community care
housing standards
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promoting social
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supporting
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Housing
Executive

Housing & Health
Towards a Shared Agenda

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Chairman's Foreword

For some years the Executive has drawn attention to the close relationship between poor health and poor housing. It is a connection that has been clear since the first laws on social housing and slum clearance were enacted in the late 19th Century.

Those who pioneered those laws through the health reform movement would be pleased at the progress that has been made in the intervening century. The elimination of deadly diseases, such as cholera and tuberculosis, which were then rife, was certainly aided by the improvement of housing conditions.

Today most of our housing can be regarded as having good standards of sanitation, weatherproofing, ventilation and repair, with the problems of overcrowding greatly reduced. It has been estimated that 70% of health impact occurs as a consequence of factors outside the formal health service. Housing improvements are accepted as one of the most critical of those impacts.

The gains in health have resulted in people living longer. The aim of the last Government's Care in the Community policy was to enable independent living with appropriate support for a range of vulnerable groups including elderly people, people with mental illnesses and people with physical, sensory or learning disabilities. Housing continues to be a key element in achieving that independence.

While the nature of the challenges facing health and housing are changing, they are no less pressing and demand more imaginative responses. As we enter the new millennium an increasing number of individuals and households in our society experience social and economic exclusion. Social exclusion is associated with complex problems including unemployment, low income, health and education inequalities, deprived neighbourhoods, crime and anti-social behaviour. Equally it is not confined to towns and cities, but it is also found in rural areas and communities.

Because these are complex matters, no one organisation has it within its gift to provide the whole solution. Improving the health and social well being of our community is an important factor in achieving social inclusion and must be approached in a co-ordinated way. For this reason we want to work with the Health and Personal Social Services in a true spirit of partnership and with a flexibility of finances and protocol stepping outside traditional boundaries where necessary.

We will therefore welcome comment and debate on the analysis and proposals in this document from the Health and Personal Social Services, the wider community and other key stakeholders, so that we can achieve together real improvements in the health and social well being of our community.

Sid McDowell
Chairman

CHAPTER 1 : **Introduction and purpose of the review**

The wide and increasing social differential in premature illness and death should be a matter for serious public concern. Today, the question is not whether the facts of these differentials are valid, but rather who cares and what can be done about them.

Sir Donald Acheson
Independent Inquiry on Health Inequalities 1998

1.1.1   Over the past few years there has been a growing awareness of the importance of how health and housing inter-link and how good housing can influence the physical, mental and social well-being of our communities. In 1984 the Governments of the European Region of the World Health Organisation adopted a common policy on health with 38 targets. Target 24 specifically addresses the housing issue; "by the year 2000 all people of the region should have better opportunity of living in housing and settlements which provide a healthy and safe environment".

1.1.2   There is therefore a clear acknowledgement of the beneficial effect of good quality, well designed housing and its immediate environment, not only on the lives of individuals but also on the community as a whole. There is also a growing realisation by Government and the public sector that many of the difficult problems that bedevil society today can only be solved by different agencies pooling their services and working in partnership.

1.1.3   Yet up until recently, inter-agency working has been relatively limited although initiatives like "Healthier Cities" and "Health Action Zones" now acknowledge the need for closer, clearly defined working arrangements for a number of key agencies all working to improve the health of the nation. During this century there have been significant improvements in housing conditions which have in no small measure been credited with the substantial improvements in public health. The Housing Executive is concerned that people in very poor housing, including those in homeless hostels, bed and breakfast bureaux and bedsits, are more likely to suffer from mental health problems and have a greater propensity to suffer health disorders and inequalities than people whose housing and environments are of higher quality. Most seriously data indicates that certain diseases, considered virtually eradicated, have began to re-emerge in areas of high deprivation. The need therefore for collaboration between housing and health providers on "healthy cities", "health zones", and "healthy alliances" projects has never been greater.

1.1.4   Changes and shifts in Community Care Policy in Northern Ireland (stemming from "People First") have been instrumental in stimulating inter-agency working. In 1993, the Executive published its "Housing and Community Care" strategy, which advocated joint working and joint commissioning of capital projects. Additionally liaison arrangements for enabling people to remain within their own houses through joint initiatives have been developed to improve quality of life outcomes. To date however, community care planning has been carried out primarily by H&PSS, with only a limited input from housing. It is timely to restate a main principle of "People First" - housing is the key element to independent living.

1.1.5   Traditionally, housing has been seen as a "bricks and mortar" approach to the provision of shelter, incorporating care packages for the vulnerable, ill or elderly where appropriate. The new agenda, adopting a holistic approach to the health of the nation, goes well beyond this, recognising that good quality housing and housing services can contribute significantly to the general health of communities. Providing safe, attractive well designed and heated accommodation in healthy environments can give people a sense of belonging and well being, encouraging them to take an active interest in their own areas. This reduces the potential for decline in the physical and social structure of estates and fosters the development of sustainable communities.

1.1.6   Improvements in health and social wellbeing, both at an individual and wider national level, require a complex interaction of many factors including more effective collaboration between and across agencies. Whilst the primary focus of this document is on the contribution that housing and housing related services can make to this process, that is not to say that the Executive does not recognise and acknowledge these other factors, including employment, education and regeneration opportunities.

1.1.7   In attempting to develop closer working relationships with Health and Personal Social Services, the Voluntary and Community sectors the Executive is keen to extend these linkages to other key services so that a truly integrated approach to improving the health and social wellbeing of our community can be realised.

1.1.8   Our review recognises that the interaction between Housing and Health go beyond traditional boundaries and that successful health outcomes derive from all the factors affecting the lives of individuals, families and communities in different ways. Significant improvements in a community's health and a reduction in health inequalities can only be realised through improvements to people's social, economic and environment quality of life, supported by appropriate health and social care and action to support healthy attitudes and behaviours.

1. 2   Purpose of Strategic Review

1.2.1   Since 1991 following the publication of "People First" the Executive has extended and broadened its housing programmes and policies as they affect the health and quality of life of households in Northern Ireland. A number of strategic studies and policies have been developed particularly for dealing with and meeting the housing and social care needs of vulnerable households living in the public and private sectors. At the same time the Government has been establishing a new health agenda through proposals to shift the delivery of health care towards a primary care-led service. It is intended to concentrate resources, planning and support at a primary care level to create integrated health and social care provision closer to where people live.

1.2.2   The purpose of this strategic review is therefore to:

- Assess, evaluate and define the key themes and influences being shaped by the current strategic, planning and policy environment affecting the development of the health and housing agenda.

- Analyse and signal the principal health, social, demographic and economic factors that will assist in formulating the Executives responses. This will ensure that programmes are targeted to those most in need.

- Review progress to date in terms of supporting the health and social care agenda.

- Refocus the Executives strategic, policy and programme responses so that they can most effectively contribute to improving the health of the community. Partnerships, both formal and informal, will be crucial in order to ensure effective contribution to the health of the most deprived members of society

- Propose recommendations for future action.

1.2.3   The Executive hopes that this document will foster consultation on its analyses of the causes of, and housing based responses to, health and social wellbeing inequalities, and also inform future programmes.

1.2.4   Comments and responses are invited from all individuals and organisations who have an interest in Housing and Health issues. Responses should be submitted by 31st July 2000 and should be addressed to:

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CHAPTER 2 | **Housing Health and Social Services: National Strategic Context**

2.1 The New Health and Social Care Agenda

2.1.1 In its first two years the Government has embarked on a significant modernisation of health and social care policy, through a range of diverse though inter related strategic and policy developments. At its heart is the idea of ever more holistic Government based on 'bottom up' as well as 'top down' inputs. The emphasis is now on a long-term view, and a focus on the outcomes. From a period of extensive fragmentation and functional direction, the balance is now swinging towards greater integration.

Driving the Housing Policy Agenda

2.1.2 At the same time, Government housing policy places housing firmly at the centre of its social policy. Housing policy will increasingly reinforce and complement other social actions, particularly in relation to strengthening the family, tackling social exclusion, meeting welfare to work objectives and reducing health inequalities.

2.1.3 The Governments vision demands a comprehensive, integrated approach to housing provision that cuts across tenure divisions. This will involve closer co-operation between Government departments, partnerships between local housing authorities and other local service providers and tenants.

2.1.4 The Government has indicated that there is a considerable amount of additional funding available for housing and related services, but that this is contingent on a fundamental review of processes and structures. Deteriorating housing stock has led to the development of Housing Improvement Plans for each Local Authority, that will allow area based assessment of investment needs, and the integration of community inputs into regeneration strategies. These initiatives will coincide with the development of a unified housing funding regime, replacing the current mixed capital grant system.

2.1.5 In the statement on the future of housing, Government announced the refocusing of the Single Regeneration Budget, with 80% of the funding being ring-fenced for the development of the most deprived areas of England. This should provide the critical funding that the review of the SRB found was necessary to start sustainable improvements in these areas. A separate arrangement combining funds from the former Rural Challenge initiative with SRB funding will deal with smaller projects in rural areas, administered by the Regional Development Agencies.

2.1.6 The 'Green Paper' on Housing, 'Quality and Choice: A Decent home for all', sets out a framework to examine the structure and level of Housing Benefit payments, reassess rents on a capital asset basis, and look at ways to involve communities in the allocation of housing within their estates and developments.

2.1.7 At a national and local level there will be many policies and programmes which, although not housing centred, will nonetheless contain a strong housing component, or impact upon housing. This is because a lack of housing, poor house conditions or otherwise inappropriate housing can be a contributing factor to:

- A higher incidence of physical and mental health problems;
- Under achievement in education;
- Poor access to employment opportunities;
- Increased levels of crime and disorder

• Failure to achieve target reductions in emissions of CO_2 and

• Communities becoming stigmatised.

Housing policies, that are part of a national strategy, need to complement policies and initiatives in other social, economic and environmental fields

2. 2   Health and Social Care Strategy and Policy Developments

2.2.1   **United Kingdom**

The New NHS: Modern, Dependable, English White Paper

Inequalities in Health, 1998

Our Healthier Nation, English White Paper, 1999.

Disability Rights Commission

Caring about Carers: National Strategy for Carers

Modernising Social Services, English White paper, 1998

Modernising Mental Health Services, English White paper, 1999

Better Government for Older People

Royal Commission on Long term Care

Health Action Zone

Supporting People

Social Exclusion Unit

Opportunity for all – tackling poverty and social exclusion

Commom themes   2.2.2   A number of common themes emerge from the Government's strategic agenda which will require the Housing, Health and Social Services authorities and other organisations to work more effectively together across an number of overlapping strategic areas. These include:

•   Partnership working and integrated service delivery

•   Promoting independence and the development of preventative strategies

•   Raising standards and regulation

•   Participation

•   Reducing Inequalities and Social Exclusion

All of these themes are inter-related and will impact considerably on the developing agenda for improving the health and wellbeing of the population.

Partnership Working   2.2.3   At the United Kingdom level, much of the discussion has focused on the need for more effective working between different agencies, in particular housing, health and social service authorities with respect to strategic planning, service commissioning and service provision. The analysis calls for sharing of resources and knowledge and for contracts based on outcomes, achieving best value with user and carer involvement.

2.2.4   Significant changes to the scope and nature of joint working are already underway. Health Action Zones are one of the measures undertaken to build new local partnerships, as is the Better Government initiative which is exploring ways of improving the co-ordination of local services provided by a range of agencies. Health Improvement Programmes (HimPs), the local strategies for improving health and health care and delivering better integrated care, provide the strategic context for the different agencies to work together on a statutory basis.

2.2.5   In addition, the well established Joint Consultative Committees (JCC), the multi-agency groupings that have co-ordinated health and social service working to date in England, are to be replaced with a new flexibility around pooled budgets, integrated provision and lead agency commissioning.

2.2.6   The English Green Paper 'Our Healthier Nation - a contract for health', and the Social Services and Mental Health Services White Papers emphasise the need for effective joint working and integrated service provision between health, housing and social services. The Green Paper establishes clear targets for reducing inequalities and the partnerships required to improve the health and social well being of those in need.

2. 3   Health and Well Being Inequality

2.3.1   The Independent Inquiry into Inequalities in Health (1998) chaired by Sir Donald Acheson called for the development of policies that

- Improve the availability of social housing for the less well off
- Improve housing provision and access to health care for homeless people
- Improve housing quality by creating safe environments, increasing space standards and improving heating and insulation to reduce fuel poverty

2.3.2   The Inquiry also called for all policies likely to have an effect on health to be evaluated in terms of their impact on health outcomes and Government has acknowledged this. This includes a consideration of the impact of the home and the wider housing environment on the public's health.

2.3.3   In addition, new frameworks such as Best Value, Social Exclusion initiatives, anti-poverty strategies and the new approaches to Regeneration and Neighbourhood Renewal provide opportunities for housing providers to bring their expertise to a broader range of social objectives. Health improvement is central to this. There is clear evidence that economic status is linked to health and well-being outcomes. However the relationships between income, housing conditions, rent levels, social security eligibility and quality of life are complex and multifaceted.

2.3.4   Additionally, experience has shown, that targeted improvement in environmental works such as community safety, and estate remodelling can lead to better health outcomes.

2.3.5   Finally there is also research that shows that investment in energy efficiency improvements provides not only warmth and comfort, but a reduction in heating costs. Quality of life is closely related to the ability to afford the range of basic essentials and household energy costs can account for more than 10% of income. A reduction in heating costs and the consequent reduction in environmental air pollution will produce an improved quality of life and better health both at the individual and community level.

2.3.6   Across these various initiatives, housing is clearly identified as having a key role to play in the development of appropriate partnerships and alliances, including rehabilitation and prevention.

People First

2.3.7   A recurring theme linking the various initiatives is that services should be shaped around the individual, rather than people slotting into services that already exist. The last ten years has witnessed an increasing focus on encouraging self-determination and independence for vulnerable people. Alongside this there has been an ongoing debate about the balance between the targeting of services in the community to those with the greatest dependency and earlier intervention to prevent or delay a crisis and throughout, promoting quality of life.

2.3.8   The English White paper Modernising Social Services fully recognises the value of preventative approaches and has earmarked additional resources to fund preventative services. This agenda extends beyond health and social care. Appropriate housing is identified as a key to maintaining quality of life and well being. Physical and practical services to improve the quality of people's homes and environments, together with housing support services have a key role to play in delivering a preventative approach. In addition the direct payments scheme will be extended to people over 65, giving them much greater control over how their care needs are to be met.

Long Term Care

2.3.9   The Royal Commission on Long Term Care estimated that one half of all women and one third of all men aged 65 can expect to receive long term care services. Future patterns of care are likely to be affected by a variety of factors including: -

- Promotion of day and domiciliary care
- Technological developments leading to for example, more day surgery
- Changes in the willingness and capacity of the community to provide care
- Changes in the relative costs of provision

2.3.10 People's support needs will be driven by issues such as mobility, personal and domestic circumstances, nutritional requirements and access to communications (emergency, reassurance and friendship). The Commission argues that these will have the following consequences for providers:

- More integration of health, social care and housing services
- Better co-ordination and communication between service providers
- The need for a comprehensive assessment and a means of co-ordinating provision
- The development of flexible, reliable services
- Pressure for continuity of services
- Addressing specific needs of dementia sufferers and their carers

2.3.11 These themes also run through the Government's proposals for the future funding of support services for vulnerable people set out in the consultation document 'Supporting People'. It brings together several existing sources of funding including Housing benefit, (the element paid for support services), Special Needs Management Allowance (SNMA), and probation funding. The new grant will fund support services, but not personal care. Over time the new arrangements will provide greater flexibility and support could be funded independently of accommodation for people in any tenure or living arrangements. Increasingly the focus will be on the development of preventative services as an important part of the cycle.

2.4   Raising Standards and Regulation

2.4.1   The regulation of social care is also set to change significantly. The responsibility for regulation is to be transferred from local authorities and health authorities to newly established, independent regional care commissions. These commissions are tasked with establishing a more coherent standard for the level and quality of care provided.

2.4.2   The scope of formal regulation will also be extended to include domiciliary care and other forms of provision not currently regulated. Although registration is not compulsory, clients funded by the local authority will only be able to use registered providers. The regulatory framework will also address staff training and development. Underpinning this regulatory framework, will be the development of national standards for a range of care services, starting with care homes. This formal regulation and monitoring is to be complemented with an increased emphasis on internal quality assurances, linked to the Best Value regime.

2.4.3   Housing agencies have also been reviewing the regulation of housing associations supported accommodation and the scope of different regulations. Increasingly, attention has focused on the regulatory boundaries between housing support and care and the development of complementary performance indicators.

2.5   Participation

2.5.1   There is a strong Government commitment to encouraging the involvement of service users and their carers and families in service development across Housing, Health and Social Services authorities. Research and experience indicates that service users across a range of services do want to have a say in the way services are planned and provided.

2.5.2   The "Caring for Carers": National Strategy for Carers identifies the need for carers to be involved in the planning and provision of support services. The Health Improvement Plan offers one vehicle for achieving this.

2.5.3   The National Strategy for Carers places considerable emphasis on support for carers in carrying out their responsibilities. The different statutory agencies who provide services will need to work together to help carers deliver the best possible care, with service providers required to rethink their traditional approach to supporting carers. In addition to the £140m resources made available for preventative services, new funding to help carers take a break is to be made available. Housing support, in terms of the provision of appropriate housing, repairs and adaptations can make a considerable difference to the lives of carers. The National Strategy clearly states that timely accountable useful information on these services should be made available to the whole community. The increasing importance of assistive technology in assisting and improving life for users and carers is given considerable prominence.

2.5.4   Strategies for service users need to develop flexible approaches to participation and allow for independent input from service users and their advocates. The experiences of the housing sector in tenant and community involvement provide helpful models for the relevant agencies to build on.

CHAPTER 3

Housing Health and Social Services - Northern Ireland Strategic Issues

3.1 In addition to the drivers emerging in the wider United Kingdom context, the relationship between Housing, Health and Social Care is also being driven and reshaped in Northern Ireland through a number of interrelated policy and programme initiatives. The 'Fit for the Future' consultation document sets out the regional agenda for the modernisation of Health and Personnel Social services in Northern Ireland. At the time of writing, the final decision on the future shape of H&PSS will depend on political developments and the future form of Government for Northern Ireland. The roles and responsibilities adopted by the new administration will introduce a degree of accountability and local sensitivity to the decision-making processes, that will affect the health and wellbeing of the whole community.

This section addresses the key drivers in Northern Ireland under the following headings.

- Community Care
- Targeting Social Need
- Health and Social Well-being

3.2 Community Care

3.2.1 The provision of a quality Community Care service continues to be a priority for H&PSS in Northern Ireland. The documents 'Regional Strategy for Health and Social Well Being' and 'Well into 2000: A positive agenda for Health and Well Being' identify the key objectives and targets for different care groups.

The key service priorities for:-

- *People with a physical disability:* are the development of the community occupational therapy service to enable it to reduce waiting times and backlogs for housing adaptations, and the promotion of direct payments.
- *People with a mental illness and for people with a learning disability:* the development of community services to facilitate the rehabilitation of long stay hospital patients.
- *Older people:* at least 88% of people aged 75 and over will be supported in their own homes.

3.2.2 As is the case in the other regions of the U. K, the regulation of social care is also set to undergo significant change in Northern Ireland. Following on from the discussion paper "Raising the Standard: Improving Social Services in Northern Ireland", proposals are expected shortly which will extend the scope of formal regulation to include a range of additional care services, and to regulate the social care workforce and social care training.

3.2.3 The Department of Social Development, the Executive and Northern Ireland Federation of Housing associations, have also been addressing the relationship between the different regulations in relation to supported housing.

Supporting People

3.2.4 Government has started the process of introducing significant changes to the administration, delivery and funding of support services in Great Britain, as proposed in the "Supporting People" consultation document. The Department of the Environment, Transport and the Regions (DETR) has been tasked, in association with other statutory funders, to lead the implementation process in England.

3.2.5   In Northern Ireland, an Inter Agency Working Group has been established, chaired by the Executive and comprising representatives from the former Departments of the Environment and the H&PSS, and the Probation Board. The Working Group's remit is to consider and make recommendation on new arrangements for funding support services in Northern Ireland from April 2003.

Developing Primary Care

3.2.6   One of the key components of the proposed 'Fit for the Future' reforms is the development of arrangements for supporting a primary care centred service. Under these proposals, the primary care services, including G. P's and social workers would have a greater responsibility for the planning and management of local budgets in a community setting.

3. 3   Targeting Social Need

3.3.1   New Targeting Social Need (TSN) aims to tackle social need and social exclusion by targeting efforts and available resources on people, groups and areas in greatest social need.

3.3.2   Targeting social need requires a long-term emphasis and operates in three linked ways.

- A special focus on tackling the problems of unemployed people and on increasing their chances of finding work
- Targeting other sorts of social need, which may not be directly related to employment, such as inequalities in health, housing and education.
- A special initiative, promoting social inclusion, which will seek new and creative ways of helping people who are disadvantaged to such an extent that they cannot enjoy the full range of life opportunities that most people take for granted.

3.3.3   As a consequence of the Targeting Health and Social Services Need (THSN) initiative and given further impetus by "Well in 2000", a community development working group was established which would report directly to the Targeting Health and Social Need working group. The group's Terms of Reference were:

- To identify, and advise on the dissemination of good practice in existing approaches to community development which impact on health and social wellbeing.
- To advise on the key components to be included in community development training for HPSS staff in progressing the THSN initiative.
- To advise on the means by which the Department, Boards and Trusts should further promote and employ community development approaches to progress the THSN initiative.

3.3.4.   A report entitled Mainstreaming Community Development in the Health and Personal Social Services was issued in August 1999. Subsequently, Boards and Trusts have been asked by the Department of Health and Social Services to determine how they might take this forward.

3.3.5   The Promoting Social Inclusion aspect of the wider Targeting Social Need initiative aims to identify and tackle factors which can contribute to social exclusion and which cut across Departmental boundaries. The approach emphasises the need for prevention and evidence based decision-making.

3.3.6   Initially, the Government has established four working groups to address:

- Action to alleviate the needs of travellers.
- Strategies to address the needs of ethnic minority groups.
- The problems of teenage parenthood.
- Strategies for making services more accessible to minority groups and others at risk of social exclusion.

Health Action Zones

3.3.7   Health Action Zones provide a new opportunity to address health inequalities on a concentrated basis, linking the contribution of H&PSS to work on regeneration, housing and employment. There are plans to establish up to four Health Action Zones in Northern Ireland under the auspices of the Ministerial Group on Public Health. There are presently two Health Action Zones declared in Northern Ireland, one in North and West Belfast H&PSS Trust area and one in the Armagh and Dungannon Trust area. The Housing Executive is among the statutory and voluntary agencies playing an important role in these initiatives.

3.3.8   Health improvement programmes are the local plans for improving health and social well being, tackling inequalities and developing high quality, responsive services. These are planned to be in place from April 2001. While the Area Boards will be the lead agencies in the development of local plans, a range of agencies, including the Housing Executive are identified as needing to work together in an open and collaborative manner to produce plans for a broad range of activities.

3. 4   Health and Social Well Being

3.4.1   The Department of Health, Personal Social Services and Public Safety aims for promoting health and social well being are to:

- Reduce preventable causes of disease and disability
- Encourage and support people to take responsibility for their own lives
- Develop public policies which protect health and promote social well being
- Develop partnerships to promote health and social wellbeing; and
- Help people to obtain relevant information and skills

Many of these aims are common to both the Housing and Health authorities and allow the development of joint vehicles to promote inter-agency approaches.

Health Promotion Agency

3.4.2   The Government has set up the Health Promotion Agency with an overall mission to make health a top priority for everyone in Northern Ireland. To this end the Health Promotion Agency has developed five strategic objectives to underpin the attainment of its mission, relating to:

- Collaboration
- Leadership
- Quality
- Community
- Organisational Development

3.4.3   While the Executive, as a key strategic partner with the Agency, supports and shares these objectives, it is particularly keen to identify and develop the roles and links through which housing and its investment can contribute to these objectives. We will wish to explore with the Health Promotion Agency how our respective businesses can be best aligned in order to further reduce health inequalities and improve the health of the people of Northern Ireland.

New Opportunities Fund

3.4.4   The creation of Healthy Living Centres is a Government initiative funded through the National Lottery. The New Opportunities Fund has responsibility for distributing monies to four initiatives including healthy living centres, out of schools childcare, green spaces and sustaining communities. Some £13m from lottery funds have been allocated to Northern Ireland to set up Healthy Living Centres. Bids are presently being sought and assessed

3.4.5   The Children (N.I) Order 1996 imposes a statutory duty on each of the H&PSS Boards to produce a Children's Service Plan every three years, from April 1999. The development of Children Service plans require the Area Boards to work with other agencies and organisations to prepare multi-agency and multi disciplinary plans to improve services for vulnerable children and young people. There is a strong emphasis on more collaborative work between statutory agencies. A Northern Ireland Childcare strategy has also been published. Additional resources have been set aside for among other things a 'Sure Start' programme looking at support for young children and families particularly targeted at areas of high deprivation and poverty.

3.5   Summary

3.5.1   Clearly the promotion of health and well being is not simply the responsibility of the H&PSS. Many of the issues that affect the health and well being of individuals and local communities are complex and require a range of coherent and integrated service responses.

3.5.2   The new Health Improvement Programmes, Health Action Zones and Children Service Plan provide a vehicle for a range of agencies to work together to promote health and well being. Equally other initiatives such as Healthy Cities and the New Opportunities Fund also provide a basis for partnership working to address wider health and wellbeing issues.

3.5.3   In summary the new and radical agenda for Health and Social Care recognises a broader view of health beyond the responsibility of individuals themselves. Factors, which demand specific interventions at community level as well as at national level, include poverty, unfit housing, unstable communities, crime and anti-social behaviour, poor environments, pollution and air quality.

3.5.4   The Housing Executive as the comprehensive housing authority for Northern Ireland recognises the need to review and develop housing policy and programmes to take account of the key themes arising from the new health and social care agenda, including the

- Reduction of health and social care inequalities
- A renewed emphasis on joined up working between different organisation to tackle the most difficult and complex and often cross-cutting problems, through partnership and collaborative working
- The importance of exploring new approaches to the planning, commissioning and delivery of services
- Targeting resources to those most in need
- Improved standards and a more effective regulatory framework
- A focus on outcome based approaches to demonstrate effective service delivery.

CHAPTER 4 ┊ **The Social, Economic & Demographic Profiles of Housing and Health**

4.1 The future Housing and Health agenda will be driven and shaped in large measure, by the prevailing trends and characteristics of the social, economic and demographic features of the population and households. The Housing Executive, the H&PSS, and the Universities, all maintain research programmes, that inform and evaluate policies directed at improving the overall health of the population of Northern Ireland. The Executive, in addition to carrying out and funding Housing-Health related research, maintains a watching brief on these issues through the House Condition Survey, Continuous Omnibus Surveys, Estate Based research and involvement in multi-agency research such as the NI Life and Times Survey. In the current research programme, the Executive is conducting research with The Queens University of Belfast Health and Social Care research unit into illness and mortality rates among the Elderly. The results of this and other ongoing research will assist in the development of future schemes and programmes.

4.1.1 All of these data sources indicate that there are areas that the Executive, as Northern Irelands strategic housing authority, and Home Energy Conservation Authority, can contribute to making significant improvements to both the health of its own tenants and the population as a whole.

4.2 Indicators and Issues

A summary of the key points to emerge from the analysis of the various data sources are:

4.2.1 Socio-Economic Issues

- The medium term economic outlook for Northern Ireland is positive with output growing to 3% in 2000. However unemployment remains high and with economic activity rates growing faster than the level of job creation unemployment is likely to remain constant, at least in the short term.

- Benefit dependency is much higher in Northern Ireland (20% of average household income is derived from social security benefits) compared to 13% for the UK as a whole.

- With particular reference to the Executives stock the economic profile has become more skewed towards benefit dependency and poverty:

- Only 21% of heads of household are engaged in full or part time employment.

- Nearly a quarter of heads of household registered as unemployed.

- 32% are retired.

- 10% are permanently sick or disabled.

- 1% are registered as self-employed

- 63% of households had a gross income of less than £7,300 per annum (1999). This falls considerably below the Governments accepted 'Poverty Level' of half average wages, £8967 (Figures from DETR labour force survey, Jan 2000)

4.2.2   Demographic Indicators

- Decreasing household size is resulting in a significant increase in new households. This rate of household formation is increasing the already high level of pressure on housing supply in all tenures. It illustrates the need for a continued, and enhanced social new build programme

- There has been a very rapid rise in single person households (19% of all house-holds in 1981, 26% of all households in 1998). This raises concerns over the result-ing rise in isolation, insecurity, and mental anxiety associated with living alone.

- A marked increase in lone parents, from 10% of heads of household in 1981 to 13% in 1991. This has created the need for increased state intervention and higher benefit dependency levels

- Declining marriage rates, increasing divorce and separation and subsequently more re-marriage and co-living. These factors exacerbate the pressures on housing supply, referred to earlier.

- According to figures for the mid term population estimates, there is likely to be a significant growth in the elderly population over the next fifteen years, with increases of 3.1% in the 60-74 age group, and 1.4% in the 75+ group. This has implications for those providing services to enable elderly people to remain in their own homes, and for providers of sheltered or semi-sheltered accommodation.

Demographic Projections: Natural Population Growth
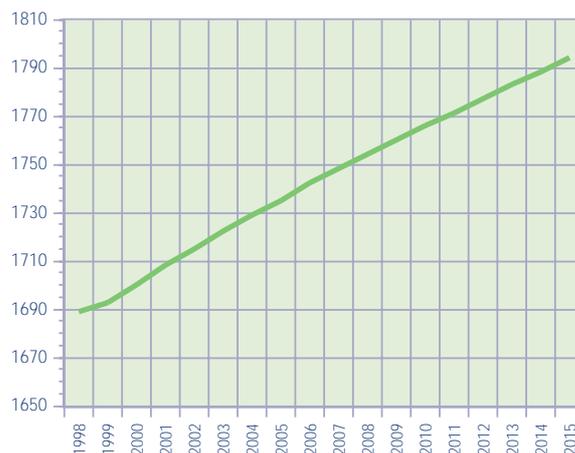
Source: NISRA

- The Continuous Tenant Omnibus Survey (1999) indicates that approximately 64000 people over the age of 60 are living in Executive accommodation.

- The above trends indicate that there is considerable potential for stress on the supply of housing and support services for the elderly, and a growth in overall demand for small family units and individual accommodation.

4.2.3 Broad Health Issues

According to the Chief Medical Officer for Northern Ireland's Annual Report (1999), socially excluded groups, especially the unemployed, disabled, single parents and the Elderly, all are more likely to suffer ill health, die younger, and are less likely to avail of health services. The Executives' own research programme validates these findings and shows that among other health disadvantages, tenants of social housing providers are significantly more likely to suffer from physical mobility problems than more affluent groups Some significant, demonstrable differences in health experiences are:

• Among men in the two lowest income groups, the mortality rate by age cohort is three times higher than that for the two most affluent.

• Higher income groups have considerably lower Infant mortality rates than lower socio-economic groups.

• There is evidence to suggest that childhood health inequalities will persist into adult life, in terms of lower educational achievement and other issues (CMO's Report 1998)

4.2.4 In general terms, people in the two lowest socio-economic groups have higher incidences of the main causes of mortality than those in the highest. (The exception to this rule is Malignant Melanoma, where the converse applies)

4. 3   Northern Ireland Health and Wellbeing Survey

- The recent Health and Social Wellbeing survey conducted by the DHSSPS has pointed to a number of significant health issues affecting the population in Northern Ireland:

- Living alone, living in hostels, living in social housing with poor environmental conditions are related to high psychiatric prevalence rates. Overall, 17% of men and 27% of women are likely to be prone to some form of psychiatric illness in Northern Ireland. This compares with13-14% of men and 19-21% of women in GB. The Eastern Health Board area showed the highest figure for the possible development of mental illness, with 26% of the overall sample showing indicators of possible problems.

- There has been an increase in the self-reporting of the presence of long-standing illness, from 29% in 1983, to 35% in 19996/7.

- There is a correlation between long standing illness and age, with the 16-24 age group reporting presence among 16%, while in the over 65 age group, the rate rises to 68%.

- 27% of the sample reported having some form of cardio-vascular disease

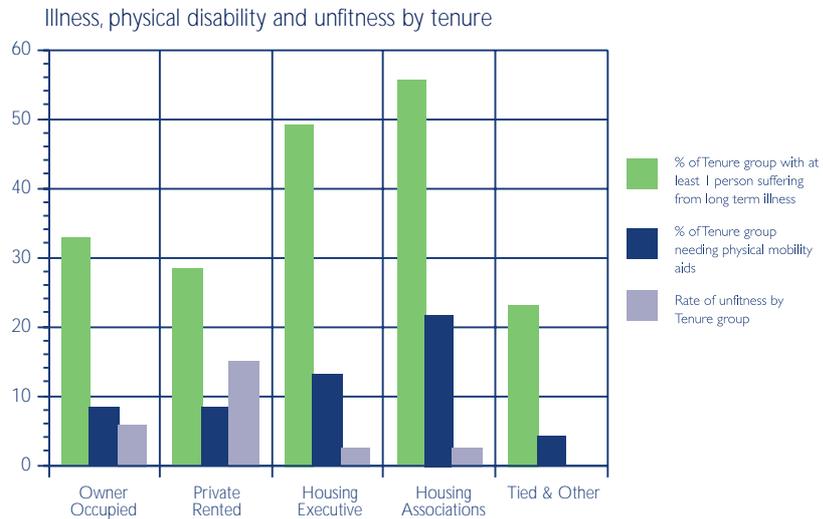**4. 4   Energy Conservation and Fuel Poverty**

4.4.1   The term "fuel poverty" is generally accepted as being a condition where households spend more than 10% of their income on domestic fuel and even this level of expenditure may be insufficient to provide adequate warmth in the home. Dwellings can be difficult to heat mainly due to inefficient heating systems, poorly controlled heating systems and lack of adequate insulation in lofts, walls and hot water tanks. However, the problem is often exacerbated due to households living on low incomes. The main causes of fuel poverty are:

- The thermal inefficiency of the dwelling and/or,

- Insufficient income to buy fuel. There are cases where even in well-insulated dwellings with adequate heating systems, households may suffer fuel poverty due to lack of income to buy fuel.

4.4.2   The consequences of fuel poverty are excess winter deaths, particularly among the elderly due to respiratory or cardiovascular disease. Hospital admissions due to cold related illnesses increase significantly during the winter months. Overall, it is estimated that 28% of households are experiencing fuel poverty in Northern Ireland

4. 5   House Condition Survey, Illness and Unfitness

4.5.1   As part of the ongoing research activity of the Executive, an analysis of data gathered through the 1996 House condition survey indicates that tenants of Executive, and other social landlords, are significantly more likely to be ill themselves or have at least one member of their household suffering from a long standing illness.

Illness, physical disability and unfitness by tenure

Legend:
- % of Tenure group with at least 1 person suffering from long term illness
- % of Tenure group needing physical mobility aids
- Rate of unfitness by Tenure group

Source: 1996 HCS

4.5.2 From the above chart, it can be seen that the highest proportion of ill or disabled tenants is located in the Housing association sector, but this is to be expected as the history of the Associations has been dominated by the development of 'special needs' schemes. Significantly, 49% of Executive tenants report the presence of a long-standing limiting illness in their homes, and a further 13% require a physical aid to mobility.

4.5.3 Both the Northern Ireland Health and Social Wellbeing Survey, and research carried out by the Health and Social Care Unit at QUB, broadly support these findings.

4.5.4 In Northern Ireland, it is estimated that there are approximately 31,400 unfit dwellings. Figures from the House condition Survey reveal that just over half of these are occupied by households where the head of household is over 60 years of age, and a large proportion of these are in rural areas. This will impact particularly on the Executives targeting of resources through the new build programme, renovation/ replacement grants (primarily rural) and Disabled Facilities Grants.

4. 6   Accidents in the Home

4.6.1 The Royal Society for the Prevention of Accidents (RoSPA) has identified accidental injury as a major health problem throughout the UK. Accidents of all types are the major cause of death among children over 1 year of age, and leave many thousands permanently disabled or disfigured every year.

4.6.2 Fire related accidents are the most common cause of accidental death among children. With regard to non-lethal accidents, swallowing small objects accounts for 59% of all casualties, with falls causing 39%. Falls can be particularly serious for elderly people as well, especially if they are living alone. Between 7 to 10% of all falls for elderly people are fatal.

4.6.3 To put this in context, an average of three children die every week as a result of an accident. As is the case with most negative health indicators, the accident rates for lower social and economic groups are significantly higher than those for more affluent groups. While many of these accidents are purely due to behavioural factors, the Executive will be examining options for the reduction of home accidents through house design, and education.

4. 7   Community Relations and Community Safety

4.7.1   As part of the NI Life and Times Survey, the Executive has recently conducted research into the fear of crime and perceptions of anti-social behaviour among its tenants, and homeowners. Initial findings indicate that three fifths of adults in the survey were worried that they were likely to fall victim to some form of crime. Highest levels of concern were expressed in urban areas, and there were no major difference between tenants and homeowners

4.7.2   With regard to problems of anti-social behaviour, there was broad agreement on many issues between homeowners and public sector tenants. In both tenures a main focus of concern was fouling of footpaths by dogs. However in other respects, there were noticeable differences in attitudes and perceptions. Vandalism of public spaces was considered a major problem by 10% of tenants, compared to 16% of owner-occupiers and there was a noticeable disparity between the two groups in their attitudes to other types of anti social behaviour. 16% of owner-occupiers considered theft or burglary to be a major problem, compared to 5% of tenants.

4.7.3   Although the Executive has developed a strategy to address some of these issues, success will depend on both multi-agency approaches and a commitment by the relevant communities themselves.

4. 8   Homelessness

4.8.1   Both the extent and the effects of homelessness in Northern Ireland continue to prompt concerns for the Executive. In the period up to the end of March 1999, the number of people presenting as homeless declined by 1% compared to the previous financial year, amounting to 11,552 cases. Of these, 43% were accepted as Homeless under the statutory definition. (4954 cases).

As with previous years, the majority of those presenting were single people, representing 50% of all presenters. The number of single males presenting as homeless (31%) remains significantly higher than the number of females (19%).

4.8.2   The breakdown of sharing arrangements continues to be the main reason for presenting as homeless (30%). Intimidation accounts for 13% of homeless presenters, while relationship breakdown represents 11%. This pattern is broadly consistent with previous years.

4.8.3   It is widely recognised that homeless people are more vulnerable to infectious diseases, due to their living environments and generally poor conditions, and surveys, both in Northern Ireland and elsewhere, have revealed high levels of mental illness among people living in temporary shelters and bed and breakfast type accommodation.

4.9   Rough Sleepers

4.9.1   An evaluation report of a joint initiative between the Executive and Lee Hestia Housing association in 1999, indicates that there are a significant number of rough sleepers in the Belfast area who have complex needs and require support from both Housing and Health professionals.

- 74% are 'problem drinkers;
- 22% have drug related problems;

- 68% have mental illnesses while only 39% had been in contact with medical services;

- 36% had previously suffered from combined alcohol/ drug problems;

- 42% sleep in the streets; 34% in derelict properties and the rest in parks, cemeteries and hospital A&E waiting rooms.

4.9.2   This is an evolving area of policy in Northern Ireland, and ongoing research into illness and access to professional housing and medical services will inform inter agency approaches for the future.

4.10   The Developing Picture

4.10.1 There are a number of key pointers that can be drawn from the socio-economic and demographic information summarised above.

- Very high levels of natural population increase in Northern Ireland will create significant pressures on

- Increases in the dependency ratio (i. e. population aged less than 15 and those aged 65 plus, as a proportion of those aged 16-64) will create new problems and pressures for Government with regard to paying for the provision of welfare/care services to the vulnerable, disabled or elderly.

- Increases in female economic activity rates in 16-65 age groups will reduce the number of informal carers managing the needs of vulnerable households living within the community. The continuous household survey (95/96) estimates that there is approximately a quarter of a million people in NI providing full or part time care for a relative, friend or neighbour. The majority of this is unpaid, and provided by women. The reduction in the number of women available to supply this supplement to formal statutory provision will impact on resource allocation across the Community Care field.

- A significant increase in the population aged 75 plus will have important implications for the level of provision for supported housing and delivering services to a growing number of people with severe and diverse problems.

- According to the NI Health and Social Wellbeing Survey, mental illnesses are not equally distributed across the population.

- The very worst housing in Northern Ireland, those unfit for human habitation (therefore associated with a wide battery of illnesses and disease) tend to be disproportionately occupied by elderly households, often in very dispersed locations, (52% of unfit homes are occupied by elderly households aged over 60).

- There are growing concerns over the apparent rise in criminality that adversely affect peoples feeling of wellbeing and creates stress. Vandalism and other forms of anti-social behaviour 'blight' areas and damage the development of community solidarity.

- The increased rate of household formation and growth in waiting lists for social housing will continue to create stress in communities, through overcrowding, and in certain areas, unacceptably long waiting times for suitable accommodation.

• Social housing estates which exhibit a high level of benefit dependency also exhibit higher levels of poor health, associated with poverty, disadvantage and unemployment. This has clear implications for resource targeting on a multi-agency basis.

4. 11   Summary

4.11.1 While any of the indicators outlined above can create problems of deprivation for individuals and communities, the combination of factors experienced by the Executives tenants reinforce each other into multiple deprivation, and entrenched social exclusion. It is widely recognised that the economic balance of social housing estates has been eroded over the years, and the tenant profile has become more elderly, more benefit dependant, and more likely to suffer the effects of inequalities.

4.11.2 The interaction and impact of housing on health and social well-being is such that joint working in collaboration with our key partners could significantly help in reducing health inequalities in Northern Ireland. Our overall aim is to ensure that housing programmes and services are integrated, where appropriate, with other service provision, so that they have maximum impact on promoting health and social wellbeing. For this to happen, the Statutory and Voluntary sectors must work together with local communities in a spirit of true partnership.

CHAPTER 5 **Developments to date in Housing, Health and Social Care**

5. 1   Housing, Health and Social Well-being

5.1.1   The Executive has been working in partnership with Health and Personal Social Services (H&PSS) and other organisations in tackling issues to improve the quality of life for individuals and communities.

5.1.2   This Chapter will highlight the substantial progress that has been made, and identify emerging issues. These will require proposals and recommendations for future action, which will be more fully developed in Chapter 6.

5.1.3   This section addresses the progress and developments to date in Northern Ireland under the following headings:

- Community Care
- Targeting Social Need and Promoting Social Inclusion
- Promoting Health and Well-being

5. 2   Community Care

5.2.1   Housing services are a key source of support to sustain independent living in the community. A large number of public and private sector tenants and owner occupiers benefit from housing related community care services provided by the Executive and Housing associations. These include:

- Supported housing for people with mental health problems, physical disabilities, learning disabilities and other needs
- Mainstream housing with support – housing agencies provide extra support to enable vulnerable people to manage their tenancy and live in the community.
- Vulnerable Homeless: A large number of people with support needs are accepted as homeless each year.
- Adaptations to people's homes
- Staying Put Agencies providing assistance with repairs and grant aid
- Sheltered housing for older people

Supported housing for people with mental health problems, physical disabilities, learning disabilities and other needs

Supported Housing

5.2.2   The term supported housing is used to describe housing, which caters for people who require care and support in addition to accommodation. A wide range of client groups is covered under this definition, including people with a physical disability; people with a learning disability, people with mental health related problems, and the frail elderly. Supported housing has been largely provided by housing associations

5.2. 3   The Executive through the joint planning arrangements with the H&PSS seeks to extend the supported housing options for various client groups in response to discharge from hospital or other institution and wider community needs. Each year 20% of the new build programme is targeted to meet supported housing need. The Executive determines priorities for new build provision through the joint planning arrangements with H&PSS authorities. Each new proposal for supported housing schemes is discussed and agreed with the relevant H&PSS Trust and housing associations.

5.2.4   Whereas the Executive, in conjunction with Boards/Trusts assess the need for supported housing, housing associations deliver the schemes on the ground, providing a range of supported housing to meet the needs of vulnerable people. These include small group homes, core and cluster developments and a range of other supported housing models. Considerable progress has been made over the last number of years with nearly 1600 units of supported accommodation being provided since 1993. This represents an investment of over £100 million in this type of provision.

Mainstream Housing

5.2.5   Mainstream Executive and housing association accommodation can and does provide a suitable base for independent living. Since 1993, nearly 11,000 units of general needs accommodation have been provided, covering both rural and urban areas. The levels of support provided can, over time, be varied to suit the needs of the individual. People with support needs are increasingly expressing a preference to live in mainstream accommodation rather than in specialised accommodation. The Executive values individual choice, and believes that all relevant agencies should be responding to this demand.

Support Services for People with Special Needs

5.2.6   The Executive works with a number of statutory and voluntary agencies to assist people with support needs to live in mainstream housing. Support services are intended to help vulnerable people to live in the community and can help prevent tenancy breakdown and reduce the need for H&PSS intervention.

5.2.7   The support needs of vulnerable people are quite diverse and quite likely to change over time. In some cases, support needs are long term, whilst in others the need for support is short term, and may eventually not be required at all. The Executive assists voluntary groups to provide such services, directly through specific funding arrangements and indirectly through the leasing of properties to groups to provide housing and support services.

Quality Housing

5.2.8   To facilitate the preferences of those who want to live in mainstream housing, the Executive, Housing associations and the Department of Social Development have sought to promote the highest possible standards in new social housing developments. Over the years, this has included the introduction of mobility and wheelchair standards in the early 1980's, to the introduction of Lifetime Home Standards from April 1999 onwards.

Composition of General Needs New Build

Mainstream Housing

Wheelchair Standard
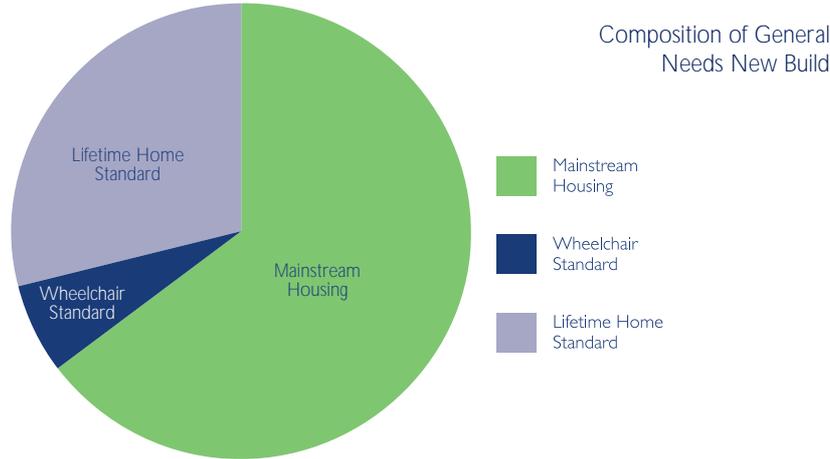
Lifetime Home Standard

5.2.9 Lifetime homes are ordinary homes designed to meet the changing needs of the occupiers. The emphasis is on providing flexible housing that can be changed or adapted, in response to people's changing circumstances, as they get older.

5.2.10 A sizeable proportion of the annual new build programme is built to accessible or wheelchair standard. For example, of the 1954 units in the 1998/99 new build programme, 129 units were to wheelchair standard and 562 to Lifetime home standards.

Access to Housing

5.2.11 Providing people with choices about how they live is an important principle for the Executive and Housing associations. The Executive currently operates a common waiting list with nearly 30000 applicants which provides access to Executive and Housing association accommodation. As such, it is essential that the assessment of need and allocation of accommodation is sufficiently sensitive to the particular needs of applicants.

5.2.12 The Executive in partnership with the Northern Ireland Federation of Housing Associations, Department of Social Development (DSD) and the H&PSS has recently reviewed the Housing Selection Scheme. The aim of the review was to develop a common selection scheme for all social housing in Northern Ireland that is fair and equitable in terms of access to the scheme, assessment of applicants and allocation of accommodation.

Common Selection Scheme

5.2.13 The development of a common selection scheme embracing all social housing providers will, by providing a 'one stop shop', remove the complexity for applicants having to approach different housing providers to get re-housed.

5.2.14 Importantly the review sought to ensure that the housing assessment process is more sensitive to an individual's health and social care needs. In addition to the 'traditional' housing need factors such as homelessness and insecure tenancies, substandard housing conditions, sharing and overcrowding, the selection scheme now more fully recognises the particular needs of people who require support and their carers, with the introduction of functionality points, support/care points and social need points.

5.2.15 The revision of the housing selection scheme will allow better assessment of the housing, support and care needs of people with complex needs. The development and operation of the revised common selection scheme, to be introduced from November 2000, will involve new working relationships with the H&PSS, the Probation Service, housing associations and the voluntary sector.

Vulnerable Homeless

5.2.16 Homelessness is one of the most acute forms of housing need, where individuals or households are either unable to secure or maintain accommodation which is suitable for their needs.

5.2.17 Increasingly a significant number of homeless people who approach the Executive have complex health and social care needs. Although there are no reliable figures on the number of people with additional needs, the Executive works closely with the H&PSS and voluntary agencies to seek to identify the particular needs of clients, and to improve access to appropriate health and social care services. A study of homeless people in hostels, conducted in 1995 showed 37% of residents were suffering from some form of mental illness. Often, people involved in the study had multiple problems, such as alcohol or drug dependency, combined with a personality disorder or other clinical condition.

5.2.18 The Executive's temporary accommodation policy aims to address the needs of both "statutory" and "non statutory" homeless households. "Statutory" homeless are those for whom the Executive has a legal duty to secure accommodation under the Housing (NI) Order 1988. "Non-statutory" homelessness refers to those who do not fulfil the relevant statutory criteria, but who still require immediate assistance obtaining accommodation.

5.2.19 The Executive seeks to assist such households primarily through its work with voluntary groups who provide direct access to accommodation. . The temporary accommodation policy addresses both the "mainstream" and "specialist" needs of homeless client groups through the provision of

- Emergency/crisis accommodation
- General needs temporary accommodation
- Specialist temporary accommodation and services
- Move on accommodation

Specialist Homelessness Services

5.2.20 The Homeless Support Team is one example of joint working with H&PSS and voluntary agencies in the field of homelessness. It is a peripatetic service for homeless people with mental health problems, and also provides support for staff working in temporary accommodation in Belfast. Its main objective is to increase the quality and accessibility of mental health and addiction services to homeless people through professional assessment and improved working practices. The team was established in response to a follow up study in 1998 that confirmed that there was a significant number of people with mental health problems who were homeless and in temporary accommodation. A recent evaluation of the Homeless Support Team showed that the project fulfils a clear and additional role in accessing services for homeless people with mental health problems. The evaluation also highlighted that in many cases, mental illness masked alcohol or drug dependency. Over the period of the assessment, the unit had contact with 233 homeless people with mental health problems of varying degrees. It is funded by the Executive and local H&PSS Trusts.

Rough Sleepers

5.2.21 Although there are no reliable figures for the number of people who are literally homeless or sleeping "rough" the Executive has been involved in a number of local initiatives to assess the extent and nature of street homelessness, and works with both the H&PSS and voluntary groups to provide accommodation and support services for this particular vulnerable group.

Adaptations

5.2.22 The Executive supports and part funds Lee Hestia, a voluntary organisation to provide a street outreach programme for rough sleepers in Belfast. The programme supports rough sleepers by providing food, clothing, access to accommodation, primary health care and specialist services. In the year 1998/99, the programme supported over 130 rough sleepers.

5.2.23 Housing also makes an important contribution to Community Care through helping people remain at home by adapting their property to meet their particular needs. Many frail elderly people and those with a physical or sensory disability live in homes that can create great difficulties for every day living: - they may have difficulty in managing stairs, or getting in and out of the bath. In many cases these difficulties can be overcome through the provision of adaptations or aids. The most common adaptations are stairlifts, showers and wheelchair ramps. The Executive works closely with the local H&PSS Trusts in the provision of these services. Housing Agencies typically fund adaptation for people following confirmation of need by occupational therapists.

5.2.24 The Executive commits substantial resources each year for adaptations for its tenants. In the period from 1992/93 to 1999/00 the Executive carried out almost 35,000 adaptations (of which 30% were for major works), a commitment of over £55m. Housing associations also undertake several hundred adaptations per annum for their tenants.

5.2.25 The Executive also provides assistance, through the Home Improvement Grants Scheme, to owner-occupiers and tenants of private landlords. Disabled Facilities Grants and Minor Works Grants are particularly important for enabling people to remain in their own homes. In the period from 1992/93 to 1999/2000, a total of 3568 Disabled Facilities Grants and 8427 Minor Works grants have been completed. Overall, private sector grants for disabled facilities and improvement works have amounted to over £288 million over this period.

5.2.26 The Executive recognises the need to avoid delays in obtaining adaptations either because of late assessments or in the provision of adaptations. The Executive is a member of a Joint Adaptations Forum alongside representatives from the DHSSPS and the Area Boards and Trusts. The forum was established to allow officers to discuss issues involved in the provision of adaptations in the public and private sector and to improve the quality of services including response times.

5.2.27 The Joint Adaptations Forum has taken the lead in developing a number of initiatives to improve the delivery of adaptations including:

• A joint DOE/DHSS circular encouraging closer working practices and mutual co-operation between local H&PSS and Executive offices

• Development of a service agreement on the provision of adaptations. The service agreement, which has been adopted by each of the Boards, Trusts and Executive Area offices, outlines the roles and responsibilities of each organisation.

• The Executive has introduced, for its own tenants a 'fast stream' procedure to respond more quickly to those adaptations cases assessed as urgent by the occupational therapy service.

'Staying Put' Agencies

5.2.28 The Executive has also undertaken a number of initiatives to streamline the assessment and procurement process to deliver adaptations as quickly as possible

5.2.29 Home improvement services such as those provided by Fold Housing association and Shelter (NI) play a significant role in helping elderly people to maintain and improve their own homes. Funding from the Executive has allowed these services to progress significantly. An audit of the scheme has shown that it provides good value for money and it may form the basis for extending agency-based services into other areas. The Executive has allocated over £1. 4 Million. to these services over the last 8 years

Sheltered Housing

5.2.30 Sheltered housing has made a significant contribution to meeting the housing needs of older people. Across Northern Ireland, there are almost 11,000 units of sheltered accommodation, with on site or peripatetic wardens. In the late 1990's the Executive and the Northern Ireland Federation of Housing association undertook a review of the housing needs of older people, and specifically the future role of sheltered housing. In light of the changing demography and service environment, the review recommended that the role of sheltered housing be enhanced to support independent living by vulnerable people for as long as possible and preferably to the end of their lives. The DHSS in its "Regional Strategy 1997-2002" endorsed the development of sheltered housing as set out in the policy review.

5.2.31 The growth in sheltered accommodation has provided a realistic alternative for elderly people who find it impossible to remain in their own homes even with domiciliary support, and who would otherwise have to resort to residential homes. The service could be further enhanced by the joint training of housing and health care professionals in housing and care needs assessment methods.

Applied Research

5.2.32 In developing our planning and commissioning activity we are particularly informed through applied research on the social, demographic, physical and economic factors that shape and determine housing need and provide us with a geographical framework for targeting disadvantaged areas. Much of this research is based on survey work, but we draw data and information from a very wide variety of sources including the Census, Planning Studies, Estate Strategy research. Recently we have gained access to comprehensive data sets on the geographical distributions of benefits, which will act as an aid to the planning of projects for supported housing. DHSS data on standard mortality ratios, which when linked with other data on the characteristics of the population, will further help us to target potential "Health Zones" where joint action may be required between housing and health staff. These comprehensive and complex data suites are now managed, as a planning mechanism by our Geographical Information Systems, which provide a powerful way of helping us to target areas of need for resource planning purposes. While our current research programme contains a number of health and housing projects which will help inform localised decisions for housing projects, we are also particularly keen to work with other agencies to provide outcome related research.

Health Action Zones

5.2.33 Currently we are engaged in joint locality working with Boards and Trusts on 3 research projects:

- Collaboration with the Western Health and Social Services Boards and Trusts to identify the housing and care needs of older people in six localities, each with a rural community dimension. The results of this exercise are development of health and housing action plans, which have identified needs and programmes. The Board, Trust and Executive provided funding for a dedicated post to take forward this work.

- The Southern Health and Social Services Board, Southern Health and Social Services Council, Local Trusts and the Executive have been working together to address the housing needs of young people with physical or sensory disabilities. Following on from a study on service provision and needs assessment, and implementation group with representatives from all agencies, as well as local user and carer groups was established to address the key recommendations. A key task is to ensure that a range of housing and support options are available to meet the needs or young people with physical or sensory disabilities in the South Board area. Again, staff secondments were a key ingredient.

- The Northern Health and Social Services Boards, local Trust and the Executive, commissioned the University of Ulster to examine the possible future accommodation and supported living needs of people with learning disabilities in the Board area. This work has provided new and improved information on individuals which will be used in future strategic planning decisions and provisions.

5.2.34 The Executive is particularly keen to extend its research programme to engage other partners in joint collaborative research to inform us and help us to act on issues/projects which are of mutual benefit.

5. 3   Targeting Social Need and Promoting Social Inclusion

5.3.1 The goal of social inclusion is central to the Executive's overall aims and objectives and has been enshrined in both its Corporate and Business Plans. The Executive takes the view that targeting need is a key element of promoting social inclusion, and pervades its policies and services: - For example

- All social housing programmes are based on thorough needs assessment
- The housing selection scheme is based on a thorough assessment of individual or family housing need.
- The grants service is based around dwelling conditions and the financial ability of an individual to pay

5.3.2 The Executive is currently working with the H&PSS and others in the promotion and implementation of a number of targeting social need initiatives. Some significant examples of progress in this direction is the work ongoing with the Health Action Zones, our involvement in the Promoting Social Inclusion initiatives, our sponsorship of the Healthy Cities projects and other similar work.

Healthy Action Zones

5.3.3 The Executive is one of the partner agencies involved in the two Health Action Zones designated in Northern Ireland, to date; the North and West Belfast Health Action Zone and the Armagh and Dungannon Health Action Zone. Each of the Health Action Zones has established key themes to address the complex problems and challenges facing people in their respective areas. Many of the programmes and schemes that the partner agencies have chosen to focus on have a strong housing component, or impact on housing. From the Executive viewpoint, the Health Action Zone initiatives have the potential to:-

- Provide a vehicle for the development of new ideas and initiatives
- Ensure effective and co-ordinated linkages between different programme initiatives
- Integrate 'Best Practice' into mainstream activities

5.3.4 While the HAZ initiatives are still at an early stage, they have considerable potential for improving overall health and wellbeing in their respective areas.

Healthy Cities

5.3.5 Healthy Cities is an initiative lead out by the World Health Organisation, with the aim of improving the health status of people living within designated cities. Both Belfast and Londonderry have developed Healthy Cities initiatives, working in partnership with statutory, voluntary and community organisations to encourage the explicit consideration of health issues in the development of policies, procedures and practice. The Executive is one of the statutory bodies sponsoring the initiatives.

Promoting Social Inclusion

5.3.6 The Executive is among the statutory and voluntary agencies represented on three of the Promoting Social Inclusion working groups that have been established to date - Teenage Parenthood, Travellers, Ethnic Minorities, and Better Services.

Teenage Parenthood

5.3.7 The PSI working group is tasked with tackling the problems associated with teenage parenthood. A strategy document detailing how the relevant agencies will work together to address the issue of unplanned pregnancies and how to prevent social exclusion among young parents or their children is expected shortly.

5.3.8 The Executive has a long established record of responding to the housing needs of young teenage parents either through the Housing Selection Scheme or homelessness legislation. The Executive has increasingly engaged in closer working relationships with their H&PSS and Voluntary sector counterparts to address the specific needs of vulnerable groups, including teenage mothers.

5.3.9 These arrangements include the development of a joint protocol between the Executive and Boards to facilitate requests for assistance arising from the Children (NI) Order 1995. The protocol sets out the respective responsibilities of each agency and attempts to ensure that vulnerable young people's needs are identified and addressed on an inter-agency basis.

5.3.10 At a planning level, the Executive works closely with boards and trusts in the planning and development of strategic responses, which include a range of support housing options. The Children's Service Planning process has reinforced this.

Travellers

5.3.11 The PSI Working Group for travellers is considering factors which can cause travellers to be at risk of exclusion and develop an integrated strategy of policy and action to tackle them.

5.3.12 In August 1999, the Minister for the Environment announced a new policy in relation to accommodation for travellers. Under the new policy the Executive is given a pivotal role in dealing with accommodation for travellers.

5.3.13 The key aspects of the new policy include

- the provision of accommodation for travellers should be undertaken by the Executive. Accommodation comprises both standard and group housing. The latter describes residential housing with additional facilities and amenities specifically designed to accommodate extended families of travellers on a permanent basis. For example, schemes may include play areas, community buildings and workplaces. The financial arrangements have not been finalised but costs are expected to be met through existing programmes.

- A co-operation policy which allows travellers to camp on unauthorised sites on a temporary basis subject to certain conditions and which will be managed by the Executive.

- Transfer of ownership of public traveller serviced sites to the Executive and legislation to permit the Executive to manage these.

- Provision of transit sites are to remain the responsibility of District Councils

Ethnic Minorities

5.3.14 The Executive is involved in the PSI Group which aim to address issues of social inclusion for marginalised groups. As part of the ongoing process of making its services more accessible, the Executive has attempted to make its services more culturally sensitive. This has involved setting up a project group on Travellers' issues and examining best practice examples for the long-term residential needs of elderly people from ethnic minority groups. A translation service, covering over 100 minority languages has been established through a commercial company with the aim of making housing services accessible to all potential clients, regardless of their ethnic origins. As with other potentially marginalised groups, a comprehensive monitoring system is being established, to ensure that all people seeking access to the Executives services are treated equitably.

Rural issues

5.3.15 The Executive is aware of the particular needs of the rural community and indeed has recently published its Rural Housing Strategy, "Places for People". The needs of rural communities are quite distinct and different from those in urban settlements. The geographically dispersed population brings with it a range of potential health and wellbeing issues associated with isolation, insecurity and access to services, facilities and utilities. Our response to these issues is developed in Chapter 6.

Better Services

5.3.16 The Better Services PSI group will identify, prioritise and tackle factors which relate to the organisation and delivery of services, and which may create difficulties for those needing to access them. Although not represented on this group, the Executive has been taking measures to ensure that its services are available to all, regardless of ethnic background, physical or mental disability, religion, gender or sexual orientation. This has involved examining how and where our services are delivered and developing alternative methods where appropriate, such as large print leaflets for the visually impaired and counter induction loop systems for customers with hearing impairments.

5.4   Promoting Health and Social well being

5.4.1   The Executive recognises that the health and well being of local communities is not the responsibility of H&PSS alone. The Executive sees the housing contribution to promoting health and social well being in terms of: -

- Improving the availability of affordable housing for people across Northern Ireland
- Improving the quality of housing and the environment
- Alleviating Fuel poverty and Promoting Energy Conservation
- Promoting Community safety, Improving Community Relations and Reducing anti-social behaviour.
- Facilitating Neighbourhood Renewal and Urban and Rural Regeneration

5.4.2   A common theme running through these, indeed all the Executives activities, is working with voluntary, community and tenant groups, engaging in capacity building and developing local sustainable communities.

Improving the Availability of affordable Housing

5.4.3   The Executive, through its planning and programme activities, seeks to ensure that social housing programme delivers adequate supply of new housing to meet housing need throughout Northern Ireland.

5.4.4   The private sector, through new provision for owner occupation, has been, and will remain the principal contributor of new housing across Northern Ireland.

5.4.5   The Housing Executive determines the level of the social housing output each year on a detailed analysis of the socio-economic and demographic factors, current and future waiting list analysis, and other supply side factors such as private sector new build levels.

5.4.6   The Executive has also been exploring other ways of increasing housing supply, including the re-use of existing vacant properties. This is a potentially useful approach in rural areas. The Executive is testing the scope for the reuse of vacant stock on the basis of a programme of identification, costing and feasibility works.

5.4.7   Low cost home ownership initiatives facilitate greater access to the housing market. Some low cost home ownership schemes have been undertaken by housing associations on a mixed tenure basis to overcome affordability problems. Home ownership options are increasingly being explored by a number of different agencies, in the context of developing supported living.

Improving the Quality of Housing

5.4.8   The Executive continues to maintain its existing stock to very high standards, through its capital and revenue programmes. Currently, the Executive invests around £110 million pa. on these schemes, and tenant feedback indicates that it does make a significant contribution to peoples quality of life.

Energy Efficiency, Fuel Poverty and Energy Conservation

5.4.9   Energy efficiency within the home is aimed at achieving the required level of comfort at least cost to the householder while minimising damage to the environment. Making people's home more energy efficient, helps reduce the risk of ill health, fuel debt and fuel poverty.

Fuel Poverty Schemes

5.4.10 The term fuel poverty is generally accepted as being a condition where households spend more than 10% of their income on domestic fuel and even this level of expenditure may be insufficient to provide adequate warmth in the home. It is estimated that up to one quarter of households in Northern Ireland are fuel poor.

5.4.11 Living in cold or damp housing can contribute to health problems such as ischaemic heart disease, pneumonia, influenza and asthma. The consequence of such ailments for society are increased hospital admissions, increased visits to GP's, increased prescriptions, absenteeism from work and ultimately excess winter deaths, particularly among the elderly due to respiratory or cardiovascular disease. However, a balance must be drawn between insulation and heating, and adequate ventilation. Recent papers from the Building Research Establishment indicate that inadequate ventilation may lead to the development of respiratory diseases such as asthma.

5.4.12 The issue of fuel poverty has taken on a higher priority in recent months and is now firmly on the government's agenda. The DETR is co-ordinating an Interdepartmental Working Group which is reviewing fuel poverty policy. The Dept. of Social Development is represented on this working group which has produced a consultation document on the operation of the Home Energy Efficiency Scheme (HEES) in England. The New HEES programme is to be introduced in England in April 2000 and DoE (NI) are currently reviewing DEES in Northern Ireland to determine the extent to which similar changes should be introduced in that scheme.

5.4.13 The Executive, as the Home Energy Conservation Authority (HECA) for NI, has developed a range of schemes and initiatives during the last few years aimed at tackling fuel poverty air pollution and Energy Conservation. More details of these initiatives can be found in the Third Annual HECA report.

5.4.14 Attempts have been made over the years to encourage the H&PSS to become more directly involved in developing and financing policies and strategies to tackle fuel poverty given the undoubted link between this issue and ill health. Local Trusts have in the past been directly involved in promoting the Keep Warm Keep Well campaign with NEA which provides practical advice to vulnerable groups, particularly the elderly on how to keep warm and healthy during the winter months.

5.4.15 Health Action Zones, provide a vehicle for housing and the H&PSS to tackle fuel poverty. The Armagh and Dungannon HAZ have identified energy efficiency and fuel poverty as key programme areas to improve health and well being in their area.

5.4.16 However, there are only two HAZ's in Northern Ireland. In order to try to encourage the NHS to become more involved at strategic level, NEA (NI) are working with the Executive on a paper aimed at outlining the research that has been completed to date on the subject of fuel poverty and health. When this is complete it is intended to formally approach the DHSS&PS regarding the development and funding of a joint

policy aimed at dealing with the problem. Housing policy on its own can alleviate fuel poverty to a certain extent but is can never eradicate it. There are, however, major benefits for a number of Government departments, including the DHSS&PS, if an effective policy on the issue can be introduced.

Air Quality

5.4.17 Living in inner city areas with high levels of atmospheric pollution, from road vehicles and domestic heating systems, has been a cause for concern to medical authorities for over one hundred years. While the old images of smog are, hopefully, a thing of the past, carbon dioxide emissions pose a threat to the Global environment. Sulphur and particulates from solid fuel heating make inner city environments unpleasant and potentially injurious to health. As a means to reduce overall emissions and improve the general air quality, the Executive has introduced a number of schemes to promote less polluting forms of domestic heating in both the private and social sectors. Grants are available for owner-occupiers who wish to install efficient gas or oil fired central heating boilers, and similar schemes operate to encourage private sector landlords to upgrade their systems. The Executive has recently reviewed its own heating policy, and in future all heating replacement schemes will feature either Oil Fired Central Heating or natural gas. These measures will help to reduce air born pollutants and improve the living environments for everyone.

Area based approaches

5.4.18 In addition to programmes to maintain and improve the condition of its stock, the Executive has also sought to address wider environmental and community needs within estates. A number of communities experience such a range of deprivation and related difficulties, that attempts to resolve them are necessarily complex. Essentially they require a range of coherent and integrated responses, involving a broad range of agencies. Over the years, the Executive has developed a number of estate strategies to promote interagency and community programmes with the aim of tackling health, environmental and regeneration issues. Since 1988, over £500 million has been invested in Estate Based Strategies, encompassing some 70,00 homes

Neighbourhood Renewal

5.4.19 The Executive has been reviewing its approach to estate based renewal. New approaches to regeneration and neighbourhood renewal provide greater opportunities to link housing to wider social and health policy objectives.

5.4.20 The Executive's neighbourhood renewal (to its existing estates) and urban/rural regeneration programmes (to mostly unfit dwellings or dwellings in very poor repair), recognise that regeneration goes beyond the physical condition of the stock. These approaches can make an important contribution to economic regeneration, health and social welfare gains and community development, enabling communities to help themselves. New approaches to regeneration and neighbourhood renewal provide greater opportunities to link housing to wider health policy objectives including the improvement of community health. The emerging approach provides a mechanism by which housing can address and influence broader environmental and community issues community safety and health and social care inequalities.

Private Sector

5.4.21 The provision of grant aid has been a major policy instrument to improving housing conditions in the private sector. The primary reason for significant reductions in unfitness levels across Northern Ireland, demonstrated by successive House Condition Surveys, has been the substantial investment through renovation grants, and in rural areas in particular, replacement grants. Since 1993, the Executive has funded grant-aided work to the extent of £288 million. Unfitness levels have fallen dramatically from 19. 6% in 1974, to 7. 3% in 1996.

5.4.22 In addition, the Executive is also working to improve management standards in the private rented sector, through enforcement of statutory management standards in Houses in Multiple Occupation, with a view to accident prevention, eliminating infestation, and promoting 'Fire Safety' and 'Safety in the Home'.

Tackling Poverty

5.4.23 Much of the day to day work and programmes of the Executive are designed to alleviate the effects of poverty in communities. While the organisation can have a marginal effect through encouraging job creation and levering in investment to estates, the main activities in this area surround debt counselling and campaigns and advice on benefit take up rates.

Design Issues

5.4.24 The "Inquiry into Health Inequalities" placed greater emphasis on housing agencies developing policies which reduce the fear of crime and violence and create a safe environment for people to live in. The fear of crime confines people in their own homes, reinforcing isolation and contributing to the development of stress and associated mental health problems.

5.4.25 Housing design has traditionally been associated with health improvements through recognition of standards relating to space and basic amenities such as water supplies sanitation, insulation, ventilation and heating. More recently, the wider application of design to modelling the external environment has been used to counter crime and promote community safety.

5.4.26 The Executive, through its estate based strategies and its on-going work on standards to existing stock and the new build programme, is progressively including new features into the built form which can improve aspects of community safety and reduce anxiety and stress caused by insecurity and fear of crime. There are indications that where residents have control over their defensible space (the ability to regulate whom comes near their homes) crime rates are generally lower. This aspect of design figures very highly in our current estate action programme even where there are physical or cost constraints. Good features now include windows and doors designed so that visitors can be monitored and each front door should be overlooked by a neighbour. Fences and gates should provide a buffer zone between the home and the outside world. Back gardens should provide security against intruders and privacy. Garages should be under the visual control of households in their homes and thus be more secure against crime. In improving our many flats and maisonettes the Executive makes maximum use of existing audio-technology and door entry systems to improve community safety.

Community Safety and Community Relations

5.4.27 The concept of "Community Safety" is gaining recognition as a comprehensive and effective approach to crime prevention and reduction through schemes similar to the 'Neighbourhood Watch' project in GB. and 'Community Alert Areas' in the Republic of Ireland. As a complementary measure, local authorities in England have been given effective powers to deal with problems of nuisance neighbours and anti social behaviour. The Executive is keen to examine their extension to Northern Ireland, as a means of giving people a sense of security in their homes.

5.4.28 Crime or fear of crime and the growing problem of drug abuse pose a significant threat to the popularity of, and demand for a number of Executive estates. At the moment, a Ministerial co-ordinating group is examining proposals to tackle the growing misuse of drugs and associated problems. Our proposals to deal with these issues will develop from the report of this co-ordinating group and an internal strategy review group, and will be addressed in a forthcoming document.

5.4.29 The Executive recently published a policy paper, for consultation, on the issue of promoting good community relations. In the First Annual Report of the organisation, recognition was given to the issue of facilitating people who wished to live in mixed housing estates. Nearly thirty years have passed, and in the intervening period, at-tempts have been made to create integrated housing estates, which have been largely unsuccessful. Tenant surveys have indicated that there is a high level of support for the idea of integrated housing in NI, yet there is a lack of integrated social sector housing. In the private sector there is a considerably higher degree of integration, and the Executive believes that social sector tenants should have the choice to live in integrated estates, but recognises that it must work with local communities them-selves to achieve this.

5. 5   Emerging Issues

5. 5.1   The previous sections have described how a significant element of the work of the Executive impacts on the health and social wellbeing of communities. The following section identifies a number of issues where, due to changing contexts and in light of experiences, there exists scope for further progress to be made.

- Planning and commissioning
- Funding
- Regulation
- Housing Services
- Integrated Service delivery

Planning and Commissioning

5. 5. 2   Recent years have witnessed a significant increase in the number of Executive officers participating in a range of different H&PSS partnerships and working groups, from Childcare Partnerships and Children Service Planning arrangements through to Health Action Zones. This has presented a considerable challenge in the co-ordination and effectiveness of our participation and response.

5.5.3 In addition, our experience and involvement to date has identified a number of limitations in the current planning arrangements. While much has been achieved since the early 1990's in planning for community care, the complex and developing policy environment has given rise to new challenges. Experience shows that:-

- There is a lack of consensus on the appropriate approach to assessing housing, support and care needs. Across the Boards and Trusts there are different approaches to the type and nature of supporting information required for planning purposes.

- The degree to which the Executive is involved in joint planning and working arrangements with Boards and Trusts varies. In some areas, the Executive plays a full and active role in considering housing, support and care policy and service development, while in other areas, the Executive believes it has a larger contribution to make. Linked to this is a concern over the lack of synchronisation of the planning cycles for different agencies, and the need for harmonising these was highlighted in 'People First'.

- There is an increasing need to involve other key stakeholders, including housing associations, voluntary agencies and importantly users and carers in the planning process.

- There is a need for better co-ordination in the research activities of these agencies dealing with health issues in order to allow a more focused approach, reduce duplication and develop a wider spectrum of research activity.

Funding

5.5.4 There will continue to be increased pressure exerted on funding due to a range of factors including:

- The changing demographic profile of Northern Ireland,

- An increasingly ageing population,

- A 'demand led' grants service

- An accelerated resettlement programme for residents of long term institutions

- The demands imposed through the findings of the PSI groups, and

- The level of potential mental health problems as outlined in Chapter 4.

5.5.5 In addition to the pressures on available funds, there is considerable fragmentation and complexity in how the funding mechanisms work. The list below outlines the potential sources of funding for schemes or domicilliary care, which may be available.

Capital Funding	Revenue Funding
• Housing association Grant	• Housing Benefit
• H&PSS Capital Assets	• Special Needs Management Allowance
• H&PSS Direct Capital Funding	• Disability Living Allowance
• Private Capital	• Independent Living Fund
	• Probation Boards Funding
	• Pensions
	• Private Means
	• Statutory domicilliary Care Package

The degree of complexity and inter-relation of these funding streams can lead to gaps in service provision, and shortcomings in the delivery of Community Care.

5.5.6   The current financial arrangements for housing and support services are complex and fragmented. Many supported housing schemes are dependent on a number of different funding streams from a variety of different sources.

5.5.7   Housing association supported housing schemes are eligible for capital funding through the Department for Social Development in the form of Housing association Grant (HAG). Currently supported housing schemes attract 100% funding for eligible costs. In some cases, H&PSS may provide top-up capital funding for specific facilities.

5.5.8   Currently revenue funding depends upon whether or not the supported housing project is registered under the Registered Care Homes (NI) Order 1992, in which case the residents support and care are funded by the H&PSS. If the project is not registered, residents can claim housing benefit and other social security benefits providing they are eligible. In addition, supported housing schemes provided by a housing association are generally eligible for Special Needs Management allowance payable from the Department for Social Development. In other schemes, funding may also be available from the Probation Service. As an added complication, in some Supported Housing schemes part of the unit may be registered and another part not registered.

5.5.9   The 'Supporting People' proposals signal the Governments responses to developing a more coherent funding framework for supported housing. The interdepartmental review of funding for supported housing concluded that:

- There is an unknown amount of housing benefit going to an unknown amount of beneficiaries and providers.
- There is no link between funding and quality of service.
- No one is responsible for ensuring adequacy of support to vulnerable people.
- There has been no Government Strategy.
- Rents are so high as to create work disincentives.
- People are pushed into more acute services than they need.

Regulation and Training

5.5.10 The provision of supported housing is a collaborative venture, with many different agencies having a role. The issue of setting standards and the roles of the different statutory stakeholders in the monitoring, regulation and joint training, are increasingly becoming issues

Housing and Support Services

5.5.11 The extent and success of planning arrangements varies among the various trusts and boards, and a greater uniformity would enhance the planning process. However, there are noticeable variations across H&PSS Boards and Trusts in the housing and support models that are considered and planned. Across different need groups, housing and support provision tends to be dominated by registered residential provision. Much of the supported housing provision is not small scale nor domestic in character and often fails to integrate into the wider community and while there has been an increasing interest in individual and flexible housing and support services, the availability of this option is often very limited.

5.5.12 In addition there is a growing recognition that housing and support service need to be integrated along with other services, including education, training and employment opportunities.

5.5.13 Floating Support is an arrangement whereby tenants are given their own accommodation and provided with an agreed level of support to help them to settle in and meet their responsibilities as tenants. The level of support varies according to individual need and can be withdrawn when no longer needed and passed on to another tenant.

5.5.14 The majority of supported housing provision have linked housing and support arrangements. While it is likely that there will be an ongoing need for this service, the Executive recognises that there is a growing emphasis/demand for support service which

- Allows the separation of housing and care arrangements and therefore different providers of housing and support
- Facilities increased flexibility to shape and reshape services around the needs of the person with no impact on their housing rights
- Assists in tackling user isolation and facilitates community development.

Adaptations and Grants

5.5.15 Good working relationships between the Executive and the H&PSS are crucial to the delivery of the adaptations service. Problems with the adaptations and grants services are well documented and include levels of available funding, time taken over assessment and completion of works and time delays due to pressures on the Occupational Therapists. However there are a number of areas where changes would help to improve the service environment and these will be addressed in the next chapter.

Integrated Service Delivery

5.5.16 In general terms, there is a good operational relationship between the Executive and other service providers. However, in certain areas, there is a reluctance to move beyond the traditional boundaries of the organisations and develop cross cutting approaches to meet the new challenges of the Health and Wellbeing agenda. A focus at an operational level on case by case needs assessment without an interagency strategic overview can leave gaps in service provision and hinder the development of a 'seamless service' for users.

5.6.17 Clients, Statutory Agencies, Trusts and the Voluntary Sector often operate without reference to others in the field, resulting in duplication, wasted resources, and a lack of awareness of the overall picture. This is a key area we wish to improve upon.

Summary

5. 5.18 While there has been significant progress over the years in terms of Housing contribution to the wider Health and Social Well-being agenda, it is clear that much more can be achieved through more effective collaboration and partnership working with the H&PSS and other agencies. The next chapter will address these issues, and suggest possible solutions to persistent and developing problems.

In our view, they represent the key challenges which, embraced by all concerned, will lead to significant improvements in the health and social wellbeing of our community.

CHAPTER 6 | **A Shared Agenda for Health, Housing and Social Services**

6. 1   Substantial and real progress has been made over recent years in partnership working between housing and the HPSS in relation to community care, targeting social need and promoting health and social well being. At the same time, the policy, planning and funding environment in both sectors is changing apace, along with changing and growing expectations from tenants, residents, service users and carers.

6. 2   This section sets out our proposals for more effective linkages between housing and the health and social services, in terms of

- Partnering and joint working principles
- Planning and commissioning
- Funding framework for housing services
- Regulation and setting standards
- Integrated service delivery
- Specific initiative for targeting social exclusion
- Cross cutting issues

Principles for Partnering

6.3   Future planning and commissioning arrangements between housing and the HPSS are key to facilitating integrated services. The Executive is currently involved in joint working arrangements with the HPSS across Community Care, Children Service Planning, Childcare Partnerships and Health Action Zones.

6. 4   The Executive recognises the need to modernise the existing joint working and planning arrangements. Accordingly the Executive will adopt the following principles in developing these relationships:-

- Promote independence and rehabilitation
- Promote choice
- Consult and involve individuals and communities,
- Guide investment decision (greater funding flexibility)
- Promote integration and accessibility of related services through technology links and single point contact offices
- Improve and integrate information services to better plan services, including joint research
- Provide open and full information and advice
- Facilitate collaborative teams and staffing arrangements
- Develop more inclusive approaches to the planning and delivery of services.
- Develop frameworks for monitoring and evaluation of outcomes and standards.

Planning and Commissioning - Future Working arrangements

6 5   The existing planning and working environment has developed, by and large, on an ad-hoc basis and in response to new policy initiatives. While there are examples of successful joint working, it is our view that the current arrangements are too fragmented, tend to be reactive and respond to short term pressures and often fail to recognise or acknowledge the importance of housing's role.

6. 6   Consequently, the Executive proposes, as an overarching and enabling framework, that a Joint Steering Group, comprising the Chairmen and the Chief Executive's of the four HPSS Boards, the Housing Executive, and the Probation Board be established. The Steering Group's remit would be to promote and monitor policy in relation to partnering and joint working across common themes.

6. 7   In addition, the Executives proposes that a Joint Senior Management Committee, the composition and terms of reference to be agreed by the Steering Group, but could include Directors of Social Services and Directors from the organisations named above and may be supported by an officer level working group. The remit of the Committee would be to develop more effective partnership working arrangements both at a planning and operation level, to:

- balance the involvement of all commissioners
- ensure the clearly defined involvement of registered housing associations, voluntary agencies and users and carers
- avoid unnecessary bureaucracy
- allow clear accountability for joint decisions
- identify common goals and develop strategic alliances to achieve these

Future Planning and Commissioning

6. 8   The new arrangements proposed above will provide a mechanism to address the key elements of the developing joint working agenda, namely:

- assessment of need and prioritisation
- funding arrangements to provide a 'fair and level' playing field for providers
- best value and regulation
- involvement of stakeholders
- coherence in service delivery

Research

6. 9   Research can be a fundamental building block to underpin effective joint planning and commissioning. The Executive has already been testing with Boards and Trusts, a number of initiatives as described in Chapter 5.

6. 10   The Executive is committed to carrying out further research which supports and inform the development of strategy, programme and services. We are keen to 'partner' the Boards and Trust and other appropriate agencies in joint research initiatives. Specific issues to be addressed could include.

- the housing and support needs of ex-offenders, young people leaving care and people with mental health needs

- impact of housing and environment form on crime and community safety
- housing design, as it affects a range of other issues such as accidents in the home

Assessment of Need

6.11   Traditionally the Executive has worked closely with the HPSS to address a variety of housing needs, arising from the complex and fast changing community care policy environment. While much progress has been achieved, it is now clear that the lack of a consistent framework across Northern Ireland has resulted in:

- priorities between housing and commissioners not being aligned in a structured way
- sharing information and good practice has been problematic
- investment decisions have not been optimised
- planning cycles have been misaligned
- accountability has been blurred

6.12   In light of this analysis, and the fact that there is an emerging need to widen the planning process beyond the traditional emphasis and beyond the traditional players, the intention of the suggested arrangements for partnership working as described above is to allow at more inclusive and better planning, for the whole range of housing services to support community care and health and wellbeing. These new partnership arrangement will be the key Executive interface with the HPSS, including Health Improvement Plans.

Housing Executive Network Management

6.13   The Executive is currently involved with the HPSS at various levels and in a range of committees and working arrangements. Such diversity of engagements is required, given the range of issues, the extent of new government initiatives and their complexity. The new arrangements discussed above will provide a framework for those involved. However, it is the Executive's view that effective co-ordination of the various networks is needed internally as well, to provide a focus for sharing experience and developing expertise in partnership working across key service areas. To enable this it is envisaged that a central unit to effectively manage linkages both at policy and operational level, is established within the Executive. The Unit will focus on partnership working across service areas and provide a support structure for the engagement of housing professionals in the development of these interactions. It will also from an internal perspective manage the ongoing and developing interfaces with the HPSS and other agencies to promote integration and minimise duplication.

District Housing Plans

6.14   The Executive's District Housing Plans, which are subject to annual consultation with District Councils, are developed to highlight housing, support and care needs and housing associations and other agencies will be guided to bring forward appropriate supported housing schemes and services. The Executive is keen to explore with the Boards and Trusts how these local plans could be improved, in particular:

- their relationship to HPSS plans
- the potential for joint consultation with District Councils

- their use as a vehicle for influencing the community care market
- co-operation on GIS and other information systems

Primary Care

6.15   Primary care will continue to develop as a provider of services, with professionals working in the primary care services taking on wider roles and responsibilities. The Executive supports the broad thrust of the proposals to further develop primary centred commissioning as exemplified in the consultation document 'Fit for the Future'. To date, the Executive has had little working contact with the primary care purchasing and commissioning pilots. At present, it is unclear how this commissioning framework will impact on the existing joint planning and working arrangements which underpin the development of housing, support and care services. The Executive wishes to engage, where appropriate, with the primary care pilots, with a view to determining the likely future interfaces in the planning and delivery of local housing support and care services.

Health Improvement Plans/ Programmes (HIMP's)

6.16   In the future the Executive will wish to look at the relationship between the Executive's Corporate, Business and Housing Plans and the proposed health improvement plans. Health Improvement Plans are likely to develop as key strategic document across housing, health and social care. The housing dimension will be an important part of the plans for improving the health and well being of the local population. In other parts of the United Kingdom, the equivalent plans are likely to take over from the statutory community care plans. The Executive will actively contribute to the preparation and development of Health Improvement programmes so that these are integrated with and compliment housing programmes.

FUNDING FRAMEWORK FOR HOUSING SERVICES

6.17   The present capital and revenue funding for supported housing and services are complex and fragmented. Many supported housing schemes are dependent on a number of different funding streams from a variety of different sources. Crucially the current funding framework as the Audit Commission (1998) noted, fails to effectively promote community care policy objectives and is characterised by the existence of some perverse incentives, failure to maximise value for money and inadequate targeting of resources.

6.18   From the Executive's viewpoint, a major weakness of the current funding framework is that in many cases, funding is linked to the property and not to the individual. One example of this, is the Special Needs Management Allowances (which funds not just the physical accommodation but also an element of personal support) is only available to housing associations.

6.19   In addition the service charge element of housing benefit can only be paid to tenants of specific housing schemes and is not generally available to tenants in mainstream Executive accommodation. Floating support services which could support vulnerable people in mainstream accommodation have proved difficult to resource through housing benefit.

Capital Funding for Supported Housing

6.20   The overall pressures on capital budgets for new housing are not likely to diminish in the medium term. Increasing land and construction costs and enhanced demand for housing arising from resettlement and rehabilitation will create additional pressures for supported housing and related services. It is therefore crucial that resources are targeted at the strategic priorities of both housing and HPSS and that they are used effectively.

6.21   Currently housing association supported housing scheme attract 100% grant aid funding. This is unlike the situations in other regions of the United Kingdom. The Executive is of the view that the scope for private funding for part of the cost of new supported housing should be explored as a means of maximising available funding.

6.22   The current stock of supported housing and sheltered accommodation may not now be of the optimum design, location design, or have the necessary facilities to best meet emerging needs. The Executive and the Northern Ireland Federation of Housing association's in its Review of the Housing Needs of Older People recommended that the role of sheltered housing be enhanced to support independent living for as long as possible and preferably to the end of clients lives. The DHSS in its Regional Strategy endorsed this.

6.23   The Executive recognises that there is a need for funding to be made available to allow re-modelling of existing sheltered and supported schemes and the development of different services. The Executive will be advocating this approach, which is mirrored in England, Scotland and Wales as providing an alternative to newbuild.

6.24   Through the existing joint working arrangements the Executive is aware of the pressure for new models of accommodation arising from continuing community care resettlement and rehabilitation provision. In relation to mental health services, for example, the supported housing providers are likely to be faced with more demanding specifications and the need for more active community supervision. Across other client groups, there is increasing demand for more inclusive respite and rehabilitation provision and for Supported Living models based on home ownership.

6.25   Development of new models may require the need to look at the current funding framework. In Scotland for example, new funding arrangements are being examined for respite, rehabilitation and new models of accommodation. Again the Executive is of the view, that it is now timely to address the need for more flexible funding arrangements for accommodation and services with the Department of Social Development and DHPSS.

6.26   In relation to home ownership options for people with a learning disability, the Executive will work with the HPSS and housing associations to deliver two supported living models on this basis.

6.27   The Executive has set a strategic target of 20% of its annual newbuild programme for supported housing. The new working arrangements will be a platform to better inform this process.

6.28 It is recognised however that such a planned supported housing programme must be flexible enough to take account of the potential housing implications that may arise from the outworking of the Promoting Social Inclusion initiatives, as well as direct approaches from housing associations, voluntary agencies or indeed users and carers.

6.29 Notwithstanding these recommendations, the Executive will continue to work with the Department of Social Development to make the case for the necessary funding to be in place to improve standards, including increasing the coverage of lifetime homes and the use of assistive technology, but also to ensure that rent and service charges remain affordable, particularly for those in supported housing.

Revenue Funding for Support Services

Supporting People

6.30 The 'Supporting People' proposals signal the Government's response to developing a more coherent funding framework for support services. 'Supporting People' arrangements will replace the current complex arrangements. In particular:

- The current funding streams are complicated, uncoordinated and overlapping;
- No one has responsibility for ensuring adequacy of support for vulnerable people, resulting in a focus on dealing with problems once they emerge, sometimes pushing people into more acute services than they might have originally needed;
- The current structure does not allow for proper consideration of value for money, quality of service provision or transparency in the use of the resources;
- There has been no strategy to co-ordinate the work or expenditure of the various government departments involved in making provision for support services;
- Providers have spent significant time on managing a wide variety of funding streams, diverting resources which could be targeted on providing support services; and
- Through the reliance on Housing Benefit for support services, the accommodation choices of vulnerable people may be distorted.

6.31 The proposals for Supporting People will tackle the problems inherent in the current structure by:

- Bringing together Housing Benefit paid for support services, and certain other existing funding streams, into a single budget to be applied at the local level on the basis of individual need; and
- Requiring local housing, social services, and probation services to work together to deliver cost-effective and high quality services to many thousands of vulnerable people.

6.32 New partnership arrangements such as those proposed above between the Executive, the HPSS and the Probation Board will be necessary for the introduction of the new working arrangements envisaged under Supporting People.

6.33 The Executive, as Chair of the Inter-Departmental Working Group will work closely with the other statutory funding agencies to develop an appropriate funding framework for support services in Northern Ireland which will address the issues and shortfalls identified above.

6.34   In taking this work forward the Executive is establishing a 'Supporting People' project team to develop the necessary arrangements with HPSS and Probation Board and will explore the opportunity for external secondments to the project team.

Other Financial Issues

6.35   In the light of the emerging guidance for accounting for Best Value and other current developments, a review of the format of the Executive internal financial budget and financial reporting format is warranted to offer maximum clarity so that the comparability and benchmarking under Best Value can be met and to reflect:

- the increasing enabling activities of the Executive
- Supporting People proposals in as far as they go at present

Housing Executive Rent Policy

6.36   The Executive's rent policy, as it is presently constituted does not permit the funding of the care and support services described later in the chapter. It is proposed that in conjunction with the Department for Social Development the rent scheme be reviewed in this respect together with consideration of other funding opportunities.

REGUALTIONS AND SETTING STANDARDS

6.37   A key concern of the existing regulatory framework is the lack of an effective regulation and inspection regime across different housing, care and support settings. There is no statutory system to regulate the standards of care and support provided in many specialised housing schemes unless the schemes are registered under the Registered Homes (NI) Order 1992. Some supported and sheltered housing schemes however are not registered, although this does not mean that there is no monitoring of standards of provision. Individual HPSS authorities monitor the services provided to them under contract and the Department for Social Development has a regulatory role in relation to housing associations and the services they provide. However no one agency can take the overall responsibility, and so the absence of statutory regulation and inspection can give rise to concerns about quality of services and safety.

6.38   In respect to the DHSS discussion document, "Raising the Standard: Improving Social Services in Northern Ireland" which proposed extending the scope of formal regulation to include a range of additional care services and to regulate the social care workforce and social care training, the Executive would wish to explore

- the role which housing agencies could play in the development and operation of the regulatory framework
- the potential for inter-agency regulation among various regulatory bodies to prevent duplication and maximise value for money and effectiveness
- the appropriate balance between assessment of risk and the level of regulation
- the scope for cross-cutting staff development and awareness training

6.39   In addition and complementary to this, the Executive will work with the Department for Social Development, to introduce performance indicators for housing association supported housing provision and related services.

INTEGRATED SERVICE DELIVERY

6.40   The Executive provides a range of housing services is provided; which have been described in Chapter 5. The changing agenda will have an increasing impact on these services in the future.

Supported Housing and Services

6.41   The Executive has drawn a number of lessons from its experience in working with the HPSS and other organisations in the development of a range of housing services, and proposes the following set of guidelines to inform future service delivery. Future housing and support services should

- learn and build on the experience of existing developments and good practice in supported living
- fully involve user and carers in the planning and development of services
- maximise funding opportunities and where appropriate develop pooling arrangements
- develop links to other services, particularly education, training and employment.

6.42   As a means of ensuring these guidelines are meet, the Executive will support the introduction of a Supported Housing Tenant Compact and promote the use of the National Housing Federations Framework for housing and support.

6.43   User and carer involvement is integral to the Best Value approach. The Executive is keen to explore with other agencies, a number of best value projects for supported housing and related services, particularly in relation to

- user and carer involvement in planning and delivery management of services
- benchmarking of costs and overheads
- relationships between Housing associations and their Managing agent

Common Selection Scheme

6.44   The new Common Selection Scheme, outlined in chapter 5, will be the sole access route to all permanent housing executive and housing association housing, including supported housing, from November 2000. Partnership working between housing and the HPSS within the organisational arrangements described above will ensure that the housing assessment process is much more sensitive to an individuals health and social needs, through:

- agreed assessment criteria for applicants who have housing, support or care needs.
- agreed methods of referral and assessment between housing and HPSS
- emphasis on involving users and carers in the assessment process

6.45   Service planning requires good information about individuals as well as whole populations. The development of the common selection scheme with its enhanced analysis of people's health and social well being needs as they relate to housing will provide important information and will help inform the future planning of services.

6.46   The Executive will work with HPSS agencies to agree appropriate methods for referral and assessment in advance of the implementation date of November 2000.

Adaptations

6. 47   The provision of adaptations to people's homes to support independent living will continue to be a major policy contribution to community care and will continue to be given a high funding priority by the Executive. However as indicated earlier the Executive recognises the need to avoid delays in obtaining adaptations, either because of late assessment or in the procurement or programming of adaptations and the need to better match the increasing demand for adaptation to resources.

6.48   The Housing Executive with the DHSSPS will be undertaking a fundamental review of the adaptation service. Without wishing to prejudice the outcome of the review, it is likely that some of the outcomes could be;

- Revised means both for assessing need and prioritising adaptations
- The roles of different agencies in the assessment and delivery of adaptations
- Revised definition of adaptations and aids, to exclude heating
- Agreed performance and monitoring framework
- Consideration of alternative delivery mechanisms, in particular the Royal Commission on Long Term care's proposal to pool budgets for aids and adaptations
- Development of a disabled persons housing and advice service

6.49   The Executive is committed to implementing, subject to funding availability the recommendations from the Joint Fundamental Review. In the meantime, the Executive will continue to give adaptations a high funding priority. In our current corporate strategy the adaptations budget has been set at £21million each year from 2000 to 2003.

Neighbourhood Renewal: Linking it up Locally

6.50   The Executive has a increasing wider role in regeneration and as a facet of that is focusing on renewal at neighbourhood level, building on its previous estate based approach. This neighbourhood renewal approach is a significant vehicle through which the Executive will focus on integrated service delivery at a local level, linking environmental and community issues, concerns on community safety and health and social inequalities. There are clear linkages to be developed with other health and social care initiatives such as Health Action Zones and the proposed Health Improvement Plans. The following section identifies a range of issues which the Executive believe can be developed using the neighbourhood renewal approach .

Neighbourhood Renewal: Prevention and Rehabilitation Strategies.

6.51   A key issue for the Executive is the increasing number of old and vulnerable people living in its neighbourhoods and who are in need of additional support. Older people account for a major percentage of HPSS expenditure on social care. There are clear benefits for all agencies in delivering rehabilitation services and prevention strategies effectively.

6.52   A large number of vulnerable people live in Executive estates and may need support for a number of reasons:

- some may have difficulty reading and need help with forms and claiming benefits
- others may have physical disabilities or have become more vulnerable with age

- there may be mental health issues or learning difficulties
- there may be issues of alcohol and/or drug abuse

6.53   Any of these can cause significant problems in terms of managing their tenancies - usually through rent arrears or problems with neighbours. While only a small number of tenants may cause their neighbours problems, they often attract a great deal of publicity. Equally, social housing tenants with support needs may be vulnerable to harassment from neighbours and local people.

6.54   Appropriate housing is seen as vital to maintaining quality of life and well being. Physical and practical services to improve the quality of peoples' homes are key areas where housing services have an important role in delivering a preventative approach. Examples include

- Help with maintenance, heating and insulation
- Access to support through wardens, caretakers and community care alarms.
- Local Support Centres

6.55   Services that provide personal and social support in their own homes are just as important as getting the fabric of the home right. Such services could include practical support or befriending. Respite and rehabilitation services to help older people improve and maintain their levels of functioning and to avoid unnecessary admissions to hospital are also an important component.

6.56   From our experience of working with disadvantaged communities a number of key themes emerge

- Unemployment, notably the lack of adult education, support and training for the long-term unemployed.
- Alcohol misuse, particularly amongst young people
- Possession and supply of drugs is often an issue, particularly amongst young people
- Vandalism, to vacant or derelict properties
- Perceptions: Feelings of despondency, nobody cares, fear of intimidation
- Health concerns. Asthma and respiratory illness appear to be very common perhaps due to poor environmental conditions.
- Broken homes, high rates of single parent families living on housing estates, often associated with lack of parenting skills.
- Low incomes and poverty are a major concern
- Lack of facilities; Especially for young people - adolescents and the 5-12 year old age group.

6.57   Research in Hackney following major regeneration has shown that demands on GP's and hospital services were declining with calls reduced by a third in the first year.

6.58   The Executive is keen, as part of it's neighbourhood renewal policy, to develop a preventative strategy with the HPSS, to help vulnerable groups through:

- Exploring the use of assistive technology , in particular community alarms
- Integrated service delivery by estate wardens (e. g. befriending, co-ordination of services, resettlement from hospital)

- Use of estate based pharmacies to promote healthy living
- Local support services- providing a range of advice and front access to services
- Modernising services (e. g. technology links)
- Fuel poverty initiatives
- Targeting of Home Improvement Grants
- Home Accident prevention
- Promoting safe environments
- Anti poverty measures

6.59   Accordingly the Executive wishes to engage with HPSS:

- to identify the scope for preventative strategies and potential pilot areas
- determine funding responsibilities and priorities
- co-ordinate and integrate service delivery

6.60   From the Executive's view, it is essential that the Neighbourhood Renewal approach, addresses not just the social rented sector but also private sector housing sector and owner-occupied housing. Additionally, legislation to permit the targeting of Executive grants is awaited. Such targeting would optimise use of grant resources to support local priorities.

6.61   The sustainability of such approaches, depends on getting the involvement of the local community itself, and would be further enhanced through the alignment of the different Community development arrangements of the various agencies.

Cost of the Troubles

6.62   The cost of the Troubles study looked at the nature and prevalence of the effects of the violence and troubles on the general population of Northern Ireland. The study identified inter alia that statutory services need to be fully aware of the long-term impact of the trauma associated with the Troubles, both on an individual basis and at community level. The Executive through its work on community development is helping to establish social support and facilitates self-help initiatives. This is something the Executive would wish to build on.

Assistive Technology

6. 63   Technology has an important role in developing better support for vulnerable people and their carers. The Executive is currently working with a number of organisations to examine the long-term uses of technology. The development of new technology will have significant impact on the pattern of services and the role of support staff.

6. 64   A number of innovative supported housing schemes have successfully incorporated a range of assistive technology. This technology is not necessarily high tech, but often quite simple devices such as timer switches and automotive door opening systems. The Executive is keen to work with the HPSS and others to plan for the future and examine the scope for 'people friendly' technology, how it could complement other services and how it may be resourced.

6.65 One area where there already exists considerable scope is through the much wider application of community alarms and call centres. Community alarms are potentially a cost-effective means of support for vulnerable people, providing immediate assistance in emergencies. The Executive would be keen to explore, with HPSS on a partnership basis, the scope for expansion of the current successful community alarm system, in particular;

- for vulnerable people living in Executive accommodation as well as owner occupiers
- targeted at a wider range of client groups, such as people with disabilities
- meeting short term needs, arising from hospital resettlement.

6.66 The Executive welcomes RoSPA's Home Accident Prevention Strategy. The Executive will contribute to the development of this through:

- training programmes on home accident prevention
- develop a good practice guide
- examine if improvement to design standards is required
- part funding a Home Safety post to co-ordinate our strategic response

Community Development

6.67 Including local people and service users is central to the development of more efficient, transparent and accountable services. Enabling residents to become involved in the planning and delivery of services can help to identify issues of concern and ways of improving services.

6.68 The Executive has a well developed community involvement structure, through liaison with tenant, community and voluntary groups, District Consumer Panels, Area Community Advisory Groups and a Central Community Advisory Group.

6.69 The Executive will look at ways at addressing the under representation of particular groups of people or communities, notably young people in our community involvement framework.

6.70 Increasingly, the feedback and issues identified through our community development activities highlight the potential that exists to integrate our community structures and activities and those of other agencies, notably the Health Promotion Agency, and the Community and Health Network, Northern Ireland.

Healthy Cities

6.71 The Healthy Cities projects in Belfast and Derry have played a significant role in building individual and community capacity in relation to health issue. The Executive participates and supports the works of the two projects. From the Executive's viewpoint participation has provided a focus for considering the health dimension of specific policy and programmes initiatives. However there is a need for the various organisations involved to consider how best to mainstream those projects within their principal programmes.

6.72 The Executive recognises that in terms of community development, there is scope for greater co-ordination and innovation with the HPSS to meet shared objectives. The Executive would welcome suggestions on how the different agencies could work more closely on common areas of interest.

Maximising Funding Opportunities

6. 73   With the aim of maximising funding opportunities with other agencies and groups the Executive welcomes any proposals from interested parties in the Health and Social sector for partnership bidding opportunities to European, Lottery and other funds.

6.74   As part of the 2000 Comprehensive Spending Review, the Executive feels that there is value, in exploring jointly the scope for links with lottery funding distribution and other external funding sources for wider policy and strategic objectives.

SPECIFIC INITIATIVES FOR TARGETING SOCIAL EXCLUSION

6.75   In addition to the Neighbourhood Renewal approach, there are also a number of specific initiatives, aimed at targeting groups who are most at risk of social exclusion. These are discussed below and have an overall objective of improving health and social well being and will contribute to improved stability in many of our communities.

Homelessness

6.76   The Executive is currently in the process of fundamentally reviewing its homelessness services, in line with the Government's 'Best Value' policy. The outcome of the Review will inform the development of a comprehensive strategy, which will address both the prevention of homelessness and the responses required for those who become homeless. The strategy will, it is hoped, facilitate the radical reconfiguration of the network of support and resettlement services and the further development of specialist services to meet the holistic needs of the homeless. Given the underlying causes of homelessness as previously referred to it is clear that the success of any such strategy will be dependent on close working relationships with the HPSS and voluntary sectors to tackle issues such as drug and alcohol dependency, mental health, dental care and the other social and care needs of people who are homeless.

6.77   The strategy will also ensure sufficient hostel provision and move-on accommodation. A particular issue relates to the risk to providers following the recent Winter Comfort Court Case. The Executive as a major funder together with the HPSS would wish to develop a clear policy on the issue of drugs in supported accommodation and to ensure that this is implemented and monitored.

Children and Young People

6.78   The age profile of those in social housing, along with more lettings to young single person households is likely to create instability and additional management pressures on/in our estates. We recognise that in addition to housing, children and young people require access to a range of services.

6.79   The Executive welcomes the important role played by the voluntary and community sector in helping to meet the needs of individuals and communities. The Executive will continue to support this work through the letting of community houses to provide a range of community services such as child care facilities and will explore the potential for the transfer of land for the development of play and other facilities.

6.80   Adults living in Northern Ireland are more likely to have a heart attack than almost anywhere in the world. The Young Hearts Project is testing 1500 schoolchildren across Northern Ireland to assess related factors. Information on this project will be available later this year and the Executive hopes to use the data looking at comparisons between health of children who are living in Executive accommodation and others. This information will be useful in targeting resources.

6.81   The Executive is keen to support community groups and other agencies in accessing new funding such as 'Sure Start' and other lottery based funds, for example in consortia based models. Approaches from interested groups are welcomed.

Health of Travellers

6.82   In Northern Ireland only 6% of the Travelling community are aged over 45 compared with 33% of general population. Only 1% are aged 65 or over compared with 13% of general population. Infant mortality is 3 times the norm. Death rates for children up to 10 years were 10 times that of the same group in the settled population. Over 1/2 (56%) of Traveller families had seen a Doctor in the last month and a 1/3 had seen a Health Visitor.

6.83   The Executive in light of its new responsibilities:

- has established consultation with the Travelling community with a view to providing appropriate group accommodation
- aims to ensure that this is supported through activities of other agencies in education, health, social services and recreation
- initially promoted the development of four group-housing schemes.

Teenage Mothers

6.84   Within Executive stock, teenage parents represents nearly 70% of all tenants under 20 years old. There distribution across the five Housing Executive areas is shown below

Housing Executive Area	No Teenage Tenants with Children	% of Total
Belfast	171	21. 7
South East	174	22. 2
South	148	18. 8
North East	197	25. 1
West	96	12. 2
TOTAL	786	100

6.85   The Executive will continue to work with Boards and Trusts to support these tenants and:

- Produce with Gingerbread (NI) a comprehensive information guide for young parents in easy to read styles
- Produce a complementary document for agency staff
- Examine the needs in Northern Ireland for specialist built provision for teenage mothers with appropriate support
- Prioritise such schemes, where appropriate within the newbuild programme
- Review the Children Order Protocol, in order to promote a seamless service
- Through the Children Service Planning process, examine housings role and contribution to child protection arrangements

Rural Dimension

6.86   Earlier it was shown that there is a strong association between older vulnerable people living in unfit housing in poor repair, particularly in rural areas. Clearly there have to be more intensive efforts to target, encourage and promote grant -aid to these households, including those who have a household member with a disability. Targeting of these groups will be considerably enhanced, including expanding the remit of the Executive's care and Repair scheme. Additionally supported housing schemes in rural areas have not always worked as effectively as they should. The existing type and range of support models will be reviewed to see how best they can be aligned and tailored to reflect the specific requirements of rural dwellers wishing to be rehoused in social housing

6 87   The Executive is also keen to explore with the HPSS ways of making both our services more accessible to rural communities and the potential for integrating service delivery.

CROSS CUTTING THEMES

6.88   Changing services requires a well informed workforce equipped with the necessary skills to manage and cope with that change. The Executive is reviewing its skill requirements for future managers, including working across HPSS boundaries and recognises the need to move beyond purely professional competencies.

6.89   The Executive is anxious to explore the scope for co-ordination in the following: -

- secondments between agencies to strengthen relationships
- joint working on the development of systems underpinned by joint training
- inter-agency protocols and sharing of information
- Communications and awareness programmes.

6. 90   The development of a Communications Strategy to communicate key messages on a range of issues is suggested. Key elements would include:

- The funding and dissemination of a good practice bulletin, twice yearly
- The investigation of ways to improve mobility
- The gathering of intelligence for the skills development process
- Partnerships with the academic institutions in informing professional development

6. 91 While technical know-how and professional expertise is clearly essential, working with vulnerable people also requires effective social and interpersonal skills. Equally staff need support through training to deal with people who are angry or distressed, and to avoid stereotyping. The Executive wishes to particularly explore these additional training needs with others and welcomes suggestion in how this could be taken forward.

Joint Charters

6. 92 Given the complexities of the relationships between housing and the HPSS it is essential that users and carers are fully aware of social services and how the different agencies should respond to their needs. They also need to have the necessary information to ask the right questions of those agencies they come into contact with.

6.93 In England, as part of the modernisation of social services joint 'You and Your Services' Charters are being developed to provide information on what people can expect from housing, HPSS where national and local standards have been set.

6.94 The joint charters will set out clearly what people can expect in their local area, and what they can do where those standards are not being met. Local charters will also describe targets for improvements and with timescales. The Executive would wish to explore with the HPSS the potential for developing joint charters, setting out local standards and targets for improvements in relation to

- Finding out about services
- Understanding your needs
- The right place to live
- Looking after your health
- Dignity and autonomy
- Maintaining independence
- Helping carers to care

6.95 CONCLUSION

In this document, we have attempted to:-

- Identify the key themes and policy context that is shaping the development of the Housing and Health agenda
- Analyse the principal health, social economic and demographic factors that will influence the housing response to the changing environment
- Review the progress that has been made to date by the housing sector in the promotion of health and wellbeing
- Propose recommendations for future actions, working in partnership with HPSS

The principal recommendations are summarised in Chapter 7.

CHAPTER 7 ## Conclusions and Recommendations for Action

This document summaries the conclusions from chapter 6 and subject to the consultation process will inform our future programmes and actions

Planning and Commissioning

1   The ten principles set out in Chapter 6 will be adopted by the Executive and will inform its future work and relationship with other agencies in the Health & Social care sector.

2   The Executive will consult with the HPSS on the proposed planning and commissioning arrangement proposed in Chapter 6 and following consultation seek to implement the new arrangements.

3   In parallel to this consultation the Executive will establish a unit to effectively manage the Executives many interfaces with the HPSS.

4   A programme of research will be put in place to support the implementation of this strategy. The Executive research programme will include regeneration, promoting social inclusion and health and well-being as key components in its programme. The Executive will seek to share and joint fund research programmes.

5   The Executive will explore involvement with the Primary Care Pilots and a position statement will be produced.

6   The Executive and Boards will seek through the new partnership arrangements to ensure that areas of common interest are properly aligned in their respective strategies and plans.

Funding Framework

7   The Northern Ireland Houisng Executive as Chair of the Inter-Departmental Working Group on Supporting People will work closely with Health and Social Services to develop a funding framework for support services appropriate to Northern Ireland.

8   In light of growing funding pressure the Executive will review with DSD the scope for mixed funding for supported housing, the potential to use existing funding to remodel service pro-vision and for greater flexibility around respite and new models of accommodation.

Finance

9   In light of emerging guidance on Accounting for Best Value the Executive will review its internal costings and will consider the appropriateness of its rent policy to fund services.

Regulations and Standards

10   In advance of the development of the proposed social care regulatory framework, the Executive will liaise with other agencies in the health and social care sector to address possible interfaces and future working arrangements.

11   The Executive will develop in partnership with the DSD an appropriate set of key perform-ance indicators for supported housing.

Integrated Supported Housing

12   The Executive will adopt the housing support guidelines in para 6. 41 and will develop a draft supported housing tenant compact and a Best Value programme for supported housing.

13   A proportion of the annual new build programme will continue to be ring fenced for supported housing.

14   A review of the strategic annual percentage for supported housing, currently 20%, will be undertaken in response to the pressures described in section 6.

15   The Executive will test and evaluate two supported living models on a homeownership basis, before rolling out a wider homeownership policy.

16   In preparation for the introduction of the Common Selection Scheme for all social housing in November 2000, the Executive will work with HPSS authorities to develop the appropriate referral and assessment procedures and protocols.

17   In conjunction with the DHSSPS, the Executive will undertake a fundamental review of adaptation services.

18   The Executive will continue to give adaptations a high funding priority representing a significant contribution to community care.

19   In developing local neighbourhood renewal plans, the Executive will explore with the HPSS the potential for incorporating and linking preventative and rehabilitation strategies and services to housing and regeneration initiatives.

20   The Executive will continue to explore the potential for the use of assistive technology within supported housing schemes and services and develop two pilots, the Executive will consult with other agencies on proposals to expand the use of community alarm systems.

21   The Executive will look at ways at addressing the under representation of particular groups of people or communities, notably young people in our community involvement framework.

22   The Executive will work with the Health Promotion Agency to address health promotion and other related matters through its community development frameworks.

23   The better participation of users and carers in housing issues will be explored using the involvement arrangements already in place in the Boards and Trusts.

24   The Executive and Health and Social Services will work with lottery fund distributors locally to keep them informed and to encourage greater harmonisation of bidding arrangements between lottery and other funders and related housing, health and regeneration initiatives.

25   The Executive has welcomed the strategy for Prevention of home Accidents published by R.o.S.P.A. It will

   •   Establish a training programme and good practice guide

   •   Examine potential for design revisions

   •   Part fund a home safety officer

Specific Initiatives for targeting social exclusion

Homelessness

26   As part of its "Best Value" programme, the Executive will undertake a fundamental review of its homelessness services. As part of the review process, the Executive will consult with HPSS, housing associations and voluntary organisations.

27   Following on from the review process, the Executive will develop a comprehensive homeless-ness strategy, which will inform the basis for detailed consultation with other key agencies.

28   As a matter of urgency the Executive will liaise with the H&PSS and other providers, to review and develop a clear multi-agency drugs policy in hostels and supported housing.

Children and Young People

29   The Executive will continue to work with communities and voluntary groups to develop facilities and services for children and young people on estates.

30   The Executive will use appropriate information from the Young Hearts Project to compare health of children living in its accommodation and assess whether resources need to be targeted.

Travellers

31 A Travellers Unit has been established within the Executive and will produce and implement a project plan to meet the housing and other needs of Travellers.

Teenage Mothers

32 The Executive will continue to work with Boards and Trusts to support teenage tenants with children and will

- Produce with Gingerbread (NI) a comprehensive information guide for young parents in easy to read styles

- Produce a complimentary document for agency staff

- Examine the needs in N Ireland for specialist built provision for teenage mothers with appropriate support

- Prioritise such schemes if any within the newbuild programme

- Review the Children Order Protocol

- Through the children Service Planning process, examine housings role and contribution to child protection arrangements.

Rural Issues

33 We will target, in particular older people living in obsolete rural housing to encourage greater up take and the Executive's Grant Scheme and Fold's/Shelter's Repair and Care Scheme.

34 Supported Housing Models in rural areas will be reviewed to better align models of provision (including peripatetic care) to rural householders' requirements.

35 The Executive is also keen to explore with H&PSS ways of making both our services more accessible to rural communities and the potential for integrating service delivery.

Cross Cutting Themes

36 The Executive will consider in consultation, the scope for increased more effective inter-agency working in the following themes

- Training and skills development

- Inter-agency protocols and sharing of information

- Joint communications strategy

37 The Executive will pilot with Social Services a joint charter for housing and personal social services.

Bibliography

Audit Commission (1997).
Home Alone, the Role of Housing in Community Care. Audit Commission London.

Britton S, Streich L, (1998).
A Guide to Good Practice in Supported Housing. National Housing Federation South West, Bristol.

Department of the Environment Circular 10/92, Department of Health LAC(92)12.
Housing and Community Care.

Department of Health Community Care Support Force (March 1993).
A Framework for Integrating the Housing Agenda.

Department of Health (1994).
Implementing Caring for People: Housing and Homelessness.

Department of Health (1994).
A Framework for Local Community Care Charters in England.

Department of Health and Social Services (1996)
Health and Wellbeing into the next Millennium: Regional Strategy for Health & Social Wellbeing 1997-2002

Department of the Environment (1995).
Housing Strategies: The Preparation of Guidance for Local Authorities on Housing Strategies.

Department of Environment, Transport and the Regions (2000)
Quality and Choice a Decent Home for All

Department of Health (1995).
Practical Guidance on Joint Commissioning.

Department of Health (1995).
Building Bridges: A Guide to Arrangements for Inter-Agency. Working for the Care and Protection of Severely Mentally Ill People.

Department of Health HSG(95)45.
Arrangements Between Health Authorities and NHS Trust and Private and Voluntary Sector Organisations for the Provision of Community Care Services.

Department of Health (1998).
Partnership in Action: New Opportunities for Joint Working between Health and Social Services - a discussion document.

Department of Health, Social Services and Public Safety (2000)
Facing the Future - Building on the lessons of Winter 1999/2000.

Goss S Office for Public Management (1997).
Local Housing Strategies. NHF/LGA.

Goss S, Gillanders G, (1998).
The Housing Corporation Evaluation of the Joint Commissioning Pilots. Housing Corporation/ Office for Public Management.

Lund B, Foord M, (1997).
Towards Integrated Living: Housing Strategies and Community Care. Policy Press, Bristol.

SSI/SWSG, (1991).
Care Management and Assessment: Summary of Practice Guidance. Department of Health.

Watson L, (1996).
Housing Needs and Community Care: The Housing Pathways Pilot Programme. NHF London.

- McGilloway, S and Donnelly, M (1996). Don't Look Away: Homelessness and Mental Health in Belfast; Health and Health Care Research Unit (Queen's University of Belfast)

- Evaluation of Homeless Support Team 1998-2000 Final Report. Council for the Homeless. January 2000.

- Pinkerton, J R and McCrea R. Leaving Care in Northern Ireland: Meeting the Challenge", Department of Social Work, Queen's University of Belfast, 1996.

Northern Ireland Housing Executive(1996)
Northern Ireland House Condition Survey

Northern Ireland Housing Executive(1999)
Places for People: A Rural Housing Policy Review

Northern Ireland Housing Executive(2000)
The Northern Ireland Housing Market. Review and Perspectives 2000-2003