



Lincolnshire Homes for Independence

Blueprint for the Housing Health and Care Delivery Group

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Lincoln
COUNCIL



Foreword

People of whatever age and from whatever background deserve to live in a safe, warm home with as much independence as they can achieve, with appropriate and timely support.

Those of us that have come together to create this blueprint for Lincolnshire Homes for Independence recognise the multiple benefits to residents and our organisations of having the right homes, of good design, in the places where people choose to live their lives.

It is more than having a roof over our heads. Having somewhere that we call 'home' is a fundamental requirement for us to maintain good physical and mental health. That is why, working in collaboration through our countywide partnerships, we will do more to address the shortcomings of current housing and ensure that new homes provide the quality of life that people desire.

We look forward to working together to deliver more, high quality, flexible, contemporary housing and support for Lincolnshire's residents.



Cllr Wendy Bowkett
Chairman
Housing Health and Care Delivery Group



Cllr Sue Woolley
Chairman
Health and Wellbeing Board



John Turner
Chief Executive
NHS Lincolnshire Clinical Commissioning Group

1. Housing, health and care – an introduction

"A job, a safe and warm home and someone to care for and about are the foundation of what works for improving health"

Duncan Selbie, Former Chief Executive, Public Health England

Introduction

Evidence shows that living in familiar, safe, accessible, warm accommodation that we call 'home' is more likely to promote mental and physical wellbeing, and to reduce hospital admissions, social isolation and loneliness.

Our vision is for people to live independently, stay connected and have greater choice in where and how they live.

People need reliable information to make informed choices, and a choice of quality housing that is affordable, which meets their needs. Right-sized, contemporary, well designed and equipped homes allow people to live and age well in their current home and/or move to a home better suited to their needs. Where people need support, better integrated housing, health and care services can help them live safely and independently in their chosen home.

Lincolnshire Homes for Independence blueprint does not address all aspects of housing but does identify those who may need extra help to maintain their wellbeing and independence e.g. those with health needs, those moving from a hospital in-patient facility and care leavers amongst others. It considers the need to build different types of homes, to use new technologies, and to develop new working practices. It is a **call to action** for all agencies, including businesses and housing developers, to work together to secure the best possible homes and services for Lincolnshire's residents, now and in the future.

Lincolnshire's Health and Wellbeing Board (HWB) prioritised housing in its Joint Health and Wellbeing Strategy (JHWS) recognising its importance to achieving improvement in health and wellbeing outcomes. The Housing, Health and Care Delivery Group (HHCDG) set up by the Board includes the County Council, the seven District Councils, Registered Providers (Housing Associations), local National Health Service (NHS) bodies and the Department of Work and Pensions (DWP).

Through this countywide forum we are committed to working together as it is clear that housing conditions influence our physical and mental health and wellbeing at all stages of our lives. Poor housing is associated with increased levels of stress, anxiety and depression. Living in a warm and dry home can improve general health outcomes specifically reduce respiratory conditions. The partnership is, therefore, committed to improving health and wellbeing through the home.

This blueprint responds directly to the need for a safe and warm home. The objectives set within the document and the associated Delivery Plan determine how collectively and through the wider support services, independent living and contribution to jobs and social contact can be achieved. In doing so it addresses health inequalities which exist, making it more difficult for some people to maintain a home than others. The Coronavirus pandemic lockdown in early 2020 highlighted these issues where people were asked to remain in unsuitable homes for many weeks, with a noticeable decline in their personal wellbeing.

Draft blueprint - Lincolnshire Homes for Independence

The blueprint is a high level statement and call to action to partners to identify and strive to meet the housing and related support needs of those in Lincolnshire who need something other than mainstream market housing. Organisations are buying in to a journey and committed to shared ownership of the HHCDG Delivery Plan actions. The HHCDG Delivery Plan sets out the detailed actions to achieve the blueprint's objectives. Outcomes from these actions might require partners to take things through individual decision-making processes.



The audience for the blueprint in the partner organisations is senior managers and board members who are less familiar with the housing and health agenda than those working in the field – but who will nevertheless be making commissioning and funding decisions. Those working in the field can use it for their project planning and as justification in their decision-making processes. It aims to focus the efforts of the HHCDG members on actions to secure greater provision of a wider range of housing choices, and to further integrate services designed to support independent living and housing for life.

DRAFT

2. Understanding needs and opportunities

Lincolnshire's Joint Strategic Needs Assessment

Joint Strategic Needs Assessment (JSNA) topics provide a robust evidence base of housing issues and need. These are updated regularly,

<p style="background-color: yellow; display: inline-block; padding: 2px;">Housing Standards and Unsuitable Homes</p>	<p style="background-color: yellow; display: inline-block; padding: 2px;">Insecure Homes and Homelessness</p>
	<p>This considers people who do not have the security of a decent home</p> <ul style="list-style-type: none"> • Factors leading to people losing their homes • Homelessness or the risk of becoming homeless • Rough sleeping
<p>This looks at the following and the effect on health and care:</p> <ul style="list-style-type: none"> • Poor condition existing homes • Cold homes and fuel poverty • Unsuitable homes (e.g. overcrowded or needing adaptations) • Design standards for new homes • Demand for supported housing 	

Lincolnshire's population is diverse and geographically dispersed, requiring a range of housing and care provision to meet local needs. There is a shared understanding of the importance of suitable housing to a sense of wellbeing and good health, as noted in the [Care Act \(2014\)](#) statutory guidance:

"Housing is a crucial health-related service which is to be integrated with care and support and health services to promote the wellbeing of adults and carers and improve the quality of services offered."

Housing Supply

Greater Lincolnshire¹ local authorities are committed to building more homes to meet the demand arising from population growth. Up to 100,000 new homes are estimated to be needed by 2031. The Housing Infrastructure Group (HIG), reporting to Lincolnshire's Chief Executives, has developed Lincolnshire's **Growth Strategy**, incorporating the **2050 Vision**, ensuring appropriate infrastructure to facilitate housing development.

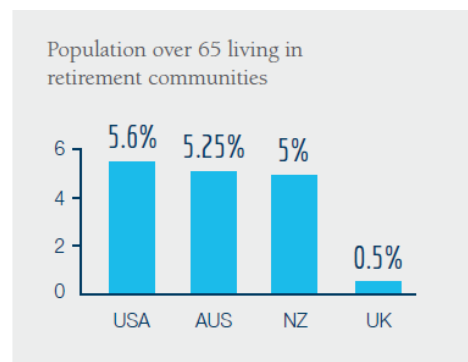
This blueprint complements the **Local Industrial Strategy** and Growth Plan developed by Greater Lincolnshire Local Economic Partnership (GLLEP). A thriving economy needs housing for its workforce; housing, health and care agencies need a skilled workforce; being employed helps people have greater housing option choices in the short and long term.

More homes of all types are needed. For example, currently, some people with mental health issues or learning difficulties are placed in homes out of the county. However, this blueprint emphasises the importance of quality, good design and integration with the surroundings to create resilient communities.

Houses need designing to reduce the need for people to move home or for costly adaptations to their homes as their needs change over time. Some thoughtful design such as considering the location of sockets and the width of doorframes does not have to significantly increase build costs but will extend choice and promote independence for more people. Building Regulations set a minimum specification covering accessibility for visitors with disabilities. Local Plan policies can set space and design standards and higher standards for accessibility, including for full wheelchair use and additional design standards can be set in supplementary planning documents. Some people will wish to move a smaller home when families disperse or they become less able to maintain it. For people who need to move to meet a specific complex need, particular design requirements may be negotiable, especially with Registered Providers (Housing Associations) but also with private developers.

Where people of any age feel vulnerable due to their circumstances (e.g. being at risk becoming homeless or having a disability) or their mental or physical health declines or they live alone or need additional care and support; a wider range of accommodation is needed as a realistic alternative to remaining in unsuitable accommodation or moving to residential care, which are currently the only options for many. This accommodation should offer a range of tenures with options to purchase (outright or shared ownership) or rent (social and private) depending upon people's preference and circumstances.

In the UK, there is an under-provision of retirement accommodation compared to other countries. Where the private market does not provide it the state may need to intervene to deliver or provide financial support to the private sector. Councils and Registered Providers may build and manage such accommodation. In certain cases public money (Government and/or local authority funds) could be offered to private developers to help meet specific needs.



Source: Associated Retirement Community Operators,

2019

¹ Greater Lincolnshire refers to the local authorities making up the county of Lincolnshire, North East Lincolnshire and North Lincolnshire

In the UK, there are around 60,000 units for people over 65 with the proportion of the population predicted to need this rising to 2.5% by 2030 requiring an additional 250,000 new or adapted units.

We will maintain details of and map the location of extra care housing and units of accommodation for younger people with health needs in Lincolnshire and make this information available.

Greater Lincolnshire's Housing Authorities commissioned research in 2018 to identify housing needs of older people. As at September 2019, the net additional demand in Lincolnshire is for 2,040 units of housing with care, including extra care housing ([Housing LIN report, 2018](#)). The outcomes highlighted the need for other affordable options including shared ownership.

Housing LIN Research in Lincolnshire in 2018

- A shortage of units of housing for older people, and a significant shortage of units for sale / shared ownership compared to those for rent
- A shortage of housing with care, both for rent and for sale in most Districts, including extra care / 'assisted living' schemes with 24/7 care available on-site and housing schemes that offer bespoke care services, even if these are not full on-site 24/7 care, both for rent and for sale
- A significant number of residential care beds and nursing care beds with evidence of over-provision in some areas.

National Evidence

A national discussion paper² determined that 9,400 housing support units are required for working age adults (WAA) with Physical Disability (PD) in England in 2020, rising to 9,600 by 2030 (based on ONS projections of population increase during that time period).

Local Intelligence

As part of modelling work around need and demand for ECH in Lincolnshire, the Public Health Intelligence Team (PHIT) reviewed national evidence to determine a provisional estimated number of supported housing units required in the county for different cohorts. Lincolnshire's population represents 1.2 per cent of the population of England; 116 units (for 2020) is the 1.2 per cent of the total units estimated for the country. These demand estimates need to be reviewed in relation to Learning Disabilities and mental health and will be used to inform the emerging Specialist Adult Services Accommodation Strategy.

PANSI data projects a 1.33 per cent reduction in the number of 18 to 64 year olds with a serious disability in Lincolnshire between 2020 and 2030.

Based on these projections it appears there will be little increase in demand for supported accommodation for Working Age Adults, but a significant increased demand for people with Learning Disabilities. The focus is on current supply and utilisation to help assess whether current supply is sufficient to meet current demand.

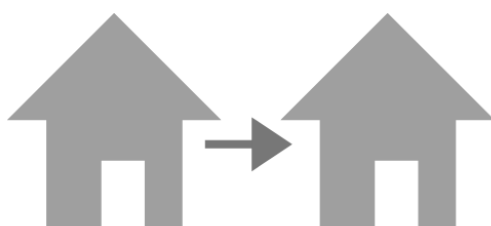
² Projected Demand for Supported Housing in Great Britain 2015 to 2030, PSSRU Discussion Paper DP2931, LSE, March 2017, Raphael Wittenberg and Bo Hu

Table 1 Provisional estimated units of supported housing using national ratios Lincolnshire³	2020	2030	2018-30%
Older people population (65+)	182,482	221,067	21.1%
Est. units of supported housing older people (65+)	7,431	8,963	20.6%
Working age adults population (18-64)	431,183	427,428	-0.9%
Learning disability	497	737	48.2%
Mental health problems	381	384	0.9%
Physical disability or sensory impairment	116	118	1.8%
Single homeless people	387	384	-0.8%
Other working age clients	665	661	-0.5%
Est. units of supported housing adults (18-64)	2,046	2,285	11.7%
Sum Total units of supported housing	9,477	11,248	18.7%

Source: Public Health Intelligence Team, 2019

The same authorities commissioned further research in 2019 ([Housing LIN report, 2019](#)) which identified that many older people are keen to move, and many of those who are undecided will consider other available options. Supporting people to move is likely to release 3 and 4 bedroom homes into the general housing stock, relieving some of the overall pressure on demand for housing.

Focus group key message



53% are considering a move at some point in the future

The main reasons for people moving were:

- **Live in a smaller home (46%)**
- **Live in a more accessible home (37%)**
- **Change of personal circumstances (35%)**
- **Closer to family / friends 27%**



Source: Housing Learning and Improvement Network, August 2019

Housing Quality and Environment:

There are opportunities to improve the quality of homes and the environment around them in both new build developments and regeneration areas. Planning and infrastructure matters in relation to the growth agenda and bringing forward housing delivery are overseen by the Housing Infrastructure Group (HIG) and so the Housing and Health and Care Delivery Group (HHCDG) will work closely with HIG to achieve common objectives.

Proposals to reform the national Planning system emphasise design guides. These are particularly important where conversion of redundant commercial units into housing may be

³ Rates derived from: Projected Demand for Supported Housing in Great Britain 2015 to 2030, PSSRU Discussion Paper DP2931, LSE, March 2017, Raphael Wittenberg and Bo Hu
Population projection 2016 based (ONS)

permitted development rights rather than requiring planning permission and the requirements that this might bring.

There are a number of things to take into account:

- Location - connected to community, work and services.
- Visual impact, layout and landscaping.
- Open space.
- Routes and movement.
- Size and layout of the home and accessibility within the home – able to provide for all the household's requirements.
- Noise, light, services and adaptability.
- Accessibility within the home.
- Sustainability - the design should include standards on insulation, glazing, fuel efficiency to reduce fuel poverty, support climate change and our aspirations around decarbonisation and the move to net zero carbon emissions.
- External environment.

Housing design needs to take account of how people want to use their home and its surroundings. The home needs to remain affordable to the resident and provide a stable and secure base, but the layout of streets, the level of footfall, type of lighting, access to green space, etc. all matter and may differ in urban and rural locations. Smart homes which use new technologies in their build and a support how people live are also important particularly for those in caring roles and for those living with disabilities and long term conditions. Building to higher standards may have some impact on build costs and so it will be ensured that development viability and deliverability is not compromised. Mechanisms for ensuring housing is built to this standard will need to be embedded in to development management processes at district council level.

There are a number of existing best practice guides around developments and integrating with existing settlements that can influence the development of a Lincolnshire Design Guide for health and wellbeing:

1. **Building for a Healthy Life** (formerly Building for Life 12)
2. **Putting Health into Place** – the guidance resulting from the **NHS Healthy New Towns Programme**.

Local design codes will need to avoid simply repeating the commitments in guides such as these and instead should offer practical standards to drive improvements in development quality across the county.

There is a strong emphasis on the need for Green and Blue Infrastructure with the benefits of:

- Improving people's mental and physical health
- Encouraging physical activity
- Reducing air pollution, if carefully designed
- Protecting against climate change; for instance, by helping to reduce flood risk, cooling urban areas during heat waves, storing carbon, or preventing soil erosion
- Increasing biodiversity
- Growing food locally
- Attracting investment
- Improving the soundscape

There are changes to national policies under way maintaining a theme on quality, environmental housing standards (Future Homes Standard) and improving accessibility (disability) standards within the home. The outcome of these emerging policies and regulations will be reflected in the Lincolnshire Design Guide.

Housing Standards: Safe and Warm Housing

Whilst new homes and specialist accommodation is needed to house working age adults with a serious disability and a growing and ageing population, most people live in and will continue to live in existing housing. A significant amount of existing private sector housing is in poor condition (e.g. hazards, cold homes), overcrowded or under-occupied which impacts on the physical and mental wellbeing of its occupants.

The Health Foundation produced a report entitled [How Does Housing Influence Our Health?](#) in 2017 which states that:

“....., [1 in 5 dwellings in England do not meet the Decent Homes standard](#), and a third of these are in the private rental sector, the fastest growing segment of the UK housing market. There is also unequal distribution of good quality housing. Those who are elderly or young, isolated, or without a support network, and adults with disabilities are more likely to be affected. It’s not surprising that young people are concerned about this when they [spend nearly a quarter of their income on housing](#) – a theme that they are exploring in their [Young people’s future health inquiry](#).”

Social housing is in general much better but there are particular issues in the private rented sector. However, greater numbers of people are living in owner occupied homes, including many homes which contain serious hazards. Older people in particular can have a significant amount of equity in their home but be 'cash poor' and less able to afford appropriate levels of heating, repairs and maintenance as their income is more limited. Where people live in private rented accommodation, landlords may only maintain properties to the minimum standard required in law. Cold homes and those which are excessively hot pose risks to health for individuals resulting in unplanned hospital admissions and other service pressures.

Housing tenures in Lincolnshire					
(Source: BRE Housing Stock Modelling report, 2017)					
Number of Dwellings					
Private Sector Stock			Social	TOTAL	
Owner Occupied	Private Rented				
220,233	71,952		45,985	338,170	
Age profile of private sector housing stock in Lincolnshire					
(Source: CPC Housing Condition Survey report, 2009)					
Pre 1919	1919-44	1945-64	1965-80	1981-90	Post 1990
55,081	19,360	40,356	62,171	34,903	80,314

The majority of households in Lincolnshire are owner occupiers but in recent years the proportion of private rented sector homes has grown to exceed those in the social housing sector. The private rented accommodation in areas of deprivation tends to the poorer end of the market but still has challenges around maintenance and adaptation.

Private sector housing conditions in Lincolnshire

(Source: **BRE Housing Stock Modelling report, 2017**)

<table> <tr> <td>Serious hazards</td> <td>18%</td> </tr> <tr> <td> • Owner occupied</td> <td>17%</td> </tr> <tr> <td> • Private rented</td> <td>19%</td> </tr> <tr> <td>Falls hazards</td> <td>9%</td> </tr> <tr> <td>Dwellings in disrepair (Decent Homes Standard)</td> <td>4%</td> </tr> </table>	Serious hazards	18%	• Owner occupied	17%	• Private rented	19%	Falls hazards	9%	Dwellings in disrepair (Decent Homes Standard)	4%	
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13% of owner occupiers in the county are estimated to be living on a low income and could need financial help with repairs and improvements or relocating (Source: BRE Housing Stock Modelling report, 2017).

Cost effectiveness

In addition to ensuring that we meet locally emerging need successfully, there are additional benefits from developing and linking housing and health together that relate to value for money at local and national level.

There is growing interest in how investment in housing can lead to benefits in health and potentially lead to cost savings in other service areas. Where appropriately designed housing, both in general and for specific needs, helps meet health and care needs there is a business case to be made. A number of reviews have gathered and assessed the evidence of the cost effectiveness of housing interventions to improve health.

Some examples of where savings can be achieved are:

1. Having to place people with mental health needs out of the county in inpatient beds is a huge cost (around £1,000 per day). Even bringing people back in to the county on to an acute mental health ward or a residential placement costs in excess of £300 per day. Whilst a patient is taking up a bed when ready for discharge the Clinical Commissioning Group (CCG) may have to commission out of area for someone else, so supported housing accommodation versus an inpatient bed is important.
2. The financial benefits of Extra Care Housing (ECH) are predicated on the basis that the costs of providing care within an ECH setting are materially lower than in traditional residential and nursing settings. The expected cost for older people ranged from £502 to £553 per week in 2019/20, with the average annual residential care cost estimated to be a little over £27,500 per annum. Initial analysis suggests the gross cost of

providing care within an ECH setting at 20 hours per week would be £309 per week, with an annual cost of £16,111. This represents a gross saving of £11,445 per annum or 41.5%; which reduces to £9,118 (33%) once the impact of income loss is taken into consideration as the average placement income within a residential setting is higher than service user contributions derived from an ECH setting.

3. Health impact assessments quantifying the health-cost benefits of improvements to existing poor condition housing improvements can provide local authorities with the information they need to drive up public health standards and reduce health costs. They identify the most beneficial and cost effective improvements to housing. Research on quantifying the health-cost benefits of improving homes has provided a very strong case for this approach. For example, a BRE Trust report on the cost of poor housing highlights potential savings to the NHS in England of more than £1.4 billion a year from dealing with the most pressing housing problems. Meanwhile the cost of poor housing to the wider society has been estimated at £18.6 billion a year (from this BRE report).

We will continue to build up the case for investment in housing to reduce future costs elsewhere. This may require partners to think differently about how they use funds available to them and potentially lead to pooling of some budgets across organisations or transfer of budgets from one organisation to another.

Understanding needs and opportunities - delivery objectives

2.1 We will review the evidence base and develop analysis to maintain an up to date picture of demand for homes with care and support and preferred locations and clarify the priorities for future investment

2.2 We will make a strong case for investment in housing to reduce health and care costs

2.2 We will facilitate or influence appropriate design of new build housing to take account of how people want to live while maintaining viability

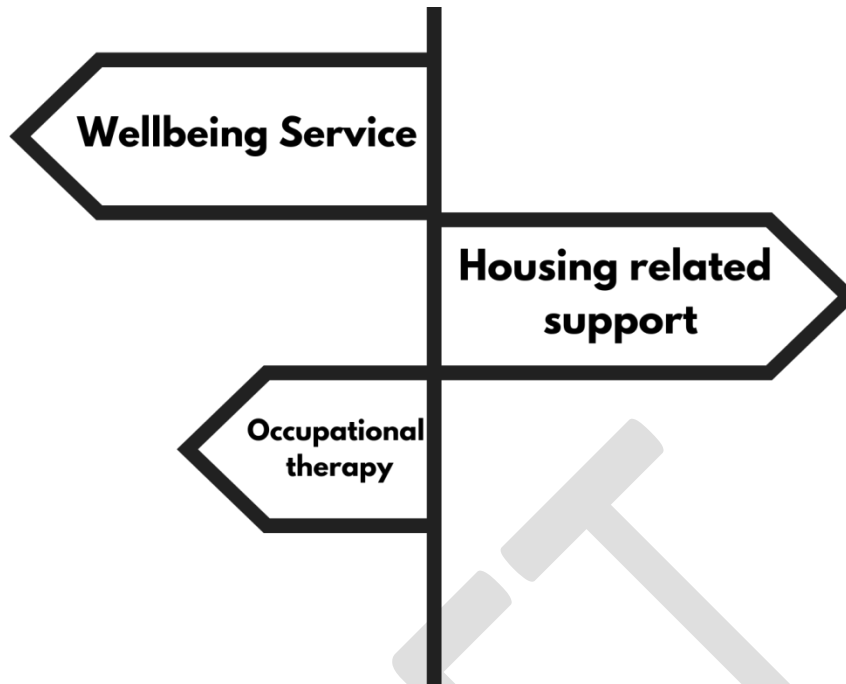
2.3 We will improve our understanding of housing conditions in Lincolnshire, the impact on physical and mental health, and the potential cost of poor housing to health, care and society

2.4 We will maximise the financial resources available to tackle poor housing standards and ensure they are effectively targeted

2.5 We will support good landlords to increase the supply of quality, housing that is affordable made available to people with health and care needs.

2.6 We will make best use of enforcement powers available across different organisations to target criminal landlords

3. Housing for people with care and support needs



Increasing choice of housing that is affordable and accessible supports people's physical, mental and financial wellbeing, and avoids upheaval. It reduces costs to the public purse arising from avoidable hospital admissions, delayed hospital discharge, and avoidable and permanent admission to care homes. People may need support to find to the right housing choice for their specific circumstances.

Children and Young People

The County Council and its partners have a statutory duty under The Children and Family Act 2017 to support Care Leavers to access safe and suitable accommodation up to the age of 21 and now through to 25, which requires the help of all partners to achieve this. District Councils share corporate parenting responsibilities, in supporting care leavers which can include certain exemptions in housing benefit, relative priority on housing waiting lists and council tax provisions under local flexibilities.

Most children and young people live within their family network. Where they experience difficulties, they are supported through early help to stay with or return to live with their family. The 'Future 4 Me' service works with those who are at greater risk and vulnerability to help provide stability for the longer term. Where a child or young person needs to make a planned move into independent accommodation, or support to find and sustain independent living arrangements, the County Council commissions Housing Related Support Services with 72 units of accommodation re-commissioned in 2020. Working closely with District Councils, it ensures that where they cannot be connected back to their home, they are housed appropriately by local housing authorities and supported by other relevant agencies.

More children are growing up and going into adulthood with complex health conditions, and they and their families need more flexible, bespoke housing solutions. Equipment, home adaptations and potentially alternative housing may be needed to provide greater independence, whilst enabling on-going family support.

Working Age Adults

A **Specialist Adult Services Accommodation Strategy** (for adults with learning disability, autism and/ or mental health needs) is under development to support the Lincolnshire Homes for

Independence blueprint. This will consider the need for Residential and Nursing Care as well as Supported Accommodation, Shared Lives Services and other accommodation for working age adults with complex needs.

Four levels of independence are considered as follows:

- Level One: Secure Accommodation and Mental Health Inpatient Care;
- Level Two: High Complexity Residential and Community Supported Living;
- Level Three: Residential Care and 24 Hour Community Supported Living;
- Level Four: Independent Living - Including shared lives placements, own home ownership, rented accommodation or living with family and friends.

We want to achieve a proportional move towards Level Four through a maximising independence approach. The lead commissioner for Specialist Adult Services will work closely with the Housing, Health and Care Delivery Group (HHCDG) in relation to access to the wider housing market for related service users. In particular Level Four is the key area to develop adequate housing options.

The **National Autism Self-Assessment Framework 2018** identified the importance of local housing strategies recognising the needs of people with autism. It also recommends the provision of autism awareness training for those who work in the housing sectors.

The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. The programme has three key aims:

- To improve quality of care for people with a learning disability and/or autism
- To improve quality of life for people with a learning disability and/or autism
- To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay.

It makes specific reference to the need to find appropriate accommodation for people with these needs. This is something that needs to be improved in Lincolnshire to avoid the need for out of county placements as hospital in-patients, which cost more for our services but more importantly disconnect people from their families, friends and community networks.

Older Adults

People are living longer but often in poorer health in older age. Many people want to live in their existing home, staying close to family, friends, social networks and familiar amenities. New technologies are developing to support people with increasing levels of need and there is a growing role for occupational therapy in conjunction with technology to support people to stay in their own homes as an alternative to long term care provision.

Homeless People

There was a general increase in the number of homeless applications received by district councils in the ten years up to 2017/18. Homelessness and rough sleeping have risen sharply nationally and locally in recent years and data has been gathered and collated differently since 2018/19. **Lincolnshire's Homelessness and Rough Sleeping Strategy** identifies levels of need, statutory duties and opportunities for multi-agency working to prevent and relieve homelessness.

Homelessness assessments (2019-20)

Source: Ministry of Housing, Communities and Local Government (MHCLG)

Number of initial assessments	3,972
Total owed a prevention of relief duty	3,868
Threatened with homelessness within 56 days (prevention duty owed)	2,002
Homeless relief duty owed	1,866

The Government's 'Everyone In' campaign to house all rough sleepers during the Coronavirus pandemic lockdown in 2020 was hugely successful. However, as the emergency funding has ceased and there is a probable rise in unemployment arising from the economic impact of the Coronavirus pandemic, there is the potential for family breakdowns, evictions from rented accommodation and repossessions where people fall behind with mortgage repayments - leading to people becoming at risk of being homeless, homeless or sleeping rough. Numbers of homeless applications and the situation leading to these is closely monitored. The pandemic demonstrated what can be achieved when agencies work together to address homelessness as a public health issue.

We also need to reflect the needs of young homeless people, those who are chaotic, and those who misuse substances combined with mental health issues. Often viewed as underserving and unpopular, this cohort needs intensive support and access to accommodation.

People Who Hoard

People who hoard have a recognised disorder that puts themselves, their families and neighbours at increased risks. Hoarders often have additional health and wellbeing needs and even face eviction from their home or formal action being taken against them. In Lincolnshire we have produced a multi-agency **Hoarding Protocol** to assist agencies to identify, advise and support those who need help with Lincolnshire Fire and Rescue hosting a Hoarding Advocate. Much has been achieved to help people in this situation declutter and get their homes back to a manageable state; however, more needs to be done to address their underlying issues and treat hoarding as a mental health issue.

Domestic Abuse Victims



Victims of domestic abuse can be men and women, older and young people, with adverse impacts on children. Safe homes and appropriate support are vital to support people to retain or regain their independence. Domestic Abuse Refuges are provided in Lincolnshire as a commissioned service and through the local voluntary sector to support some of those affected to secure safe accommodation and support near to home. Some people will go outside Lincolnshire to be safer at a distance from the perpetrator and others will take up places in refuges

in Lincolnshire to get away from the area they are from.

Different housing options must be available to victims of domestic abuse. Location and affordability are likely to be the deciding factors for general needs housing rather than its nature. Ensuring appropriate supply is, therefore, difficult but the **Domestic Abuse Bill** will when enacted require the County Council to form a partnership board and complete a needs assessment.

4,805 adults and children have been kept safe and supported through domestic abuse, thanks to organisations in Lincolnshire working together over the ten years up to 2018. District Councils can advise about housing, including offering emergency or temporary

accommodation if people are made homeless and are vulnerable and in priority need as a result of domestic abuse or other reason.

Carers

Unpaid carers are crucial to enable people with care needs to maintain independent living and are recognised as a priority in their own right in the Lincolnshire Health and Wellbeing Strategy alongside Housing. At the 2011 Census just short of 80,000 people said they were providing unpaid care to someone. In 2018/19, 10,325 people caring for adults received support from the County Council.



Housing services and housing related support need to recognise the specific needs of carers as well as those they care for and make appropriate provisions. This includes making best use of digital technology to reduce the burden of caring and enable working age carers to remain in employment.

Armed Forces Personnel and Veterans

The Armed Forces has long-standing links with Lincolnshire, through an extensive network of Air Force bases and a significant number of service personnel and veterans. The **Lincolnshire Armed Forces Covenant** commits agencies to working together to recognise and support them. District Councils can use local flexibilities to support serving personnel and veterans recognising that their role involves frequent moves which may make it harder to secure settled accommodation. Partners include the Royal British Legion and SSAFA: the Armed Forces Charity.

Housing for people with care and support needs - delivery objectives

3.1 We will facilitate quality, choice and diversity of housing for people with care and support needs

3.2 We will achieve a proportional move towards maximising independence for working-age adults and older people needing care

3.3 We will improve services to extend people's housing choices in preparation for later life

3.4 We will address the underlying causes leading to homelessness whilst still providing appropriate support and housing for those who need it

3.5 We will increase units of single person accommodation to house those who would otherwise be sleeping rough

3.6 We will strengthen healthcare inclusion services for homeless people across the county

4. Helping people remain in their current home

Given the choice, many people prefer to stay in their own homes as their needs change. Memories and personal attachment, familiarity with neighbours and local surroundings are hugely significant to people. Staying at home and remaining connected can be an option with the help of equipment, digital technologies, home adaptations and personal support.

Adult Care Services in the County Council are under increasing pressure but continue to deliver quality and essential services, including home care that enables people who are eligible to remain living independently for as long as possible. This provides in the region of 62,000 visits each week to support people at home. In order to signpost people to wider services and tackle issues such as loneliness and social isolation, the County Council and the NHS has commissioned **Connect 2 Support Lincolnshire** as a library of information on support services that are available from both statutory organisations and the community and voluntary sector.

Occupational Therapy Services are provided by the County Council and the NHS to work with people to identify barriers to independence in their homes, making recommendations to remove these and increase independence.

County Council Occupational Therapists (OTs) work to enable children and adults with disabilities (mental and physical) and debilitating conditions such as Cerebral Palsy and Parkinson's Disease to carry out essential activities, with the aim of maintaining or improving a persons' independence at home. Occupation means any way in which people spend their time from personal care (washing, dressing, toileting) to productivity (paid or unpaid work, housework and education); to leisure (games, sports, hobbies and social activities).

NHS Occupational Therapists based in Lincolnshire's hospitals and community health providers work within a similar ethos to community-based Occupational Therapists. They are building up their knowledge of housing and wider determinants of health through engagement with integrated neighbourhood working; however, the role is more focused on recovery and rehabilitation than longer term needs.

Lincolnshire Fire and Rescue Service's 'Safe and Well checks' create clear referral pathways to identify, report, support and stabilise people's wellbeing, enabling them to 'stay put' or 'move on' as appropriate. These build on the long-standing success of the Home Safety Checks (HSC) that helped to protect thousands of people throughout the county from the risk of fire in their homes. Safe and Well Checks will still incorporate fire safety but also include advice to help an individual improve their health and wellbeing, with the ultimate goal to help people to stay safe in their own homes. Home visits include vital checks on smoke alarms, but also a frailty assessment and, given the significant number of cooking related incidents, fire fighters offer specific advice on cooking safely.



A new initiative to highlight people most at risk from fires in their homes and to support them to get help has been launched by Lincolnshire Fire and Rescue. SHERMAN highlights 7 key factors that may make people at greater risk of having or being less likely to react to a fire. These are:

- **Smoking**
- **Hoarding**
- **Elderly people or those who live alone**
- **Reduced mobility, hearing or visual impairments**
- **Mental health issues**
- **Alcohol misuse, drugs/medication dependence**
- **Needing care or support**
- It aims to increase both the public and professionals' awareness of the risk factors and encourage them to get in contact with the service through a Safe and Well check.

The **Wellbeing Service** Wellbeing Lincs is commissioned by the County Council and delivered by the District Councils working in collaboration to support access to equipment, and minor adaptations on a fee-paying basis, alongside support to improve financial and social wellbeing.

Wellbeing Lincs	
Number of referrals to the County Council Wellbeing Service in 2019/20	7,700
People helped to access small aids (e.g. grab rails) in 2019/20	790
Wellbeing Lincs case studies	
<p>N has mental health issues and alcohol addiction and has been diagnosed with Schizophrenia. N needs prompting to manage his personal care and doesn't wash regularly. His home environment is not pleasant as N cannot manage to clean either himself or his home. Wellbeing Lincs provided a list of gardening services and cleaners, made a referral to the Carers team for N's mother and chased the District Council for fitting of rails.</p> <p>D had started to feel very isolated and need support to go out. D wanted to set up a funeral plan and was also having problems with her fuel supplier. Wellbeing Lincs completed an online form for a Blue Badge, registered D with Call Connect with a home pick up, contacted ASC to find out how much direct payment D has been given for how many hours a week social inclusion, phoned and liaised with a local funeral director then set up a home meeting for D and changed the tariff that D was on with her fuel provider. D is now more independent and socially active, has a funeral plan and the difference in the fuel tariff is helping with bills.</p>	

In an emergency response to the Coronavirus pandemic in 2020 the District councils worked quickly and effectively with the County Council and the Lincolnshire Resilience Forum to reorganise the Wellbeing Service, supporting large numbers of people at greatest risk from Covid-19. Elements of these adaptations have been retained and built in to the service as business as usual.

The Wellbeing Service includes a hospital in-reach element which now sits alongside two permanently funded Hospital Housing Link Workers. This helps ensure that housing issues are picked up early in discharge planning and can be addressed to help people get homes as soon as possible and avoid them staying in hospital longer than is necessary.

The **Lincolnshire Community Equipment Service** combines County Council and NHS resources to provide simple, often low cost equipment to allow people to remain independent

at home. Low cost interventions such as additional hand/grab rails, improved lighting, etc., help prevent falls and support people to remain independent.

Lincolnshire Community Equipment Service		
	2018/19	2019/20
Number of clients supported	55,359	56,916
Number of items delivered	103,426	104,681
Number of items collected	61,348	66,051
Total cost	£6,426,471	£ 5,922,987

Telehealth provides opportunities for remote monitoring of health outcomes, reducing the need for travel to medical centres, providing greater peace of mind for individuals and carers and reducing the risk of unplanned emergency hospital admissions.

Telecare and new forms of **Assistive Technology** support individuals to live independently at home and complement traditional care more cost effectively, offering better outcomes and increased satisfaction for people with long-term care needs. There are around 4,500 people with Telecare in their homes costing £500,000. Devices such as 'Alexa' offer opportunities which need to be explored fully.



85% place importance on provision of alarm system in designated housing for older people

Source: Housing Learning and Improvement Network, August 2019

Disabled Facilities Grants (DFGs) are provided by District Councils. Mandatory DFGs fund essential home adaptations, giving disabled people better freedom of movement into and around their homes (e.g. stair lifts, ramped access) and providing access to essential facilities within the home (e.g. level access showers). Other support, including repairs, may be provided through discretionary housing assistance. Most District Councils have discretionary policies and a countywide Housing Assistance Policy is under development.

Disabled Facilities Grants		
	2018/19	2019/20
Number of grants completed	644	632
Total DFG spend	£4,325,644	£4,336,385
Number of grants approved	160	269
Value of DFGs approved	£1,232,405	£1,327,356

These services are all valuable but all operate independently, making it harder for individuals and those who support them to navigate the support available. A key objective of the programme of work to embed DFGs as part of a system-wide approach to keeping people independent in a home of their own is to integrate these to create a seamless, customer-friendly, efficient and cost effective service with the person at its centre. This is being taken forward with the seven district councils working collaboratively and with the County Council and partners through a Moving Forward with DFGs group.

Lincs 4 Warmer Homes

In order to address the issues of excess cold homes and fuel poverty the councils across Greater Lincolnshire have formed a partnership to connect residents with installers and funding to complete heating and insulation improvements in private sector homes. This is predominantly to support owner occupiers living on a low income and in a high energy cost home or who have a condition that makes them more susceptible to the cold.

Overseen by the Greater Lincolnshire Energy Efficiency Network (GLEEN), **Lincs 4 Warmer Homes** (L4WH) has created a framework of installers to refer residents to access funding from the energy suppliers' Energy Company Obligation (ECO) scheme. Following a successful bid, Warm Homes Fund money is also available for first-time central heating installations for a limited time. Government has also introduced Green Homes Grants to help people with more costly improvements such as solid wall insulation and renewable heating systems. This is in part in response to the Coronavirus pandemic to re-stimulate the market and to prepare people for possible future lockdown(s) when they could be told to stay in a cold home.

The partnership has the potential to do more and to implement the recommendations made to Health and Wellbeing Boards in National Institute for Clinical Health and Care Excellence (NICE) guidance NG6: **Excess winter deaths and illness and the health risks associated with cold homes.**

Housing Related Support

Where people are unable to secure or maintain accommodation, often due to a combination of poor mental health, substance or alcohol misuse, family breakdown, loss of income and debt, they may need additional support. District Councils have statutory duties to prevent and relieve homelessness, but those people with more complex needs need effective multi-agency approaches that combine suitable accommodation and support to enable them to achieve independence.

Since being commissioned in 2015, housing related support services have supported over 8,000 people to improve their health and wellbeing, and regain their independence by either sustaining or finding suitable accommodation. Housing Related Support Services (HRS) for young people and for adults, and Domestic Abuse Refuges, have been re-commissioned by the County Council to start in October 2020 with a budget of £2 million; with the HRS service estimated to help an estimated 1,167 adults per annum.

Helping people remain in their current home - delivery objectives

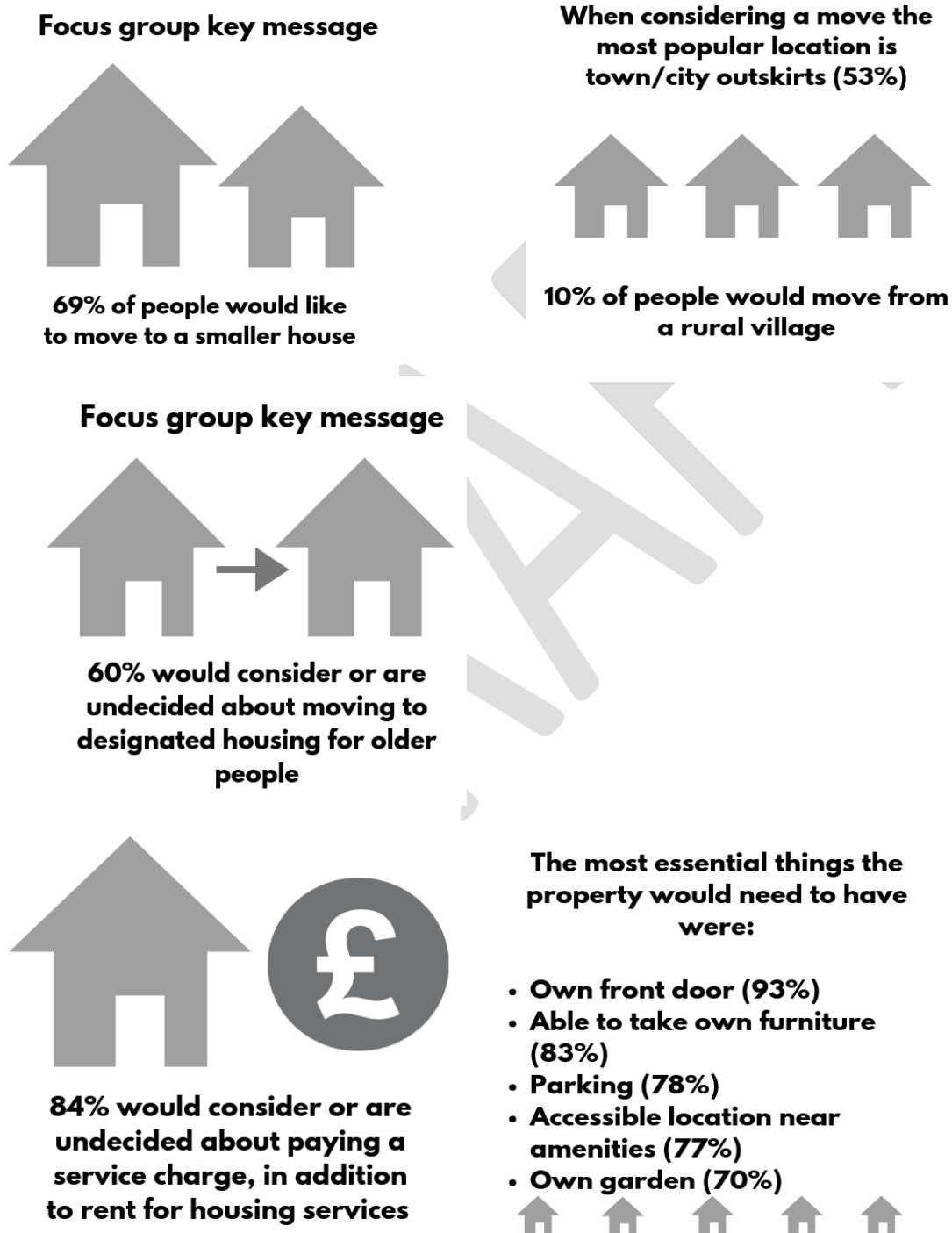
4.1 We will ensure services to support people to remain living in their current home complement each other as a system-wide approach

4.2 We will develop a seamless, customer-friendly 'one-stop shop' to deliver cost effective services with the person at the centre

4.3 We will make best use of new digital technologies to enable homes for life

5. Helping people find and move to a suitable home

Lincolnshire Homes for Independence is a **call to action** providing a narrative and a description of how increasing the amount of good quality housing that is affordable and accessible for residents that wish to move can reduce the need for the services referenced in the previous section. More specialist homes with care and support need to be available for where the general housing market does not meet peoples' needs. Older people in particular are clear about what they wish to achieve:



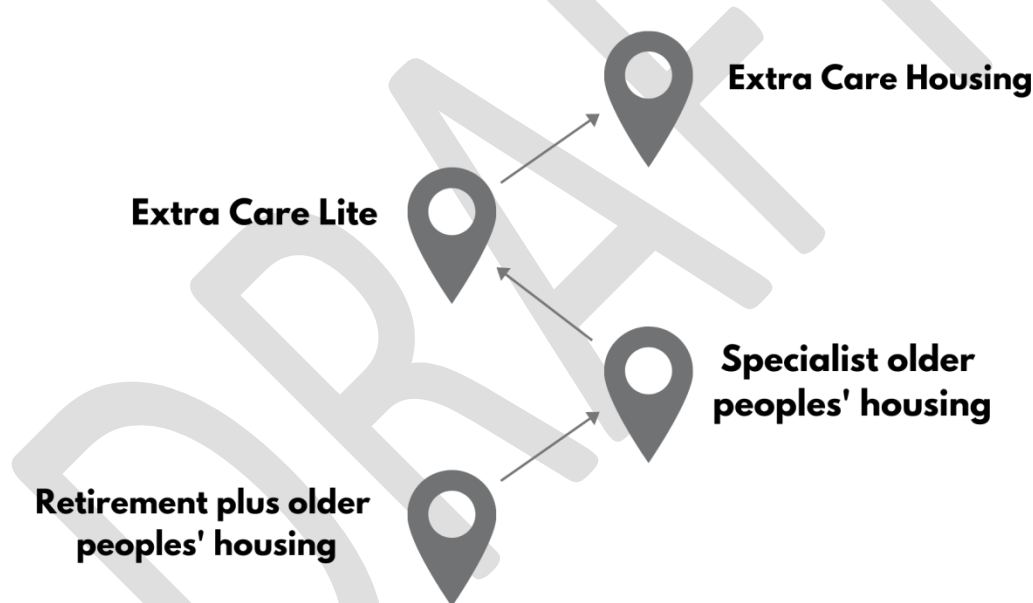
Source: Housing Learning and Improvement Network, August 2019

To enable people to plan ahead with greater choice and insight at the right time for them, it is essential that there is a range of homes across different tenures available in the right locations to meet needs. Those who are currently owner occupiers might wish to remain in owner occupation or free up some capital through shared ownership; others might want to rent in the private or social housing sectors.

Different levels of housing with care are needed. Evidence to support the need for accessible homes will be strengthened as a basis for requiring developers to build greater proportions of new build housing to the higher levels of accessibility in the building regulations and for us to encourage, support and fund both Registered Providers and private developers to go further. There is also scope to work with developers on bespoke schemes for people with complex needs where existing homes cannot be easily adapted.

More emphasis will be placed on providing people with housing options information so they can decide to either remain living where they are now or move. Relocating can be more appropriate than expensive adaptations to current homes, especially where other factors make the home unsuitable (e.g. under-occupation, poor location (isolated), unmanageable).

Where people do come to require a higher level of care and support, every effort will be taken to avoid this coming in the form of residential or nursing care homes.



Finding a new home in later life is seen as a progression, a road map with the aim of accessing residential and nursing care only as a last resort (not losing sight of the fact that sufficient provision of this must be available).

But needing a home with some care and support provided is not all about later life. Care and Extra Care can be required by people of all ages who could be living independently. Multi-generational developments where young and old can live alongside each other, receiving the support and care they need whilst being of mutual support and company to each other should be considered. We particularly want to secure the provision of homes that encourage and facilitate people being treated as individuals and care being personalised to their particular requirements and wishes. Where possible, we want to see housing with support designed to be adaptable to change and allowed to evolve as opposed to being categorised. It should be both reactive and responsive to the assessed needs and demands of those who live there with the support of the local community.

One standard used by LACE Housing, a Registered Provider that specialises in housing for older people, has four levels of supported housing that provides a supported environment for those wishing to retain / regain independence within a community / environment in which they are familiar:

- Level 4 – Extra Care Housing
- Level 3 – Extra Care Lite
- Level 2 – Specialist older peoples' housing
- Level 1 – Retirement plus older peoples' housing

Extra Care Housing

There is some excellent housing for people with a range of needs but not enough for everyone to have a full range of choice that is affordable to them. The County Council's Extra Care programme, working with District Councils, Registered Providers, developers and communities, seeks to address the shortage of provision where demand is high, where the market is less active and where there is scope to meet the needs of adult care service users more effectively. Mainly supporting older people, this will also support working age adults, creating mixed, inclusive communities wherever possible. The programme aims to increase capacity in the areas of highest need in the county and encourage further development.



In a large rural county, with dispersed populations, mixed accommodation which builds around and enhances natural communities is the preferred model.

We believe that all such new accommodation should be:

- Built well and maintained to high quality standards
- Affordable and economical throughout its lifetime
- Designed for all age living, flexible and able to adapt to meet future needs
- Designed to promote social connectedness, wellbeing and community activity
- Close to or will incorporate open space
- In easy reach of amenities without the need for extensive travel
- Sensitive to the scale and diversity of Lincolnshire's communities
- Marketed locally
- Co-produced from design through to day-to-day management wherever possible with the people who will be living there.

Helping people move to a suitable home - delivery objectives

5.1 We will influence delivery of new-build housing to provide greater choice of homes with care and support across all tenures

5.2 We will support people with care and support needs to access social and private rented homes

5.3 We will provide more extra care housing of different levels to meet demand

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6. What's next working together on the vision?

The County Council has a legal duty to provide children's and adult social care services. The seven district councils are the local housing and planning authorities responsible for developing and implementing Local Plans and securing new housing. Others including developers, Register Providers (Housing Associations), public bodies (e.g. NHS (linking in to the Transforming Care programme and reducing mental health patients using out of county in-patient facilities), DWP) and charities have a key role to play in delivering more Homes for Independence and integrating support services to promote and sustain independence.

The Housing, Health and Care Delivery Group (HHCDG) adopted a memorandum of understanding (MOU) to support joint action in Lincolnshire on improving health and wellbeing through the home. Mirroring the national MOU, this underpins joint working to deliver better housing outcomes, including achieving greater choice and independence, for Lincolnshire's residents. The Lincolnshire Homes for Independence is the blueprint for HHCDG partners which builds on the commitment in the MOU to develop collaborative actions and achieve the objectives set out in it.

By understanding each other's responsibilities and working better together, we will provide greater choice and help people to be better prepared, make better informed, longer term plans be meet housing and support needs. We have mapped the Housing and Planning Groups (multi-agency partnerships) that have a role to play in an organogram to support better integrated working across the county and maximise the efforts of all partners to deliver homes for independence.

Programmes of work that contribute to the homes for independence agenda are delivered through a Delivery Plan supporting the HHCDG to oversee the Housing priority in the Lincolnshire Joint Health and Wellbeing Strategy. The plan sets out the direct actions the HHCDG will take to achieve outcomes under each of the objectives outlined throughout this document. It also identifies complementary activity which is managed elsewhere but indirectly supports the delivery of homes for independence. The plan will be reviewed and updated annually.

Meeting the housing needs for the whole community is complex as it involves multiple organisations. But, by working better together under the direction of the Health and Wellbeing Board (HWB) on a range of programmes and activities around this the agenda, we can make a difference.

The HHCDG will provide an annual progress report to the HWB. Previous reports can be found here:

[Housing Priority Report to the Housing Health & Care Delivery Group September 2019](#)

Much has been achieved already by organisations in Lincolnshire working more closely together to meet the wider needs of the whole community, but also through people's passion to develop healthy communities and their willingness to be innovative, embracing new technologies. Decent, housing that is affordable has reduced overcrowding, accidents and disease, improved people's mental and physical health, and enabled the development of welcoming and safe communities.

There is more to do. We are equally ambitious, passionate and innovative as we work together to achieve our vision **for people to live independently, stay connected and have greater choice in where and how they live.**

Glossary

Bibliography

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