

Joint Strategic Needs Assessment and Housing: Report of a study based on the South East region

This report is based on a study of documents produced in the South East of England as part of the Joint Strategic Needs Assessment (JSNA) process and examines the extent to which housing needs are covered within the JSNAs produced during 2008. The report includes key themes relating to housing needs and suggests ways to increase housing coverage, which we believe local areas may find helpful in future development of the JSNA.

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About the Housing LIN

The Housing Learning & Improvement Network (LIN) in the Department of Health's Putting People First programme is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable adults, including people with disabilities and long term conditions.

The Housing LIN has the lead for supporting the implementation and sharing the learning from the Department of Health's Extra Care Housing Grant arrangements and related housing, care and support capital and revenue programmes.

1. Introduction

Focus of report

This report was commissioned by the Department of Health South East, the Department of Health's Housing Learning and Improvement Network (LIN) and the South Central and South East Coast Strategic Health Authorities.

The report is based on a study of documents produced in the South East of England as part of the Joint Strategic Needs Assessment (JSNA) process. The requirement for Primary Care Trusts (PCTs) and local authorities to undertake a JSNA took effect in 2008. The aim of the study was to examine the extent to which housing needs have been covered within the JSNAs produced during 2008 in the South East Region.

This study was designed to gain an impression about how housing issues had been tackled in this first round of JSNAs and not as a performance management assessment. The report does not refer to findings in specific localities, but covers key themes relating to housing needs, which we believe local areas may find helpful in future development of the JSNA.

The South East Region

The South East Region stretches from Milton Keynes and Banbury in the north, south to Hampshire and the Isle of Wight and east as far as Kent. It has no natural geographic centre, with several sub-regional hubs across the patch. It has the largest population of any region in the country with over 8.1m people and the second highest percentage of people over 85 in the regions. Some areas have significant numbers of people from minority ethnic groups. The region is amongst the wealthiest and healthiest in the country, although this masks significant areas of deprivation.

Although the housing situation is changing rapidly due to the current economic climate, until recently housing was at a premium across the south east. There is a high level of private ownership but prices make house purchase unaffordable for many lower paid and key workers or force them to buy houses many miles from where they work. Refurbishment and regeneration of many estates has been a priority for some years. Nearly 6% of households in the South East are considered to be 'fuel poor' and it is estimated that there are about 2000 'excess winter deaths' each year – many of which are related to poor housing conditions. In 2001 20% of people over 85 lived in a long term care establishment.

In the South East region there are a total of 74 local authorities comprising 55 District Councils, 12 Unitary Authorities and 7 County Councils. The 19 'top tier' Unitary and County Councils are responsible for producing JSNAs. The 12 Unitary Authorities and the 55 District Councils have direct housing responsibilities.

2. Summary of findings

Inclusion of housing needs

Most JSNAs included some information about housing tenure, overcrowding, heating, people accepted as homeless and unfit housing. In several cases these aspects of housing were cross-referenced to other factors like age, geographical location, ethnicity and deprivation. These linkages can assist with identifying priority groups for housing related services although it was not always apparent that these links had been made.

The balance of data on health within many of JSNA documents was weighted towards morbidity, mortality and related lifestyle issues. Social care needs were most likely to be covered in terms of demand for community based and residential care including equipment and assistive technology.

Involvement of relevant commissioning partners

In all cases the main organisations involved in the JSNA appear to have been the PCT and local authority. Sometimes information about the authors or an endorsement by the Chief Executive of the PCT and the Director of Adult Social Services was the main indication of involvement.

In two tier areas the engagement of housing authorities in the JSNA was less likely in comparison to areas with unitary structures. PCT boundaries have been influenced by population size and this means they may cover parts of a County; in the South East region 3 counties reflect this pattern. Bringing together organisations that cover housing, health and social care to deliver 'care closer to home' can be made more challenging by these mismatches in population and service accountability. To some extent the level of housing related information in the JSNA documents reflects this difference in local arrangements in the South East region

In some areas the JSNA process had been sub divided to reflect the different local authority areas within the PCT area and separate documents produced for each LA. This can be valuable where the LA areas are very distinct in their population characteristics

Inclusion of Supporting People data

Supporting People (SP) programmes are important sources of information about housing need and support services. They also represent significant sources of funding for housing related support. Several of the JSNA documents included references to the local Supporting People programme and in some it was evident that SP commissioners/planners had been involved and/or that SP plans had been considered as part of the process. However, in many areas the wealth of data held in SP programmes has not been fed into the JSNA process. (See section 9 – 'Opportunities' for details about SP and the importance of 2009 in terms of future investment)

Engagement with relevant service providers

In many areas there was little evidence of engagement with the providers of housing and housing related services in the JSNA process such as Registered Social Landlords (housing associations). This is especially true of the private and third sector providers including Home Improvement Agencies. Similarly references to involving the community and voluntary sector in the process were rare. Current providers of housing and housing related services will have experience in relation to service user needs and are likely to have undertaken surveys into demand for services. Given that the JSNA is a forward looking process it is important to understand provider views and intentions especially when considering services for older and vulnerable people that require long term planning and investment.

Engagement of the public

In some cases specific consultation processes were set up to feed into the JSNA, but in many the information from other consultation exercises were drawn on where relevant. Some JSNA documents did not say how the public or service users had been involved so it was not possible to assess whether their perspectives were included.

Data gathering and data analysis

The limitations on what is known about need in general were acknowledged in most JSNAs. Most identify areas where there is a need to undertake further data collection or to try and align the framework for better collection, for example to ensure that the population groups, or geography are consistent. In terms of housing some of the data in the Department of Health Core Dataset is limited in its usefulness in pinpointing need, especially when looked at in

isolation. (See page 6 – ‘Housing as a priority in the JSNA’ for details of Core Dataset and section 14 for sources of data about housing and related needs)

From analysis of need to implementation

The national guidance states that ‘JSNA will identify priorities for commissioning. Local partnerships should set out explicitly how they are going to prioritise based on the information contained in the JSNA’. Most JSNA documents did not contain this level of detail and only one specified investment decisions that had arisen directly from the process. Some documents referred to other strategies that would be influenced by the JSNA process.

Presentation of findings within JSNA documents

The work involved in producing data about current and future aspects of population need is considerable. Data is drawn from different places and where it is broken down to cover small population groups or geographical areas the volume is large and can be difficult to present in a digestible way.

Many JSNA documents include all the data sets that have been collated for the process. These are extensive and in some instances result in documents that are over 200 pages long and appear somewhat technical due to the use of tables and graphs. It is arguable that an approach that keeps the basic data sets separate and concentrates on analysis and implications is more digestible and helps readers see the relevance of the process.

National guidance on JSNA

During the review it became apparent that there were areas where the implications of the national guidance for localities were open to interpretation. The Core Dataset for JSNAs is described as an ‘indicative list’ and ‘data sources that can assist the JSNA process’ which appears to mean they are not mandatory. The timescales for updating JSNAs and how these might link to refreshing Local Area Agreements are also not set out clearly in the guidance.

3. The importance of housing in health and wellbeing

Identifying vulnerable groups

Health and wellbeing is strongly influenced by housing. People who are unable to obtain or maintain secure housing in a reasonable condition are more likely to experience problems sustaining good health. Individuals and families who are vulnerable due to factors such as low income, mental illness, substance misuse, frailty or long term health conditions may need support to get access to housing, to maintain their tenure/prevent homelessness, to adapt or keep their home in a good condition.

The current supply of ordinary housing is rarely designed to enable full accessibility for people who develop mobility problems, sensory impairments or cognitive problems. Helping people with these needs to stay in their own home may require adaptations and equipment. There is also a need to deliver more ordinary housing built to Lifetime Home standards and meet demand for purpose-built provision for specific care and support needs, such as extra care housing.

Any assessment of population needs that aims to promote health and wellbeing will benefit from including housing related information in its analysis and in any commissioning plans that are developed as a result. See Commissioning Housing Support for Health and Wellbeing. **(1)**

<http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=3529>

groups of people for whom access to appropriate housing is more difficult and more critical to their health and wellbeing and this includes people who:

- Are homeless
- Are Gypsies or Travellers
- Have age related frailty or illness
- Have mental health problems
- Have a learning disability
- Are ex-offenders or offenders living in the community
- Are misusers of drugs and alcohol
- Are subject to domestic violence
- Are carers

Meeting national and local objectives

Where housing needs are understood and integrated into plans it is possible for PCTs and local authorities to be more effective in meeting local and national objectives. Some examples are provided below and more detailed examples can be found in Commissioning Housing Support for Health and Wellbeing. **(1)**

- It is established that employment is a major factor in maintaining health and wellbeing. **(2)** Having no permanent address or being homeless or a rough sleeper prevents people from obtaining employment. If housing issues can be resolved then employment becomes possible. People in temporary accommodation or who are homeless/rough sleepers frequently have health and social care problems, including substance misuse. Resolving these issues requires a combined approach.
- Timely and safe hospital discharge can require a complex range of support services. Voluntary organisations can offer a flexible service such as shopping, prescription collection, food preparation, heating, cleaning, transport to appointments, home safety checks and remedial work, bill payment and contact with relatives. Where such services operate readmission rates are reduced dramatically because the person can return home safely and optimise their recovery.
- Delays in discharging people with mental health problems from hospital is detrimental to their health and costly. Waits for supported accommodation are frequently the cause of such delays. Joint commissioning of discharge facilitators who help with finding and keeping accommodation can reduce bed occupancy and improve the chances of recovery.
- There is a 30% increased risk of fracture of the hip for older women if they are suffering from depression. There is evidence that the most consistent health outcome of housing interventions is improved mental health. Findings on the impact of adaptations include 70% increased feelings of safety and an increase of 6.2 points in the SF 36 scores for judging mental health. Reducing levels of depression and falls in older people is a priority for all agencies. **(3)**
- Successful completion of drug treatment relies on complying with a treatment plan. Being homeless, getting into rent arrears or fearing re-possession of your home due to debt puts successful outcomes at risk. Support workers who can help people find homes and secure enough income to manage their bills can improve success rates. **(4)**

4. Policy on Joint Strategic Needs Assessment

Purpose of JSNA

The guidance from the DH **(5)** describes the JSNA in the following way:

‘A process that identifies current and future health and wellbeing needs in the light of existing services and informs future service planning taking into account evidence of effectiveness.’

In describing how the JSNA will be used it says:

- It is a tool to identify health and wellbeing needs and inequalities of a local population to inform more effective and targeted service provision.
- The Local Strategic Partnership, through the Sustainable Community Strategy and Local Area Agreement, will determine the shared targets to meet these needs.
- JSNA will identify priorities for commissioning. Local partnerships should set out explicitly how they are going to prioritise based on the information contained in the JSNA

A joint evidence base

If the JSNA is a process then its outcomes do not necessarily have to be contained in a single document. However the process is expected to provide a joint evidence base on health and wellbeing issues that partners can agree on as a basis for local priorities that can be translated into service commissioning. To achieve this, those involved in the JSNA have to be able to analyse available data and reach conclusions about the future investment in services.

Housing as a priority in the JSNA

It is increasingly recognised that housing is the key third service alongside health and social care in improving health and wellbeing, particularly for vulnerable groups. However, the Core Dataset for the JSNA **(5)** suggested by government as sources that can assist the JSNA process, contains a limited range that relate to housing and this is reflected in many of the JSNA documents.

The national indicators included in Core Dataset under the **housing sub-domain** are:

- Adults with learning disabilities in settled accommodation
- Adults in contact with secondary mental health services in settled accommodation
- Housing tenure
- Overcrowding
- Older people – living alone
- Older people with central heating

Two other indicators can be linked to housing:

- Satisfaction of people over 65 with home and neighbourhood
- People supported to live independently through social services

Local authority housing responsibilities

Responsibility for planning and influencing housing provision in an area rests with local authorities. In two tier areas that have both County and District councils housing

responsibility rests with the district council. In single tier areas it is the unitary authority (e.g. London Borough, Metropolitan or City council) that is the housing authority.

It is important to note that the majority of local authorities with housing responsibility have transferred their Council housing stock to separate and distinct organisations and their core housing function is to shape the provision of housing across all sectors and to ensure that environmental planning and economic development are coordinated with housing strategies.

Responsibility for leading JSNA process

In areas where there are two tiers of local government the JSNA process is led by the upper tier (for example County Council). In this situation **local authorities in the next tier need to be engaged in the process** to ensure that housing issues are fully incorporated and opportunities for joint investment are identified.

5. Policy context re housing, health and wellbeing

The policy context within which JSNAs are being developed has a strong emphasis on improving outcomes for service users through more coordinated services and greater investment in preventing ill health and promoting wellbeing. Systems for commissioning are expected to re-shape services to better meet needs and be based on collaboration between organisations and involvement of services users.

World Class Commissioning

The competencies that make up World Class Commissioning (WCC) **(6)** for primary care trusts include 3 that are especially relevant to the JSNA process:

- Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities
- Proactively build continuous and meaningful engagement with the public and patients, to shape services and improve health
- Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements

The guidance on WCC indicates that to reach the highest level of performance will require more and richer data, knowledge and intelligence than the minimum laid out within the guidance on JSNA duties.

High Quality Care for All – NHS Next Stage Review

The NHS Next Stage Review **(7)** led by Lord Darzi sets out the direction for the development of the NHS in tackling health inequalities through access to high quality care and services that improve health and wellbeing. It makes clear that the JSNA must focus not only on tackling health priorities such as smoking, obesity and teenage pregnancy but also on broader factors such as poor housing.

Putting People First

The *Putting People First* **(8)** concordat announced funding to support system-wide developments to improve health and wellbeing. It emphasises the importance of the JSNA as central to joint planning and a way to plan for a single community-based support system delivered through co-ordination and integration of systems rather than structural change.

Comprehensive Area Assessment (CAA)

This is a new approach to performance monitoring being developed by the Audit Commission that will examine how effectively local public services are performing and improving the lives of the people they serve. Assessments will provide a snapshot of each area, and act as a catalyst for improvement by identifying where more effort is needed or where exceptional improvement may help others learn.

To quote from page 38 of the framework document:

'As well as any self-assessment, inspectorates will draw evidence from key documents such as the Sustainable Community Strategies, **Housing Strategy**, **Local Development Framework**, Children and Young People's Plan, **Joint Strategic Needs Assessments**, Community Safety Partnership Plan and reports to, and minutes of, the local strategic partnership, children's trusts, council and scrutiny committees.'

Public Service Agreements

Public Service Agreements (PSAs) (9) set out priority outcomes the Government wants to achieve between 2008 and 2011.

http://www.hm-treasury.gov.uk/pbr_csr07_psaindex.htm

The achievement of outcomes within each PSA relies on contributions from several government departments. There are 3 PSAs that have particular relevance to housing and JSNAs:

- PSA 16 – *Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.* The PSA is based on evidence that ensuring individuals at risk of social exclusion have a stable home and the appropriate life skills to maintain it, and are either in a job or involved in productive, employment-focused activity, can help reduce the likelihood of negative outcomes in the future. The PSA focuses on four at-risk groups: care leavers; adult offenders under probation supervision; adults in contact with secondary mental health services; adults with moderate or severe learning disabilities.
- PSA 18 – *Promote better health and wellbeing for all.* This PSA includes aspirations to enable more people, especially older people, to live independent lives. Low level preventive services such as equipment and care and repair are expected to be included in joint commissioning plans including the JSNA.
- PSA 20 – *Increase the long term housing supply and affordability.* Among the objectives of this PSA is a reduction in homelessness and increased supply of social housing.

A briefing by the DH Housing LIN called 'Transforming the delivery of services – a briefing note of key drivers' (10) contains more information on relevant policy frameworks re housing, health and social care.

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/Housing/HousingStrategy/?parent=3656&child=4773>

6. Approach to study

Criteria for assessment

Criteria were developed based on the guidance from the Department of Health (DH) about the JSNA process and using what is known about links between housing and housing related support and the promotion of health and wellbeing. These were agreed by the

Steering Group for the study. A copy of the criteria set out in grid form is attached as an appendix to this report.

Definition of housing and housing related needs.

For the purpose of this assessment we used a broad definition of housing and housing related needs that covers the interaction between housing supply and condition with individual/family circumstances. Examples of these interactions include:

- Factors such as security of tenure, affordability of rent/mortgage/heating, ability to access all parts of the home safely and maintain the fabric of the building can be difficult for people made vulnerable through poor health, frailty, disability and low income.
- Circumstances such as offending, substance misuse, domestic violence and being a traveller or asylum seeker can result in homelessness with serious consequences for health and wellbeing.
- Inadequate supply of social housing can lead to overcrowding and consequent health and social care needs.

Identifying JSNA documents

The aim was to examine documents produced by the top tier authorities that were described as JSNAs. The documents examined were those published on relevant websites or provided directly by responsible officers including some still in draft. In 3 out of 19 cases a single document did not exist and the JSNA process was described by lead authorities as being reflected in several separate documents. Where one JSNA document was not available related documents were sought and examined to the extent that was possible within the constraints of the study.

Assessment process

The assessment was undertaken between October and December 2008. Each document described as a JSNA was read and the content analysed on the basis of the criteria. In areas where a single JSNA document was not produced other relevant documents were examined. The extent to which criteria were met was assessed on the published text and the scope of the study did not allow us to have discussions with individual authorities. We are conscious that a desk top analysis of documents has its limitations when assessing a process; where a direct reference to something was not included we had to assume that it had not been considered.

To try and ensure factual accuracy a summary analysis for each JSNA was completed and shared with Directors of Public Health for each locality with an invitation to comment on findings and amendments of fact were made as appropriate for those areas that contacted us.

Presentation of findings

The wide variety of approaches to content and style of JSNA documents meant that it was not possible to produce comparative statistical analyses (e.g. five out of 19 documents contained references to X) but it was possible to identify areas of comparative strength and weakness. This study was designed as exploratory to gain an impression about how housing issues had been tackled in this first round of JSNAs and not as a performance management assessment. As such, we have not highlighted specific localities, but reported on key themes relating to housing and JSNAs more generally which local areas might wish to consider in future.

FINDINGS

In each section of the report that follows there is a summary of findings and then suggestions about **opportunities** that exist to develop the JSNA process to more effectively include housing needs and issues alongside health and social care.

7. Access to data on housing need

Findings

The limitations on what is known about need were acknowledged in most JSNAs. Most identify areas where there is a need to undertake further data collection or to try and better align the framework for collection, for example so that the population groups, or geography are consistent.

In most of the JSNAs we studied data related to morbidity and mortality and the associated lifestyle issues were more prominent than other aspects of need. Social care needs were most likely to be covered in terms of demand for community based and residential care including equipment and assistive technology

As mentioned earlier, the core dataset suggested as helpful for the JSNA process has few indicators linked to housing and this could be seen as implying that housing and related services and needs are fairly marginal to health and wellbeing. Most JSNAs included some information about housing tenure, overcrowding, heating, people accepted as homeless and unfit housing. In several cases these aspects of housing were cross-referenced to other factors like age, geographical location, ethnicity and deprivation. These linkages can assist with identifying priority groups for housing related services although these links were not always apparent.

Some JSNAs examined the correlation between health, social care and housing need in more depth. For example:

- Identifying which particular groups would find it hard to adequately heat their homes (e.g. living in large homes, unemployed people, older people on low incomes, people in the 25% of social housing that does not meet decent homes standards)
- Mapping the extent of people living in ordinary housing who would benefit from a floating version of the types of support available in supported housing.
- The accommodation and support needs of women and children forced to flee their homes due to domestic violence.

The majority of JSNA documents studied indicated that the POPPI **(11)** database was used to forecast trends in the population aged 65 and over, characteristics and prevalence of health conditions at district level. POPPI includes data on living alone, tenure and lack of central heating.

In terms of housing some of the standard data is limited in its usefulness in pinpointing need, especially when looked at in isolation. For example the Multiple Deprivation Score (MDS) was referenced in many JSNAs looked at. The MDS has a factor called 'barriers to housing and services' that is based on a cumulation of several different aspects of living including:

- Physical distance from home to primary school, food store, GP and Post Office
- Difficulty in achieving home ownership (based on modelled estimates from Heriot Watt University)
- People denoted/accepted as homeless
- Overcrowding based on Census

On its own this score does not enable analysis of need and it may produce anomalies, for example people living in most rural areas will be considerable distances from services but may not necessarily score highly on the other aspects.

Opportunities

There are sources of information about housing that correlate tenure and other household characteristics (see Section 14 for examples of data sources). With an understanding of the local housing market it may be possible to use this information to pinpoint vulnerable groups. The example shown below can be used to identify older people living alone in properties that are difficult to heat and maintain on low incomes. In this context 'social renters' includes everyone who rents their property from a registered social landlord, such as a housing association, local authority or arms length organisation managing what was previously council housing.

Whilst retired people make up a larger proportion of social renters and it is easier to identify them through council records, their properties are newer (social rented property has the lowest proportion of older stock) and are likely to present fewer maintenance problems than older housing stock.

Example of national data that can be looked at alongside local data on the geographical spread of long term illness, low income and growth in the over 65 population:

- The annual Survey of English Housing **(12)** shows that the private rented sector has the most pre 1919 stock (37%) of any sector, with another 19% dating from 1919-1945.
- Private renters are more likely to live in poverty than those in other types of tenure (ODPM and ONS)
- People 65 and over constitute 10% of private renters.
- Of older vulnerable households (in receipt of means tested and disability related benefits) 7.5% live in private rented housing.
- Whereas people living in socially rented property are much more likely to live in the most deprived areas, private renters are spread evenly across all areas.

A report published by the DH Housing LIN called 'More Choice Greater Voice' **(13)** contains examples of how data on housing circumstances and mobility/health can be cross referenced to build a picture on needs among older populations.

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=2545>

One way to improve access to housing data in the JSNA process is to ensure that those involved in commissioning and providing housing services are involved. This issue is covered in the next three sections of the report.

8. Involvement of relevant commissioning partners

Findings

In all cases we studied the main organisations involved in the JSNA appeared to be the PCT and the local authority (in two-tier areas the top tier local authority). Overall it was difficult in many areas to determine which housing partners were engaged in the development of the JSNA, and this was especially true in two-tier areas. For example information about main authors or endorsements by the Chief Executive of the PCT and the Director of Adult Social Services were often included but no detail about who else had been involved in the process.

One of the challenges in partnership working between PCTs and local authorities are differences in responsibility for particular populations and needs. The most straightforward situation is where the geographical boundaries for a PCT are coterminous with those of a unitary local authority. In this situation the PCT can work with one local authority that has responsibility for both social care and housing.

In two tier areas the County Council has responsibility for social care but not housing, which rests with the district or city/metropolitan councils. In this situation partnerships are needed that involve the PCT and **both** tiers of local government if housing and social care planning are to be coordinated.

Bringing together organisations that cover housing, health and social care can be made more challenging by these mis-matches in population and service accountability. In addition to difficulties coordinating involvement at different levels, there was some evidence of reluctance to make commitments in the JSNA at County level that have resource and/or political implications for district authorities.

Although this was a limited sample size there was some correlation between boundary complexities and the extent of involvement of housing authorities in the JSNA process. This is an area that would benefit from further exploration.

Opportunities

One of the challenges in the JSNA process is obtaining a picture of needs for comparatively small geographical areas or population groups that can be used to inform commissioning plans. The new local authority role in influencing the whole of the housing market means that councils with housing responsibility are increasingly undertaking assessments of housing related needs and these can inform the JSNA.

Each housing authority will produce a 'strategic housing market assessment' **(14)** that identifies current and future demand for housing across all sectors as well as housing needs that arise from factors such as affordability, disability, frailty, discrimination and insecure tenure. The findings from these assessments will feed into local housing strategies and the Local Development Framework (see below).

District councils and unitary authorities are responsible for creating a Local Development Framework (LDF) that sets out the spatial strategy for their area. These plans are relevant to housing and health because they influence the development of infrastructure and buildings, including public and private housing. Each local authority must produce a Local Development Scheme that states which local development documents will be produced as part of the LDF, in what order and when.

Where directors of public health are joint appointments between the PCT and local authority and joint health observatories are in place there will be opportunities to create more unified databases and cross reference information about services and needs that span local government and health, including housing.

9. Inclusion of Supporting People data

Findings

Local authorities that provide social services each run Supporting People (SP) programmes that are a framework for planning and funding a range of supported housing provision. In two tier areas this will be the County council, otherwise it will be the responsibility of the unitary authority. Supporting People programmes may include the support provided as part of sheltered housing, some of the more extensive services available in extra care housing and floating support to people in ordinary housing.

Several of the JSNA documents included references to the local Supporting People programme and in some it was evident that SP planners/commissioners had been involved and/or that SP plans had been considered as part of the process. This was not however universal.

Opportunities

The Supporting People programmes will have knowledge about the types of needs of people using the services they fund, information about local providers of supported housing and geographical spread of provision. New funding arrangements for SP from April 2009 mean that local authorities with adult social services responsibility will have greater freedom in terms of the budget that can be allocated to SP services. This is intended to enable local authorities and their partners to take a more locally responsive, whole system approach to commissioning services. **This means that early 2009 is a particularly important time to engage Supporting People programmes and all housing partners in the JSNA process if they have not been so far.**

10. Engagement with relevant service providers

Findings

The capacity to analyse housing related needs alongside other types of needs will be facilitated by involving people with a background in housing. In all cases the main organisations involved in the JSNA appear to have been the PCT and local authority. The extent to which other organisations are mentioned as having been involved varied. It was unusual to see explicit references to involvement of provider organisations, particularly those in the private sector. Similarly references to involving the community and voluntary sector in the process were rare.

Opportunities

Current providers of housing services will have some perspectives on how well needs are being met and are likely to have undertaken some of their own survey work into demand for different types of housing. Given that the JSNA is a forward looking process it is important to understand the views of providers about the future and the constraints they perceive. For example the development of new and different types of housing and related services requires long term planning and investment.

In the area of social housing much is now provided through housing associations and other types of social landlord and increasingly the private sector is developing extra care and retirement housing both for rent and leasehold (see Section 14 for information sources about social housing). Well planned extra care and retirement schemes have the potential to provide quality of life for older people without the need to move when they become frailer. The Housing LIN has published an Extra Care Housing Toolkit **(15)** that covers in detail the essential elements in developing extra care housing from overall strategy to needs analysis through to implementation and evaluation.

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=1508>

Current and potential providers of residential homes, including those with nursing, will want to understand the assumptions being made about the growth of extra care housing and the availability of community based nursing and other support services.

Voluntary organisations such as Age Concern have established trusted handy person services in their local areas, which enable cost effective maintenance of homes. In February 2009 Communities and Local Government announced the availability of Minor Repairs and

Adaptations “handyperson’ grant allocations for 09/10 and 10/11 to enable all local authorities to develop existing or new schemes. **(16)**

<http://www.communities.gov.uk/documents/housing/pdf/1159092.pdf>

Home Improvement Agencies (HIAs) now operate in approx 90% of local authority areas and help vulnerable people to maintain their independence by assisting with home repair and maintenance and often broader areas such as DIY, benefits advice, befriending, community alarms and gardening. Commissioners who are unfamiliar with local provision can search for HIAs in their area by visiting the Foundations website for England at:

www.foundations.uk.com

Experience in England indicates that where HIAs are able to work with strong partnerships of local commissioners this enables them to make an effective contribution. **(17)** Many HIAs receive health funding for schemes that enable effective hospital discharge through handyperson services. HIAs and other providers of repair and maintenance services will have valuable intelligence about the needs and circumstances of the people they support and how these vary. For example some customers will have the financial means to pay for work but not be able to access information about how to arrange work or find trustworthy suppliers, others will face a combination of financial, physical, mental or practical barriers to obtaining help. This knowledge can assist in targeting appropriate support to meet a range of needs.

Third sector and private organisations will also work in the field of providing specialist support services to help vulnerable people obtain and maintain stable housing, for example ex-offenders, people with mental health problems or learning disabilities, people trying to sustain treatment for drug misuse. Examples of these types of services are provided in Commissioning Housing Support for Health and Wellbeing. **(1)**

The Housing LIN has produced a report called More Choice Greater Voice **(13)** that suggests an approach to developing housing with care strategies for older people and contains examples of sources of information about need, which partners to engage etc.

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=2545>

11. Engagement of the public/service users

Findings

In some areas studied specific consultation processes were set up to feed into the JSNA, but in many the information from other consultation exercises were drawn on where relevant. The second approach makes sense where the information is reasonably current and there is a risk of duplicating activity by introducing something specific to the JSNA.

However vulnerable groups from a housing perspective may not get included in surveys that require self completion or in larger surveys they may make up only a small proportion of respondents.

Some JSNA documents did not say how the public or service users had been involved so it was not possible to assess whether their perspectives had been included.

Opportunities

The development of housing related support services works best where local communities and potential user groups understand what is being suggested and can indicate what they think their needs might be. For example the move towards Extra Care housing to replace traditional sheltered housing and/or residential care will benefit from both local political support (from councillors and community groups) and from people living in the catchment area.

For an example of extra care provision that enabled individuals to come out of residential care see Housing LIN Case Study 'Dignity Through Design – how the architecture can make a difference'. (18)

<http://www.dhcarenetworks.org.uk/pageFinder.cfm?cid=2072>

User led organisations with a wider constituency can provide commissioners with valuable insights into the types of need people have, their experience of existing services and what would be most helpful. For example many of the JSNAs included references to the important role of carers in helping family, friends and others to stay independent and noted the risks to their own health and wellbeing. Given that most caring will be done in the home or local neighbourhood then the nature of the home and immediate environment is very important. Carers organisations can feed into the planning process the experience of their members in accessing support such as telecare or adaptations and equipment to enable caring or reduce the risks of falling.

The Tenants Services Authority was established in December 2008 and regulates all registered social landlords (RSLs). The TSA will hold data on the standards met by RSLs in each area of England and will also gather the views of tenants about current services and their needs. See below for website.

<http://www.tenantservicesauthority.org/index.php>

The development of Local Involvement Networks (LINKs) provide opportunities for those working on JSNAs to obtain the views of citizens about health and social care services and needs. More information about LINKs can be found at the website below.

http://www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/DH_076366

Groups that do not have permanent housing such as Gypsies, travellers and homeless people can only be contacted by going out to the locations they use. Housing authorities will know about the hostels and shelters for homeless people and the official and unofficial sites for travellers where people can be contacted.

12. General observations

During the course of the study some general observations were made that are wider than housing issues. These are summarised below

Presentation of findings within JSNA documents

The work involved in producing data about current and future aspects of population need is considerable. Data is drawn from different places and where it is broken down to cover small population groups or geographical areas the volume is large and can be difficult to present in a digestible way.

There are arguments for producing a JSNA document that focuses only on the analysis and its implications, with the data sets being kept separately and made available for people who have an interest. The argument becomes stronger as wider aspects of need are included such as housing and housing support needs.

Some areas kept the basic data sets separate from the published JSNA document and were able to produce shorter documents that were focussed on analysis of need and the arising commissioning implications. For example where the analysis indicates that people in certain geographical localities experience poorest health and wellbeing the JSNA can concentrate on how different services could work together in those areas.

From analysis of need to implementation

The national guidance states that 'JSNA will identify priorities for commissioning. Local partnerships should set out explicitly how they are going to prioritise based on the information contained in the JSNA'. The JSNA is supposed to inform the Local Area Agreement in which targets for local action are set. If the JSNA does not identify housing needs clearly then the LAA is less likely to include this as an area for investment.

In the criteria for this study we included some under the heading of 'implementation' that relate to the identification of housing priorities, commissioning intentions and resource allocations. Most JSNA documents did not contain this level of detail although one specified investment decisions that had arisen directly from the process. Some documents referred to other strategies that would be influenced by the JSNA process.

It is possible that when the JSNAs are refreshed there will be more emphasis on the way that the process has and will influence commissioning services and capital developments, both in relation to housing and other service areas.

Disseminating outcomes to the public

Given the wide ranging nature of the data being covered in the JSNA and the interrelationship between determinants of health, it is challenging to meet the requirement to provide information from the JSNA process in a way that the public can absorb. This is especially true where areas have decided not to produce a single JSNA document.

The value of separating out data sets from an analysis of needs and the commissioning implications means that a briefer more focussed JSNA report can be produced that is easier to translate into something accessible to the public.

In preparation for the study we encountered problems in accessing copies of some JSNA documents via the websites of lead organisations. Given the joint nature of the documents and their wide-ranging content it is understandable that localities will locate them in a range of places. JSNAs could be made more accessible through the use of title, tags and keywords that will enable successful searches via generic search tools like Google as well as within organisation's own website search facilities.

13. Checklist for partners in JSNA

Introduction

The JSNA process is new and this study has looked at the first versions of the resulting documents. The requirement to undertake a JSNA has arrived at a time when several other types of needs assessments and strategic plans are being worked on by partner organisations in health and local government. The work involved in the JSNA may have limited what could be produced in this first round.

The core dataset for the JSNA process does not give prominence to housing and it is perhaps not surprising that the content of many JSNA documents reflect this. Local partners will need to look more widely for sources of housing information. A lot of emphasis has been placed in recent years on joint work between health and social care but local authorities with strategic responsibility for shaping housing and spatial development are also key partners. The role of housing in health and wellbeing is increasingly being recognised in national policy and this will hopefully influence the approach to refreshing JSNAs.

There is considerable information available about housing and related needs that can be included and that would assist with the promotion of health and wellbeing. Evidence of effective JSNA processes is shown where partners have used basic data to analyse cross

cutting issues that indicate priorities in terms of inequalities within particular groups or localities.

There is likely to be a time lag between acceptance of housing as a key issue and the development of systems for capturing relevant data about housing need. We thought it would be helpful to identify actions for partner organisations to consider when the JSNA process is being refreshed in future.

Investing in preventive services

The JSNA can be used as an opportunity to identify population groups and areas where early investment will prevent further deterioration in health and wellbeing. Including information on housing need will assist in moving investment towards prevention, recovery and rehabilitation.

Involving relevant partners

Authors of JSNA documents have an opportunity to review who was involved in the assessment process and how; doing this in itself may encourage discussion about extending future involvement. Illustrations of the importance of involving local authorities with housing responsibility in the JSNA relate to their roles in capital investment and planning:

- **Capital investment:** The allocation of funds from central government for investment in new housing, renewal of existing stock and broader regeneration now rests with the Homes and Communities Agency, which will link to local authorities regarding local priorities.
<http://www.homesandcommunities.co.uk/home>
- **Planning:** Each district or unitary authority will have a Local Development Framework for the area that contains plans about land use and these intentions will influence where new housing and infrastructure can be developed.

Housing authorities will have information about the pattern of local housing and housing related support providers, who can play a valuable role in needs assessment and future planning.

Potential approaches to involvement for two tier areas

In two tier areas the engagement of housing authorities in the JSNA process presents additional challenges in comparison to areas with unitary structures. Situations also arise where a County Council (the level at which the JSNA process will rest) has PCTs that cover only part of the County.

Potential approaches to this include:

- Involving county wide strategic or chief housing officer groups that are drawn from all district and unitaries (these exist in the South East region)
- The JSNA is supposed to influence the work of the Local Strategic Partnership and the content of Local Area Agreements, which usually reflect local authority boundaries. The Local Strategic Partnership(s) may have a housing sub group that can be consulted
- In two tier areas the Supporting People programmes are led by the County. Each SP programme will have a commissioning body usually with broad representation from health, housing and social care that could feed into the JSNA

Obtaining user perspectives

Vulnerable groups from a housing perspective may not get included in surveys that require self-completion or in a larger survey they may make up only a small proportion of respondents. New developments like LINks may be able to provide support with consulting and involving current and potential user of housing related services.

Sources of evidence re housing and health

Evidence is emerging from various sources about the value of housing related support in meeting national and local objectives to reduce health inequalities. The outcomes to date from the Partnerships for Older People Projects (POPPS) show significant benefits in areas such as reducing hospital admissions and falls prevention. **(19)** Other reports also highlight the benefits for a variety of vulnerable groups. **(1)**

Make the JSNA more visible

Consider how accessible the JSNA documents are via relevant websites and through on-line searches as well as other channels. A higher profile can encourage interest and involvement by a wider range of organisations.

14. Sources of data on housing need

In addition to housing authorities and providers there are other services and organisations that can contribute to understanding housing needs as part of the JSNA. There is also a wide range of sources of information relevant to housing need. Some of the JSNAs studied contained only the core data as described in the guidance, some extended these and others had drawn on wider sources. Given that these are the first JSNAs there is scope to build on the basic data sets in the future to bring in wider sources of information. Some examples are set out below.

- **Housing supply and needs:** Strategic Housing Market Assessments and Housing Needs Surveys are undertaken by local housing authorities.
- **Local level statistics:** Live data tables are published on CLG website containing LA District level information. Data sources include Office of National Statistics data, as well as the local authority data returns on homelessness, disabled facilities grant and other data relevant to each authority's housing strategy. The tables include information about stock, household estimates, and housing market and house prices, to give some examples.
- **Home adaptations & equipment:** Information on Disabled Facilities Grant applications and provision is available from local housing authorities and collated on a national basis by CLG.
<http://www.communities.gov.uk/housing/housingresearch/housingstatistics/housingstatisticsby/localauthorityhousing/dataforms/>
- **Supporting People:** All providers within the Supporting People programme complete a Client Record Form that indicates the types of need the individual has. Each local partnership is provided with an analysis on a quarterly basis for their area showing numbers of people entering Supporting People services who have a particular issue as their primary or secondary problem:
 - Drug problems
 - Single homeless people
 - Rough Sleepers
 - Offenders
 - Mental health problems
 - Alcohol problems

- **Social housing:** Information on the characteristics of new social housing (both housing association and local authority run stock) tenants and their properties is available on the CORE website funded jointly by the Tenants Services Authority and CLG: www.core.ac.uk
- **Social housing:** A National Register of Social Housing (NROSH) is a system for collecting social housing data on individual properties directly from local authorities and housing associations. www.nrosh.co.uk
- **Drug treatment:** Drug and Alcohol Action Teams (DAAT) exist for each County or unitary area and will collate data on local needs to develop their action plans. They will be able to access the National Drug Treatment Monitoring System that has data on people entering structured drug treatment including their accommodation status. The National Drug Treatment Monitoring System collects data on people in drug treatment nationally and describes their housing status as either NFA, temporary or settled. www.ndtms.net . There are examples of approaches to needs assessment in this field and case studies of services in a report published by the Home Office. **(4)**
- **Crime and Community Safety** Plans will have been developed for each county or unitary and include information on neighbourhoods where safety is an issue.
- **Homelessness:** Quarterly returns are made by local authorities to Communities and Local Government (CLG) on people accepted as homeless in their area (P1E returns). Data is collected on the annual HSSA return about homelessness, including such information as statutory homeless household acceptances, proportion of repeat homelessness, and typical numbers of people sleeping rough (the latter based on an annual headcount).
- **Housing stock conditions:** local authorities undertake surveys of the condition of housing in their area based on samples of different types of properties. This will provide information about factors that can impact on health and wellbeing such as thermal efficiency, age of property, safety, size and costs of repairs.
- **Environmental Health:** local authorities will have knowledge about health and safety issues within housing, particularly in the rented sector, as part of their responsibility to apply legislation on the health and safety of occupants.
- **Offenders and Ex-offenders** This group experiences considerable problems finding housing after release from prison and this affects their ability to avoid future offending and secure employment. Given the high levels of substance misuse and mental illness among prisoners these people often have serious health problems. Organising co-ordinated support for this group will be easier if the probation service contributes its knowledge about unmet needs and can be a partner in planning services. The National Offender Management Service (NOMS), which commissions regional and local offenders services recognises accommodation as one of the critical elements in supporting offender returning to the community. Partnerships between housing services, probation and prison service are encouraged by NOMS. <http://noms.justice.gov.uk/>

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<http://www.communities.gov.uk/publications/planningandbuilding/strategichousingmarket>

15. Extra Care Housing Toolkit

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=1508>

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Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing in an ageing society, Communities and Local Government and Dept of Work and Pensions, Feb 2008

<http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods>

Health risk and health inequalities in housing, an assessment tool, Housing LIN, Aug 2008

<http://www.dhcarenetworks.org.uk/pageFinder.cfm?cid=1638>

Healthy Homes - DVD or CD Rom, Housing LIN May 2008

<http://www.dhcarenetworks.org.uk/pageFinder.cfm?cid=3989>

Housing Corporation's Housing for Vulnerable People Strategy – a briefing, Housing LIN, Sep 2007

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/Housing/HousingStrategy/?parent=3656&child=2335>

Local Area Agreements: maximising the potential for housing for older people, Housing LIN, Aug 2007

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=2477>

Other useful sources of information

Housing LIN website

<http://www.dhcarenetworks.org.uk/housing>

EAC (Elderly Accommodation Counsel)

<http://www.housingcare.org>

<http://www.extracarehousing.org.uk>

Assessment Grid for JSNA and Housing Study

Criteria	Direct refs in doc	Comments
APPROACH		
<p>Which partners, how all tiers involved and inclusion of housing expertise: eg</p> <ul style="list-style-type: none"> • Dist Councils (Housing, S People) • County Council (Social Care) • Third sector • Independent providers • Use led orgs 		
<p>Link to planning & assessment systems for housing, e.g. Supporting People, regional housing needs assessment/plans, spatial strategy, care and repair</p>		
<p>User involvement that picks up housing related issues (by specific JSNA consultation or user feedback from other consultations, surveys etc)</p>		
<p>Indications of information sharing between organisations:</p> <ul style="list-style-type: none"> • Data generated by other organisations. • Sharing of plans • Reference to mechanisms for joint gathering and/or analysis of information 		
CONTENT		
<p>Outcomes and if related to housing Health & wellbeing, hospital admission/avoidance, falls, long term conditions</p>		
<p>Inequalities and link to housing e.g.: offending, unemployment, mental health, independence, drug misuse, homelessness, vulnerable groups, fuel poverty, BME</p>		

<p>Data on housing need & analysis Data on relevant factors such as housing condition, tenure, access, heating, homelessness cross referenced to factors like age, ethnicity Use of existing toolkits/ POPPI projections to help.</p>		
<p>Extent of forward planning for demographic change and environmental challenges e.g.</p> <ul style="list-style-type: none"> • Housing and ageing population • Impact of housing conditions on use of fuel. • Impact of new housing development on social integration 		
<p>Priorities that relate to housing needs e.g. extending housing support to vulnerable groups based on local needs assessment Homeless Travellers Older People Mental health Learning disability Ex-offenders Drug misusers Domestic violence Carers</p> <p>Types of housing support: Extra Care, care & repair, handyperson, support workers etc.</p>		
<p>IMPLEMENTATION</p>		
<p>Link between priorities in JSNA and commissioning of housing and housing related support.</p>		
<p>How housing priorities feed into LAAs, Sustainable Community Strategies and Children's & Young Peoples Plans.</p>		
<p>Identification of resource allocations linked to housing.</p>		
<p>Clarity about accountability for action, who what, how, when, Governance systems</p>		

Other Housing LIN publications available in this format:

Housing LIN Reports available at www.dhcarenetworks.org.uk/housing :

- **Extra Care Housing Training & Workforce Competencies**
- **Yorkshire & the Humber Region - Extra Care Housing Regional Assessment Study (Report and Executive Summary)**
- **Preventative Care: the Role of Sheltered/Retirement Housing**
- **Developing Extra Care Housing for BME Elders**
- **Health for Life: Health Promotion in Extra Care Housing**
- **New Initiatives for People with Learning Disabilities: extra care housing models and similar provision**
- **Substance Users and Supported Housing: What's the Score?**
- **Dignity in Housing**
- **Enhancing Housing Choices for People with a Learning Disability**
- **Essex County Council Older Person's Housing Strategy**
- **Switched on to Telecare: Providing Health & Care Support through Home-based Telecare Monitoring in the UK & the US**
- **Older People's Services & Individual Budgets**
- **Healthy Hostels**
- **Remodelling Sheltered Housing and Residential Care Homes to Extra Care Housing - Advice to Housing and Care Providers**
- **Whose Market? Understanding the demand for Extra Care Housing: A Strategic Approach**
- **The impact of Choice Based Lettings on the access of vulnerable adults to social housing**
- **Marketing Extra Care Housing**

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