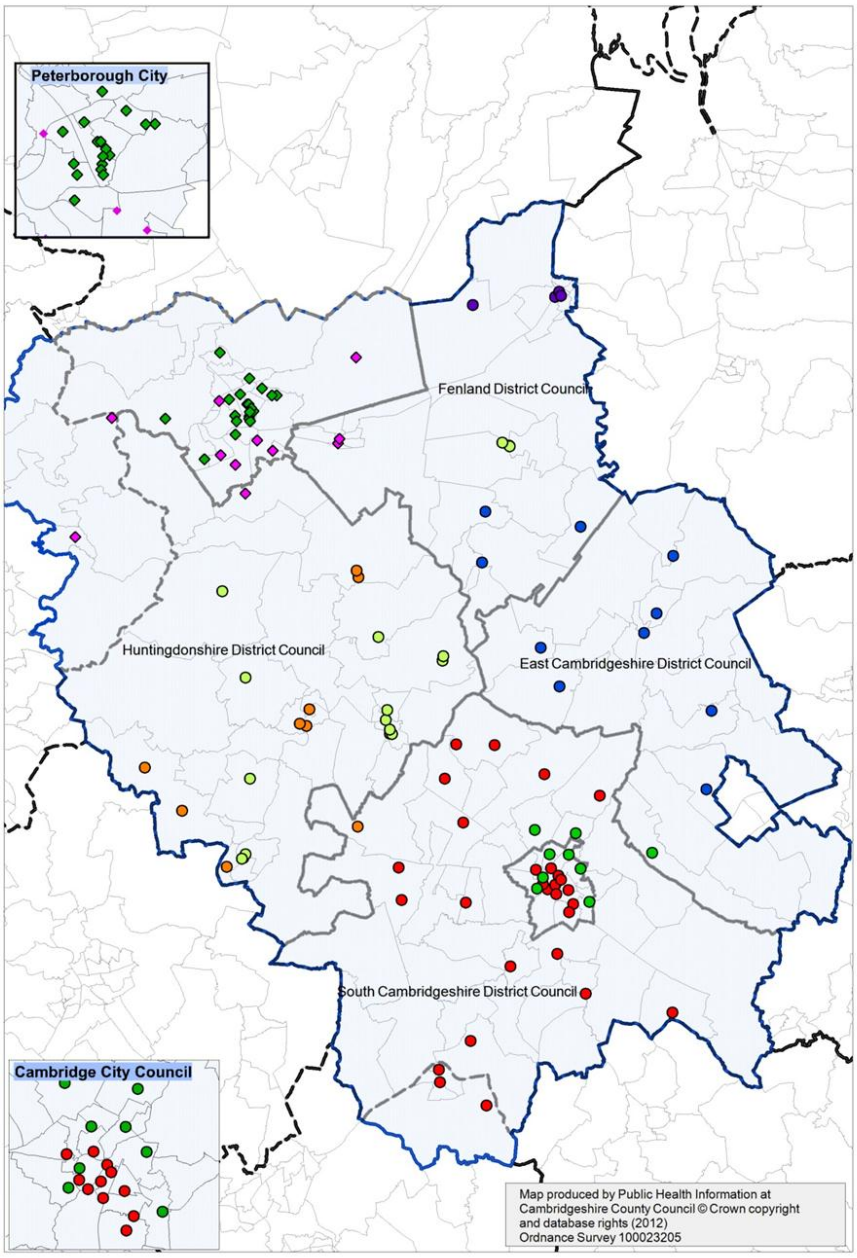
Source: www.cambridgeshireinsight.org.uk/housing

Figure 61: A quick guide to sub-regional housing and related groups



Source: www.cambridgeshireinsight.org.uk/housing

Map 4: A quick guide to local commissioning groups, Cambridgeshire and Peterborough CCG, March 2012



Key	Descriptor	Map symbol
Cam Health	GP practices in or close to Cambridge City (see inset map)	Green circle
Cambridge Association to Commission Health (CATCH)	GP practices in Cambridge and SCDC, plus a small number from North East Hertfordshire.	Pink circle
Isle of Ely LCG	GP practices in ECDC with a small number in South Fenland	Blue circle
Wisbech LCG	GP practices in North Fenland	Purple circle
Borderline LCG	GP practices in Peterborough, Fenland, Huntingdonshire and Northamptonshire	Pink diamond
Hunts Care Partners LCG	GP practices in Huntingdonshire and a small number in mid-Fenland	Yellow circle
Hunts Health LCG	GP practices in or on the border of Huntingdonshire	Orange circle
Peterborough City	GP practices in Peterborough City (see inset map)	Green diamond

12. Glossary

Term	*Meaning*
Affordability	A measure of whether housing may be afforded by certain groups of households.
Affordable housing	Refers to particular products outside the main housing market. Affordable housing includes social rented, affordable rented and intermediate housing, provided to eligible households whose needs are not met by the market. Affordable housing should meet the needs of eligible households, including availability at a cost low enough for them to afford, determined with regard to local incomes and local house prices. And it should include provision for the home to remain at an affordable price for future eligible households or, if these restrictions are lifted, for the subsidy to be recycled for alternative affordable housing provision.[93] Affordable housing is provided to eligible households whose needs are not met by the market. Eligibility is determined with regard to local incomes and local house prices. Affordable housing should include provisions to remain at an affordable price for future eligible households or for the subsidy to be recycled for alternative affordable housing provision.
Affordable rented housing	This is rented housing, let by registered providers of social housing, to households who are eligible for social rented housing. Affordable Rent is not subject to the national rent regime[94] but is subject to other rent controls that require a rent of no more than 80% of the local market rent, including service charges, where applicable.[95]
Decent Homes Standard	A property meets the Decent Homes Standard if it is free from Category 1 hazards, has a reasonable level of thermal comfort, is in a good state of repair and has reasonably modern facilities. Decent Homes Standard is usually applied to social housing - council and housing association.
Energy Efficiency	The Standard Assessment Procedure (SAP) is the UK Government's recommended method for measuring the energy rating of residential dwellings. Homes are assessed to establish whether they have effective heating and effective insulation and are rated against a scale that determines if there is a hazard from excess cold.
English Housing Survey	Takes place every year, commissioned by the government, and is useful for looking at national trends in housing. Previously two reports, the Survey of English Housing and the English Home Condition Survey, were combined in 2008/09.[96]
Extra care housing	New forms of sheltered housing and retirement housing have been pioneered in recent years, to cater for older people who are becoming frail and less able to do things for themselves. Extra Care Housing is housing designed with the needs of frailer older people in mind, with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Extra Care Housing is also known as very sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and

[93] These definitions replace those given in previous editions of PPS3 (2006 and 2010) and related guidance such as Delivering Affordable Housing 2006.

[94] The national rent regime is the regime under which the social rents of tenants of social housing are set, with particular reference to the Guide to Social Rent Reforms (March 2001) and the Rent Influencing Regime Guidance (October 2001).

[95] Local market rents are calculated using the Royal Institution for Chartered Surveyors (RICS) approved valuation methods. The Tenant Services Authority has issued an explanatory note on these: www.tenantservicesauthority.org/upload/doc/RICS_rental_valuation_note_20110118140714.doc

[96] http://www.communities.gov.uk/housing/housingresearch/housingsurveys/englishhousingsurvey/

Term	Meaning
	retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home. In addition to the communal facilities often found in sheltered housing such as a residents' lounge, guest suite, laundry etc. Extra Care often includes a restaurant or dining room, health and fitness facilities, hobby rooms and even computer rooms. Domestic support and personal care are available, usually provided by on-site staff. Properties can be rented, owned or part owned/part rented. There is an increasing amount of Extra Care Housing in most areas and most providers set eligibility criteria which prospective residents have to meet.[97]
Fuel Poverty	A household is classed as "fuel poor" if they are spending more than 10% of gross income to maintain a satisfactory heating regime (between 18 and 21°C). This definition is currently under review.
Home-Link	The name for our sub-regional choice-based lettings system, supported by an IT system called Locata.
Housing Health and Safety Rating System	The Housing Health and Safety Rating System (HHSRS) is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. It was introduced under the Housing Act 2004 and came into effect in April 2006. It applies to residential properties in England. The HHSRS assesses 29 categories of housing hazard, each hazard has a weighting which will help determine whether the property is rated as having Category 1 (serious) or Category 2 (other) hazards.[98]
Intermediate Care	Intermediate care is made up of services that help people stay in their own home or a care home instead of going into hospital, or that help people get home and regain independence after a hospital stay. Intermediate care can be provided by a team including nurses, care assistants, occupational therapists and others. Depending on the need, intermediate care can last for a few days or weeks. Intermediate care beds sometimes form part of a sheltered or extra care housing scheme, so a person can leave hospital and stay a while with this support, in preparation for their return home once more fully recovered, or while works are carried out should the home need suitable adaptations.[99]
Intermediate Tenure Housing	Intermediate tenure housing is homes for sale and rent, provided at a cost above social rent but below market levels. These can include shared equity (shared ownership and equity loans), other low cost homes for sale and intermediate rent, but not affordable rented housing.
Lifetime Homes	The concept of Lifetime Homes was developed in the early 1990s by a group of housing experts, including Habinteg Housing Association and the Joseph Rowntree Foundation. The group was formed because of concerns about how inaccessible and inconvenient many homes were for large sections of the population. The principles of Lifetime Homes have supported the growing demand for choice, flexibility and independence among disabled people of all ages, as well as promoting high quality and thoughtful housing design for the general population. Lifetime Homes are ordinary homes incorporating 16 Design Criteria that can be universally applied to new homes at minimal cost. Each design feature adds to the comfort and convenience of the home and supports the changing needs of individuals and families at different stages of life. Lifetime Homes are all about flexibility and adaptability; they are not 'special', but are thoughtfully designed to create and encourage better living environments for everyone. From raising small children to coping with

97 http://www.housingcare.org/jargon-extra-care-housing.aspx
98 http://www.communities.gov.uk/publications/housing/hhsrsoperatingguidance
99 http://www.nhs.uk/Livewell/Staywellover50/Pages/Intermediatecare.aspx

Term	Meaning
	illness or dealing with reduced mobility in later life, Lifetime Homes make the ups and downs of daily living easier to manage.[100]
Local House Condition Survey	These are carried out approximately every five years by each district authority and the results are used as a basis for the funding required to shape private sector housing strategies and policies. They are commissioned by local authorities.
Market housing	Private housing for rent or for sale, where the price is set in the open market.
MEAM	Making Every Adult Matter: a multi-disciplinary team based at Cambridgeshire County Council, which focuses on chronically excluded adults. An outline of the pilot is available.[101]
Nursing homes	Care homes for nursing care, sometimes known as nursing homes, are mainly for people who need 24-hour support, and regular care tasks carried out or supervised by a qualified nurse. Individuals who need two people to help them transfer, eg from bed to chair, or from a chair to the toilet, may also need a nursing home because of the higher staffing levels. Personal care will include help with getting up and going to bed, dressing, washing and toileting as necessary, and the administration or supervision of medication. Nursing tasks will include dressings, injections, peg feeding, pressure sore care etc. In a care home for nursing there will always be a qualified nurse on duty. Some nursing homes will have a proportion of beds only registered for personal care, and the remainder for nursing care, while in others all beds will be registered for nursing
Private Sector Housing	Private sector housing refers to homes privately owned or rented; not owned by the local authority
Residential care	Care homes for personal care, sometimes known as residential homes, are for people who need 24-hour support. Residents have a room, sometimes with their own ensuite bathroom, and access to shared facilities. These homes will help with personal care such as getting up and going to bed, dressing, washing and toileting as necessary, and they will supervise or administer medication. They provide all meals, and most will offer some social activities. They can normally provide care during short illnesses, but they do not provide long term nursing care. There will also be someone on call at night.
Respite care	Respite care is aimed at helping carers get a break from caring; for a week, one morning a week or occasionally. It may be provided by the local authority following a carer's assessment, or it may be accessed through a community care assessment for the person being cared for.[102]
SAP rating	This is the 'Standard Assessment Procedure' rating system used to judge the energy efficiency of a home, measured on a scale of 1 to 100.
Sheltered housing	Sheltered, Retirement or Warden-Assisted housing are all terms used to describe accommodation provided specifically for elderly people. Schemes usually have the services of a warden or scheme manager, though increasingly this person lives off site, or the service is provided as floating support with periodic visits from a member of staff. Each property will have an alarm system so the resident can summon help in an emergency. Sheltered housing is usually designed with good levels of heating, and increasingly with doorways wide enough for walking frames and wheelchairs. Most schemes also have a common room for social activities, and many have additional facilities such as a communal laundry and a

[100] http://www.lifetimehomes.org.uk/

[101] http://www.google.co.uk/url?q=http://www.meam.org.uk/wp-content/uploads/2012/02/Cambridgeshire-MEAM-PowerPoint.pdf&sa=U&ei=1AdbUb3jJMTlOtCLgcAL&ved=0CBsQFjAA&usg=AFQjCNFoI7gRprnOyfmi8FWF3g4z7l2aFA

[102] http://www.nhs.uk/CarersDirect/yourself/timeoff/Pages/Accessingrespitecare.aspx

Term	Meaning
	guest suite, and often a shared garden. Sheltered housing provides privacy and independence, but with the reassurance of knowing help can be summoned if necessary, and the possibility of socialising with other people who are retired. Sheltered housing can be rented or purchased on a leasehold basis, and a small number of schemes offer shared ownership options. Sheltered housing to rent is usually provided by local councils and housing associations (social landlords), but as there is often greater demand than availability, there are likely to be allocation criteria and waiting lists. Often homeowners and those in a position to buy may be given a lower priority than those who do not have this option. There is a very limited amount of sheltered housing to rent through private or commercial providers. They do not operate waiting lists and priority schemes in the way social landlords do, but their rents may be above the level at which Local Housing Allowance is paid.
Social rented housing	Social rented housing is owned by local authorities and private registered providers,[103] for which guideline target rents are determined through the national rent regime. It may also be owned by other persons and provided under equivalent rental arrangements to the above, as agreed with the local authority or with the Homes and Communities Agency.
Strategic Housing Market Assessment	This provides details on the local housing market, the need for new housing and the need for affordable housing. The Cambridge sub-regional assessment covers Cambridgeshire, Forest Heath and St Edmundsbury.[104]
Wheelchair accessible housing	This project was commissioned by the Greater London Authority and involved Habinteg working with David Bonnett, Rachael Marshall and Sabrina Aaronovitch to research and produce guidance on how to design homes that can be easily adapted for residents who are wheelchair users. The report was produced in 2007.[105]

[103] As defined in S80 of the Housing and Regeneration Act 2008.
[104] http://www.communities.gov.uk/publications/planningandbuilding/strategichousingmarket
[105] http://www.habinteg.org.uk/main.cfm?type=WCACCESSIBLEHS

13. Appendix: Speak Out Council: consultation on housing

What is the Speak Out Council?

Building on the success of VoiceAbility's Learning Disability Parliament, the Speak Out Council is an exciting new user-led consultative action forum.

The Council will provide much needed representation for even more vulnerable people including the hard-to-reach groups such as those who do not attend the traditional services.

At a time of major uncertainty and worry for people with learning disabilities this type of work is particularly important. With high levels of unemployment in Cambridgeshire already, it is near-impossible for people with learning disabilities to find paid work, especially if they need additional support. At the same time this vulnerable group are seeing cuts to their benefits, a reduction in day opportunities and the abolition of previously relied upon local transport routes. Engaging in community life is thus being made increasingly difficult and people with learning disabilities are finding it harder and harder to get their voices heard.

The council will be run by Speak Out Leaders with learning disabilities who are paid by VoiceAbility to represent their peers by:

- Consulting with peers to understand the key issues.
- Working with professionals to help overcome barriers.
- Holding meetings with peers and professionals to bring about quick wins.
- Running campaigns where quick wins are not available.

The Leaders' time is divided equally between the above tasks. They are instrumental in leading the project; deciding upon topics and campaigns to focus on, planning meetings and consultations, inviting speakers and planning and running campaigns. VoiceAbility support the Leaders to consult, attend meetings, run campaigns and understand and research the key issues raised. VoiceAbility also provide training and host meetings.

Web link:
http://www.voiceability.org/in_your_area/cambridgeshire/speak_out_council/

Housing issues

In 2012, the 'Speak Out Council' was consulted with our peers on housing and researching housing issues.

About the respondents

Of the people we asked:

- 33% of people lived with their families.
- 29% of people lived in residential homes.
- 17% of people lived in a group home.
- 12% of people lived on their own or with a partner with support.
- 7% of people lived on their own or with a partner without support.

- 2% of people didn't answer the question.
- 66% of people are living where they want to live.
- 25% said they wanted to move.
- 9% didn’t answer the question.
- 77% of people said their housing met their needs.
- 83% of people said they had enough support.

People who wanted to move

We asked people who had recently tried to move about their experience:
- 50% of people said that the housing they wanted wasn’t available.
- 17% of people said there was a long waiting list.

People who had recently moved

We asked people who had recently moved house what it was like trying to move:
- 90% of people said it was hard, confusing or slow.
- Just 10% of people said it was OK.
- No one said it was good.

We asked people what it was like when they made the move:
- 56% said it was OK.
- 13% said it was confusing.
- 13% said it took a long time.
- 13% said it was rushed.

Information on housing

We asked people what the information on housing was like:
- 59% of people said it was either confusing, hard to understand or complicated.
- 5% of people said it took a long time to get hold of.
- 5% of people said they felt rushed to take in the information.
- 16% of people said it was OK.
- 15% of people didn’t answer the question.

We asked people whether information was easy to find:
- 33% said yes.
- 44% said no.
- 23% didn't answer the question.

We asked people where they would/did look for information about moving
- 26% said they would ask friends and family.
- 19% said they would ask staff.
- 16% said they would look on the internet.
- 11% said they would look at homelink.
- 11% said they would look at the newspaper.
- 5% said they would look for leaflets.
- 12% didn’t answer the question.

We think the message is clear:

- Most people are living where they want to live and having their needs met. However, a lot of people cannot move if they want to. There are many reasons for this.
- Moving house is complicated. Information needs to be as clear and accessible as it can be to make it easier for people with learning disabilities.
- Families and carers need to understand the housing system so they can support the people they care for to understand it.