

HEALTH & HOUSING

*YOU CANNOT MAINTAIN GOOD HEALTH
WITHOUT GOOD HOUSING*



FOREWORD

DARRELL GALE

*Director of Public Health
East Sussex County Council*



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

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

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

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

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

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

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

With my best wishes

Darrell Gale

Director of Public Health, East Sussex County Council

ACKNOWLEDGEMENTS

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CONTENTS

FOREWORD	3
STRATEGIC RECOMMENDATIONS	9
INTRODUCTION	11
1. THE EVIDENCE BASE	15
Inside the home	18
Around the home	34
Whose health is most impacted	40
2. THE EAST SUSSEX HOUSING PICTURE	45
Our population	46
Housing stock & tenure	49
Planning for the future	52
3. THE EAST SUSSEX HOUSING SYSTEM	55
Organisation roles & responsibilities	58
4. TACKLING HOMELESSNESS IN EAST SUSSEX	69
WHAT WE HAVE LEARNT & CONCLUSIONS	80
STRATEGIC RECOMMENDATIONS	83
EMERGENT THEMES & ACTIONS	84
REFERENCES	87

STRATEGIC RECOMMENDATIONS

There is a housing crisis across the UK and in East Sussex as a result of the increased demand and reduced supply of housing. That equation however, is not always straightforward, as developers may hold planning permissions for houses, without delivering them.

PUT SIMPLY

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

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

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

Household level: ensuring a safe and healthy home for all

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

TO MAKE ALL HOUSING AND NEIGHBOURHOODS HEALTHY:

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

TO MAKE ALL HOMES HEALTHY:

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

TO MAKE PEOPLE HEALTHIER IN THEIR HOMES:

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

INTRODUCTION

Housing is an important wider determinant of health

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

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

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



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

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



KEY MESSAGE:

from the Association of Directors of Public Health Policy Position on Housing and Health¹

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

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

WHAT IS A HEALTHY HOME

There is no absolute consensus or model of a healthy home. Throughout history, and amongst many cultures and civilisations, attempts have been made to design homes that promote the health and wellbeing of their occupants². Some of the characteristics of these are still seen as essential such as sanitation, ventilation, temperature control and fire protection. Others, such as density, high-rise living or direct connection to a private garden or outside space have fallen in and out of favour.



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



The Decent Homes Standard³ is a minimum standard that council and housing association homes should meet according to the UK Government. Under the standard, council or housing association homes must

be free from any hazard that poses a serious threat to health or safety, be in a reasonable state of repairs, have reasonably modern facilities and have efficient heating and insulation. A home fails the Decent Home Standard if it does not meet all four criteria. The standard provides a benchmark from which all homes, both new and existing, can be measured.

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

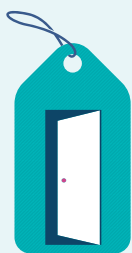


HOUSING

1 IN 5

dwelling doesn't meet decent standards in England. Where we live is more than just a roof over our heads. It's our home - where we grow up and flourish.

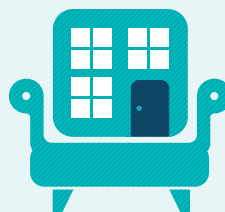
A HEALTHY HOME IS:



AFFORDABLE & OFFERS STABLE & SECURE BASE.



ABLE TO PROVIDE FOR ALL THE HOUSEHOLD'S NEEDS



A PLACE WHERE WE FEEL SAFE & COMFORTABLE



CONNECTED TO COMMUNITY, WORK & SERVICES

Investing in housing support for vulnerable people helps keep them healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health & crime costs.

£2 BENEFIT FOR EVERY £1 INVESTED

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



THE 10 PRINCIPLES:⁴ FROM 'PUTTING HEALTH INTO PLACE'

PLAN, ASSESS AND INVOLVE

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

DESIGN, DELIVER AND MANAGE

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

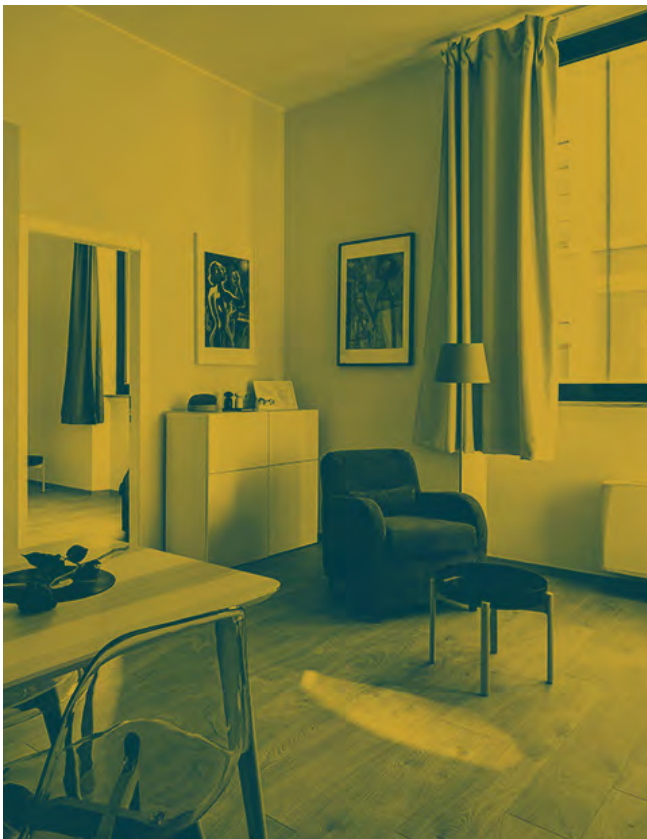
DEVELOP AND PROVIDE HEALTHCARE SERVICES

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

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

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

The annual cost of poor housing has been estimated nationally to be at least £1.4b to the NHS alone⁶ and clearly there are far wider economic impacts outside of the NHS.



THE MEMORANDUM OF UNDERSTANDING:⁵ IMPROVING HEALTH AND CARE THROUGH THE HOME

sets out:

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

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

USING THIS REPORT

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

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

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

1

THE EVIDENCE BASE



THE EVIDENCE BASE

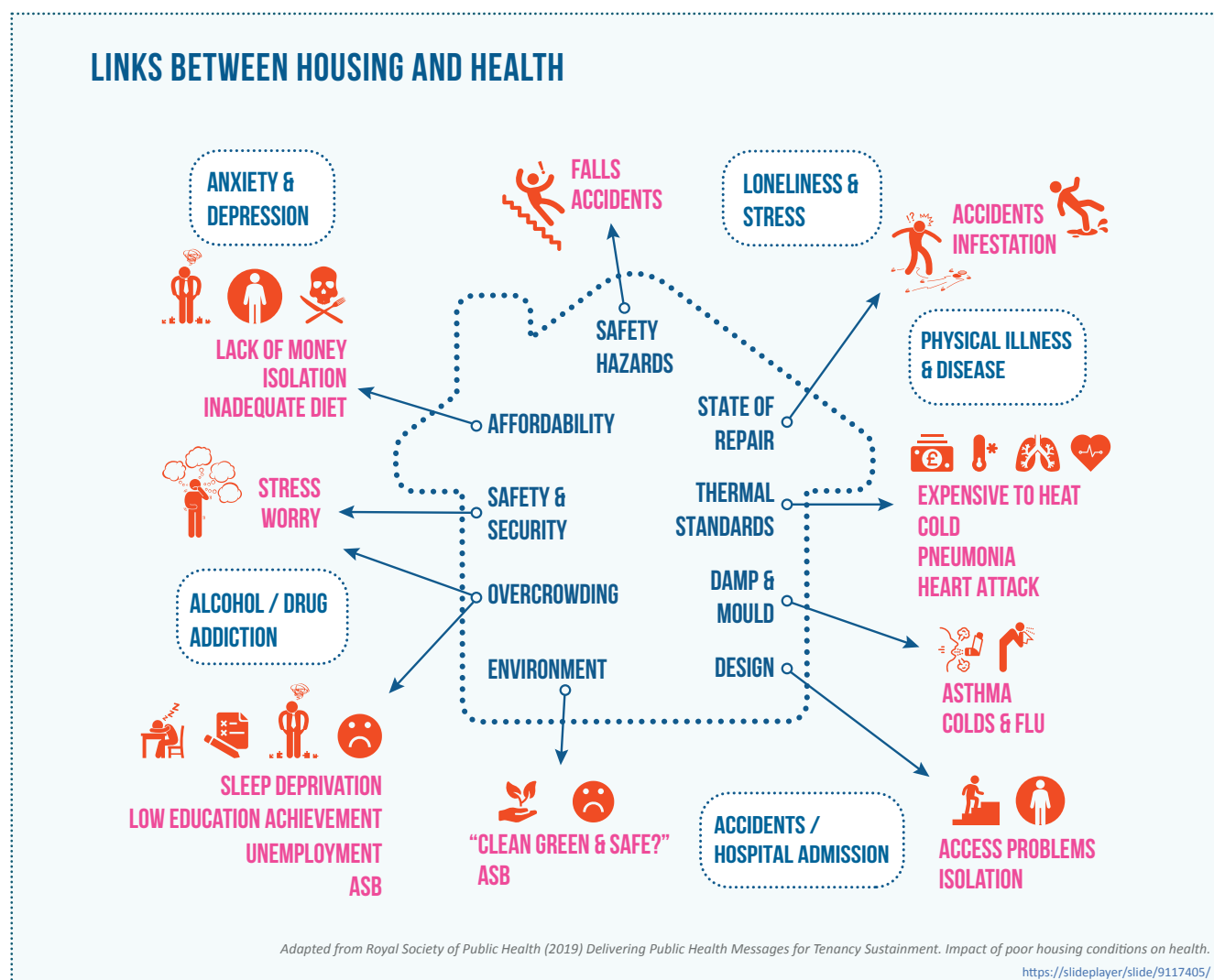
How housing impacts on health

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

There have been several attempts to quantify the impact that housing and the home environment have on health. These have struggled to unravel the many interlinked factors as illustrated above. However, it is estimated that from 45%⁷ to 60%⁸ of health

outcomes are determined by environmental and socio-economic factors.

Poor and unsafe housing can occur across all forms of home ownership and occupancy, but in general, and in East Sussex, the private rented sector has the highest rates of poorer housing. A growing proportion of the population now live in privately rented properties. This sector now houses 19% of the population and rent is almost twice as high compared with the social rented sector. Tenants often feel insecure in their housing due to the shortness of contracts and lack of the legal protections afforded by social housing tenancies. The homes in the private rented sector also have higher levels of damp than other sectors, are twice as likely to be in poor condition and one in five households within private rented accommodation are fuel poor⁹ (meaning were they to spend the amount of money required to meet their fuel needs they would be left with an income below the official poverty line).



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

Much needed housing is being provided through this route and the speed of conversion means that these homes are often brought forward far quicker than through the normal planning route. However, there is increasing concern¹⁰ about the quality of some of these homes and the impacts upon occupants and on townscapes. Whilst not yet having a sufficient evidence base to dedicate much space within this report to this phenomenon, the concerns already raised do show that issues described within

this report as risks to health may be present at significantly higher levels in this type of housing. These include overcrowding and inadequate space standards, overheating, lack of ventilation and the impact on indoor air quality, as well as concerns regarding the setting such as proximity to noise, poor air quality and distance from services. There is concern too that vulnerable people may become 'warehoused' together in a manner whereby their individual support needs may be difficult to provide, and where differences between people may lead to social tensions.

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

INSIDE THE HOME

Living in a Cold Home

IMPACT ON HEALTH

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



WHO IS AFFECTED

People who are especially vulnerable to the cold, include:

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

HOW MANY PEOPLE ARE AFFECTED

In 2017 almost one in ten East Sussex households (over 24,000 homes) were in fuel poverty, with the percentage in Hastings (13.3%) being significantly higher than the East Sussex (9.8%), South East (8.7%) and England (10.9%) figures¹¹. For these households fuel bills cost more than average and paying them

leaves the household below the official poverty line. The level of fuel poverty in some local areas of Hastings and Eastbourne is higher than 20%.

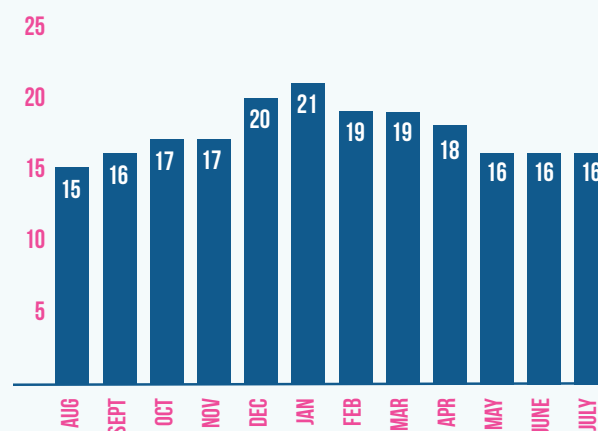
Fuel poverty is defined as when a household's required fuel costs are above the median level, and if they were to spend what is required, then the household would be left with a residual income below the official poverty line¹².

The World Health Organisation state that 30% of extra winter deaths are due to cold homes, and are therefore avoidable¹³.

In East Sussex over the last three winters an extra 1,428 people died when compared with the non-winter months¹⁴.

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

AVERAGE DAILY DEATHS IN EAST SUSSEX BETWEEN 2002 AND 2016



Source: Death registration data received from NHS Digital

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

SOLUTIONS

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

the risk of death and ill health associated with living in a cold home¹⁵. The aim is to help: reduce preventable excess winter death rates; improve health and wellbeing among vulnerable groups; reduce pressure on health and social care services; reduce 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies, and; improve the energy efficiency of homes.

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

The key areas for improvement identified in the guidance are:

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

Activities to reduce fuel poverty in East Sussex:

- providing the East Sussex Warm Home Check service – an affordable warmth scheme that offers a 'single-point-of-contact' for anyone living in a cold home, along with additional support for eligible vulnerable people through a home assessment, advice and home heating / insulation improvement works
- identifying vulnerable people who live in a cold home and referring them for help
- providing vulnerable people with information and advice in order to maximise income

- training health, housing and social care professionals and voluntary and community sector workers to help people whose homes may be too cold for their health and wellbeing
- raising awareness among professionals and the public about how to keep warm at home (e.g. through communications activity and information available at: www.warmeastsussex.org.uk)



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

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

Additionally, there is a free e-learning resource¹⁶ for professionals who visit people in their homes to support staff to recognise the signs that someone is living in a cold home that is affecting their health, including the less obvious ones. The 25-minute module is available via <https://www.e-lfh.org.uk/programmes/cold-homes/>.

INSIDE THE HOME

Living in an overheating home



IMPACT ON HEALTH

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

Significant impacts on occupant health and behaviour of overheating can include dehydration, heat cramps, heat oedema (water retention e.g. swollen ankles), heat syncope (dizziness and fainting), heat rash (prickly heat) as well as the sequelae of these, such as falls and accidents. It can exacerbate pre-existing conditions and vulnerabilities in occupants

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

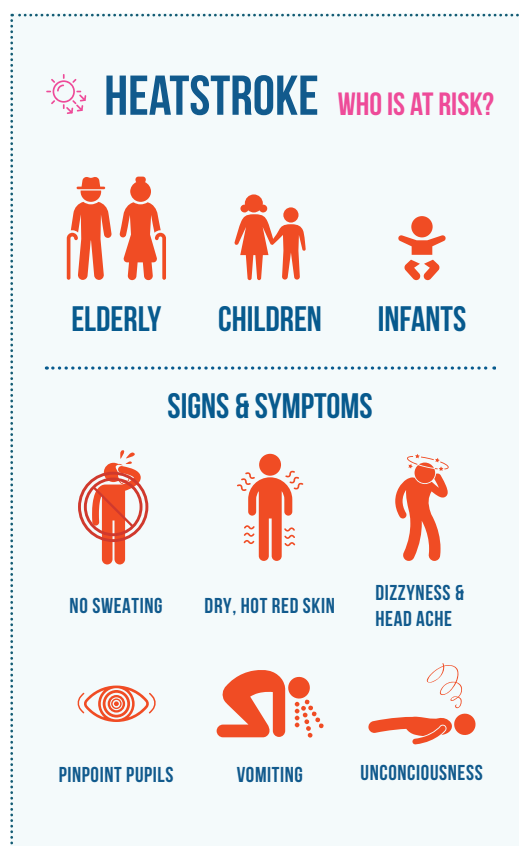
such as cardiovascular disease, respiratory disease, diabetes, hypertension, neurological conditions, obesity, fatigue, dermatological diseases and mental illness and stress. Mental health complications show evidence of an increase in suicide / suicidal behaviours and an increase in the violence of methods used.

WHO IS AFFECTED

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

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

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



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

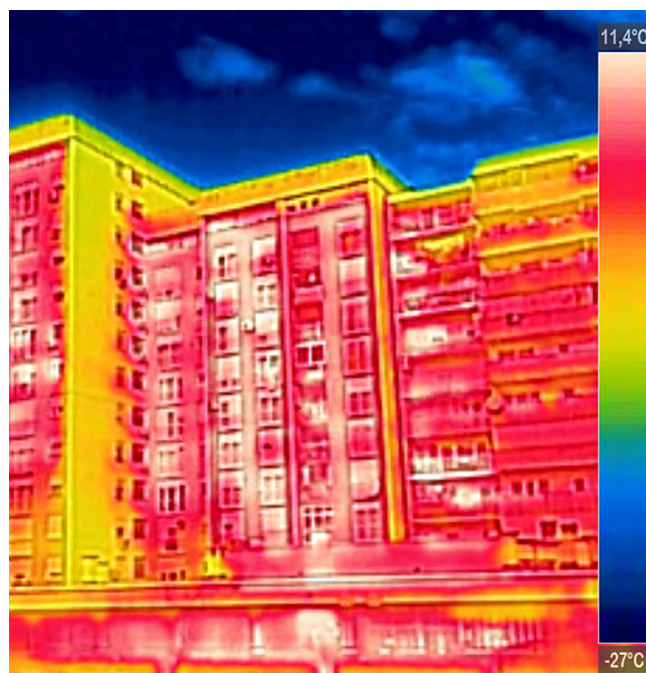
In a recent report into 90 instances of overheating (reported to Environmental Health Officers)¹⁹ 30% were in converted flats, 48% in purpose-built flats and a surprising number (30%) were in relatively newly built flats built after 2000.

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

SOLUTIONS

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

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



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

INSIDE THE HOME

Childhood Accidents



IMPACT ON HEALTH

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

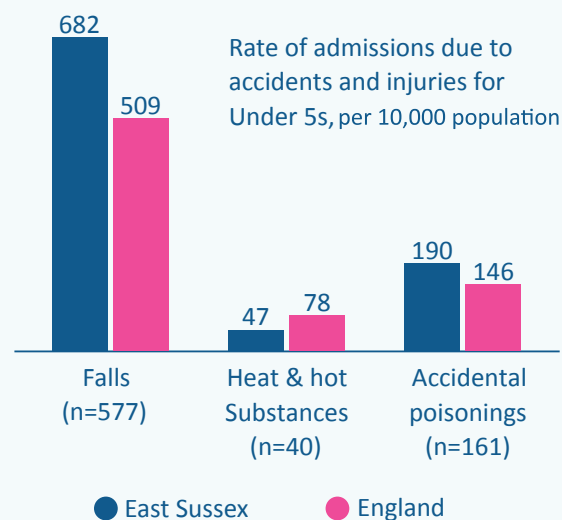
Childhood accidents are generally caused by several factors including: the physical environment in the home, overcrowding, the availability of safety equipment, being unfamiliar with surroundings (e.g. visiting friends or relatives), child development, the knowledge and behaviour of parents and carers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

WHO IS AFFECTED

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



EMERGENCY ADMISSIONS DUE TO ACCIDENTS AND INJURIES FOR UNDER FIVES



EAST SUSSEX

has **Significantly higher rates** than England for admissions for falls & accidental poisonings.

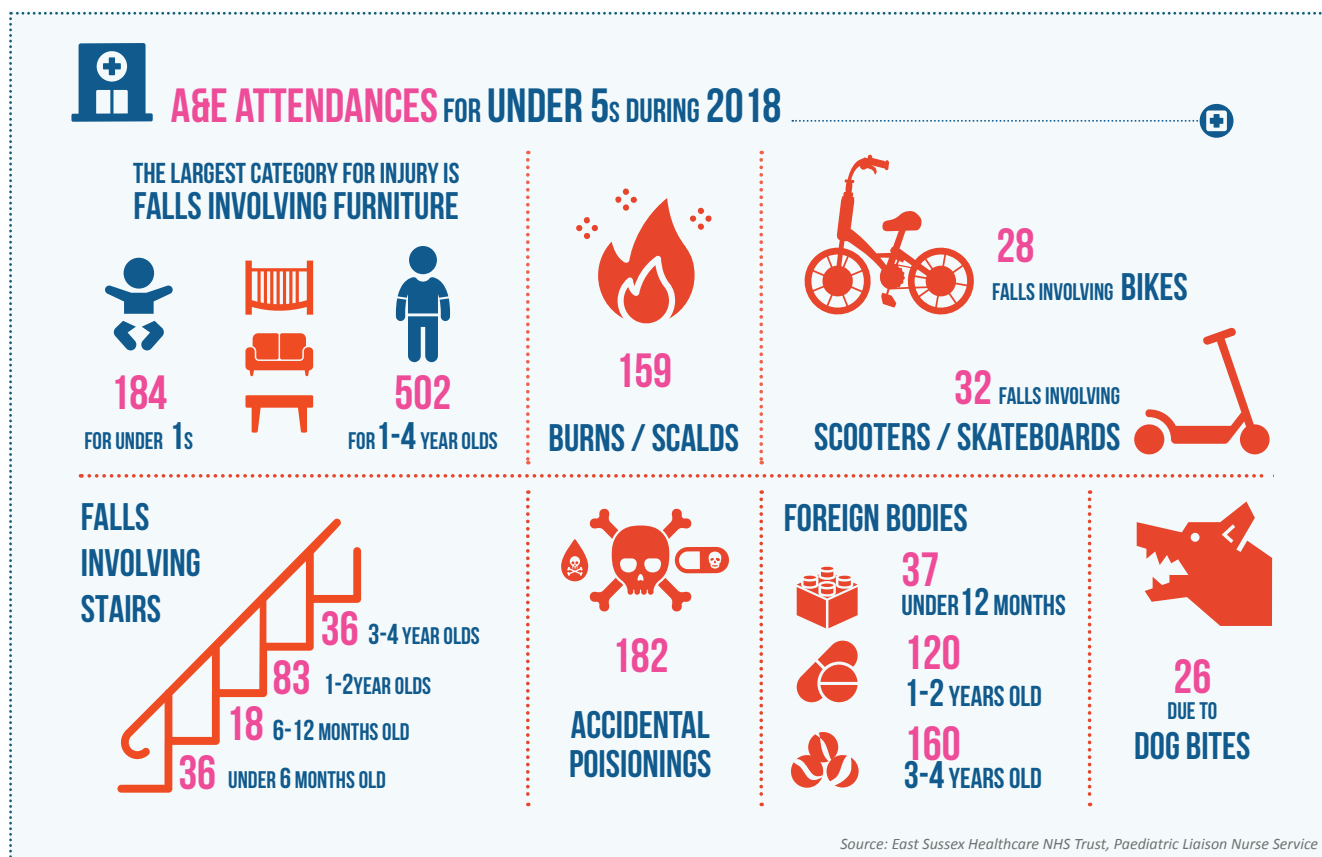
Specifically for falls from furniture & poisons from medicines.



Source: Data for 2014/15-2016/17, Public Health England, accessed Feb 19

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

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



SOLUTIONS

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

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

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

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

INSIDE THE HOME

Falls in older people

WHO IS AFFECTED

Every year one in three people aged over 65 trip or fall. The cost of falls to the NHS is estimated to be more than £2b per year²⁰. There is also a high cost to adult social care and to the individual and their family. A fall involving a fracture often leads to a loss of confidence as well as reduced mobility for the person.



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

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

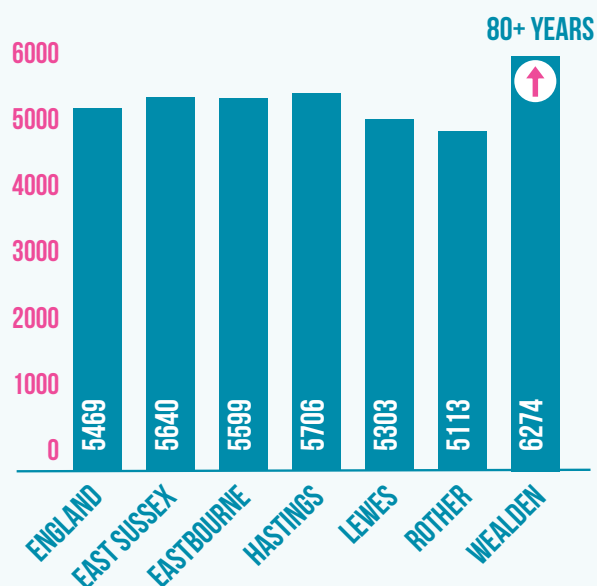
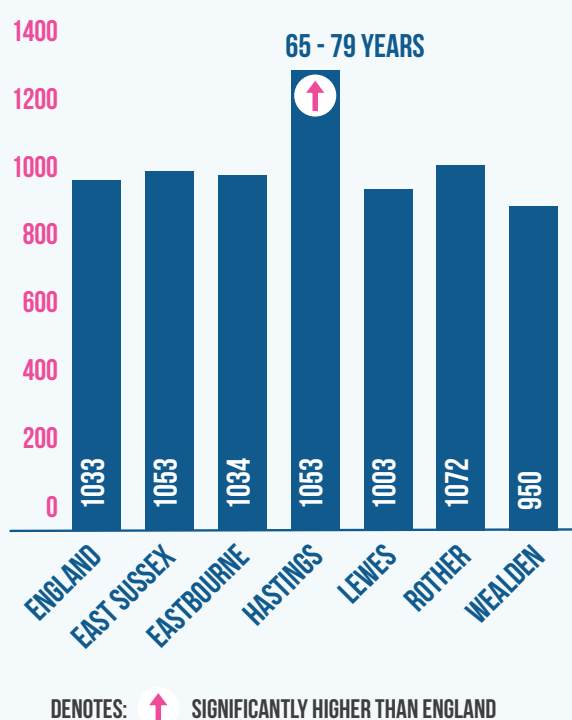
- loose fitting carpets and rugs
- stairs in and outside the home (and having reduced mobility)
- hazards posed by hoarding
- lack of grab rails in toilets and bathrooms

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

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

EMERGENCY ADMISSIONS DUE TO FALLS INJURIES 2017/18

AGE-STANDARDISED RATE PER 100,000



Source: PHE Public Health Outcomes Framework

ACTIVITIES TO REDUCE FALLS IN EAST SUSSEX

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

The Falls Prevention Service uses multifactorial falls assessments, home hazard assessments, home based and group strength and balance exercise classes and other interventions. Strength and balance exercises

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

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

INSIDE THE HOME

Overcrowding

Overcrowding is defined as one or more of the following²¹:

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



IMPACT ON HEALTH

The evidence shows that overcrowding causes poor emotional and mental wellbeing and lower educational attainment in children²¹. It is reported that due to the lack of (quiet) space more than half (55%) of children who live in overcrowded homes

struggle to do their homework and that 14% children find it totally impossible²².

Overcrowding is also linked to a greater risk of infectious diseases²³, which include respiratory and gastrointestinal infections and increases the risk of potentially life-threatening infections such as meningitis and tuberculosis. One study demonstrates how children aged under eight years living in overcrowded conditions are ten times more likely to contract meningitis compared to children who do not live in overcrowded conditions.²³ Slow growth in children has also been reported with the suggested reasons being frequent sleep disturbance and more infectious diseases through childhood.

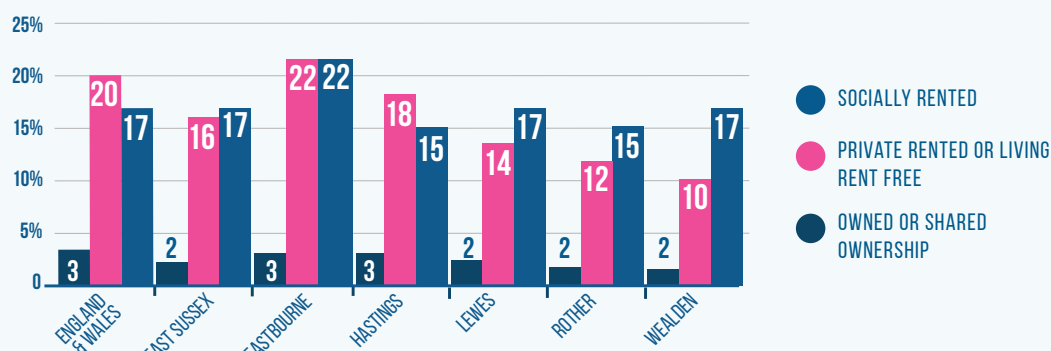
WHO IS AFFECTED

It is reported that around 12% of children in England live in overcrowded homes and that in just under half of these homes children share a bedroom with an adult. In more than a quarter of overcrowded homes adults are forced to sleep in kitchens, bathrooms or hallways because of the lack of space².

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

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

OVERCROWDED HOUSEHOLDS IN EAST SUSSEX BY TENURE



Source: 2011 Census
www.eastsussexinfofigures.org.uk

Building regulations do not set minimum room sizes however they do include requirements that impact on the size of a room, such as manoeuvring space for wheelchair users in accessible rooms, door widths, and corridor widths. There are a set of Nationally Described Space Standards (NDSS) but these are not universal and are subject to adoption by local planning authorities into local plans. Some planning authorities have attempted to adopt minimum room sizes or the NDSS for new homes in their planning and development management policies, often in the

face of developer opposition, who cite viability as an argument against their adoption. Homes converted from former commercial premises under permitted development rights have been noted as having amongst the smallest floor spaces of any dwelling types, in some cases being only a third of the space as recommended in the NDSS.

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



CASE STUDY: AN EAST SUSSEX SECONDARY SCHOOL PUPIL

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

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

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

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

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

INSIDE THE HOME

Indoor Air Quality

IMPACT ON HEALTH

The health effects of poor indoor air quality include asthma, chronic obstructive pulmonary disease (COPD), respiratory irritation, and vascular problems²³. Mould or damp can exacerbate asthma in children and lead to increased rates of GP appointments as well as hospital attendances and admissions for respiratory tract infections as well as for uncontrolled asthma.

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

Indoor smoking has a range of health harms on those in the house that do not smoke and include childhood wheezing, asthma, other respiratory disease, ear infection, cardiovascular disease and sudden infant death syndrome²⁴.

WHO IS AFFECTED

Around 16% of homes are estimated to have damp and mould²⁵. Microbes grow wherever there is water available (they feed from dust and dirt) and apart from leaks most moisture comes in from the air. Damp and mould are common when there is a presence of condensation and history of water damage and leaks²³. There is a strong evidence base linking damp and mould²⁶ with respiratory symptoms, including shortness of breath, asthma and rhinitis (long term cold-like symptoms).

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



CAUSES OF POOR INDOOR AIR QUALITY

Poor indoor air quality may be caused by:

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

SOLUTIONS

New national guidance from the National Institute of Clinical Excellence (January 2020) has been produced to raise awareness of the importance of good air quality in people's homes and how to achieve this²⁷. This includes recommendations on prioritising indoor air quality in local plans, ensuring architects and designers take account of indoor air quality and ensuring rental properties comply with regulations. The guidance is intended for Environmental Health Officers, Housing staff, Private landlords, Housing Associations, Health and Social Care staff, and the public.

INSIDE THE HOME

Hoarding

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

The reasons why someone begins hoarding are not fully understood. It can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired, and people with learning disabilities or people developing dementia may be unable to categorise and dispose of items²⁸. Hoarding can be a standalone mental health disorder or linked to other mental health problems such as depression, psychosis or obsessive-compulsive disorder.

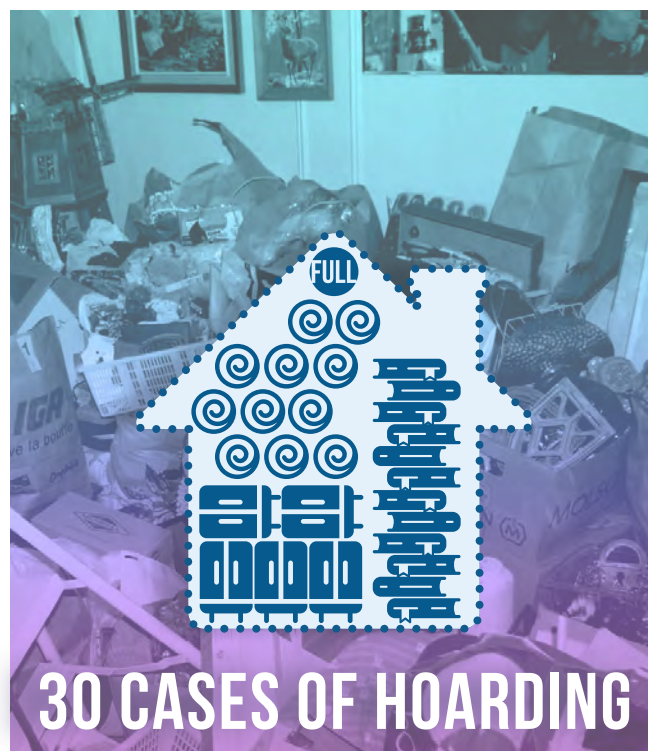
IMPACT ON HEALTH

A hoarding disorder can affect a person's life in multiple ways. They may be unlikely to have visitors which can cause isolation and loneliness. Risks to health from hoarding include falls, fire, and neighbourhood nuisance and pest infestations²⁹. One in four domestic fire-related deaths can be linked to hoarding³⁰.

WHO IS AFFECTED

It is reported that around one or two people in every 100 have a problem with hoarding that seriously affects their life. In a national survey in 2015, 77 local authority Environmental Health departments reported dealing with 209 cases overall in the previous calendar year³¹. It is estimated that only 5% of hoarders come to the attention of statutory agencies.

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



SOLUTIONS

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

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

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

INSIDE THE HOME

Fire

IMPACT ON HEALTH

The significant risk of preventable death or injury from fire in the home makes it a very serious housing issue. The statistics are stark³³ and warrant continual maintenance and education on fire prevention.

WHO IS AFFECTED

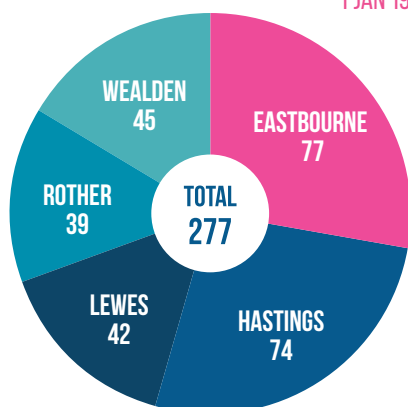
Across the UK:

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

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

ACCIDENTAL DOMESTIC FIRES

1 JAN 19 - 31 DEC 2019

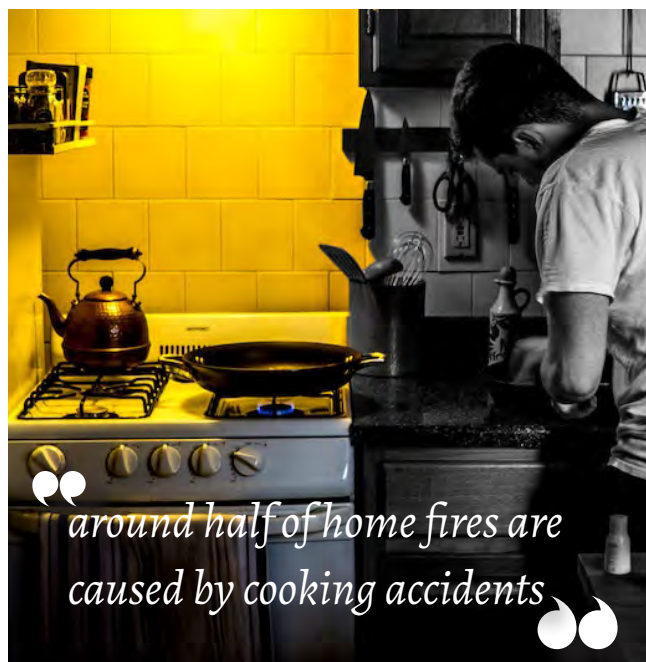


Accidental Domestic Fires (ADFs)

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

SOLUTIONS

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



The Housing Act 2004 and the Regulatory Reform (Fire Safety) Order 2005 are essential legislation for social landlords and people and companies renting out properties³⁴. They include: fire safety assessment by a competently trained person, annual gas and electrics checks, functioning and regularly checked smoke alarms, presence of fire blankets and extinguishers and fire escape plans.

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

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

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

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

Through the Annual Assessment of Risk, prevention and protection resources are allocated at group and station levels to deliver specific initiatives

targeting those most vulnerable. These initiatives are increasingly being co-designed with those receiving the service and each one is fully evaluated to ensure the desired outcomes are delivered.

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

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



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

Assistant Chief Fire Officer, January 2020

* Making Every Contact Count (MECC) is an approach to behavior change that enables and support front line workers to encourage clients to improve their lifestyles, such as: stopping smoking, improving diet, increasing physical activity and reducing alcohol consumption. The tools of MECC support staff to broach these conversations and offer motivational interviewing and brief interventions as appropriate.

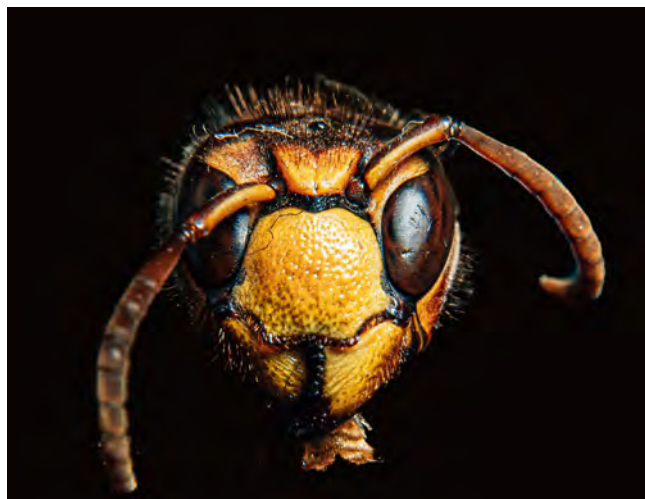
INSIDE THE HOME

Pest Infestations

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

IMPACT ON HEALTH

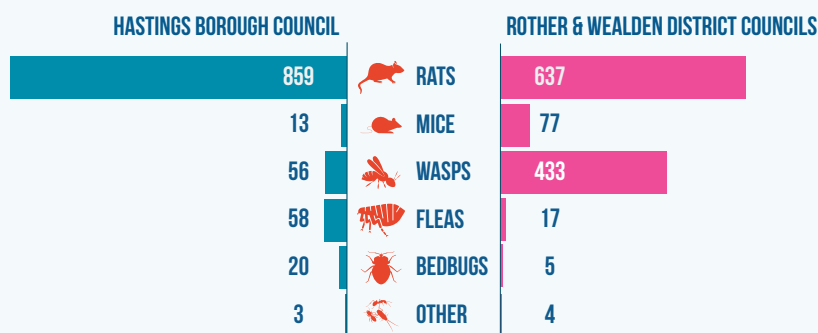
Pest infestations can spread infectious disease, affect existing physical and mental health conditions and cause new health conditions³⁵. The responsibility of managing an infestation in a rented property can be either with the occupier of a property or the landlord dependent on the situation and cause of the infestation. If there is a wider risk to the local public and remedial work has not been undertaken by the landlord, owner or tenant then the local housing authority and/ or Environmental Health team may need to be involved.



WHO IS AFFECTED

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

PEST CONTROL CASES ACROSS HASTINGS AND ROTHER & WEALDEN



SOLUTIONS

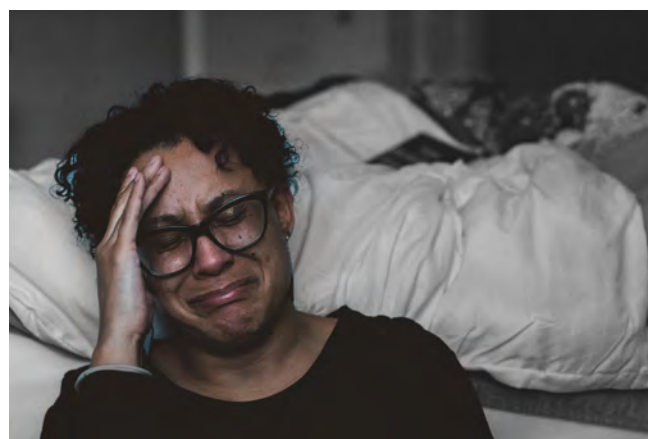
Local District and Borough authority potential powers for tackling pest infestation include:

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

INSIDE & AROUND THE HOME

Mental wellbeing

The charity MIND has summarised the key impacts of housing conditions that affect emotional and mental wellbeing²¹.



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

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

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

The 2017 Community Survey showed that 4% of respondents reported dissatisfaction with the quality of their housing, ranging from 3% in Rother and

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

HOUSING QUALITY DISSATISFACTION



Source: 2017 Community Survey³⁷

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

AROUND THE HOME

Crime & Anti-social behaviour

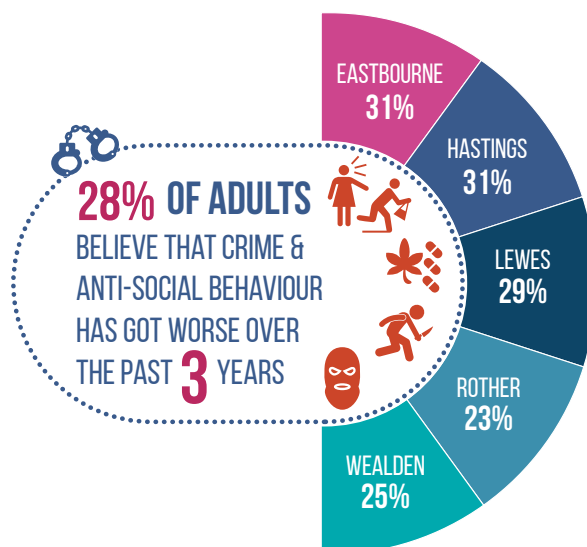
Feeling safe and secure in our homes is essential for good emotional and mental well-being. Crime and the fear of crime can threaten this in many ways.

Neighbourhood crime including anti-social behaviour, burglary, street crime, and violence can threaten our feeling of security and lead to poor mental health and wellbeing³⁶. Our satisfaction with where we live is affected by how safe we feel and areas with higher crime are found to have less satisfaction.

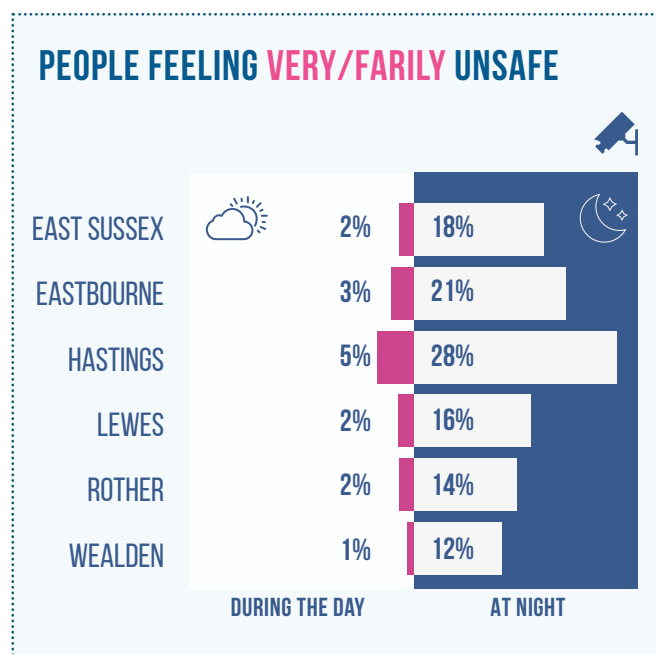
While overall the level of crime in East Sussex is relatively low (and in many areas appears to be falling), rates of crime (including anti-social behaviour and drug dealing) are higher in the more deprived areas. These are likely to be areas with poor housing and include higher rates of people being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

In East Sussex, 2% of respondents to the 2017 Community Survey³⁷ reported feeling very or fairly unsafe in their local area in the daytime, compared to 18% at night. People in Hastings were significantly more likely than any other area to feel unsafe both in the daytime and at night, and people in Eastbourne.

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



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



AROUND THE HOME

Outdoor Air Quality

IMPACT ON HEALTH

There is mounting evidence about the impact of poor external air quality on health. Around 40,000 deaths a year nationally are thought to be attributed to outdoor air pollution³⁸. This is relevant to health and housing through exposure to air pollution in gardens and through ventilation of our homes.

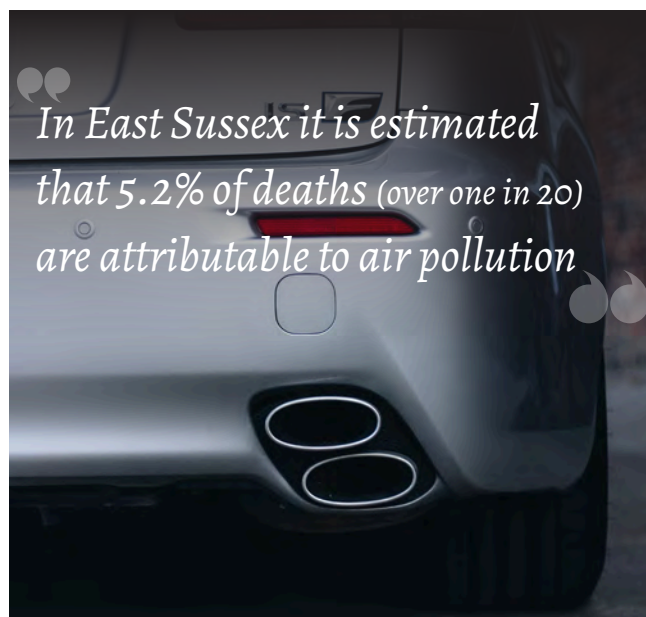
Poor air quality can affect our physical health through various means including increasing cardiovascular and respiratory health symptoms and conditions. These health effects are more pronounced in vulnerable groups of people including pregnant women, children, the elderly and those with chronic health problems. Evidence has shown 64% of air pollution in urban areas is from transport³⁹ and people with less income are more likely to live in these areas.

WHO IS AFFECTED

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

AIR QUALITY IN EAST SUSSEX

The air quality in East Sussex is mostly very good with the majority of the county having clean, unpolluted air. However, there are a few small areas in East Sussex with relatively higher average levels of Nitrogen dioxide (NO₂) and particulate matter (PM) in Hastings and Eastbourne. There is some evidence of a local link of areas with higher levels of deprivation having a greater ongoing risk of exposure to air pollution and its consequences. Every local authority in the UK reviews and assesses air quality in their area. Air Quality Management Areas (AQMAs) are declared in areas where national objectives for air quality are not likely to be met. The national objectives have been put in place to protect people's health and the environment.



AQMAs are in place in Newhaven and Lewes. Levels above the annual objective concentration of NO₂ of 40µg/m³ were still observed in 2016 in both of these AQMAs. NO₂ levels in Lewes are improving. Air quality monitoring in the vicinity of the Newhaven incinerator site shows this to be satisfactory, as far as the existing measurement systems can detect. Pollution levels in future in Newhaven will be greatly influenced by further regeneration and development, and the success of mitigation measures.

SOLUTIONS

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

Sussex Air Alert⁴⁰ is a free service provided by the Sussex Air Quality Partnership (SAQP), that sends messages via mobile text, voicemails to home telephone, email or mobile app, providing alerts about poor air quality in areas of Sussex. People who have pre-existing lung and heart conditions (and those who are at risk of these) are encouraged by health professionals to sign up to the service. They can then modify their behaviour accordingly, for example not undertaking strenuous outdoor exercise or gardening on days when local air quality is poor.

AROUND THE HOME

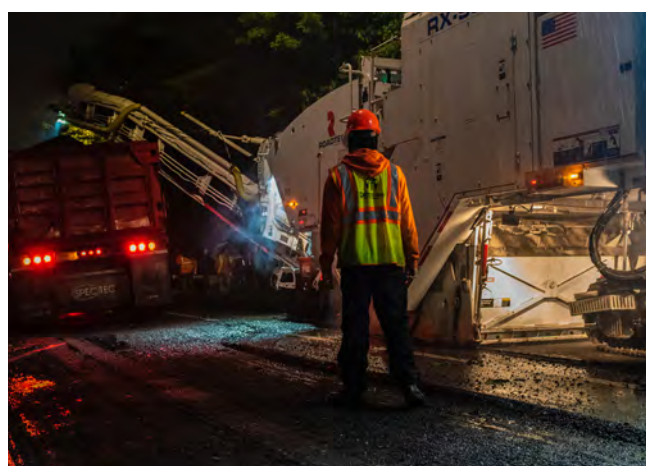
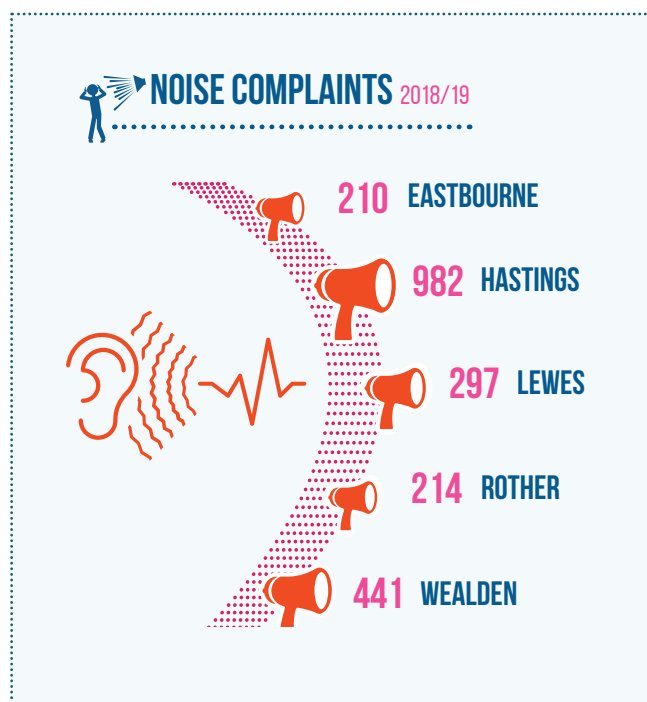
Noise

IMPACT ON HEALTH

Outdoor noise has been shown to affect people detrimentally within the home environment. The noise from cars, trains, local machinery, aeroplanes and neighbours has been shown to increase stress which can increase blood pressure and the potential to increase the risk of heart disease, stroke and dementia. There is also a detrimental impact on emotional and mental well-being as well as sleep quality and duration⁴¹.

WHO IS AFFECTED

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



AROUND THE HOME

Flooding

IMPACT ON HEALTH

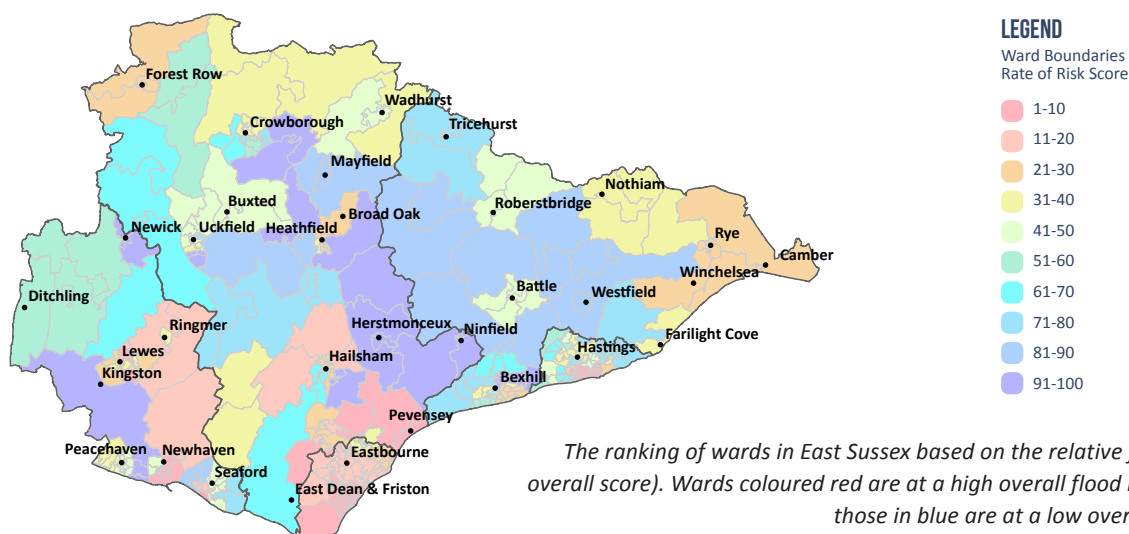
Floods damage to homes creates hazardous living conditions if water and debris is not cleaned up immediately. There are many health and injury risks posed by flood water, including the risk of disease from contaminated water supplies and hazards such as sharp glass or metals. Flooding can also damage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

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

SOLUTIONS

National support includes monitoring at risk areas, fortifying some flood defences, notification of any impending flood risk nationally and locally and supporting emergency responses when needed. There is a national flood alert system which as well as providing advice on planning to reduce risk, what to do in the event of a flood, and recovery, also includes a service for signing up to receive flood alerts⁴³.

The County Council's Flood Risk Management Team is responsible for ensuring that the authority meets its many duties as a Lead Local Flood Authority under the Flood and Water Management Act (2010). This includes the development and application of a Local Flood Risk Management Strategy, developing and implementing surface water management plans, and engaging in County and local flood partnerships. The focus of the Flood Risk Management service is on surface water, minor watercourse and groundwater flooding; the Environment Agency retains its responsibility for managing main river and coastal



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

WHO IS AFFECTED

Flooding is becoming more common in the UK and is expected to increase both in relation to severity and the number of incidents in the future. This is linked to our changing climate and the impact on rainfall and its predictability. The resulting effects from flooding can be devastating and range from immediate threats to life to long-term disruption and stress. In the short term, people can be at risk of injuries, potential infections, hazardous spills, property damage and poor service access⁴².

flooding. The team is responsible for Ordinary Watercourse consenting, responding to general land drainage enquiries, and is involved in identifying funding streams to deliver flood alleviation / management schemes in the county.

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

AROUND THE HOME

Services & Access

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



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

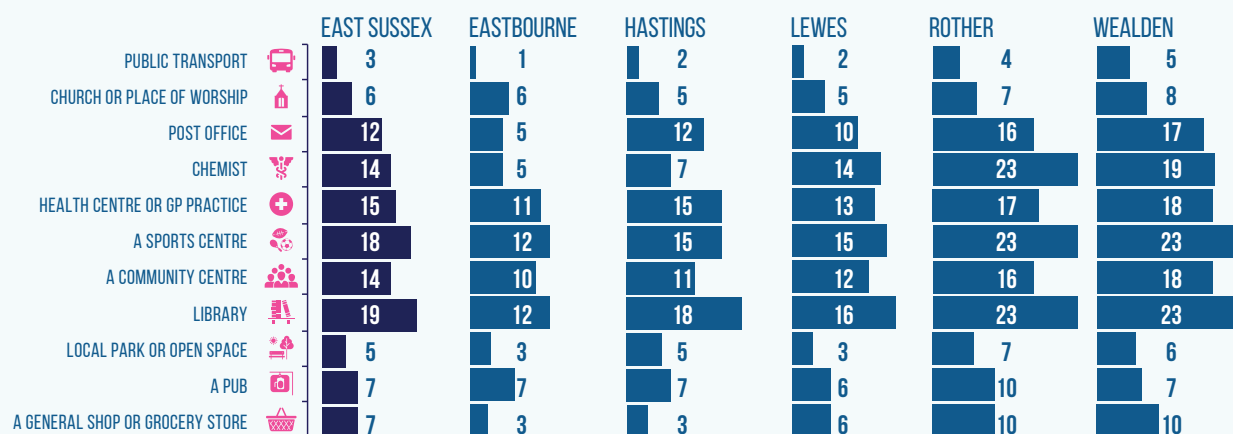
- access to green spaces
- safe walking and cycling routes connecting our homes to essential services
- local services including shops, libraries, leisure facilities, schools, GP and community pharmacists
- communal spaces to meet other people and socialise

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

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

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

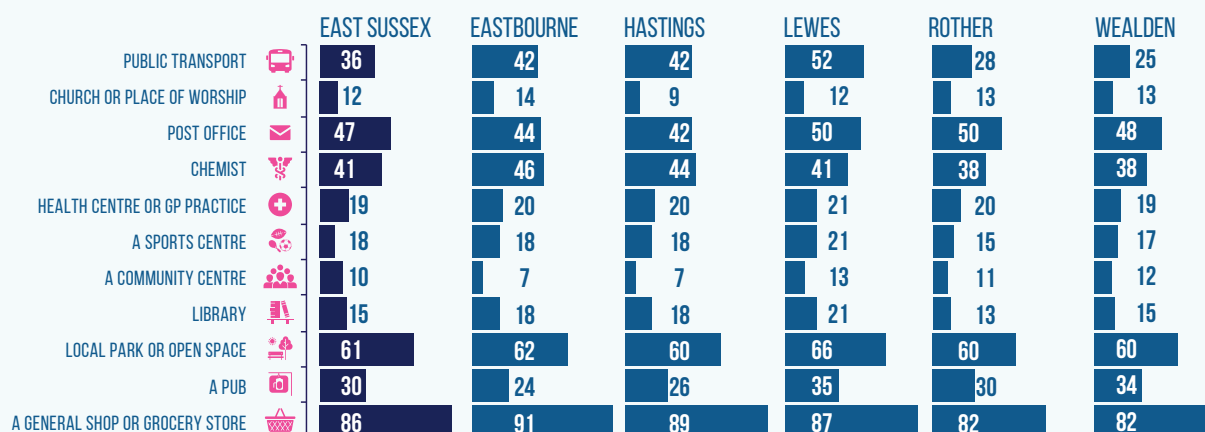
PERCENTAGE OF PEOPLE IN EAST SUSSEX WITH NO SERVICE WITHIN 15-20 MINUTES' WALK



Source: 2017 Community Survey³⁷

According to the 2017 Community Survey³⁷, the most accessible service across East Sussex was public transport with only 3% respondents stating no service is available within a 15-20 minute walk, although this does not indicate the frequency of the service. The greatest variation was in access to a chemist, with 5% people in Eastbourne stating no local service compared to 23% in Rother.

PERCENTAGE USING THE SERVICE AT LEAST ONCE A MONTH



Source: 2017 Community Survey³⁷

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

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

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

WHOSE HEALTH IS MOST IMPACTED

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

CHILDREN

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

A total of 3.6m children in the UK are thought to be affected by poor housing⁴⁴. There is a strong evidence base to link children living in cold, damp and mouldy homes with respiratory problems⁴⁵.



PEOPLE IN TEMPORARY ACCOMMODATION

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

Furthermore, around two in five children have associated poor mental health one year after being re-housed and their language lags behind that expected for their age. The reasons may be multi-factorial and may also include adverse childhood experiences such as abuse, neglect, domestic violence, or living in care. This can continue into adulthood, with higher rates of offending, substance

misuse and rough sleeping. This highlights the cyclical nature of poor housing and the need to focus our support for these families and children. Living in poor or insecure housing is seen as an adverse childhood experience in itself.

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



OLDER PEOPLE

People who are 65 years old and over spend on average 80% of their time at home⁴⁶ and therefore their home environment can have a greater impact on them. Older people are increasingly vulnerable to falls as their mobility decreases, with one in three people aged 85 years and older having more than one fall a year. Elderly people are also more likely than other groups to live in homes poor state of repair and this in turn leads to the increased likelihood of falls.

The elderly are particularly vulnerable to poor housing, especially in relation to fuel poverty, leading to an increase in excess winter deaths; and falls leading to an increase in hip fractures. Additionally, if a home is not suitable for a person's needs (due to the home situation being unsafe or not suitable for their care needs) this can cause avoidable hospital admissions and delayed discharge from hospital. It is estimated that older people in hospital when they don't need to be cost the NHS £820m a year⁴⁶.

The evidence suggests that around a third of people aged over 80 are lonely, which affects their mental health, leading to an increase in demand for healthcare. Older people have been shown to benefit from specialised housing including sheltered housing and Extra care (assisted living) housing⁴⁷.

1. HOUSING WITH CARE

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

2. HOUSING ADVICE AND INFORMATION

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

3. AIDS AND ADAPTATIONS

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

4. HANDYPERSON SCHEMES

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

5. FALLS PREVENTION

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

6. ASSISTIVE TECHNOLOGY AND TELECARE

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

7. DISCHARGE SERVICES

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

8. DESIGN OF THE BUILT ENVIRONMENT

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

9. WARM HOUSING AND FUEL POVERTY

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

10. DEMENTIA RELATED INITIATIVES

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

PEOPLE WITH POOR PHYSICAL HEALTH AND DISABILITY

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



CHILDREN WITH COMPLEX NEEDS

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

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

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



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

CASE STUDY: 1

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

CASE STUDY: 2

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

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

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



PEOPLE WITH POOR MENTAL HEALTH

Around one in four people will experience a mental health condition in a year⁴⁸. Mind state that people with poor mental health are more likely to be in poor housing and people in poor housing are more likely to develop poor mental health outcomes⁴⁹. The strong association with poor housing and mental health is especially strong in children, women and the elderly who are thought to spend the most time in the home. People with less severe or enduring functional mental illnesses, such as anxiety and depression, may not need specialist secondary mental health care, and can be treated by primary care often with psychological therapies, such as cognitive behaviour therapy.

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

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

Client facing housing officers receive mental health awareness training. As well as providing social

housing and the Homeworks service, Southdown provide a range of services for people with poor mental health in relation to housing⁵⁰.

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

PEOPLE WITH SERIOUS AND ENDURING MENTAL ILLNESS (SMI)

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

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

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

PEOPLE WITH LEARNING DISABILITIES AND / OR AUTISM

Other groups of people who require adapted housing and / or housing related support include those with learning disability, autism and severe mental illness. They are more likely to live in substandard housing that may be in need of repair; may be less likely to be able to afford to heat their homes adequately; and may require advocacy for housing and non-housing related matters.

LOW INCOME HOUSEHOLDS

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

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

PEOPLE WITH MULTIPLE / COMPLEX NEEDS

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

2

THE
EAST SUSSEX
HOUSING PICTURE

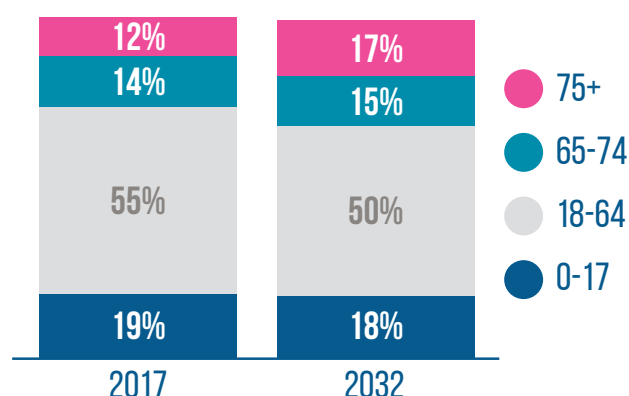


OUR POPULATION

Demographic & Housing Data

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

CHANGE IN EAST SUSSEX POPULATION FROM 2017 TO 2032 BY AGE GROUP



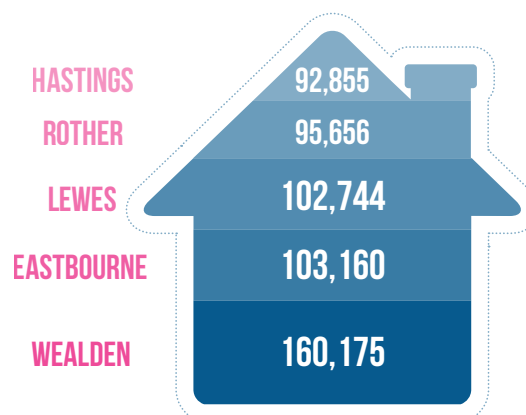
Source: ESCC population projections (dwelling led) April 2019



554,590 RESIDENT POPULATION (2018)

Source: ONS Mid Year Estimates

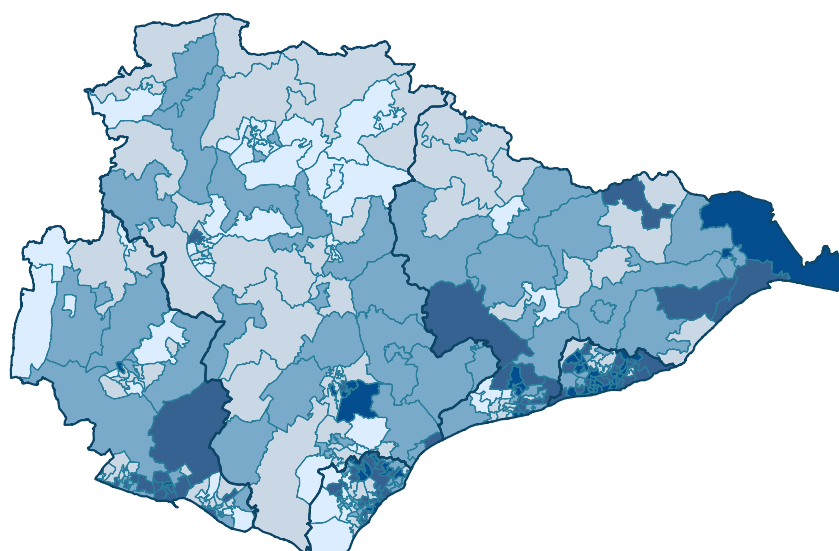
East Sussex has a total population of 554,590 residents. It is a two-tier local authority and has five District and Borough local authorities.



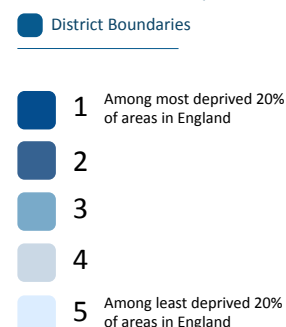
Source: ESCC population projections (dwelling led) April 2019

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

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



IMD 2019 - NATIONAL QUINTILES



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

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

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

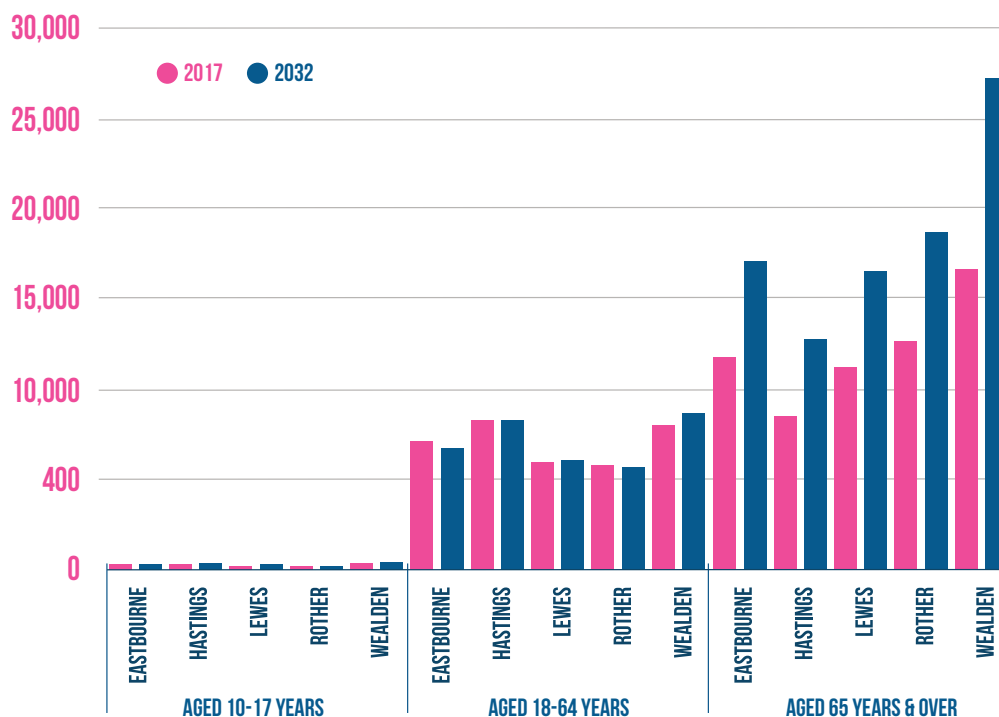
The prevalence of dementia increases with age. It is predicted that by 2035 number of people living with dementia across East Sussex will increase by 60% from 10,793 to 18,250. The density of those with dementia across the County differs with the highest rates in the most populous coastal towns and also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

Around one-third of all households are older households⁵¹. Housing issues affecting East Sussex's older residents in future are likely to centre on affordability and their adaptation for older people's changing needs⁵². An older person's health can benefit from a move to more suitable housing as long as it is an informed choice and they remain in control. 'Staying put' can also be the right choice. Most older people want a home with at least two bedrooms but most specialist provision has only one bedroom⁵³.

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

ESTIMATED DISABILITY^{*3} PROJECTIONS FOR EAST SUSSEX 2017 TO 2032

Local estimates predict that over the next 15 years the number of residents with a disability will remain similar for those aged under 65 but will increase by around 50% for persons aged 65 years and over⁵⁴.



Source: www.eastsussexinfigures.org.uk

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

LIFE EXPECTANCY AT BIRTH

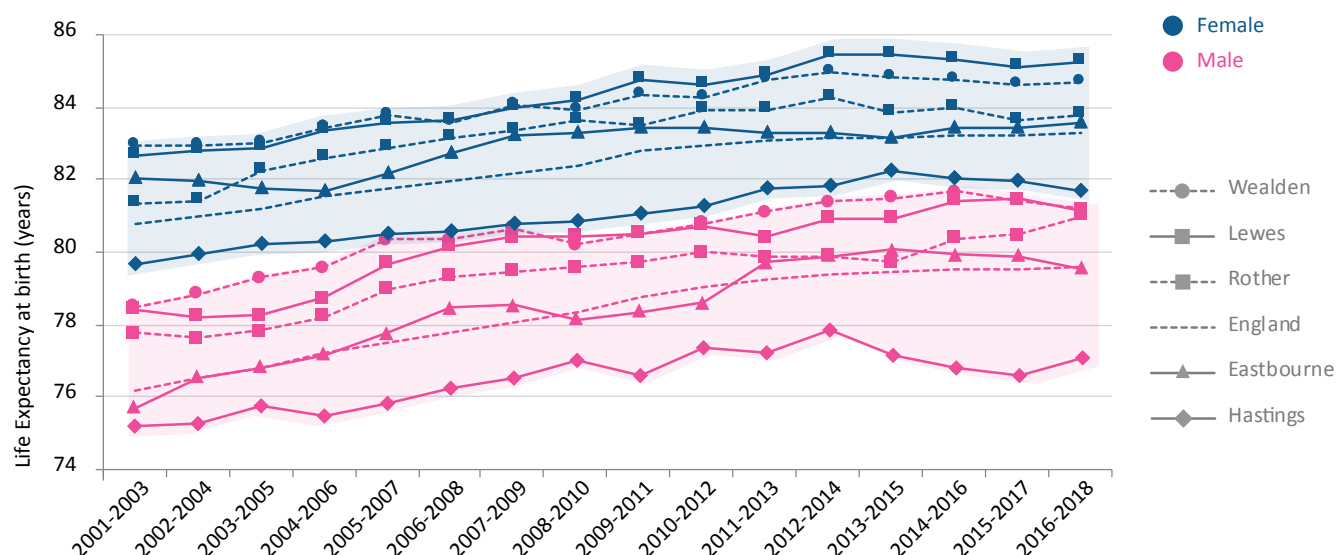
Life expectancy gains in East Sussex have stalled since around 2010, a trend which has been seen nationally.

In East Sussex there is a life expectancy gap of sixteen years between those living in the most deprived and the most affluent areas of the county (at ward level)⁵⁵. For healthy life expectancy (the number of years lived in self-assessed good health) the gap is 22 years. Housing is a key determinant of this inequality and is an area where local services in East Sussex can

work together to make a difference to people's lives and reduce health inequalities in East Sussex.

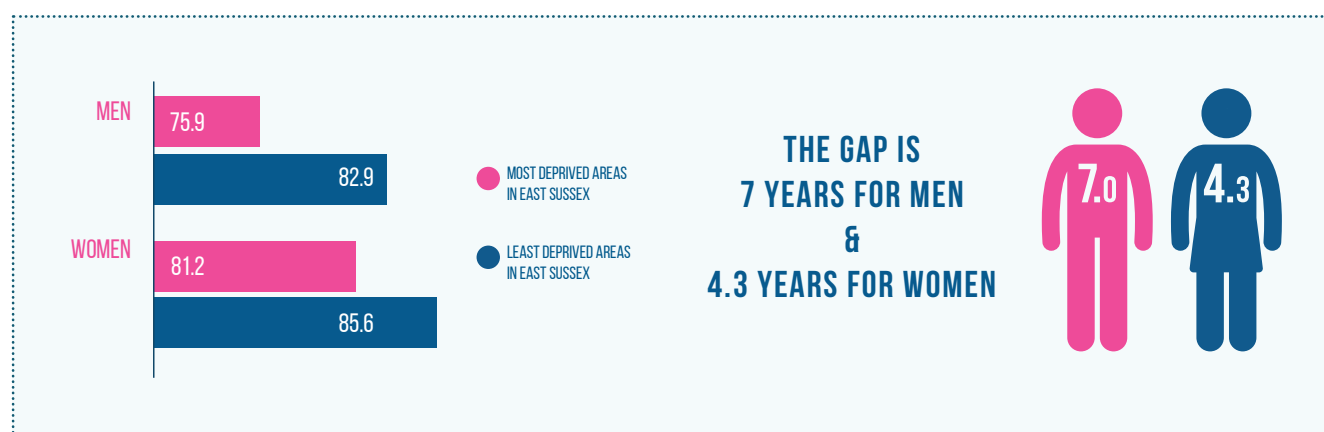
Within East Sussex all local authority areas, apart from Hastings, have similar or better life expectancy than England for both males and females. However, in Hastings, it is significantly worse than England, and for males particularly has reduced since 2012-2014 as highlighted in the graph below.

TRENDS IN LIFE EXPECTANCY AT BIRTH EAST SUSSEX DISTRICTS & BOROUGH



LIFE EXPECTANCY GAP

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

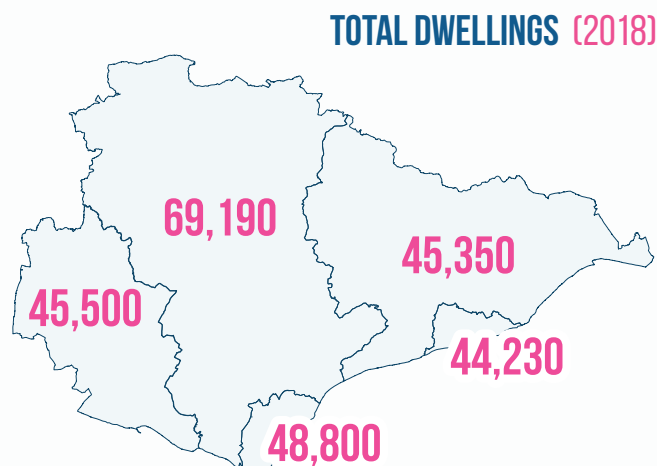


HOUSING STOCK & TENURE

An Overview

HOUSING STOCK IN EAST SUSSEX

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

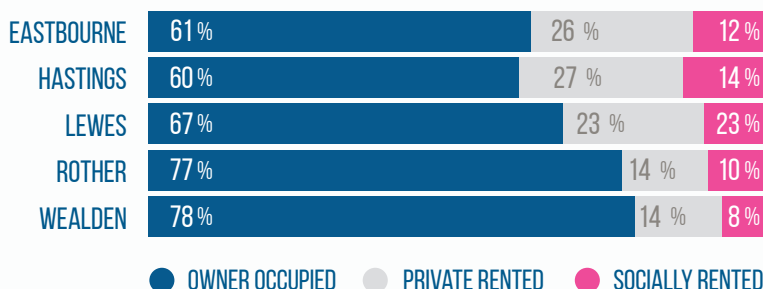


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ESCC 100019601, 2019

Source: MHCLG live tables on dwelling stock including vacants

DWELLING STOCK BY TENURE 2017

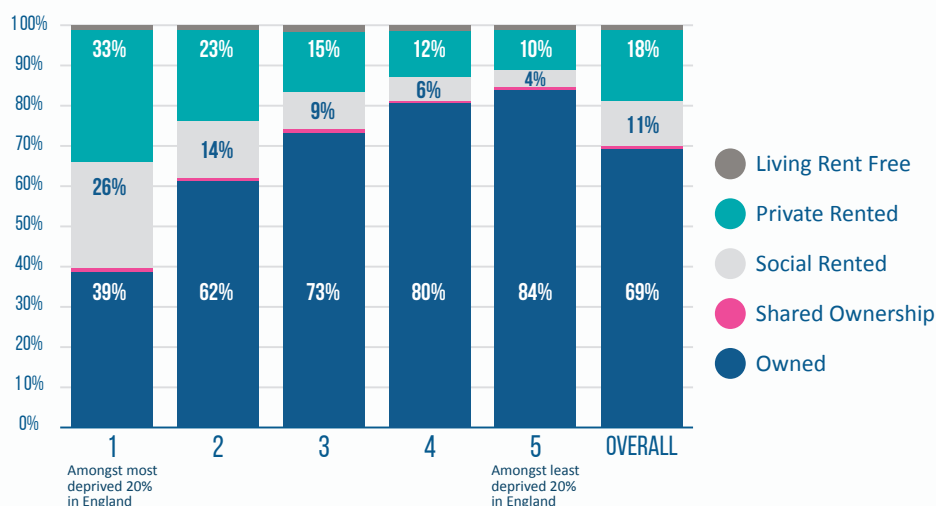
Hastings Borough Council and Eastbourne Borough Council have the lowest proportion of owner occupied housing and Hastings Borough Council has the greatest proportion of socially rented housing. Wealden District Council and Rother District Council have the greatest proportions of owner occupied housing.



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

HOUSING TENURE IN EAST SUSSEX BY DEPRIVATION QUINTILE 2011

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



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

AVERAGE HOUSE PRICE IN RELATION TO AVERAGE EARNINGS

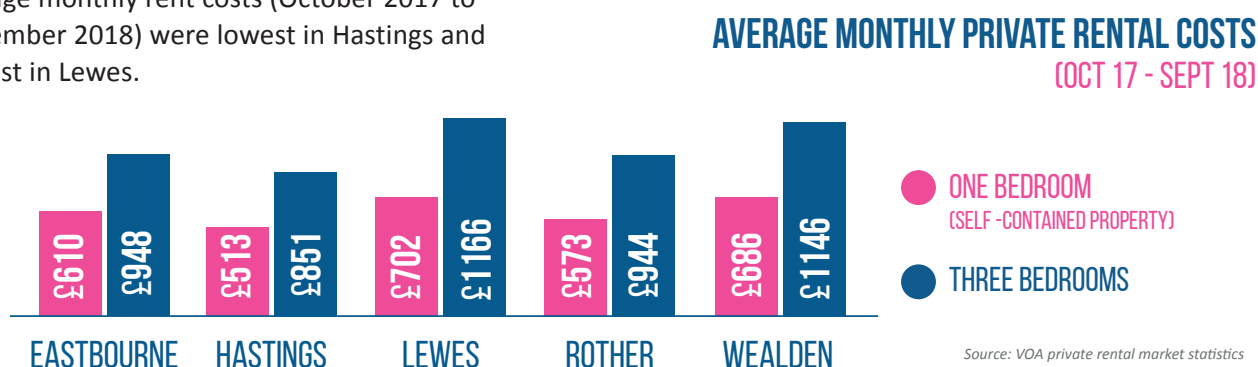
In 2018, average house prices in relation to average earnings were highest in Lewes (11 times annual salary) and lowest in Eastbourne (8 times) and Hastings (9 times). This marks a significant increase for all areas compared to 2002 and have almost doubled in Lewes from 6 times to 11 times annual salary.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



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

RENTAL MARKET

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



SOCIAL RENTING

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

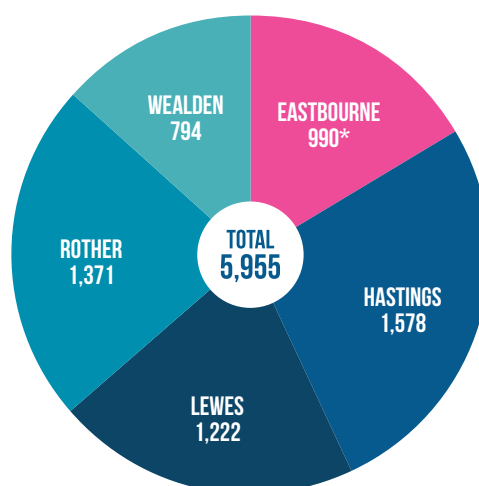
AVERAGE MONTHLY RENTS, 2017/18

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

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

SOCIAL RENTING WAITING LISTS

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



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

HOUSING BENEFIT

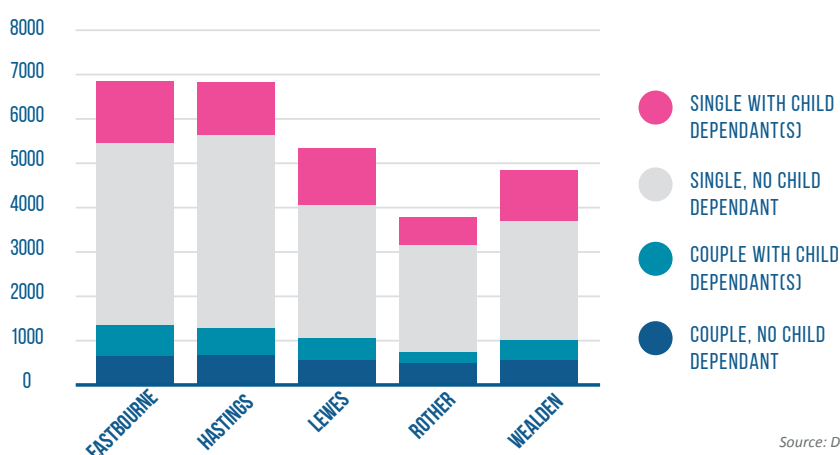
Housing Benefit is a benefit people can claim to help with their housing costs if they are on a low income. It can help with both private sector and social housing rent, and people can qualify for this help whether they are in or out of work.

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

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

NUMBER OF HOUSING BENEFIT CLAIMANTS IN EAST SUSSEX

BY FAMILY TYPE, MAY 2019



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

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

100% MORTGAGES AND LOW INTEREST RATES

Around a fifth of all outstanding residential mortgages in the UK are interest-only, according to the Council of Mortgage Lenders, which estimates that about 1.9m borrowers are just paying off the interest on their debts without making a dent in the underlying capital⁵⁶. With interest only mortgages, the borrower makes no capital repayments on the loan, just interest. They are expected to have an

investment plan in place to pay off the debt but some of these plans may be underperforming and some borrowers have not set them up. Should interest rates rise significantly, many people may struggle with their repayments, increasing the risk of homelessness.

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

PLANNING FOR THE FUTURE

Planned housing growth

PROJECTED POPULATION INCREASE AND ASSOCIATED AGREED NEW HOMES FOR PLANNING

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

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

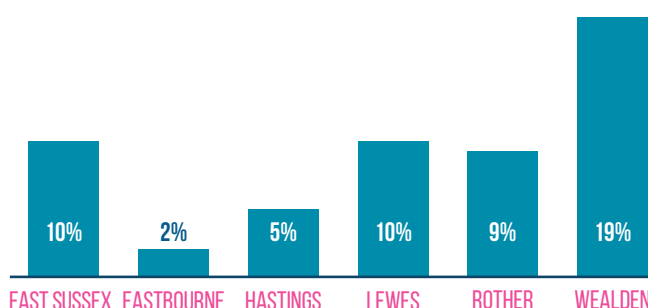
The planned housing growth in Adopted Local Plans March 2018 shows that the highest growth area is in the south of Wealden District. Other growth areas include Eastbourne, Bexhill, Hastings, Lewes and Newhaven.



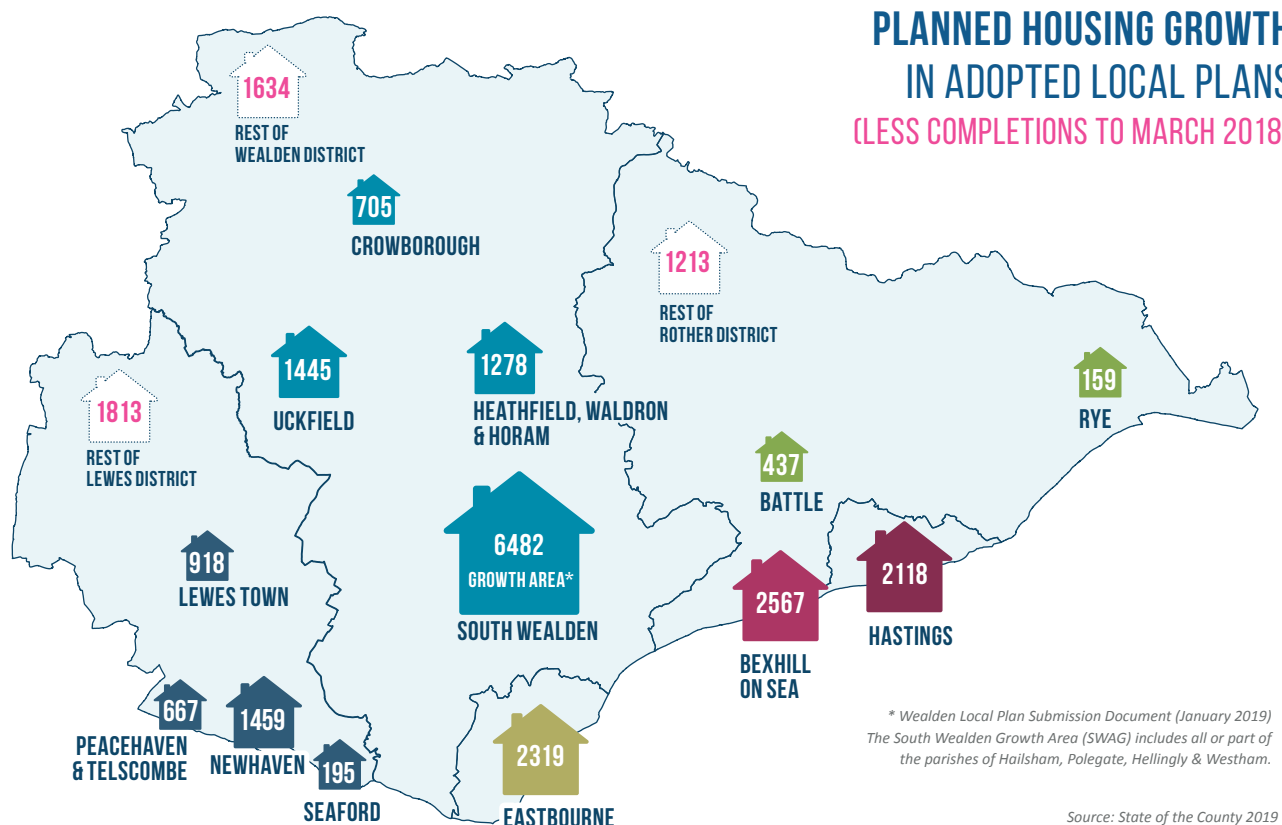
Source: ESCC population projections (dwelling led) April 2019

CHANGE IN TOTAL POPULATION

2017 -2032



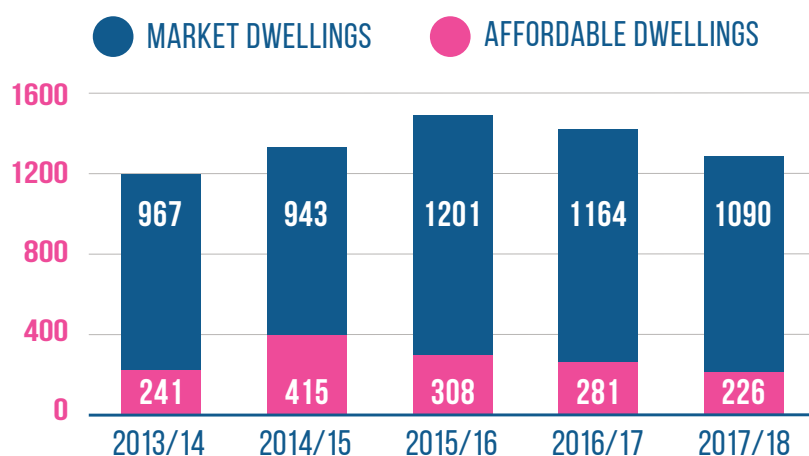
Source: ESCC population projections (dwelling led) April 2019



LOCAL HOUSING PLANS IN EAST SUSSEX

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

COMPLETED NEW DWELLINGS



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

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



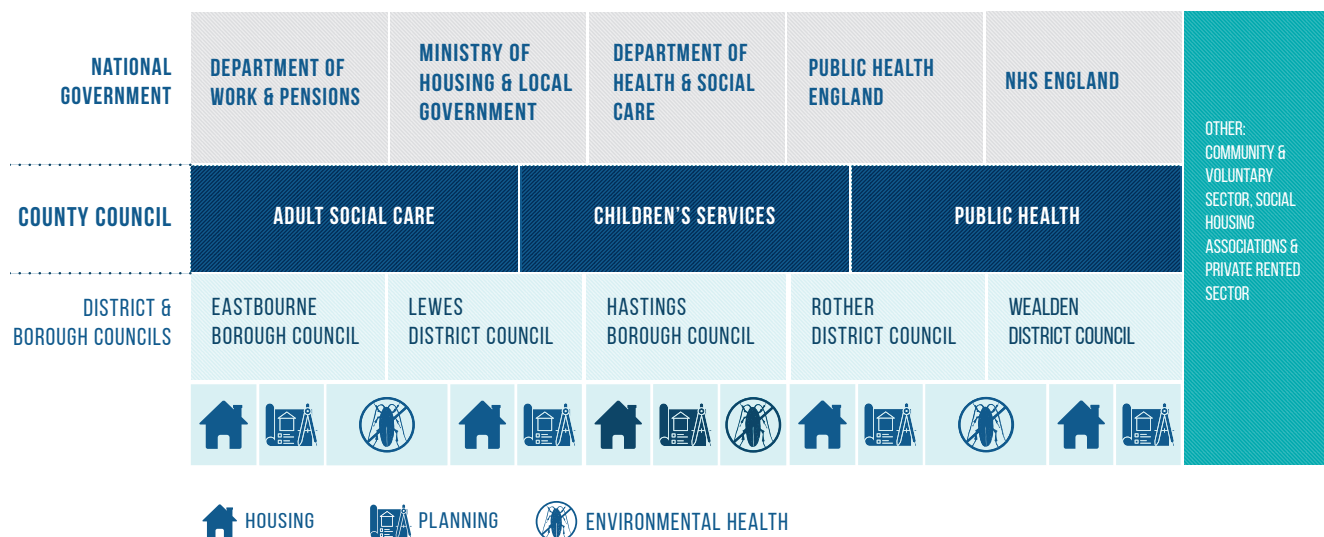
3 THE EAST SUSSEX HOUSING SYSTEM

EAST SUSSEX HOUSING SYSTEM

Roles & Responsibilities

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

The following two tables provide high level and more detailed information on the roles and responsibilities of organisations within the housing system.



NATIONAL GOVERNMENT	EAST SUSSEX COUNTY COUNCIL	DISTRICT AND BOROUGH COUNCILS	OTHER
<p>DEPARTMENT OF WORK & PENSIONS *</p> <p>administer Universal Credit (incl. housing benefit) and support claimants into employment</p> <p>MINISTRY OF HOUSING & LOCAL GOVERNMENT</p> <p>responsible for housing policy, providing a framework to build better places to live</p> <p>DEPARTMENT HEALTH & SOCIAL CARE</p> <p>responsible for health policy, including joint working on home adaptations, specialist housing and health care and housing integration</p> <p>PUBLIC HEALTH ENGLAND</p> <p>protect and improve health and wellbeing and reduce inequalities, including through housing and place</p> <p>NHS ENGLAND</p> <p>prioritises how housing can help prevent hospital admissions; help hospital discharge, and support independence and health in the community</p>	<p>ADULT SOCIAL CARE</p> <ul style="list-style-type: none"> Support people to live independently in their homes via provision of home care support Commission services to support people at risk of homelessness including those who have issues managing their accommodation Provide access to sheltered accommodation, extra care housing, care and nursing homes Provide residential care and supported accommodation for people with severe mental illness and/or severe learning disability <p>CHILDREN'S SERVICES</p> <ul style="list-style-type: none"> Prevent destitution – assess, establish a plan and support families into sustainable accommodation Prevent homelessness for children and care leavers Provide emergency and temporary accommodation if needed <p>PUBLIC HEALTH</p> <ul style="list-style-type: none"> JSNAA data and evidence base Advice and advocacy Mobilise action to improve health and reduce inequalities Air quality advice and joint working Commissioning Warm Homes , childhood accident prevention and equipment service Advice and advocacy for homeless people and rough sleepers Working with Planning to get 'health into place' 	<p>HOUSING</p> <ul style="list-style-type: none"> Responsible for managing and allocating social housing Private rented accommodation quality assurance Provision of temporary accommodation for households who are unintentionally homeless and in priority need Housing advice and information Take reasonable steps to help any eligible person into secure accommodation, regardless of whether they are in priority need Prevent a person becoming homeless through assessment and a personal housing plan <p>PLANNING</p> <ul style="list-style-type: none"> Develop Local Plans to address needs and opportunities in housing, the local economy, community facilities and infrastructure <p>ENVIRONMENTAL HEALTH</p> <ul style="list-style-type: none"> To enforce housing standards for those that privately rent their homes – the most common complaints received from tenants are about disrepair, damp, mould, and heating/cold. To provide advice for landlords on compliance with the appropriate regulations To provide advice to tenants To ensure Houses in Multiple Occupation are licensed appropriately – including meeting licensing standards or taking appropriate action if not. Pest control – free advice and a costed pest control service Noise - responding to noise complaints Hoarding – advice and support to address the issues but if this is not possible an enforced clearing of a property can be made with full charges applied to the householder 	<p>COMMUNITY & VOLUNTARY SECTOR</p> <p>There are a multitude of voluntary and community agencies operating across East Sussex providing an important role in terms of support for people who are homeless including those who are rough sleepers. This includes church and faith-based groups, outreach support to the street community and community based facilities.</p> <p>SOCIAL HOUSING ASSOCIATIONS</p> <p>Social Housing Associations offer affordable rented housing, promote tenancy sustainability and support the health and well-being of both tenants and local communities.</p> <p>PRIVATE RENTED SECTOR</p> <p>The private rental sector provides a vital service for people who cannot afford and/or are not in a position to buy a property.</p>

ORGANISATION ROLES & RESPONSIBILITIES

Specific roles & responsibilities defined

EAST SUSSEX COUNTY COUNCIL ROLES

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

ADULT SOCIAL CARE

SUPPORTING PEOPLE WHO NEED ASSISTANCE TO MANAGE THEIR ACCOMMODATION

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

There are two key services:

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

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

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

The services also offer advice and support where someone is:

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

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

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

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

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

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

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

Occupational Therapy (OT) has an important role in supporting people to live in their own home. The service is provided via three clinics across the County. Home visits can be arranged if necessary. The OT service supports around 3,000 people per year.

Where 'minor' housing adaptations are required (generally costing less than £1,000), Adult Social Care may fund this via the Integrated Community Equipment Scheme, if the person is assessed as being eligible under the Care Act. Community equipment consists of a range of products designed to help

people to continue to stay active, comfortable and independent in their own home, as well as safe in the community. This ranges from relatively simple items, such as walking sticks, crutches and walking frames to aid mobility, to complex equipment like beds, hoists and pressure care equipment.

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

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

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

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

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

Telecare alarms include: epilepsy sensors, bed sensors, floor sensors, falls detectors and medication pill box monitors. There are also GPS personal locator devices for people at risk of wandering or becoming lost. Personal alarms can be worn, carried or placed around the home to alert the client, carer or monitoring centre to incidents such as a fall or power cut. Sensors can raise an alert in the event of a

fire, gas leak or flood. The alerts are monitored 24 hrs a day to ensure that the most appropriate response can be put in place promptly.

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

Project Manager, Adult Social Care Department November 2019 |

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

REDESIGNING SUPPORT

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

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

SUPPORTING OLDER PEOPLE WHO ARE DISCHARGED FROM HOSPITAL

The Joint Community Rehabilitation Service (JCR), an integrated home and community service delivered jointly by Adult Social Care and Health and East Sussex Healthcare Trust, provides rehabilitation and reablement to adults within their own home. By restoring or minimising loss of function, and

maximising independence, health and wellbeing, the service aims to promote faster recovery from illness and / or injury; prevent unnecessary acute hospital admission; support timely discharge from hospital; avert and avoid crises in the community, including safeguarding adults to protect them from avoidable harm; prevent premature admission to long-term residential care and support individuals at end of life when there are specific goals that can be addressed in a limited time.

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

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

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

SUPPORTED ACCOMMODATION

Supported accommodation is defined as a housing scheme where housing, support and (where needed) care services are provided as an integrated package. Some schemes are long-term, designed for people who need ongoing support to live independently, others are short term, designed to help people

develop the emotional and practical skills needed to move into more mainstream housing. In some supported housing schemes staff are available on site 24 hours per day.

EXTRA CARE HOUSING

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

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

CARE HOMES AND NURSING HOMES

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

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

Information from the Care Quality Commission (CQC) from March 2019 shows that across all client groups in East Sussex there are 74 care homes with nursing, with approximately 3,568 beds, and 243 care homes with approximately 4,620 beds. The number of care home beds (4.5) and nursing home beds (5.3) per 100 population aged 75 and over in East Sussex are both significantly higher than in England though this varies across the county⁵⁷. For example, there are just 0.9 residential beds per 100 population aged 75 and over in the Uckfield locality and 7.8 in the Hastings and St Leonard's area. In terms of nursing beds, the lowest number per 100 population aged 75 and over is in the Havens locality with just 1.0 bed and 9.6 in the Uckfield locality.

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

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

CHILDREN'S SERVICES

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

CARE LEAVERS

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

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

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

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

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



CASE STUDY: I-ROCK



I-Rock - Wellbeing drop-in service for young people in East Sussex. I-Rock is an award winning youth wellbeing service for young people aged 14-25 years. The service is based in Newhaven, Eastbourne and Hastings and is accessed through both drop-in sessions and booked appointments. The service provides a range of support including for mental health and wellbeing, education and housing. Around one in five young people who access the service have a housing-related need⁵⁸.

There are around 200 homeless presentations of 16-17 year olds countywide each year, some of which are not previously known to Children's Services but who often present with a range of safeguarding issues, complex needs and behaviours. Approximately 20% of all 16-17 year olds who present as homeless in East Sussex have been referred to Children and Adolescent Mental Health Services (CAMHS).

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

TRADING STANDARDS

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

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

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

DISTRICT AND BOROUGH COUNCIL ROLES

HOUSING PROVISION

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

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

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

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

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

ENVIRONMENTAL HEALTH OFFICERS

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

For housing tenants:

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

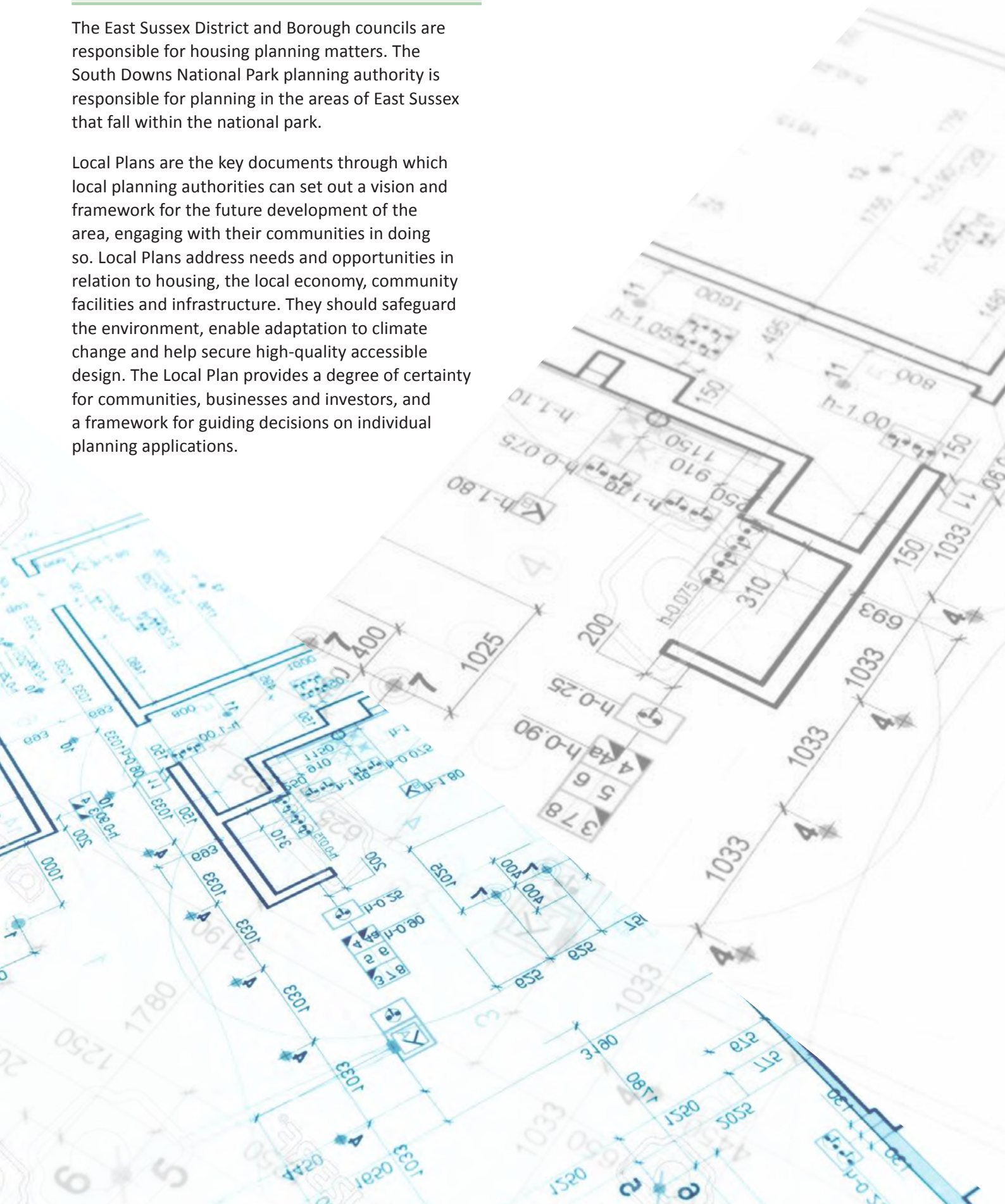
For everyone in the community:

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

PLANNING

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

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



SOCIAL HOUSING ASSOCIATIONS ROLE

Social landlords include District or Borough councils where they own and manage their own housing stock, and housing associations, which are not-for-profit organisations that own, let and managed rental housing. As not-for-profit organisations, revenue acquired through rent is ploughed back into the acquisition and maintenance of property. All social landlords do more than simply collect rent.

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

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

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

Social rented housing differs from private rented:

- it usually provides a long-term tenancy. Instead of six or twelve-month tenancies, residents have the right to stay for years, with greater protections from eviction
- social rents are cheaper than private rental, being linked to local incomes and set by central government
- social housing has to meet consumer standards set out by the Regulator of Social Housing, meaning that it is generally higher quality

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

Making Every Contact Count (MECC) is an approach to behavior change that enables and support front line workers to encourage clients to improve their lifestyles, such as: stopping smoking, improving diet, increasing physical activity and reducing alcohol consumption. The tools of MECC support staff to broach these conversations and offer motivational interviewing and brief interventions as appropriate. Anecdotal feedback from Optivo indicates that housing staff have found this training incredibly helpful and empowering in their wider housing roles. Client-facing housing officers are ideally placed to broach the topic of behaviour change (stopping smoking and stopping / reducing alcohol intake, for example).



CASE STUDY – ORBIT / OPTIVO

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

COMMUNITY LAND TRUSTS ROLE

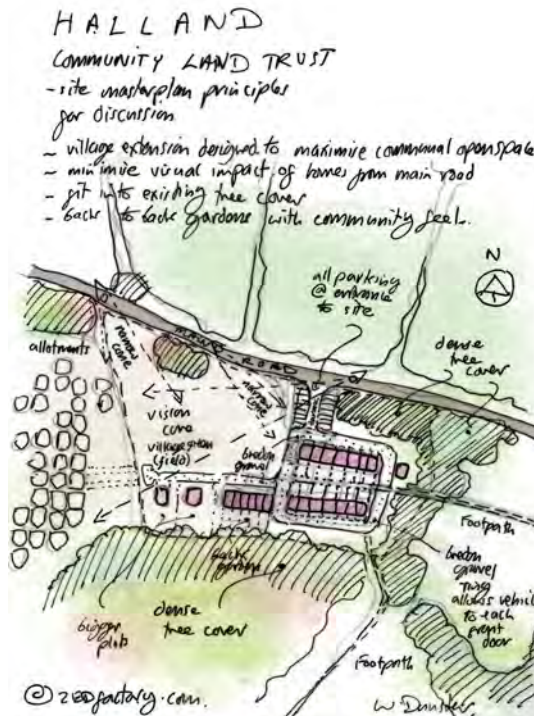
Community land trusts (CLTs) can be set up and run by local people to develop and manage homes as well as other assets important to that community, like community enterprises, food growing or workspaces. CLTs act as long-term stewards of housing, ensuring that it remains genuinely affordable, based on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

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

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

EAST HOATHLY WITH HALLAND COMMUNITY LAND TRUST

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



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

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

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

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

HERSTMONCEUX COMMUNITY LAND TRUST



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

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



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



All homes have a suitably scaled bathroom and flexible ground floor bedroom/study that can be adapted, now or in the future, to be comfortable to use by those less able.

- | | |
|-----------------------------|----------------------------|
| 1. entrance hall | 6. living room |
| 2. accessible wc/cloackroom | 7. dining area |
| 3. adaptable bathroom | 8. kitchen |
| 4. store | 9. first floor bedroom |
| 5. adaptable double bedroom | 10. refuse and cycle store |

DEPARTMENT FOR WORK AND PENSIONS ROLE

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

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



**TACKLING
HOMELESSNESS IN
EAST SUSSEX**



TACKLING HOMELESSNESS IN EAST SUSSEX

Intro



HOMELESSNESS – WHAT IS IT

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

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

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

IMPACT ON HEALTH

The impacts on health associated both with rough sleeping and homelessness are stark. The average life expectancy for a rough sleeper is 44 years for

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

WHO IS AFFECTED

The causes of homelessness and rough sleeping are multifactorial and complex and are outlined in the infographic below⁶⁰.

THE CAUSES OF HOMELESSNESS & ROUGH SLEEPING

STRUCTURAL FACTORS INCLUDE:

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

INDIVIDUAL FACTORS INCLUDE:

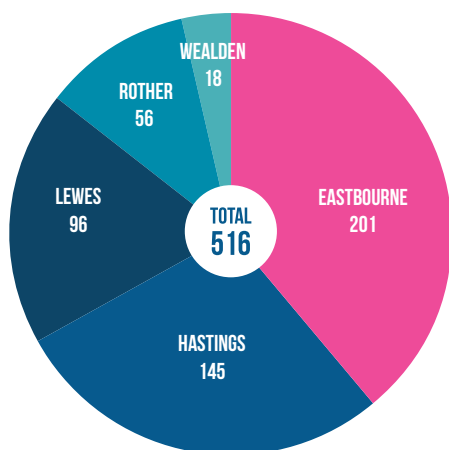
- Poor physical health
- Mental health problems
- Experience of violence / abuse / neglect
- Drug & alcohol problems
- Relationship breakdown
- Experience of care or prison
- Bereavement
- Refugees



TEMPORARY ACCOMMODATION

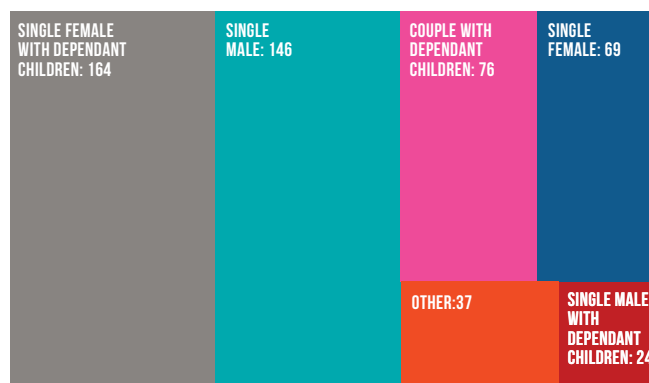
There are 516 households in temporary accommodation across East Sussex, of which 39% are in Eastbourne and 28% in Hastings. Of those in temporary accommodation across East Sussex 51% contain dependent children.

Jan-Mar 2019



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

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



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

STATUTORY HOMELESSNESS

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

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

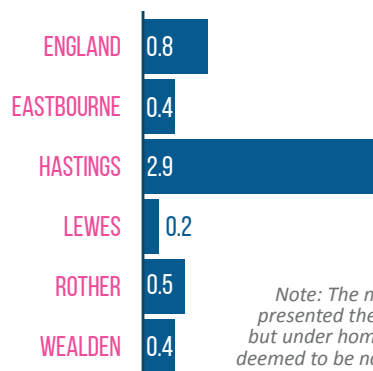
The rate of rough sleepers has increased 4.5 times from 2010 to 2017 (MHCLG Homelessness statistics).



Source: MHCLG Homelessness statistics

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

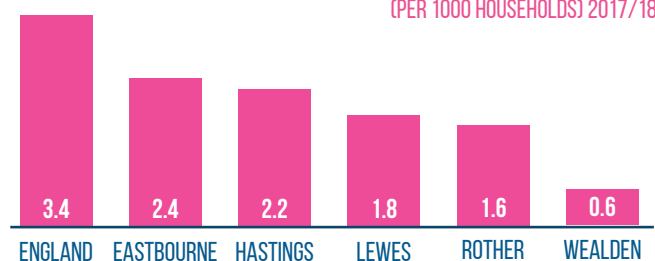
ELIGIBLE HOMELESS PEOPLE NOT IN PRIORITY NEED (PER 1000 HOUSEHOLDS) 2010/11 TO 2017/18



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

Source: PHE Public Health Outcomes Framework

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



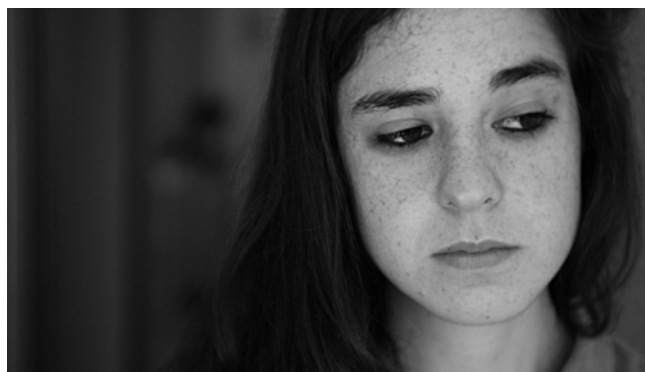
Source: PHE Public Health Outcomes Framework

In 2018 the most commonly addressed health issues for rough sleepers were for foot care, wound care, poor mental health, musculoskeletal disorders, and skin disorders and infestations⁶⁶.

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

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

Roger Nuttall, Nurse Co-ordinator, Hastings Homeless Service



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

Compared to children in secure housing, homeless children have:

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

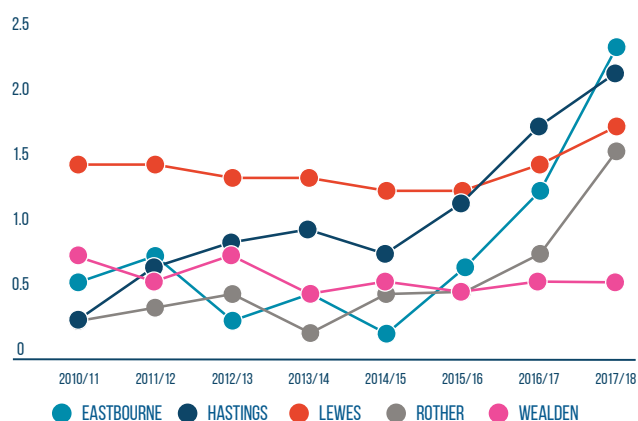
The Bleak House report⁶² advocates for more detailed information on the number of children who are homeless including how long they have been in emergency / temporary accommodation. The report indicates that those placed in temporary accommodation by Children’s Services, rather than by the local council housing teams are not captured by official government statistics.

IMPACT OF THE HOMELESSNESS REDUCTION ACT 2018:

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

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

HOUSEHOLDS IN TEMPORARY ACCOMMODATION (PER 1000 HOUSEHOLDS) 2010/11 TO 2017/18



Source: MHCLG Live table 784

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

THE IMPACT OF HOMELESSNESS ON FAMILIES AND CHILDREN

Homelessness has a significant impact on children’s physical health⁶¹ and families who are homeless are less likely to be registered with a GP and are more likely to miss immunisations. The physical and mental health issues along with missed school and mobility can lead to poor educational outcomes long-term⁶¹.

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

FAMILIES IN TEMPORARY ACCOMMODATION

Local data from East Sussex Children's Services⁶³ suggest that as of 25th July 2019, there were 22 households financially supported by children's services for temporary accommodation and with a social worker allocated to them. Children's Services cover the cost of renting temporary accommodation for these families. This support is provided in accordance with the Council's statutory responsibilities to promote and safeguard children in the area under the Children Act 1989.

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

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

A small number of households currently receiving support with temporary accommodation only require Level 4 interventions because they are homeless and have presented to Children's Services at the point where they face street homelessness. These cases will remain in the Duty and Assessment service, where allocated social workers will convene a Family Support Meeting every six weeks to review progress with the family and professional network. Most of

the households included in the data have multiple needs and are open to long term social work teams. They may have become homeless during the time they have been open to Children's Services or at the point of initial presentation an assessment has identified wider need and risks that may have contributed to the housing crisis. Many of the families have entrenched and multiple difficulties and are struggling to cope without support.

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

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

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

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

FAMILIES SUPPORTED BY THE FAMILY YOUTH SUPPORT TEAMS (FYST)

A total of 600 households were accepted as statutorily homeless by the five Housing Authorities countywide and placed in temporary accommodation. A total of 31 households with children were found intentionally homeless by the Housing Authorities and placed in temporary accommodation by Children's Services. Seven years ago these figures were approximately 100 and 3 respectively⁶⁴.

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

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



CASE STUDY: EAST SUSSEX PRIMARY SCHOOL PUPIL

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

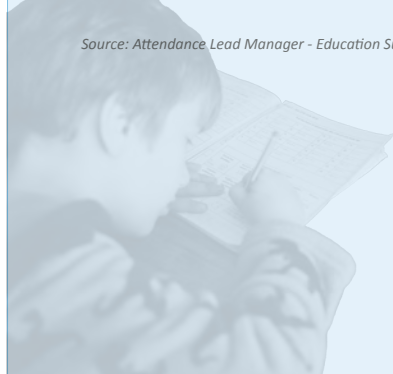
The child was living with his mother in temporary accommodation following a move into the county. Before then, he had already attended more than one school outside of East Sussex. At the current school he was identified as having special educational needs and disability (SEND).

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

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

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

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



SOLUTIONS

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

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

Currently, there are three different funding streams:

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

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

HASTINGS AND EASTBOURNE ROUGH SLEEPER INITIATIVE

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

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

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

LEWES, ROTHER AND WEALDEN ROUGH SLEEPER INITIATIVE

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

THE RAPID RE-HOUSING PATHWAY

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



THE VOLUNTARY AND COMMUNITY SECTOR

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

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



THE SEAVIEW SERVICE

The Seaview service, which started 34 years ago and offers 'practical services for complex lives' to approximately 1,400 individuals every year.

The Seaview Service provides:

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

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



FEEDBACK FROM A CLIENT:

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

Cheers . x"

ST JOHN AMBULANCE HASTINGS HOMELESS SERVICE

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

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

The service offers:

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

More specifically the health service offers:

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

During 2018 HHS had 1,399 client contacts. The majority of client care and support takes place at Seaview and Hope Kitchen. In 2018 the Hastings Homeless Service ran 191 nurse-led primary healthcare clinics at Seaview and 42 healthcare outreach sessions at Hope Kitchen. Other client contacts recorded are from ad hoc advocacy meetings with clients at appointments or occasional outreach sessions.



WHAT CLIENTS SAY:⁶⁵

“They totally understand your situation. They put you at ease.”

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

“Professional and friendly. Did the job. Solution focused.”

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

The Hastings Homeless Service, while offering directly accessible healthcare services to marginalised individuals, also actively supports clients to integrate into mainstream healthcare systems. The service works in close collaboration with NHS services, Hastings Borough Council and a number of voluntary services, to ensure housing and other needs, as well as healthcare issues, are addressed⁶⁶.



HASTINGS FURNITURE SERVICE

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

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

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



CASE STUDY: "JULIE" SAYS

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

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

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

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



MATTHEW 25

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

Volunteers at the Matthew 25 Mission aim to support people trying to rebuild broken lives, especially those with life-threatening addiction, loneliness, bereavement, unemployment, homelessness, offending and more⁶⁸.

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

WARMING UP THE HOMELESS

Warming up the Homeless is a group of volunteers in Hastings, Bexhill and Eastbourne who distribute hot drinks, food, clothing and other donated items to homeless people on the streets⁶⁹.

BEXHILL AND ROTHER HOMELESSNESS UNITY GROUP (HUG)

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

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

Chair of trustees, HUG |

SNOWFLAKE IN HASTINGS AND ST LEONARDS

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

Clients are referred by various local organisations and agencies, including Hastings Borough Council Housing Department, Probation Service, and the Seaview Project⁶⁷.



LEWES OPEN DOOR

Lewes Open Door provides⁷¹:

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

During 2018 around 25–30 clients accessed the service.

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

David Griffiths, Chair - Lewes Open Door

The service also can support with the following:

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

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

YMCA – YOUTH ADVICE CENTRE EASTBOURNE⁷²

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

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

CONCLUSION

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

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

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

WHAT WE HAVE LEARNT & CONCLUSIONS

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

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

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

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

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

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

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

WHAT WE'VE LEARNT ABOUT THE IMPACT OF POOR HOUSING

The cost of poor housing to the NHS has been estimated nationally to be at least £1.4b⁷³. There are tools to estimate the local costs to health of poor housing, including the BRE Housing Health Cost Calculator⁷⁴. These could be accessed to quantify the local impact that poor housing has on health in East Sussex.

Impacts on East Sussex services caused by housing needs include:

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

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

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

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

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

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

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

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

As illustrated by the stark impact on health of not having a home, the focus needs to be on prevention of homelessness and rough sleeping. In considering the factors that pre-dispose a person to insecure housing, many cases are likely to be linked to low levels of education and training, lack of employment and other skills including literacy and managing finances.

While East Sussex has some excellent tenancy sustainability services (including those provided by local housing authorities, social housing organisations and our floating support services) it is important to review these and assess:

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

This is clearly a large and complex area as the causes of insecure housing include other wider determinants of health including education and employment. These are system-wide issues that require a system-wide approach. Our local statutory services can be considered to be 'anchor institutions'⁷⁵. This means that they are rooted in their geography, likely to be geographically located long-term, and they have a vested interest in the health and well-being of residents. Anchor institutions include all Local Authorities, the NHS (acute, community and mental health), academic institutions and other services including Probation, Police, and Fire and Rescue Services.

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

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

ADDITIONAL WAYS TO MITIGATE THE HEALTH HARMS OF HOUSING

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

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

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

East Sussex definition of social prescribing

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

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

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

STRATEGIC RECOMMENDATIONS

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

Ultimately, we recognise that we face a housing crisis in East Sussex and across the UK as a result of increased demand and reduced supply of housing. That equation however, is not always straightforward, as developers may hold planning permissions for houses, without delivering them.

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

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

TO MAKE ALL HOUSING AND NEIGHBOURHOODS HEALTHY:

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

TO MAKE ALL HOMES HEALTHY:

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

TO MAKE PEOPLE HEALTHIER IN THEIR HOMES:

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

EMERGENT THEMES & ACTIONS

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

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

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

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

Two Town Fund bids are being prepared in East Sussex to secure Town Deals for Hastings and for Newhaven. Led by the local Borough and District councils, East

Sussex County Council will support these ensuring the links between economy; infrastructure; homes and skills are at the centre of the aspirations we all have for these towns and their communities.

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

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

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