**To: West Kent Health and Wellbeing Board**

**Report Authors: Work Related Matters**

**Andrew Holmes**

**Integrated Partnership Manager**

**Department for Work and Pensions**

**Tonbridge Jobcentre**

**Housing Related Matters**

**Satnam Kaur**

**Chief Housing Officer**

**Tonbridge& Malling Borough Council**

**Date: 19th April 2016**

**Subject: Welfare Reforms and Housing and Planning Bill (2015-16) – Impact on Health**

Summary

This paper provides a comprehensive review of key legislative changes set out in the Housing and Planning Bill and Welfare Reform and Work Act (2016) and assesses the likely impacts on the health and wellbeing of West Kent residents. Sections 2, 3 and 4 of the paper offers an overview of the main issues with further details and analysis provided in a series of linked Appendices to the report. Section 5 evaluates the potential cumulative impacts and West Kent implications, whilst sections 6, 7 and 8 assess the current status, future prospects and recommendations for the Board to consider.

The Housing and Planning Bill and Welfare Reform and Work Act 2016 make provision for the introduction of extensive changes to affordable housing, welfare benefits, tax credits and social housing rent levels which taken together, represent a fundamental shift in the landscape of traditional methods of delivering affordable housing supply and meeting housing need. The Government’s stated aims are to “help to achieve a more sustainable welfare system”, increase employment and “support the policy of rewarding hard work while increasing fairness with working households”. 1 *See Appendix* *1* This paper seeks to identify areas where joint working between partners represented on the Health and Wellbeing Board, housing bodies and the Department for Work and Pensions (DWP) can be further developed and strengthened:

* to mitigate against some of the emerging impacts
* prevent the widening of economic inequalities
* promote the financial resilience of local residents

The paper makes recommendations which assist the Board meet the four priorities identified in the Joint Health and Wellbeing Strategy:

**Priority 1**: Tackle key health issues where Kent is performing worse than the England average

**Priority 2**: Tackle health inequalities

**Priority 3**: Tackle gaps in provision

**Priority 4**: Transform services to improve outcomes, patient experience and value for money.

**Recommendations**

The Board is recommended to:

1. Make Every Contact Count. Commissioners of services in West Kent (such as the Clinical Commissioning Group and local authorities) jointly consider a local single point of contact for wellbeing and housing related services that helps people who are identified as being vulnerable to the health problems associated with issues such as homelessness, financial hardship, frailty and cold homes to receive tailored support in order to improve health outcomes.

2 Encourage participation in preventative activities that contribute to the maintenance of good health, and to reducing episodes of poor health such as signposting for smoking cessation, drugs and alcohol services.

3 Set up targeted social prescribing pilots in West Kent with local partners which provide opportunities to explore the potential for social prescribing of housing adaptations, warm home and other work to sustain the financial resilience of residents and prevent the widening of economic inequalities.

1. Consider new ways of working with local councils and other providers in the health and care system that maximise opportunities to reduce health inequalities.
2. Explore opportunities to review and strengthen hospital discharge protocols to ensure effective joint care planning and co-ordination in delivery of comprehensive support packages including housing related assistance.
3. Encourage CCG representation on the project board of the Integration, Housing, Health and Social Care Project.

**7** Explore opportunities for working with relevant strategic partnership groups and agencies (including the Kent Health and Wellbeing Board and Kent County Council), to mitigate against any negative impacts.

* 1. Policy Context

1.1 The welfare and housing measures contained in the 2016 Act, are based on the Government’s stated assessment of the current economic climate and commitment to a fairer system for taxpayers; promoting work as a means of tackling poverty; achieving full employment and enabling a move from a high tax, high welfare and low wage society to a lower tax, lower welfare and higher wage society.2*See Appendix* *1*

* 1. Work Related Measures

2.1 The changes that will be introduced as a result of the Welfare Reform Act 2016 are intended to increase the incentive to move into work and continue to promote the principle that people should be better off in work than on benefits.

2.2 In addition benefit claimants will be helped by other changes announced at the Summer Budget 2015 to ensure claimants can earn more. These include:

• Bringing in the National Living Wage - which is set to reach over £9 an hour by 2020

• Increasing the personal tax allowance to £11,000 a year in April this year

* Increasing and providing for eligible costs of childcare in Universal Credit to 85% and doubling the free early years provision to 30 hours a week for working parents of 3 to 4 year olds.

2.3 Potential Issues in relation to the New Work Related Measures: Local DWP Perspective

2.3.1 The local Department for Work and Pensions (DWP) feels that there is a lack of relationship or links between local GPs and Jobcentres and believe this is a missed opportunity since many of the same customers are shared. Local Jobcentres report difficulty in effectively engaging with busy GPs who may not immediately see the benefits to them and their patients of working more closely with DWP and local support agencies.

2.3.2 There is currently no system to facilitate the quick and easy referrals by GPs to appropriate support services.

2.3.3 GPs do not currently always see the benefit to them and their patients from engaging and working with the Jobcentre and wider partners. Coupled with this it appears that there is limited knowledge of the easements to the benefit conditionality regime that the Jobcentre can put in place to take account of a person’s health issues. *See Appendix 2*

2.4 What could be done?

2.4.1 Develop a mechanism that enables the effective joining up of health, local support and Jobcentre services so that individuals receive a consistent level of support along with the consistent message that working has proven health benefits.

2.4.2 All appropriate patients presenting at GPs surgeries should be made aware of the support available for those with health problems who wish to move into or stay in work.

2.4.3 Offer greater support to GPs to make more effective use of the ‘Fit Note’ as a way of safeguarding a person’s health, whilst at the same time supporting their continued employment or movement in to work.

2.4.4 If the GP assesses that their patient’s health affects their fitness for work, then they issue a fit note indicating whether their patient is not fit for work OR may be fit for work. This assessment is about their fitness for work in general and is not job-specific. This assessment should take into account

* Any functional limitationsof their health condition e.g. hearing, vision, touch.
* The duration of their health condition and any likely fluctuation
* The impact of any ongoing clinical management.
* Whether doing any work (not necessarily their current job) will make their health condition worse.

2.4.5 GPs could be encouraged to make more use of the option ‘May be fit for work taking account of the following advice’.They should tick this box if their patient could do some form of work (not specifically their current or last job). This gives maximum flexibility to the Jobcentre to discuss ways to accommodate the patient’s health condition. For example, someone who previously worked as a delivery driver who cannot drive may still be able to do other tasks and so may be fit for work. 3

2.4.6 A local survey conducted in all Kent Jobcentres showed that very few of the Fit Notes handed in to Jobcentres to support a claim for Employment and Support Allowance were marked as ‘may be fit for work’. This suggests that this option is being under-utilised.

2.4.7 DWP is keen to increase GPs understanding of what help and support the Jobcentre can offer their patients and how making full use of this support can in turn be of benefit to GPs.

1. **Housing and Planning Bill Measures**

3.1 Changes to the Definition of Affordable Housing

3.1.1 The Government wishes to change the definition so that it encompasses a fuller range of products that can support people to access home ownership, in accordance with its manifesto commitments. The definition would still include options for rent, but some products would no longer be subject to in perpetuity restrictions or have recycled subsidy. This effectively paves the way to include starter homes as part of the definition of affordable housing.

3.1.2 The provision of Starter Homes will very likely be to the detriment of the supply of affordable/social rented homes. It is clear that starter homes will not address the core housing need of those households on Council Housing Registers. These are low to middle income households who cannot afford to access any type of home ownership products or the private rented sector. *See Appendix 3*

3.2 Starter Homes

3.2.1 Two new duties are proposed for local authorities in the Bill specifically in relation to Starter Homes, the government initiative whereby new-build houses will be available to first-time buyers under the age of 40 at a 20 per cent discount from the market rate. The first is a general duty to promote the supply of Starter Homes when planning functions are being carried out and the second is a specific duty in relation to decisions on planning applications. *See Appendix 3*

3.3End of Lifetime Tenancies

3.3.1 The Bill contains measures which will prohibit local authorities from issuing secure or lifetime tenancies to all new council tenants, instead they will only be able to offer fixed-term tenancies of 2-5 years, which will be subject to reviews after which tenants can be issued with another fixed-term tenancy or moved on if their circumstances have changed. This will impact differently for different population groups. *See Appendix 3*

3.4 Extending the Right to Buy (RTB) to Housing Association Tenants

3.4.1 The Bill contains measures to extend the Right to Buy to housing association tenants which will be paid for by councils being required to sell off ‘high value’ vacant council homes. This is likely to result in even fewer social rented homes being available for those in housing need who cannot afford to enter into home ownership. *See Appendix 3*

3.5 Pay to Stay

3.5.1 The Bill contains measures, under the Pay to Stay policy, which will require social housing tenants with a household income of more than £40,000 in London and £30,000 elsewhere to pay up to market rent or risk losing their social rented home (council or housing association home). *See Appendix 3*

**4. Welfare Reform and Work Act 2016 Measures**

4.1 The Welfare Reform and Work Act received Royal Assent on 16 March 2016 and in summary will reduce social rents by 1 per cent over the next 4 years at a time when a freeze is put on working age benefits this measure will be a real help for those tenants not in receipt of housing benefit as their disposal income will increase. However, the policy will make it much more challenging for both Local Authorities and Housing Associations to continue to drive housing growth. *See Appendix 4*

4.2 Benefit Rate Freeze

4.2.1 The following benefits/allowances will be frozen for 4 years:

* housing benefit/local housing allowance
* tax credits
* child benefit rates

For these benefits, the rates through to April 2019 will remain the same as in 2015-16.

4.2.2 No cost of living rise will apply for a period of 4 years to the following;

* Working age benefits
* Jobseekers Allowance
* Housing Benefit
* Tax credits

However, this policy does not apply to benefits not linked to working age, including Disability Living Allowance and Carers Allowance.

4.2.3 The impact of this will be a potential reduction in the real income of claimants, when accounting for inflation and cost of living increases. The loss per individual or family will depend on the benefits they receive and their personal circumstances. The Institute for Fiscal Studies has estimated an average £260 loss per annum for families.

4.2.4 Over recent years the private rented sector has played a key role in helping meet the housing need of residents given the shortfall in social housing, helping reduce levels of homelessness and the use of temporary accommodation. But this comes at a cost, and depends on the availability of private rented stock and the willingness of landlords to contract with housing benefit claimants.

4.2.5 It is projected that a number of tenants in the private rented sector will be unable to meet the shortfall which will result in arrears and potentially, evictions, which will in turn impact on homeless services. It is likely this will impact on existing tenants, and also constrain Local Authorities’ ability to use the private rented sector to meet future housing need. It is within the private rented sector where there is now the highest number of evictions and one of the main causes of homelessness.

4.3 Limiting Child Tax Credit

4.3.1 The Act removes the entitlement to child tax credit for the third and subsequent children born in a family after 6 April 2017 and removes the higher rate payable for the first child in the household to create a single, flat rate.

4.4 Reducing the Benefit Cap

4.4.1 The Act will lower the cap for families outside Greater London from £26,000 to £20,000 and from £18,200 to £13,400 for households without dependent children. It is projected that the new cap will affect a much larger number of tenants and children than before and its impact will not be confined to larger families. Official figures are still being calculated by the DWP.

4.4.2 It is anticipated that smaller sized units (2 and 3 bed homes) will become unaffordable to households affected by the cap. 4 bed homes are already affected by the existing arrangements. A major concern is the potential impact that this may subsequently have on evictions and homelessness and the likely knock on effect of an increase in the use of temporary accommodation. If social housing becomes unaffordable then there is no other tenure available to respond to the unmet housing need arising from the implementation of this policy. *See Appendix 4* for case studies, supplied by a Housing Provider based in West Kent, which illustrate the adverse impact of the cap on low income families in receipt of Employment Support Allowance (ESA) .4

4.5 Amendments to the Child Poverty Act

4.5.1 It is the Government’s premise that income through benefits maintains people on a low income, whereas income gained through work can transform lives The Act repeals the Child Poverty Act 2010 and places greater emphasis on worklessness and low educational attainment.  However, an inquiry by the All Party Parliamentary Group (APPG) on Health in All Policies into the impact of the Welfare Reform and Work Bill (February 2016) raised concerns that the Government, by focusing only on workless households, will miss the substantial number of children in poverty that live in working households. The inquiry stated that worklessness is not a better measure of poverty than low income and if the central issue of low income is not addressed, the current and future health, wellbeing and life-chances of children in poverty will be seriously affected.5

4.5.2 The Child Poverty Action Group (CPAG) is of the view that work is increasingly less of a route out of poverty. Using data from the DWP, CPAG has calculated that 64 per cent of children living in poverty are in the working families compared with 55 per cent in 2009/10.6 CPAG further argues that child poverty is associated with a decrease in physical and mental health and cognition of children increasing the burden on health and social care providers. In addition, they suggest that poverty has an impact on parental health increasing mental ill health which in mothers is associated with poor outcomes for children

4.6 Change the Automatic Entitlement of Housing Benefit for 18-21 Year Olds

4.6.1 The proposed exemptions for vulnerable young people such as care leavers and those who have been in work for 6 months prior to making an application are welcomed. However, concerns remain about a potential increase in homelessness amongst young people as Housing Benefit provides a vital safety net when people find themselves in housing need. Staying at home is not an option for many young people and this benefit is essential if they are to realise education or employment ambitions. For many young people housing benefit is a protective factor in youth homelessness and there is a very real risk that it will increase as the automatic entitlement is withdrawn from 2017.

4.6.2 The change could be compounded further by strategic plans being considered at a Kent County level in respect of supported accommodation for young people between 16-25 years old. Kent County Council has conducted a consultation exercise concerning the future funding and access to accommodation for 16 – 25 year olds. The preferred funding option for KCC in future is to limit access to young persons’ supported accommodation to mainly care leavers. This will mean that young clients who require this type of housing are unlikely to be able to acquire it in future. This could mean that a cohort of young people that have previously been prevented from becoming homeless or suffering the detrimental effects of a lack of suitable housing, could become engaged with services at a more critical point later in life.

4.7 Abolition of the Employment Support Allowance (ESA) Work Related Activity Component

4.7.1 This measure reduces the amount of money people in one category of Employment and Support Allowance (ESA) receive, taking approximately £30 a week from new claimants who are deemed to be capable of making some effort to find work. The rationale is that it will save money and create a stronger incentive for disabled people to gain employment. However, the APPG believes that new ESA claimants will be uniformly financially penalised without justification. It argues that there is no evidence that the measure would be effective in getting people into good quality work. In fact, it states this would be counterproductive because the additional anxiety would make claimants more unwell and therefore less able to find work. However, it is well documented that for those households with health issues, being in some kind of regular work improves mental and physical health and can aid recovery.

4.8 Other Changes

4.8.1 Other changes to housing benefit and the other tax credit and universal credit changes announced in the Budget will be made via regulations. They include:

1. reducing the income threshold in tax credits and universal credit work allowances;
2. increasing the tax credits withdrawal rate (taper) from 41 per cent to 48 per cent so that tax credits reduce more sharply as income increases;
3. removing the family element in tax credits and universal credit (and the family premium in housing benefit) for new claims from 2016 or 2017.

The Act restricts the individual child element of Child Tax Credit and the child element of Universal Credit to two children per family.

**5. Cumulative Impacts of the Reforms on Health and Wellbeing: Implications for West Kent**

5.1 The Housing and Planning Bill clearly focuses on boosting homeownership at the expense of providing affordable homes for those who cannot afford to access homeownership. The measures in the Bill such as Right to Buy and Starter Homes is likely to take away funding from social housing and possibly result in fewer affordable homes for people on average incomes. As a consequence, people on low to middle incomes are likely to find it more challenging to find a decent, secure and affordable home to live. The diminishing supply of affordable/social rented housing is likely to lead to unmet housing need and potentially exacerbate social problems such as financial hardship, overcrowding and homelessness. These will have the potential of a knock on effect on the mental health and wellbeing of West Kent residents.

5.2 The redefinition of affordable housing to include starter homes for purchase will broaden options for Housing Providers but make it harder for them to make viable offers to developers for schemes involving homes for rent. Whilst the reduction in social rents by 1 per cent per year to 2020 will be a considerable help for working tenants, it will make it much more challenging for both Local Authorities and Housing Associations to continue to drive housing growth to meet identified local needs.

5.3 Since the Welfare reforms of 2011 were introduced, Local Authorities have seen an increase in the number of households approaching as homeless and subsequently requiring temporary accommodation. It is expected that the current proposals will follow the trend of increased homelessness and the use of temporary accommodation across most household groups.

5.4 There has been a rise in households in temporary accommodation across West Kent in the last year as illustrated in the tables below:

**Table 1.  Households in Temporary Accommodation at the end of the Quarter (DCLG P1E Returns)**

|  |  |  |
| --- | --- | --- |
| **Local Housing Authority** | **2014 Q4** | **2015 Q4** |
| Maidstone | 41 | 86 |
| Sevenoaks | 26 | 54 |
| Tonbridge & Malling | 20 | 19 |
| Tunbridge Wells | 44 | 41 |
| **Total** | **131** | **200** |

**Table 2. Homeless Total Decisions (DCLG P1E Returns)**

|  |  |  |
| --- | --- | --- |
| **Local Housing Authority** | 2014 4Q | 2015 Q4 |
| Maidstone | 139 | 142 |
| Sevenoaks | 14 | 23 |
| Tonbridge & Malling | 34 | 45 |
| Tunbridge Wells | 19 | 14 |
| **Total** | **206** | **224** |

Not only have placements increased but so has the length of stay. The length of stay is longer due to a lack of available, suitable and affordable accommodation to rehouse households into.

5.5 The benefit cap will in some cases mean that temporary accommodation is unaffordable. Temporary accommodation is often more expensive than other forms of housing and local authorities in West Kent will struggle to find temporary accommodation that is within the confines of the cap. As a result, families who are accepted as homeless and then placed in temporary accommodation could be made homeless again due to their inability to cover their costs as a result of the benefit cap.

5.6 The health impact of temporary accommodation can be felt in a number of ways, for example; where the accommodation does not have cooking facilities, such as hotel accommodation, the applicant is reliant on take away or ready-made meals. This may not be the most nutritious food, leading to poor health care and is also likely to prove to be more expensive. For persons on a low or fixed income this may cause further anxiety.

5.7 Children living in poor housing are more likely to have slow physical growth, delayed cognitive development, experience poor mental health, be at risk of communicable disease, including meningitis, respiratory conditions like asthma and wheeze and experience long term ill health and disability. There are 11139 children aged 0-15 living in poverty in the West Kent area, representing 12.6% of the under 16 population of 88286 7.

5.8 Adequate housing will be difficult to afford for many working and non-working households, as the reforms are implemented. There is an increased likelihood that households will have no alternative but to live in conditions that may not be suitable in terms of size and condition. Families may be forced to turn to accommodation that is too small to meet their needs because that is all they can afford. This may constitute a risk to health, such as cutting back on heating to maintain manageable fuel bills, increasing the risk of self-rationing and disconnection.

5.9 Living in a cold, damp home can lead to higher risk of poor mental health in all age groups and overcrowding can negatively impact children’s education, family relationships and physical, mental and emotional wellbeing.

5.10 The experience of Local Authority Housing Options teams is that welfare reforms and lack of suitable and affordable housing appear to be exacerbating issues for some residents around poor mental health, anxiety and stress.

5.11 As a result of the reforms, health services are likely to come under increased pressure through:

* Increased demand for GP consultations focusing on patient’s social and economic concerns
* Poorer nutrition and diet with associated health problems through being unable to afford food (particularly healthy foods), heating, clothing or other essential goods
* Increase in stress and anxiety due to reduced income can lead to strain on families and relationships and have poor mental health outcomes, increasing the demand for mental health services
* Increase in housing related respiratory presentations and admissions
* Increase in presentations as a result of deliberate and unintentional injuries
* More antidepressant and anti-psychotic drug use

5.12 Changes to the work related measures may incentivise some households but unintended consequences of the changes are potentially a disincentive to work.

6. Blockages to providing effective support to West Kent Communities

6.1 Citizens Advice Survey with RCGP, 2014, found that GPs spend 19 per cent of their time on non-medical matters*.*8 Much of their time is spent dealing with housing, debt and benefits issues (writing letters, filling in forms etc.). 9 The survey found:

* 50 per cent of Citizens Advice clients, with debts, have mental health conditions
* 40 per cent of ESA claimants had a mental health condition (source: DWP)

6.2 Citizens Advice Research has shown across England and Wales, advice in health care settings or social prescribing has delivered positive results:

* 41 per cent fewer prescriptions for patients using Citizens Advice Bureau (CAB) services
* One CAB found that, in one surgery, the percentage of patients using the GP dropped from 25 per cent to 6 per cent as a result of having access to advice.

Good advice not only solves problems but it creates a culture in which patients/clients are more likely to embrace additional advice. In one study it was found that no CAB clients chose to be referred for health based services but once their advice needs had been met, 27 per cent asked to be referred to health-based services including stop smoking, alcohol and substance abuse and nutritionists. 16 per cent of clients referred to stop smoking services cut down or quit smoking.

6.3 Across West Kent there appears to be no consistent procedure for non-medical triage/referral to other agencies, for example, Voluntary Agencies, Local Authorities or DWP. Some West Kent GPs use DORIS on-line referral system to refer to CAB and other voluntary agencies that offer wider support but not all GPs use this. There is currently no system to facilitate the quick and easy referrals by GPs to appropriate support services.

6.4 GP surgeries are often the gateway to residents as they are seen as a trusted source. Accessing GP surgeries and being able to work in partnership with GP’s through social prescribing can assist. Currently there is a lack of formal relationships or links between local GPs and other agencies. This is a missed opportunity since many of the same individuals are seen by various agencies. Local Jobcentres find it difficult to effectively engage with busy GPs who may not immediately see the benefits to them and their patients of working more closely with DWP and local support agencies.

6.5 Constant changes to funding and services available are confusing for residents and disrupts relationship building. Additionally, there are further implications for funding and sustainability with short term commissioning also impacting on the development of realistic and achievable targets.

6.6 Partnership working is often not as robust as is could be due to a lack of awareness and understanding of the role, duties and powers of each agency and how they can contribute to improved health and wellbeing of patients.

6.7 GPs may not currently see the benefit to them and their patients from engaging and working with the Jobcentre and wider partners. Coupled with this they may have limited knowledge of the easements to the benefit conditionality regime that the Jobcentre can put in place to take account of a person’s health issues.

7. Good Practice

7.1 Outreach Services

7.1.1 Maidstone Borough Council housing and community safety departments undertook an outreach pilot involving NHS and mental health and substance misuse services in order to reduce and prevent homelessness and reduce health inequalities. This outreach service has continued with the help of funding from a successful bid to the Department of Communities and Local Government (DCLG) alongside Canterbury City Council and Tunbridge Wells Borough Council. Canterbury’s scheme has now started and Tunbridge Wells’ scheme will commence in April 2016. Maidstone Day Centre as part of this outreach now offers Sexually Transmitted Infections (STI) testing and also has a regular GP slot which can be accessed by the street population. 70 clients have been advised by the GP since November 2014. In order to further reduce health inequalities, and to prevent presentations at A&E by rough sleepers, it may be beneficial to have these outreach services with regular health checks in other areas, such as Tunbridge Wells.

7.2Improving Integration of Housing, Health and Social Care

7.2.1 The implementation of a twelve month Kent county wide transformational project to establish a fully integrated joined up service between Housing, Health and Social Care for the delivery of interventions to enable residents to live independently in their own homes, has very recently been agreed by local authority Chief Executives.

7.2.2 The aim of the project is to critically review existing interventions, identify options for business re-engineering and pooled budgets, integrated commissioning and to learn from national good practice. The ambition is to develop a sustainable accessible delivery model that integrates Housing, Health and Social Care and is able to respond to the challenges of an increasing number of disabled young people as well as older people living with long terms conditions. This will also help prevent unnecessary bed blocking or admissions to hospital and/or placement into a residential care home setting.

7.2.3 The Better Care Fund (BCF) provides a framework for partnerships working to review local systems and to improve the lives of older and disabled people. Given that the NHS budget is now providing the majority of funding for Disabled Facilities Grants there are greater opportunities for more conversations taking place with the Clinical Commissioning Groups (CCGs) about how the system can be improved as part of a wider view of the needs of residents.

7.3. Social Prescribing

7.3.1 Through the provision of timely effective advice, there are real possibilities to deliver important health improvements whilst also achieving significant savings. An energy saving pilot scheme run by a social housing provider part of the Gentoo group has proven it is reducing GP and Outpatient appointments for the National Health Service 10

7.3.2 The pilot is part of a framework where GPs from North East CCGs prescribe a suite of energy efficiency improvements to patients with Chronic Obstructive Pulmonary Disease (COPD). The first set of results have shown a 28 per cent reduction in the number of GP appointments and a 33 per cent reduction in outpatient appointments over the first six months of the project.

7.4 Department of Works and Pension (DWP) Engagement

7.4.1 The DWP is already engaging with the local NHS Health trainers and they attend the Jobcentres in Maidstone, Tonbridge and Tunbridge Wells on a regular basis to see claimants that the Jobcentre has identified would benefit from their help.

7.4.2 In other parts of the county local Jobcentres have managed to forge successful links with GP surgeries to the benefit of claimants / patients. In Canterbury, Jobcentre Work Coaches were based in GP surgeries on a weekly or monthly basis. They saw patients who were either on benefits or working and were referred by the GPs. This established closer working between the GP surgery and the Jobcentre. Work Coaches then started giving regular talks to groups of GPs to explain how to make best use of the Fit Note. In particular how the use of ‘not fit for work’ can send some patients down a path to long term worklessness. GPs respond well to this since it means them using less of their time and budget on some patients. Those patients on Jobseekers Allowance are likely to present at the doctor’s surgery far less frequently than if they are on ESA. This presentation has also been incorporated into the training for new GPs, who are also offered the opportunity to job shadow a Work Coach in Canterbury Jobcentre.

7.4.3 Jobcentres also have been working closely with Improving Access to Psychological Therapies (IAPT) providers, including providers seeing their customers in the Jobcentres in some cases.

7.5 Making Every Contact Count - A Single Point of Contact Health and Housing Referral Service

7.5.1 This can ensure people receive the help that they need effectively, with knowledge of services available and links with relevant national and local agencies, including health and social care providers, local housing providers, advice agencies (such as Citizens Advice and money advice organisations), health and social care charities, voluntary organisations and home improvement agencies.

8. Recommendations

The Board is recommended to:

8.1 Make Every Contact Count. Commissioners of services in West Kent (such as Clinical Commissioning Groups and local authorities) jointly consider a local single point of contact for wellbeing and housing related services that helps people who are identified as being vulnerable to the health problems associated with issues such as homelessness, financial hardship, frailty and cold homes to receive tailored support in order to improve health outcomes.

8.2 Encourage participation in preventative activities that contribute to the maintenance of good health, and to reducing episodes of poor health such as signposting for smoking cessation, drugs and alcohol services.

8.3 Set up targeted social prescribing pilots in West Kent with local partners which provide opportunities to explore the potential for social prescribing of housing adaptations, warm home and other work to sustain the financial resilience of residents and prevent the widening of economic inequalities.

8.4 Consider new ways of working with local councils and other providers in the health and care system that maximises opportunities to reduce health inequalities.

8.5 Explore opportunities to review and strengthen hospital discharge protocols to ensure effective joint care planning and co-ordination in delivery of comprehensive support packages including housing related assistance.

8.6 Encourage CCG representation on the project board of the Integration, Housing, Health and Social Care Project.

**8.7** Explore opportunities for working with relevant strategic partnership groups and agencies (including the Kent Health and Wellbeing Board and Kent County Council), to mitigate against any negative impacts

Report Contributors:

Lesley Clay, Joint Planning Manager,

Joint Policy & Planning Board

Jeremy Cross, Chief Officer

Tunbridge Wells & District Citizens Advice Bureau

John Littlemore, Head of Housing and Community Services

Maidstone Borough Council

Malti Varshney

Consultant in Public Health

Yvonne Wilson, Health & Wellbeing Partnerships Officer

NHS West Kent Clinical Commissioning Group

Comments received from:

Karen Hardy, Public Health Specialist,

KCC Public Health

Kevin Hetherington, Head of Communities and Wellbeing,

Tunbridge Wells Borough Council

Jo Tonkin, Public Health Specialist,

KCC Public Health

**Appendix 1**

**Summary**

Provisions of the Act:

* Lowering the benefit cap and varying it between London and the rest of the UK
* A four year benefits freeze
* Limiting support through Child Tax Credits/Universal Credit
* Abolishing Employment and Support Allowance Work Related Activity Component
* Changing Conditionality for responsible carers under Universal Credit
* Replacing support for Mortgage Interest with Loans for Mortgage Interest
* Reducing social housing rent levels by 1% in each year for four years from 2016-2017.

**Policy Context**

Principles which underpin the proposed housing and work related measures:

* Preparing the long term unemployed for the world of work
* Making it pay to work
* That the benefit system has trapped people into welfare dependency
* Helping one million more first-time buyers into home ownership in the next five years
* Extending the Right To Buy including Help to Buy schemes
* Non – interventionist stance
* Government estimates that the new measures account for around 70% of the £12-13 billion in welfare savings identified in the Summer Budget 2015

**Appendix 2**

**Work Related Measures**

1. It is argued that there is clear evidence that people benefit from being in some kind of regular work and that for those with health issues it improves mental and physical health and can aid recovery.3 It is also suggested that once someone has been on Incapacity Benefit for 2 years they are more likely to retire or die than to move into employment.4 In addition, it is argued that many claimants develop mental health issues as a secondary health issue after a period of time on Employment and Support Allowance.
2. Evidence supporting the introduction of the new Fit Note in 2013 indicated that patients are happy for their GP to give them advice on work issues5, and do not feel that this threatens the doctor-patient relationship6. It is also suggested that:

* most GPs agree that work is generally beneficial for health, and that they play an important role in helping patients return to work 7.
* appropriate work is generally good for physical and mental health8 and people do not have to be 100% fit in order to work in most cases 9. The longer a patient is off work the lower their chances are of making any return to work. 10

**Appendix 3**

**Housing and Planning Bill Measures**

Changes to the Definition of Affordable Housing:

1. The current definition of affordable housing for planning purposes is set out in the National Planning Policy Framework and includes social rented, affordable rented and intermediate housing for sale (including shared equity and shared ownership models), provided to eligible households whose needs are not met by the market. The definition includes a requirement that the housing should remain affordable or for the subsidy to be recycled for alternative affordable housing provision.
2. In short, there will be very few new affordable rented homes being delivered on new housing developments as the emphasis will shift to starter homes.

Starter Homes:

1. The technical consultation paper, Starter Homes Regulation issued by the Department of Communities and Local Government March 2016 proposes “that the starter homes requirement applies to sites which meet at least one of the following criteria: 10 units or more or 0.5 or more hectares. Evidence suggests that a starter homes requirement of 20 per cent of all homes delivered on a residential development would be viable on an average development 3.”
2. It is considered that the price caps of up to £450,000 in London and £250,000 elsewhere in England for the Starter Homes will be out of reach for many households. The Starter Homes scheme will be of benefit to those households who are already able to buy their own home or who are on higher incomes as it will require people to be earning at least £50,000.

1. The other aspect of affordability is being able to raise a deposit and pay a mortgage. Research undertaken by Kent Housing Group and Kent Developers Group October 2015, found that average weekly full time earnings in Kent were £541.50 in 2014, part time earnings were £157.90 giving overall resident earnings of £431.30. The full time figure equates with £28,158 annual gross earnings. Assuming a 20 per cent discounted price, 5 per cent deposit and 95 per cent mortgage based on 3.5 times salary, afirst-time buyer of a flat/maisonette in Tunbridge Wells would need income of £55,053 and even higher in Sevenoaks. This is only 2.25% below the average earnings of two Kent residents working full time 4.

End of Lifetime Tenancies:

1. Currently, social housing provides households on low to middle incomes, particularly families with young children, with stability and security beyond what is available in the Private Rented Sector. Removing security of tenure in council housing at a time when there is no security in the Private Rented Sector because private rental tenancies are typically six months or a year will mean that there is no secure option for people who are unable to buy their own home. This impacts differently for different population groups:

* For children in young families, this will impact on children’s access to early education, which affects children’s early development and readiness for school.
* For older young people, a lack of housing stability will impact on accessing stable education and their positive engagement within the wider community.
* Children with disabilities, who are already overrepresented amongst households who rent may be disproportionally affected because their families may find it harder to access suitable and stable rented accommodation. This will impact on their ability to access continuity in health and support services.

Extending the Right To Buy (RTB) to Housing Association Tenants:

1. Although there is an expectation from Government that those properties sold through RTB will be replaced on a 1-1 basis, the proposals as they stand, give Housing Associations the flexibility over the type, tenure and location of these replacements. So for example, if a social rented property is sold in the borough of Tonbridge and Malling, the Housing Association would be permitted to replace this property with shared ownership, outright sale, or other intermediate products in any of its geographical operating areas.

The impact being that rented supply is further diminished hindering the ability of Councils to meet local housing need for those low to middle income families requiring social/affordable rent.

Pay To Stay:

1. The policy will be voluntary for housing associations but imposed on local authorities. The income generated from the increased rents on council homes will have to be paid to the Government, whereas Housing Associations will be permitted to retain their additional income.
2. An unintended consequence of ‘Pay to Stay’ is that it could render social housing too expensive for the people that it is expected to house. The low to medium income earners that the policy targets are already priced out of the market because of high housing costs in the private rented sector and paying market rent may expose them to unnecessary financial hardship.
3. The day to day experience of Councils’ Housing Options Teams demonstrates that a family with two children, with a household income of £30k would struggle to afford private rented sector rents. Paradoxically this policy could act as a disincentive for households to improve their economic situation as any increase in income would be met with an increase in housing costs. Some households may face homelessness or need recourse to housing benefit to meet rising rental costs.
4. Another potential unintended consequence could be that if the incomes of older children in a household were included in the calculation, parents may be unwilling to continue to house them with the result that they might end up presenting as homeless if they were unable to secure accommodation elsewhere.
5. There is a general consensus amongst Housing Providers that this presents difficulties in administering the checks required and some may struggle to retain their social purpose of managing and delivering genuinely affordable social homes for low income households 5.

**Appendix 4**

**Welfare Reform and Work Act 2016 Measures**

a) The reduction in rent levels has impacted heavily on the business plans of Housing Associations. Predicted revenue will reduce making it much more challenging to continue to drive housing growth to meet identified local needs. Recent meetings between Local Authorities and Housing Associations operating in West Kent have revealed that although Housing Associations continue to actively seek opportunities for providing new affordable housing in the borough, this has become ever more challenging. This combined with the reduction in capital funding overall, with the remaining focus only on Shared Ownership, means a likely significant reduction in the provision of Social/Affordable rented homes in the future.

b) It is forecast that a higher proportion of what is delivered is likely to be outright sale, shared ownership or other intermediate housing options rather than affordable/social rent, which will further reduce the supply of homes for people unable to afford any model of home ownership.

c) Across West Kent there are a total of 3,500 households registered on Councils’ Housing Registers, in housing need, requiring rented accommodation. This is because registrants cannot afford to enter into home ownership or struggle to access private rented accommodation due to rising rental costs. Therefore Councils’ opportunities to rehouse households from Housing Registers will be significantly reduced and their ability to meet their statutory duties in relation to housing need and homelessness may be compromised.

d) It is anticipated that an unintended consequence of this policy will be an increase in homelessness and the use of temporary accommodation. The private sector is not considered a viable alternative due to rental costs being much higher than local housing allowance rates presenting severe affordability issues.

e) Of further concern is the impact that this proposal will have on specialist supported accommodation schemes. Specialist supported housing is provided for vulnerable groups such as domestic abuse refuges, homelessness hostels and homes for people with disabilities or other acute care needs, such as frail older people and people with learning disabilities. Such accommodation has tighter margins and higher rents, due to the increased cost of providing integrated housing care and support. Although an exemption has been applied for 12 months pending the outcome of a government review, in the event this is not a permanent exemption and it will have a dramatic impact on the access and provision of specialist accommodation. It is likely to lead to many of these schemes being dropped and future development plans being abandoned.

f) The position in relation to people currently living in supported housing, those who are on waiting lists, or the increased numbers of people likely to need supported accommodation in the future is unclear. The impact could include:

* an increase in accident and emergency attendances for homeless people
* more people with learning disabilities unable to move out of care institutions
* increase in delayed transfers of care
* many people with the highest support needs could potentially no longer be supported and this would have implications for Kent’s Accommodation Strategy 6.

**Local Case Studies**

These case studies illustrate the inroads that meeting rent payments will make into family finances, reducing the amount available for all other expenditure including food, clothing and energy bills:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Case Study 1: Single Parent receiving ESA main phase with Work Related Activity | | | | | |
| 3 dependants | | 2 dependants | | | |
| £102.15 | JSA/IS/ESA | £102.15 | | | JSA/IS/ESA |
| £48.10 | Child Benefit | £34.40 | | | Child Benefit |
| £169.48 | Council Tax Credit | £116.45 | | | Council Tax Credit |
| £319.73 | Total | £253.00 | | | Total |
| £384.00 | Cap | £384.00 | | | Cap |
| £64.27\* | Amount available towards rent | £131.00\* | | | Amount available towards rent |
| £210.00 | Average weekly affordable rent (3 bed) | £145.00 | | | Average weekly affordable rent (2 bed) |
| **£145.73** | **Weekly rent shortfall** | **£14.00** | | | **Weekly rent shortfall** |
| Case Study 2 : Couple receiving ESA main phase with Work Related Activity | | | | | | |
| 3 dependants | | | | 2 dependants | | |
| £143.90 | | JSA/IS/ESA | | £143.90 | JSA/IS/ESA | |
| £48.10 | | Child Benefit | | £34.40 | Child Benefit | |
| £169.48 | | Council Tax Credit | | £116.45 | Council Tax Credit | |
| £361.48 | | Total | | £294.75 | Total | |
| £384.00 | | Cap | | £384.00 | Cap | |
| £22.52\* | | Amount available towards rent | | £89.25\* | Amount available towards rent | |
| £210.00 | | Average weekly affordable rent (3 bed) | | £145.00 | Average weekly affordable rent (2 bed) | |
| **£187.48** | | **Weekly rent shortfall** | | **£55.75** | **Weekly rent shortfall** | |
| \* Any rent above this figure would be subject to HB claim reduction under Benefit Cap | | | | | | |

**Sources**

1.2.[http://www.parliament.uk/mps-lords-and-offices/offices/commons/commonslibrary /commons-library-news/welfare-reform-and-work-bill-2015/](http://www.parliament.uk/mps-lords-and-offices/offices/commons/commonslibrary%20/commons-library-news/welfare-reform-and-work-bill-2015/) (accessed 10 April 2016)

3. gov.uk-‘Fit note:guidanceforGPs’https//www.gobv.uk/government/publications/fit-note-guidance’for’gps

4. <http://www.kenthousinggroup.org.uk/KHG_Protocols.aspx>

5. <http://www.fph.org.uk/uploads/APPG_on_Health_in_All_Policies_inquiry_into_child_poverty_and_health_2.pdf>

6. <http://www.cpag.org.uk/content/cpags-response-all-party-parliamentary-group-inquiry-child-poverty-and-health>

7. <http://www.westkentccg.nhs.uk/about-us/mapping-the-future/>

8. Citizens Advice Survey with RCGP (2014)

9. <https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf>

10. <http://www.gentoogroup.com/news/gp-visits-reduced-after-patients-receive-energy-saving-measures-on-prescription-from-nhs/>

11.Waddell, G., Burton, A.K. and Kendall, N.A.S. (2008). Vocational Rehabilitation, what works, for whom and when? TSO <https://www.gov.uk/government/publications/vocational-rehabilitation-scientific-evidence-review>

12. The Chief Executive of social care organisation Turning Point, Lord Victor Adebowale, 2008

13. Collingwood, S. (2011). Attitudes to health and work amongst the working-age population DWP Research Report No 763

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214544/rrep763.pdf>

14. O’Brien et al (2008). Sickness certification in the general practice consultation: the patients’ perspective, a qualitative study. Cardiff University [www.ncbi.nlm.nih.gov/pubmed/18245795](http://www.ncbi.nlm.nih.gov/pubmed/18245795)

15. Hann M and Sibbald B (2011). General Practitioners’ attitudes towards patients’ health and work DWP Research Report 733.https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/214507/rrep733.pdf

16. Ibid, footnote 1

17. Waddell, G., Burton, A.K. and Kendall, N.A.S. (2008). Vocational Rehabilitation, what works, for whom and when? TSO <https://www.gov.uk/government/publications/vocational-rehabilitation-scientific-evidence-review>

18. Ibid, footnote 1

1. 19. [https://www.gov.uk/government/consultations/implementation-of-planning- changes-technical-consultation](https://www.gov.uk/government/consultations/implementation-of-planning-%20%20changes-technical-consultation)
2. 20. <http://www.kenthousinggroup.org.uk/KHG_Protocols.aspx>
3. 21. Beresford & Rhodes (2008) <https://www.jrf.org.uk/report/housing-and-diabled-children>

22. <http://www.kenthousinggroup.org.uk/KHG_Protocols.aspx>

<http://www.housing.org.uk/resource-library/browse/welfare-reform-and-work-bill-briefing-for-members-october-2015/>

<http://www.cih.org/publication-free/display/vpathDCR/templatedata/cih/publication-free/data/Reduction_in_social_housing_rents>

<http://www.kingsfund.org.uk/publications/commissioned/district-council-contribution-public-health>

Excess Winter Mortality in England and Wales Office of National Statistics <http://www.ons.gov.uk/>

The Health Impacts of Cold Homes and Fuel Poverty [www.marmotreview.org](http://www.marmotreview.org).[www.foe.co.uk](http://www.foe.co.uk)

Thomas, B (2011) Homelessness is a silent killer

Healthcare for Single Homeless People, DoH, March 2010.

Business Intelligence statistical Bulletin December 2015 www.kent.gov.uk/research

Kent Public Health Observatory, Health and Social Care Maps WK CCG Mortality and morbidity