



Health, Wellbeing, and the Older People Housing Agenda

This paper is one of three which explore the practicalities of delivering housing for older people and maximising the benefits to health and wellbeing. It uses as a starting point the guidance provided in the ADASS/ Housing Learning and Improvement Network's Strategic Housing for Older People Resource Pack, *'Planning, designing and delivering housing that older people want'* and, more recently, work the Housing LIN is involved in with the NHS Commissioning Board to develop a health and housing compact that supports closer integrated approaches with housing to support patient care.



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Contents

Introduction	2
1. Why is housing important for health and wellbeing?	2
1.1 Which housing factors influence older people’s health?	3
1.1.1 Cold weather	3
1.1.2 Indoor air quality	4
1.1.3 House type and design	4
1.1.4 Neighbourhood effects	5
2. What do Health and Wellbeing Boards need to do?	5
3. What would we expect to see about housing in our Joint Strategic Needs Assessment?	7
3.1 How do our JSNA and other strategic documents relate to each other?	7
4. What evidence do we need about outcomes being delivered in this area?	9
5. Who can influence provision in this area?	10
6. What is the context?	11
6.1 Demographic pressures	11
6.2 The Government’s response: national policy	12
Conclusion	13
Other briefing papers	14
Note	14
About the Housing LIN	14
Published by	14

Introduction

This paper is aimed primarily at Health and Wellbeing Board members and seeks to support them in their understanding of:

- The impact of poor housing on the health and wellbeing outcomes of older people.
- The strategic approaches they can take to influence the provision of housing and housing related services to improve the health and wellbeing of their older population.

The Government has made provision for Health and Wellbeing Boards to input into wider policy areas such as housing, to promote a cohesive health improvement strategy across the local authority agenda. The Health and Social Care Act 2012 establishes Health and Wellbeing Boards' responsibility for encouraging integrated working and developing Joint Strategic Needs Assessments and joint health and wellbeing strategies. The Government envisages that Boards will be the *"focal point for decision-making about local health and wellbeing"*.¹

National organisations representing the membership of Health and Wellbeing Boards have developed 'principles' to help board members create effective partnerships across local government and the NHS², including *"to address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned"* by *"addressing the wider determinants of health by including education, housing, transport, employment and the environment in the joint health and wellbeing strategy"*.³

In addition, the Housing LIN is working with the Department of Health, the NHS Commissioning Board and other representative organisations to develop a compact that will set out terms of reference to help improve the links between housing and Clinical Commissioning Groups and deliver on shared local outcomes.

1. Why is housing important for health and wellbeing?

Well designed housing options for older people will reduce the level of admissions into residential care for housing related reasons. It will also promote improved health, such as reducing falls and fractures, which in turn will lessen the demand for care services.

ADASS/Housing LIN (2011) *Strategic Housing for Older People: Planning, designing and delivering housing that older people want*

There is now a wealth of research linking housing and health. The relationship is, however, a complex one given that such links do not necessarily mean there is a causal connection, ie that poor health is always associated with poor housing or vice versa. Nonetheless, it is clear that poor housing can be a contributory factor to exacerbating a number of health conditions just as good housing may help to limit the effects or incidence of other conditions.⁴

¹ Department of Health (2011), Government response to the NHS Future Forum.

² NHS Confederation (2012) *Encouraging integrated working to improve services for adults and older people*.

³ Department of Health (2011), *Operating Principles for Health and Wellbeing Boards*.

⁴ IPC (2012) *Identifying the Health Gain from Retirement Housing*; and National Housing Federation (2012) *On the Pulse*.

For example, one study suggested that 51% of people in care homes have moved there after hospitalisation, because a return to home is not practical, and 15% are admitted because of serious housing problems.⁵

Example: Saving NHS funding through transitional housing

In partnership with the NHS, Havebury Housing Association has transformed an unused flat into an additional sheltered housing unit and a transitional flat for people coming out of hospital and waiting for alternative accommodation or for adaptations to be carried out to their home. Havebury charges £155 a week to stay in the flat. This is a considerable saving on the costs of a hospital bed at around £400 a day, which presents a saving to the NHS of £2,800 a week.

National Housing Federation (2011) *Breaking the Mould: Revisioning Older People's Housing*

Housing-related support services can also play a key role in prevention⁶, increasingly seen as a fundamental objective for public services. In particular to:

- Reduce, or delay the need for people to move to residential care
- Reduce the demand for temporary residential care
- Ensure that people are discharged from hospital into suitable accommodation instead of remaining in hospital in expensive acute hospital beds because their accommodation is unsuitable, and
- Reduce the need for home care for older people and those with a long term condition.

1.1 Which housing factors influence older people's health?

The Housing Health and Safety Rating System (HHSRS)⁷ is a risk assessment tool used to assess the potential risks to the health and safety of occupants in residential properties. It identifies 29 hazards or threats including those explored below.

1.1.1 Cold weather

Older people are more likely to be vulnerable to cold weather, partly because they are more likely to have existing medical conditions⁸ and are twice as likely to be unable to afford fuel in winter. Britain has an increased number of deaths in winter, greater than in many other European countries. A 1°C decrease in temperature is associated with a 1.35% increase in the daily number of total natural deaths. This increase is greater for older age groups.⁹ Thermally inefficient housing has been linked to this increase.¹⁰

⁵ Bebbington, A. et al (2001) and Netten, A. et al (2001).

⁶ DH (2008), *Commissioning Framework for Health and Well-being, 2007*; and Capgemini, *Research into the Financial Benefits of the Supporting People Programme*.

⁷ Department for Communities and Local Government (2006), *Housing, Health and Safety Rating System: Guidance for Landlords and Property Related Professionals*.

⁸ Burholt V and Windle G (2006). *Keeping warm? Self-reported housing and home energy efficiency factors impacting on older people heating homes in North Wales*. *Energy Policy*, 34(10).

⁹ Analitis et al (2008). *Effects of Cold Weather on Mortality: Results from 15 European Cities within the PHEWE Project*. *American Journal of Epidemiology* 168: 12; pp 1397–140.

¹⁰ English House Conditions Survey (2004).

Older people living in cold, damp homes are at greater risk of:

- Arthritic symptoms and rheumatism, which can result in prolonged immobility, making it even more difficult to keep warm;¹¹
- Domestic accidents and falls, including fatalities;
- Social isolation;
- Mental health problems.

1.1.2 Indoor air quality

A report from the World Health Organisation¹² revealed that those living in damp, mouldy homes are more likely to experience health problems such as respiratory infections, allergic rhinitis and asthma. Exposure to house dust mites can trigger allergic symptoms such as eczema and conjunctivitis, and repeated exposure can lead to asthma.

1.1.3 House type and design

One older person dies every five hours as a result of an accidental fall.¹³ Older people's falls alone cost the NHS around three quarter of a billion pounds each year.¹⁴ Poorly designed housing clearly predisposes accidents, with the elderly being particularly affected as they are more likely to suffer injuries. Improvements to housing design and lighting can lessen the danger of falls for people with poor vision as the RNIB and The Thomas Pocklington Trust report.¹⁵ For example:

“Good tonal contrast between surfaces, contrast between floor and cupboards can help orientation.

Contrast between the wall and the electrical switches and sockets can make them easier to locate.”

Evidence suggests even 'low level interventions' such as minor housing adaptations can improve health and reduce need for medical and social care.¹⁶

The work carried out by handyperson schemes can help local authorities to reach vulnerable clients much faster. These schemes can also assist health service providers to reduce hospital admissions of older people having accidents. Carrying out minor repairs prevents hospital admission from falls and accidents in the home.

Good Housing Leads to Good Health, a toolkit for environmental health practitioners, 2008

¹¹ Department of Trade and Industry (2001), *The UK Fuel Poverty Strategy*.

¹² World Health Organisation (2009), *Damp and Mould: Health Risks, Prevention and Remedial Action*.

¹³ Age UK (2012), *Later Life in the United Kingdom*.

¹⁴ Parrott S (2000), *The Economic Cost of Hip Fracture in the UK*. University of York.

¹⁵ Thomas Pocklington Trust and RNIB (2010), *Making the most of your sight*.

¹⁶ Department of Health (2008), *Making a Strategic Shift Towards Prevention and Early Intervention: Key messages for decision makers*.

1.1.4 Neighbourhood effects

Physical housing conditions may be a determining factor of health, but there is evidence that the wider neighbourhood – the level of antisocial behaviour, fear of crime – are also important.¹⁷

Loneliness and exclusion is a reality for millions of older people according to a report from Age UK¹⁸ which states that 11% of people aged 65 or over are often or always lonely and that neighbourhoods that exclude older people can exacerbate isolation and feelings of loneliness.

Example: Connecting housing with health promotion

The result of an 11-year partnership between Nottingham City Council, Nottingham City Primary Care Trust, the Department of Health and the ExtraCare Charitable Trust, Lark Hill Village offers a safe, sociable 'home for life' where couples can remain together and residents should not need to be admitted to a hospital or nursing home. Residents have access to health and leisure facilities and up to 24-hour assessed care through a qualified care team. All residents receive support with preventative health care and membership of a Friends Club which introduces them to the community.

National Housing Federation (2011) *Breaking the Mould: Revisioning Older People's Housing*

2. What do Health and Wellbeing Boards need to do?

Members of Health and Wellbeing Boards need to consider where they are in terms of ensuring they take full advantage of the benefits housing can have for the health and wellbeing outcomes of their local older population:

- Do they have an understanding of their local issues with housing for older people (and people with a long term condition, including dementia)?
- Do they have an understanding of how these issues impact on people's health and wellbeing outcomes?
- Do they have an understanding of what they need to do to address these issues?

The table below sets out characteristics of a Health and Wellbeing Board that is operating effectively in terms of its preparation, intelligence, and structuring, to ensure it maximises the benefits of housing for older people; it should be used as a prompt for developing an action plan for individual Boards.

¹⁷ Housing Corporation (2006), *Good Housing and Good Health? A review and recommendations for housing and health practitioners.*

¹⁸ Harrop A and Jopling K (2009), *One Voice - Shaping our ageing society.* Age UK.

Activity	Characteristic of an effective Board
Preparation	<ul style="list-style-type: none"> • All key strategic documents reference older people housing issues: SHMA – Strategic Housing Market Assessment JSNA – Joint Strategic Needs Assessment MPS – Market Position Statement (this may be for older people or for older people’s accommodation more specifically) • All parties to the Board recognise the significance of housing and have housing on their agenda • There are routine mechanisms for reporting housing data to the Board.
Intelligence	<ul style="list-style-type: none"> • There are mechanisms for routinely capturing and reporting data in key areas, eg, falls, COPD, hypothermia; and for recording the impact that housing has in numerical and cost terms (this may use some of the categories described in section 5 above) • Data is captured concerning both demand and supply across social housing and private housing. Housing related data appears in the main strategic documents (SHMA, JSNA, MPS) • Mechanisms are in place to capture structured data from older people about their future housing expectations based on a range of scenarios.
Structuring	<ul style="list-style-type: none"> • The Board has an established, published approach to older people’s housing which targets those aspects of housing that have social care and health implications. • An investment strategy is in place which balances the financial gain improved housing might deliver as against any cost to Board organisations. • There is engagement with strategic planners (at a county and a district level in the case of two tier authorities) and there are agreed published statements about future housing and land requirements. • There is a process for engaging with developers (private and registered providers). This may also include plans for releasing health or social care land for development. • The Board’s approach to housing is aligned with its preventative strategy and ensures that local primary and secondary health care and support arrangements are in place.

3. What would we expect to see about housing in our Joint Strategic Needs Assessment?

“The role of housing in health and well-being is increasingly being recognised in national policy and this will hopefully influence the approach to refreshing JSNAs”

Margaret Edwards, for the Housing LIN and DH, *Joint Strategic Needs Assessment and Housing: Report of a Study Based on the South East Region (2009)*

The recent NHS White Paper¹⁹ describes a key role for JSNA's in guiding Health and Wellbeing Boards to lead the local strategic conversations on health inequalities and deliver improved health and wellbeing outcomes. Health and local authority partners should consider how well the JSNA has been at identifying and driving forward commissioning priorities and at identifying areas where there could be improved health outcomes.

In a recent interview for the National Housing Federation²⁰, Richard Humphries of the King's Fund argues the most effective strategies will be those that address the broader determinants of health, such as housing, and avoid a narrow preoccupation with formal NHS services. A survey of local authority areas, also from the Kings Fund, identifies a clear desire for Boards to improve JSNA's so they bring together all relevant information about population needs, including housing, and provide a framework for integrating social care, public health and the NHS in response to those needs.

Devon County Council produced 'Accommodation & Support JSNAs' for older people which examine population and service pressures and set these against health profiles and older peoples' aspirations. This has enabled those responsible for housing and support services to have a tangible product, which was recognisable and useful to JSNA leads, and upon which the need for further data and analysis could be agreed. By reviewing options together, across health, social care and housing a Mobile Response and Early Intervention Service has been commissioned. There is strong evidence that a cost saving of at least £211,000 has already been achieved.

JSNA, vulnerable adults, housing and support: a collection of case studies, Local Government Improvement and Development (2010)

3.1 How do our JSNA and other strategic documents relate to each other?

There are several documents required locally to encapsulate information about the housing market including Strategic Housing Market Assessments (SHMA), Local Investment Plans and Local Development Plans, JSNA's, and, increasingly, local Market Position Statements.²¹

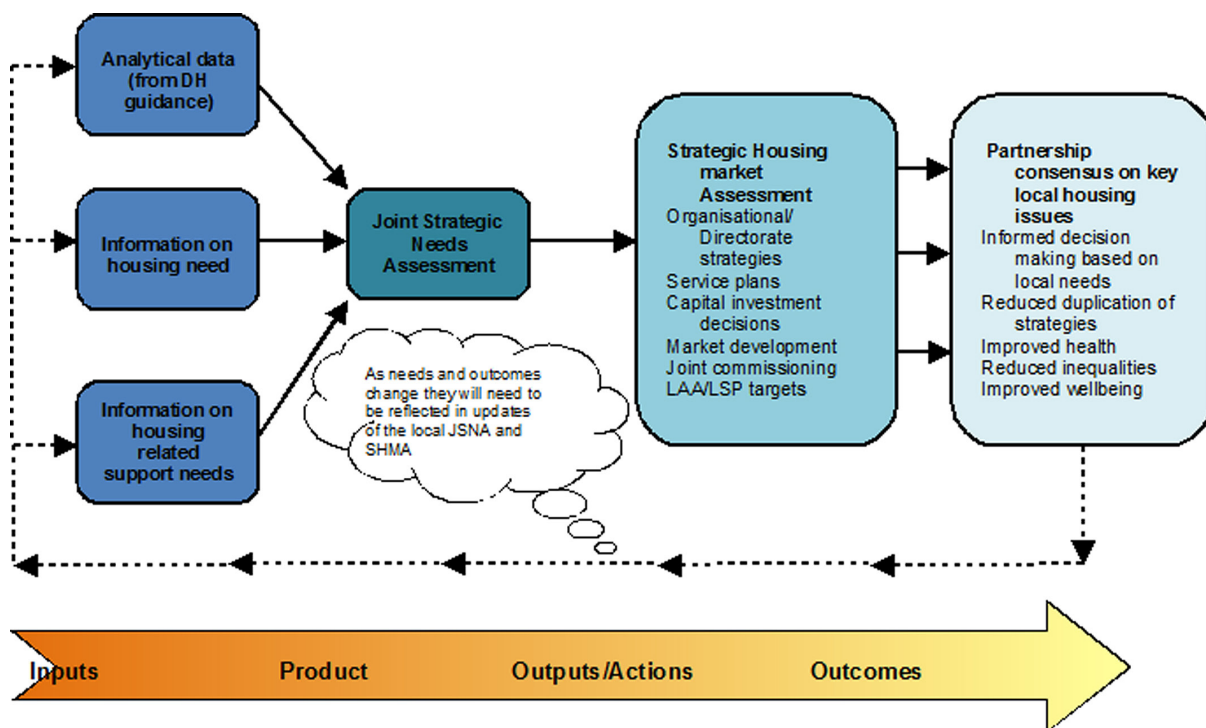
¹⁹ Department of Health (2011), *Equity and Excellence: Liberating the NHS*.

²⁰ www.housing.org.uk/policy/older_and_vulnerable_people/older_and_vulnerable_news/balancing_housing_and_health_f.aspx

²¹ See associated Housing LIN paper – *Market Position Statements and Housing*.

A SHMA does not give definitive estimates of housing need and demand; rather, it provides a basis for developing housing and planning policies by considering the characteristics of the housing market and the probable scale of change in housing need and demand.²²

Government guidance requires JSNA's and SHMA's to be aligned to ensure common local assessment of housing related support needs across local partnerships.²³ The potential value associated with this alignment can be seen in the fact that the two exercises do overlap, specifically where the outputs from one provide inputs to the other. One research paper exploring housing-related support in JSNAs and SHMAs in the East of England²⁴ suggests that SHMAs should draw on the JSNA process and specifically, the assessment of the future need for housing-related support, as illustrated below:



The task for the SHMA is then to translate that need into its own currency, namely the need for housing and the effect of housing-related support on housing markets.

A Market Position Statement (MPS) lays the foundations of relationships between the local authority and the market as suggested in the White Paper.²⁵ It is seen to be a central part of the market facilitation role local authorities with social care responsibilities are now expected to fulfil, and will draw on material from a range of sources, including the JSNA.

The role of the MPS and housing for older people is discussed further in Briefing Paper 1, "Market Position Statements and Housing". But, as a market facing document which sets out aspirations for future services in the local market, clearly the role of housing and how it impacts on the health and wellbeing of older people will be reflected in the MPS.

²² DCLG, SHMA Practice Guidance (2007) p.9.

²³ DCLG, *Housing, Care, Support: a Guide to Integrating Housing-Related Support at a Regional Level* (2008).

²⁴ Produced by a multi-agency steering group based on research commissioned by the former East of England Regional Assembly and Department of Health Eastern Region Team and conducted by Strategic Solutions & Associates.

²⁵ <http://caringforourfuture.dh.gov.uk>

4. What evidence do we need about outcomes being delivered in this area?

Boards should be focused on improving outcomes when setting strategies and making decisions. They should have a process for reviewing if outcomes have changed as a result of agreed actions, taking into consideration the long-term nature of achieving public health outcomes.

Operating Principles for Health and Wellbeing Boards (2011)

Health and Wellbeing Boards need to establish a shared understanding of health and wellbeing outcomes for their local populations, including the variations in outcome for different groups such as older people. The challenge is to understand how housing contributes to the delivery of these outcomes, and what measures indicate that current housing services are not delivering locally.

The table below sets out some performance measures that Boards may wish to consider in measuring progress made from a housing perspective and to be able to identify appropriate action when data indicates that plans or initiatives are not working. In particular, understanding data around admissions to hospital and residential care is a rich source of information about the impact of inappropriate or poor housing on the health of the older population and, hence, the potential demand for well-designed older people housing and housing related services:

Performance measure	Indicators of where housing may be a contributory factor
Numbers of older people moving into residential care from hospital	<ul style="list-style-type: none"> • Poor housing quality (condition and/or design) means more difficult to move back home. • No access to aids and adaptations to provide support to moving home. • Restricted choice of housing options. • Poor information and assistance to help older people make decisions about housing and support options.
Numbers of older people admitted to hospital following falls	<ul style="list-style-type: none"> • Poor housing quality (condition and/or design). • No access to aids and adaptations, or handyperson service. • Accessibility of the local neighbourhood.
Numbers of older people with repeat admissions following falls	<ul style="list-style-type: none"> • Delays in appropriate adaptations or improvements to the home increasing dependency. • Reablement services or hospital discharge planning poorly integrated with housing.

High numbers of older people with COPD or maybe admitted to hospital	<ul style="list-style-type: none"> • Poorly ventilated housing. • Thermally inefficient housing. • No access to aids and adaptations.
Numbers of older people entering residential care following stroke	<ul style="list-style-type: none"> • Thermally inefficient housing. • Fuel poverty.
High numbers of older people in residential care	<ul style="list-style-type: none"> • Poor housing quality (condition and/or design) • Poor choice of housing options. • Poor information and assistance to help older people make decisions about housing and support options. • Poor community based services to reduce social isolation.
Levels of older people diagnosed with depression	<ul style="list-style-type: none"> • High levels of anti-social behaviour. • Poor housing quality (condition and/or design). • Poor choice of housing options. • Geographic isolation. • Poor social and physical infrastructure. • Older people experiencing bereavement.
Numbers of older people admitted to hospital with respiratory infections	<ul style="list-style-type: none"> • Poorly ventilated housing. • Exposure to damp, mould or dust mites.

5. Who can influence provision in this area?

Anecdotally, many social care and health leads have confessed that a lack of links with, and understanding of, planning in the past has meant that older people's needs have not been considered or prioritised when planning applications or new housing developments are considered.

ADASS/Housing LIN (2011) *Strategic Housing for Older People: Planning, designing and delivering housing that older people want*

There are a great number of different people and organisations whose involvement in the delivery of housing will help ensure that the needs of older people locally are met.

For example:

- Environmental health practitioners play a key role in promoting decent homes, identifying and controlling hazards and risks and investigating the problems and opportunities for improving housing stock and residential neighbourhoods.
- Housing providers have a critical role to play by contributing their knowledge of local populations. They are well placed to engage with and understand support needs as tenants get older, plan and develop services and work across professional boundaries with diverse partners.
- Older people and carers should be involved in the design and evaluation of housing and support services. The government's emphasis on local decision-making make it important for commissioners to develop an ongoing relationship with older people.
- General Practitioners should be aware of how their patients can access housing aids and adaptations. Their knowledge of older people can contribute to planning and coordination of their care as they deal with discharges from and admissions to hospital, clarifying the roles and responsibilities of all parties and for visiting residents in their accommodation.²⁶

6. What is the context?

6.1 Demographic pressures

"Total life expectancy in the UK is increasing faster than either the expectation of life in good health or the expectation of life without limiting longstanding illness".²⁷

In the UK, the number of people aged over 65 is projected to rise from 10.1 million to 16.7 million over the next 25 years.²⁸ In 2008, there were 1.3 million people in the UK aged 85 and over. This number is projected to more than double to 3.3 million by 2033.²⁹

Increasingly, old age is dividing into two periods of life: a comparatively fit and healthy early old age with relative wealth and prosperity, followed by an older, old age with greater risk of incapacity and ill-health, and of owning a property that becomes increasingly hard to manage.³⁰ Indeed, the Department of Health estimates the average cost of providing hospital and community health services for a person aged 85 years or more to be around three times greater than for a person aged 65 to 74 years. Overall, there is a general growth in admissions to hospital but for older people this is at nearly double the rate of the rest of the population; 66% for those aged 75 and over as compared to 38% for the whole population.³¹

²⁶ Hospital2Home Resource Pack (2012) Available on the Housing LIN website.

²⁷ Howse K (2006). *Increasing Life Expectancy and the Compression of Morbidity: A Critical Review of the Debate*. Oxford Institute of Ageing, July 2006. Working Paper Number 206.

²⁸ Porteus J (2011), *Living Well at Home*, All Party Parliamentary Group on Housing and Care for Older People, Counsel & Care.

²⁹ Porteus J (2011), Op Cit.

³⁰ ADASS/Housing LIN (2011) Op Cit.

³¹ NHS Information Centre (2010), Hospital Episode Statistics HES (admitted patient care) England 2009/10.

Older people will make up 48% of the increase in new households by 2026, resulting in 2.4 million more older households than there are today. This figure will reach as high as 90% in some areas.³²

The Joseph Rowntree Foundation published findings from a study³³ identifying over three-quarter of older households are owner-occupiers and illustrating that the offer of general and specialist housing for those who decide to move is limited in volume, tenure options and design.

If we do nothing to change the current housing situation, occupied places in care homes and hospitals would need to rise by 151 per cent by 2051. Some estimate long-term care expenditure will rise by around 325 per cent in real terms by 2041.³⁴

6.2 The Government's response: national policy

The incoming Coalition Government made clear its aim to *"help elderly people live at home for longer through solutions such as home adaptations and community support programmes"*.³⁵ In 2011, its housing strategy, 'Laying the Foundations'³⁶, set out a package of reforms to improve housing options for older people which included:

- Encouraging a wide range of housing to suit local communities, including retirement/ sheltered housing and extra care;
- Investing £51 million over 5 years in handypersons services to maintain independent and safe living at home;
- Working with industry to produce guidance on home adaptations and on local strategic planning and delivery for high quality housing for older people based on robust needs evidence.

This fits well with recommendations made by a report from the All Party Parliamentary Group on Housing and Care for Older People³⁷ - 'Living Well at Home' highlights the role played by an older person's own home in enabling longer independence, preventing the need for residential care and reducing accidents and hospital admissions. This report specifically recommends:

- Health and Wellbeing Boards to give equal attention to housing, health and social care.
- Local authorities and the NHS to strategically commission integrated community based support, Home Improvement Agency and handy-person services for older people, thereby reducing winter deaths, accidents in the home and longer hospital stays.
- Joint Strategic Needs Assessments to reference housing and long term care and support solutions that promote independent living.

³² Department for Communities and Local Government (2008). *Lifetime Homes, Lifetime Neighbourhoods*.

³³ *Older People's Housing: Choice, Quality of Life and Under Occupation*.

³⁴ Wittenberg, R., Comas-Herrera, A., King, D., Malley, J., Pickard, L. and Darton, R. (2006), *Future demand for long-term care, 2002 to 2041: Projections of demand for older people in England*. PSSRU Discussion Paper 2330. www.PSSRU.ac.uk

³⁵ HM Government (2010), *The Coalition: Our Programme for Government*.

³⁶ Department for Communities and Local Government (2011), *Laying the Foundations: A Housing Strategy for England*.

³⁷ Porteus J (2011), *Op Cit*.

The Department of Health's White Paper³⁸ 'Caring for our Future' describes a care and support system which focuses on people's wellbeing and enables them to stay independent for as long as possible. The Government has highlighted a particular need to develop a greater supply of accommodation for the growing number of older people who are homeowners and has committed:

- £300 million Care and Support Specialised Housing Fund to help develop thousands or new units of specialist housing for older and disabled people, and £300 million to integrate care and support.
- Support for developers and local authorities to plan for the housing and care needs of older people; this includes a forthcoming industry-led toolkit, 'Housing in later life: Planning ahead: for Specialist housing for Older People'.
- Support for widespread adoption of assistive technology.

The National Planning Policy Framework³⁹ urges councils to plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community. In particular, it encourages local authorities to:

“plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community (such as, but not limited to, families with children, older people, people with disabilities, service families and people wishing to build their own homes)”

Furthermore, housing for older people, including specialised housing, is highlighted as part of local authorities' Strategic Housing Market Assessment (SHMA) to determine trajectory of the scale, range and tenure mix in their areas.

Conclusion

Decent housing and related preventative services will become ever more important in promoting the health and well being of older people as demographic pressures described in this paper intensify.

In the past, services which support older people have not always joined up well, with housing often left out of the equation. However, successful and efficient services that prevent problems and promote well-being require whole systems working, drawing on the benefits to be gained from a wide range of interventions, including those that are housing related.

If the need for housing and housing related services is not included in the JSNA, key needs for the local older population may be missed, potentially leading to deteriorating health and wellbeing outcomes, higher public expenditure and reduced efficiency. JSNAs are the starting point in understanding inequalities in the local area and the factors that influence them such as poor housing; they should influence key strategic housing documents, such as the Strategic Housing Market Assessment, as well as inform the development of Health and Wellbeing Strategies.

The challenge for members of Health and Wellbeing Boards is to ensure that they consider a wide range of determinants for health and wellbeing in their older population, which includes housing, and are able to develop a strategic evidence-based approach in tackling them. This will require better partnership between housing, health and social care and strong and visible leadership across the sectors to invest in those resources that achieve improvements in the quality of life of local populations.

³⁸ Department of Health (2012), *Caring for our future: reforming care and support*, White Paper.

³⁹ Department for Communities and Local Government (2012), *National Planning Policy Framework*.

Other briefing papers

There are two other papers in this series of briefings for the Housing Learning and Improvement Network. Written by the Institute of Public Care at Oxford Brookes University, they are:

Briefing Paper 1: Market Position Statements and Housing

Briefing Paper 3: Making Best Use of our Sheltered Housing Asset

Note

The views expressed in this paper are those of the authors, and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable people with long term conditions.

For further information about the Housing LIN's comprehensive list of online resources and shared learning and service improvement networking opportunities, including site visits and network meetings in your region, visit: www.housinglin.org.uk

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please contact us.

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