



Joint Strategic Needs Assessment – Health and Housing in North Yorkshire

22nd January 2020

Presented by Rachel Richards, Public Health Consultant

Summary:

The production of a Joint Strategic Needs Assessment (JSNA) - describing the health needs of the population in the area so as to provide intelligence to enable partners to prioritise activity that will positively impact on population health - is one of the Board's statutory duties.

The enclosed document is a final draft, prepared by the JSNA Steering Group, which comprises officers from the County Council and District Councils.

Housing is one of the major determinants of people's health and wellbeing. The JSNA Editorial Group (with representatives of the County and District Councils at Assistant Director level) agreed that housing in our area is an area where improvements can be made, which will improve people's health.

The purpose of this JSNA is to assess:

- what the housing needs of the population of North Yorkshire are now and in the future with a focus on groups of people in most need;
- what housing is available in North Yorkshire; and
- what partners need to consider when improving current homes and planning future housing developments to ensure available housing meets population need.

The final draft outlines:-

- the background to the JSNA;
 - a summary of the evidence between housing and health;
 - the local and national context;
 - a description of how this JSNA was approached;
 - findings;
 - discussion; and
 - recommendations
-

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[Please tick as appropriate]

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	✓
Economic Prosperity	✓

How does this paper fit with other strategies and plans in place in North Yorkshire?

The Strategy links to several other key strategies including:-

- North Yorkshire Joint Health and Wellbeing Strategy 2015-2020
- *Hope, Choice and Control*, North Yorkshire's Mental Health Strategy 2015-2020
- District Councils Local Plans
- York, North Yorkshire and East Riding Housing Strategy 2015/2021

What do you want the Health & Wellbeing Board to do as a result of this paper?

- To provide comment on the final draft
- To endorse the recommendations contained at Section 8.1
- To support the partnerships involved in further consultation and implementation of the other recommendations
- To review future updates of revised JSNAs on Housing and Health

Joint Strategic Needs Assessment Health and Housing in North Yorkshire

**January 2020
JSNA Steering Group**

Contents

1. Introduction	4
2. Background	5
3. Evidence linking housing and health	5
3.1 Early years and children	5
3.2 Working-age adults	6
3.3 Older age	7
4. Context – Nationally; Regionally and Locally	8
4.1 National	8
4.2 Sub-regional	10
4.3 Local	10
4.3.1 Supported housing	12
4.4 Current work to support healthy homes	18
4.5 Current strategic partnerships which impact on housing in North Yorkshire	19
5. Methodology	20
5.1 Scope	20
5.2 Methods	21
5.2.1 Corporate Health Needs Assessment	21
5.2.2 Epidemiological Health Needs Assessment	21
5.2.3 Comparative Health Needs Assessment	22
5.3 Partners	22
6. Results	22
6.1 Corporate Health Needs Assessment	22
6.2 Epidemiological Health Needs Assessment	23
6.2.1 Current and future population projections	23
6.2.2 Current housing stock	26
6.2.3 The needs of specific target groups	41
7. Discussion	50
7.1 Strengths and weaknesses of this JSNA	50
7.1.1 Strengths	50
7.1.2 Weaknesses	50
7.2 Themes emerging from the data	51
7.3 Priority areas for focus in North Yorkshire to improve health outcomes	51
-Affordable homes	51

-Energy Efficient homes 51

-Accessible homes..... 51

-Adaptable homes..... 51

7.4 Learning from examples from other areas 52

8. Recommendations 53

Appendix 1: Spatial Planning for Health: Housing evidence (PHE 2017) 55

Appendix 2: Areas for further research and analysis..... 56

Appendix 4: List of figures..... 57

References 59

Report Authors

Rachel Richards
 Kathryn Ingold
 Phillippa Sellstrom
 Sharon Graham
 Claire Lawrence
 Michelle Saunders
 Mike Rudd
 Leon Green
 Colin Bainbridge

1. Introduction

Housing is a major determinant of health and our partnerships in North Yorkshire have highlighted the importance of the housing sector in terms of directly influencing health outcomes, supporting the prevention of ill-health and improving wellbeing and resilience in communities. North Yorkshire County Council works in partnership on this agenda with the other 9 planning authorities (two National Parks and 7 district councils) as well as neighbouring authorities in York and the East Riding. The 9 planning authorities within North Yorkshire have direct control over the housing across the county. All the North Yorkshire local authorities have a duty to protect the health of the population and our North Yorkshire Health and Wellbeing partnership, as well as local planning authorities and the NHS, have a vested interest in ensuring populations are supported to remain as healthy as possible. It is imperative to continue improving work with partners who are in a position to improve the links between health and housing.

In a report from the Developers and Wellbeing Project (Town and Country Planning Association, 2018) securing constructive collaboration and consensus for planning healthy developments was highlighted as fundamental to having a fresh approach to building healthy places. Areas of the country where there is national interest have developed exemplar partnerships through which they share good practice; improve and develop existing housing stock and plan and develop future-proofed homes which meets the population health needs as closely as possible.

The purpose of this Joint Strategic Needs Assessment (JSNA) is to assess:

- What the housing needs of the population of North Yorkshire are now and in the future with a focus on groups of people in most need;
- What housing is available in North Yorkshire;
- What partners need to consider when improving current homes and planning future housing developments to ensure available housing meet population need.

This report outlines the background to the JSNA, a summary of the evidence between housing and health, the local and national context and a description of how this JSNA was approached, findings, discussion and recommendations.

2. Background

The Health and Wellbeing Board has a statutory duty to prepare a Joint Strategic Needs Assessment, describing the health needs of the local population in order to provide intelligence to enable partners to prioritise activity that will positively impact on the health of a population. The North Yorkshire JSNA editorial group collectively agreed that housing in North Yorkshire is an area where it is known that improvements can be made which will improve population health. This JSNA aims to collate existing information to share intelligence to both support health partners, influence key housing partners and to provide housing partners with intelligence to inform their prioritisation and planning. Where possible reference will be made to the evidence base, other work and areas for further research (see Appendices).

3. Evidence linking housing and health

Housing is a determinant of health and has a critical role to play in wellbeing and in creating and supporting economic growth. In turn poor health has a detrimental impact on a person's ability to access and maintain housing. In particular, the health aspects include helping to prevent illness, injury, the deterioration of existing conditions, and is especially important for older people, children and young people. The evidence that good-quality housing is critical to health is well established (Public Health England 2017). This is summarised in Appendix 1 (Spatial Planning Evidence Resource – Housing). It is estimated that the cost of poor housing to NHS is £1.4 billion per year (Nicol et al, 2015), a well-housed population helps to reduce and delay demand for NHS services and allows patients to go home when they are clinically fit to do so. Buck and Gregory (2018) conducted a literature view, considering housing and health across the life-course and identified key points for children, working age adults and older people with the purpose of advising Sustainability and Transformation Partnerships what actions they can influence to ensure housing facilitates good health. Their findings provide a great national summary of key issues around housing and health to inform our local findings.

3.1 Early years and children

Buck and Gregory state that housing is particularly important in ensuring a healthy start in life and is a key factor in the generation of health inequalities. Children are particularly affected by living in poor-quality housing and unintentional injuries in the home are a leading cause of morbidity and mortality. Children are more likely to live in overcrowded housing than working-age adults and pensioners (Department for Communities and Local Government 2015). This relates particularly to children living in low income families. Evidence suggests that children living in cold, overcrowded or unsafe housing are more likely to be bullied; to not see friends; to have a longstanding health problem, disability or infirmity; and be below average in key academic areas as a direct consequence of living in poor-quality housing (NatCen Social Research 2013). Children living in cold homes are twice as likely to

develop respiratory problems as those in warm homes and there are clear effects of fuel poverty on the mental health of adolescents (Marmot Review Team 2011). Poor-quality and overcrowded housing is associated with increased prevalence of injuries in children (RoSPA undated) but all children are at higher risk of unintended injury in the home than adults. More than two million children under the age of 15 are taken to accident and emergency units every year following an accident in or around the home at a cost to the NHS of approximately £146 million a year (National Institute for Health and Care Excellence 2010). The number of children living in temporary accommodation has increased by 73% since 2010 to 120,170 (National Audit Office 2017a) with severe consequences for their health. The number of families with children placed in bed-and-breakfast type accommodation increased from 740 in 2010 to 2,660 in 2017. This is in spite of a commitment in 2002 that no family with children would have to live in a Bed and Breakfast except in an emergency and for no longer than six weeks (House of Commons Library 2018). Homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay (Stein and Gelberg 2000; Richards *et al* 2011, cited in NSPCC undated).

3.2 Working-age adults

Buck and Gregory state housing affects the health of working-age people, including through the affordability of local housing; rising rates of homelessness; the quality and availability of supported housing locally; and unintended injuries in the home. The availability of affordable housing, i.e. housing that costs no more than a set proportion of a household's income has a huge impact on the health and wellbeing people of working age. The impact of bad housing on health and wellbeing is well-documented: prevalence of asthma is associated with air quality and dampness, while overcrowding and cold have been shown to be associated with physical illnesses including heart disease and hypothermia (NatCen Social Research 2013). Overcrowding increases rates of infectious diseases and is linked with poor mental health. NHS costs could be reduced by £2 billion per year if poor-quality homes with health hazards (such as cold, damp and falls hazards) were brought up to standard (Nicol *et al.* 2015). Poor-quality housing is a widespread problem, in 2014 one in five homes in England were classified as 'non-decent' (Department for Communities and Local Government 2015). Generally, the quality of housing in housing association homes is higher, they are more energy efficient and in a better state of repair than other rented housing (Buck *et al* 2016), but supply is limited. Around 30% of households in supported housing are led by a working age adult (the remaining 70% comprise older people) (Communities and Local Government Select Committee, CLGSC, 2017). Supported housing provides care and support services alongside general housing management and is intended to enable people to live safely and healthily in their communities. The key working-age client groups in supported housing are people with physical or learning disabilities (around 9% of all units); individuals and families at risk of homelessness (9%); people with mental health

problems (5%); and women and children at risk of domestic abuse (CLGSC 2017). A study in 2010 estimated that supported housing for these groups saves around £1,000 per person per year in public funding (Frontier Economics 2010) and a study of a care and support scheme in Bradford found that caring appropriately for just six people had saved more than £280,000 most of which would have been spent on lengthy hospital stays (National Housing Federation 2015). The health impact of homelessness can be extremely high: the average age of a homeless person at death is 47 years (Crisis 2011). The numbers of homeless people are relatively small but are increasing at a significant rate: since 2011 the number of rough sleepers in England has increased by 134% and the number of homeless households in temporary accommodation has increased from 49,000 in 2011 to 77,000 in 2017 (Public Accounts Committee 2017). Homelessness has a direct impact on NHS costs and activity. A Department of Health (DoH) study found that homeless people were 3.2 times more likely to be an inpatient admission than the general population, with costs on average 1.5 times higher (DoH 2010). This implies a cost of £64 million per year over and above the costs for the same number of the general population. Inpatient admissions and visits to accident and emergency departments represent a fraction of the total costs to the health service (DoH 2010). In two case studies outlined in a government review the costs of drug and alcohol detox treatment and mental health support were reduced from £16,000 to £27,000 and from £32,000 to £3,000 when those individuals were moved into accommodation with co-ordinated support (Ministry of Housing, Communities and Local Government 2012). Finally, accidents in the home are a health risk for adults as well as children. Around 2.7 million people are treated in hospital for injuries following accidents in the home at an average cost of around £2,700 per person and around 4,000 die following home accidents (RoSPA undated b).

3.3 Older age

Buck and Gregory state 85% of people aged over 85 live at home (Laing and Buisson 2017) while 29% of people aged 85 and older live in substandard housing (Department for Communities and Local Government 2016). Older people are particularly vulnerable to accidents in the home and the impact of these can be most severe in this group. Falls are estimated to cost the NHS more than £2.3 billion per year (National Institute of Health and Care Excellence 2013) and bring with them a loss of independence, pain, injury and mortality – falls are the most common cause of deaths related to injury in people over the age of 75 (NHS Choices 2015). Older people are particularly prone to hypothermia, which is the main contributing factor in cause of death for more than 400 people in the over-65 age group each year (RoSPA undated b). Keeping older patients (those aged 65 and above) who no longer need acute care in hospital rather than discharging them home is estimated to cost the NHS in England £820 million annually (National Audit Office 2016). The main drivers for this increase are the number of days spent waiting for a package of home care or for a nursing home placement (National Audit Office 2016).

4. Context – Nationally; Regionally and Locally

4.1 National

Nationally housing policy over recent years has focussed on increasing housing delivery, with a strong focus on housing numbers. Set against the backdrop of austerity, this has inevitably led to resources being concentrated on measures to increase housing supply at the expense of the quality and sustainability in terms of health and wellbeing. Issues linked to housing standards and quality have become secondary. Welfare reforms have also resulted in substantial changes within the housing sector; with changes to welfare benefits, including the introduction of the Bedroom Tax, Universal Credit, a reduction in the Benefit Cap and the Under-Occupancy Charge, all impacting vulnerable households. Listed below are key changes in national policy which have impacted on housing:

The Homeless Reduction Act 2017 - changed the way councils worked with homeless people and those threatened with homelessness, requiring them to seek to prevent homelessness by working with people 56 days in advance of their threatened homelessness. Councils are also required to provide advisory services tailored to specific client groups, such as, care leavers, ex-offenders, people leaving hospital and those receiving mental health services living within the community.

The Care Act 2014 - makes explicit the need for integration of housing with health and social care with the inclusion of a 'duty to cooperate'; the provision of housing is identified as a health-related provision. The Act sets out how people's care and support needs should be met, introducing the right to an assessment for anyone in need of support. The act's 'wellbeing principle' sets out the duty for local authorities to ensure that people's wellbeing is at the centre of all it does, including the suitability of a person's accommodation.

The Children and Social Work Act 2017 - introduced a new duty on local authorities to publish a local offer for care leaver that includes reference to accommodation and wider support. The government has set targets for the number of houses to be completed and each district has a target to meet.

The Housing and Planning Act 2016 - made provision for a number of changes to the planning system including the requirement for all local planning authorities to promote the delivery of starter homes in their areas.

The Housing White Paper 2017, Fixing Our Broken Housing Market - sets out a number of proposals to tackle the National Housing Crisis; it focusses on the government's strategy to boost housing supply and create a more efficient housing market, with measures aimed at ensuring the right homes are built in the right places, homes are built faster and diversifying the housing market, making the rental

market fairer and seeking to prevent homelessness. Many of the proposed changes will involve amendments to legislation, some of which have been brought into force

National Policy and Planning Framework (NPPF) 2018 - sets out national policy on planning related matters, this includes policy for Local Authorities role in the preparation of Local Plans for their area. In relation to housing within their Plans Local Authorities are required to set out the following:

-Choice of Homes

Local planning authorities are expected to take in order to deliver a wide choice of high quality homes, widen opportunities for home ownership and create sustainable and mixed communities. Specifically, it requires that local planning authorities should:

- plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups within the community;
- identify the size, type and tenure of housing that is required;
- set policies for meeting affordable housing needs where these have been identified;

-Housing need

In order to plan for and deliver new housing, local planning authorities should have a clear understanding of the housing needs within their area. The NPPF sets out a standard methodology that authorities should use to calculate the starting point on which to calculate housing need in their area. The standard method uses a formula to identify the minimum number of homes expected to be planned for, in a way which addresses projected household growth and historic under-supply.

Local Authorities also need to consider the extent to which the identified needs of specific groups, such as older persons housing, affordable housing, specialist housing and Gypsy and Travelers, can be addressed in the area. This is usually done through the preparation of a Strategic Housing Market Assessment (SHMA). The SHMA should identify the scale, mix and tenure of housing that the local population is likely to need over the life of the Plan (Plan Period).

Additional Guidance

National Minimum Space Standards.

Local planning authorities have the option to set additional technical requirements exceeding the minimum standards required by Building Regulations. The National Planning Policy Framework says that local planning authorities should identify the size, type, tenure and range of housing that is required in particular locations, reflecting local demand. Where a local planning authority wishes to require an internal space standard, they should only do so by reference in their Local Plan to the [nationally described space standard](#).

4.2 Sub-regional

The York, North Yorkshire & East Riding Strategic Housing Partnership

The York, North Yorkshire and East Riding (YNYER) housing partnership is a sub-regional partnership whose role includes identifying and responding to key housing issues. The partnership produced the [York, North Yorkshire & East Riding Housing Strategy 2015-21](#) setting out the priorities for housing growth and delivery for the sub region. The strategy covers not only the need to deliver more affordable housing, as in previous strategies, but also ambitions in relation to increasing housing supply overall. It sets out nine strategic priorities, underpinned by local strategies and action plans including priorities of affordable housing, increased supply of high quality market and affordable homes, better use of existing stock, facilitation of accessible housing services, choice and use of innovative new methods of construction.

The partnership has a dedicated coordinator and a team of Rural Housing Enablers across the county who work with rural communities alongside a range of funding partners to facilitate affordable homes. The partnership has also worked closely with NYCC Health and Adult Services to help develop the Extra Care Housing Schemes across the county.

In relation to health, the Strategy prioritises action to:

- Ensure that homes have a positive impact on health and wellbeing and are affordable to run;
- Ensure that the housing stock meets the diverse needs of communities at all stages of their lives;
- Make best use of existing stock and ensure that it is of a decent quality to meet community needs;
- Provide appropriate housing and support for those with specific needs; and
- Continue to reduce homelessness.

During 2020 a review of the strategy will be undertaken, with the aim of launching an updated YNYER Housing Strategy in the spring of 2020.

4.3 Local

North Yorkshire is a two-tier Planning area comprising the County Council, 7 Local Authorities and 2 National parks (the Yorkshire Dales and the North Yorkshire Moors).

There is a general understanding, that North Yorkshire, in common with other rural areas in England, has housing needs which are well known. These include: an ageing population, housing affordability and cold homes. In addition, in North Yorkshire there is a larger population of veterans and an increasing number of people experiencing issues due to climate change e.g. flooding.

The main responsibilities around public health leadership and supported housing lie with North Yorkshire County Council within Health and Adult Services. The main responsibilities around general needs housing rest with the local district and borough authorities who hold responsibility for developing their Local Plans. In addition, there are several local district authorities that cross administrative boundaries with the two National Parks Authorities who also have responsibility for preparing Local Plans. Local planning authorities also commission strategic housing market assessments and housing economic development needs assessments. Together with other partners (such as the LEP) joint work encourages strategic action which aligns with the priorities of local planning authorities e.g. reduction of carbon usage and the circular economy. This can influence future housing developments so that they have less impact on the environment e.g. well-insulated; passively heated homes. This partnership working means the conversation is changing with people about what homes will be like in the future. Themes such as ‘adaptability’ and ‘flexibility’ for homes to meet the needs of all ages across the course of a lifetime is important e.g. making homes accessible for those using pushchairs and wheelchairs.

The current resident population of North Yorkshire is estimated at around 614,500. The 2011 Census recorded **278,115 homes** in North Yorkshire, with approximately 8% of which had no usual residents and 4% were overcrowded.

The 2011 Census also showed 24% of all homes in North Yorkshire were built before 1919 and 41% before 1944 which is above the England average of 37%. This equates to around **66,700** homes built pre-1919 and **114,000** homes built pre-1944 in North Yorkshire. See figure 1.

Since the adoption of the Strategic Housing framework in 2015, approximately 5,000 new homes have been built across the York, North Yorkshire and East Riding (YNYER) region, with 1000 being affordable rural homes (2018).

In 2019 using the online energy efficiency rating data (Energy Performance Certificate, EPC) there were EPC ratings on only **162,361** of the North Yorkshire properties.

Figure 1: Housing stock estimates in North Yorkshire

Housing estimated build dates	Number of homes (estimated)
Pre-1919	66,700
Pre-1944	114,000
1945-2015	92,415
Post-2015 (new builds)	+
Park homes 2019 (mobile homes)	17,365
Total	295,480+

Informal research – RRichards 2019

4.3.1 Supported housing

Extra Care Housing

The North Yorkshire Extra Care programme is one of the largest development programmes in the country. Extra Care combines the security of 24 hour on-site care and support staff with the independence of living independently in your own home. Extra Care in North Yorkshire is developed with the community in mind, schemes are open for members of the public to enter and use the on-site facilities such as restaurants and hair-dressing. Some schemes also co-locate community services such as libraries and child care settings.

Extra Care is designed to be able to support people with a wide range of care and support needs, from those who simply need the security that on-site background support offers in the event of a fall or illness, through to people who require high levels of complex care.

In 2019/20 schemes opened in Harrogate and Helmsley meaning that there are currently 23 Extra Care schemes operating across North Yorkshire providing over 1200 units of accommodation with support. As well as providing permanent homes for people, some schemes in the Hambleton, Richmondshire & Whitby areas house short stay 'intermediate care' beds which allow people to remain in, or return to their own community instead of remaining in hospital.

Schemes are now operational in most major North Yorkshire market towns as well as smaller places such as Bainbridge and Helmsley. Additional schemes are currently in development in Scarborough, Great Ayton, Skipton, Filey and Bentham with plans for a further 5 schemes. This will provide accessibility across the majority of the county.

Future Extra Care schemes may look different from existing more traditional builds, with a focus on Hybrid Residential / Extra Care developments. Extra Care+ will allow schemes to support people with more complex care needs including those with nursing needs, and smaller scale schemes to support smaller, rural communities.

The geographic locations of current extra care schemes, break down to Clinical Commissioning Group area and developing extra care schemes are shown in figures 2 to 4.

Figure 2: Geographical locations of Extra Care Housing provide in North Yorkshire

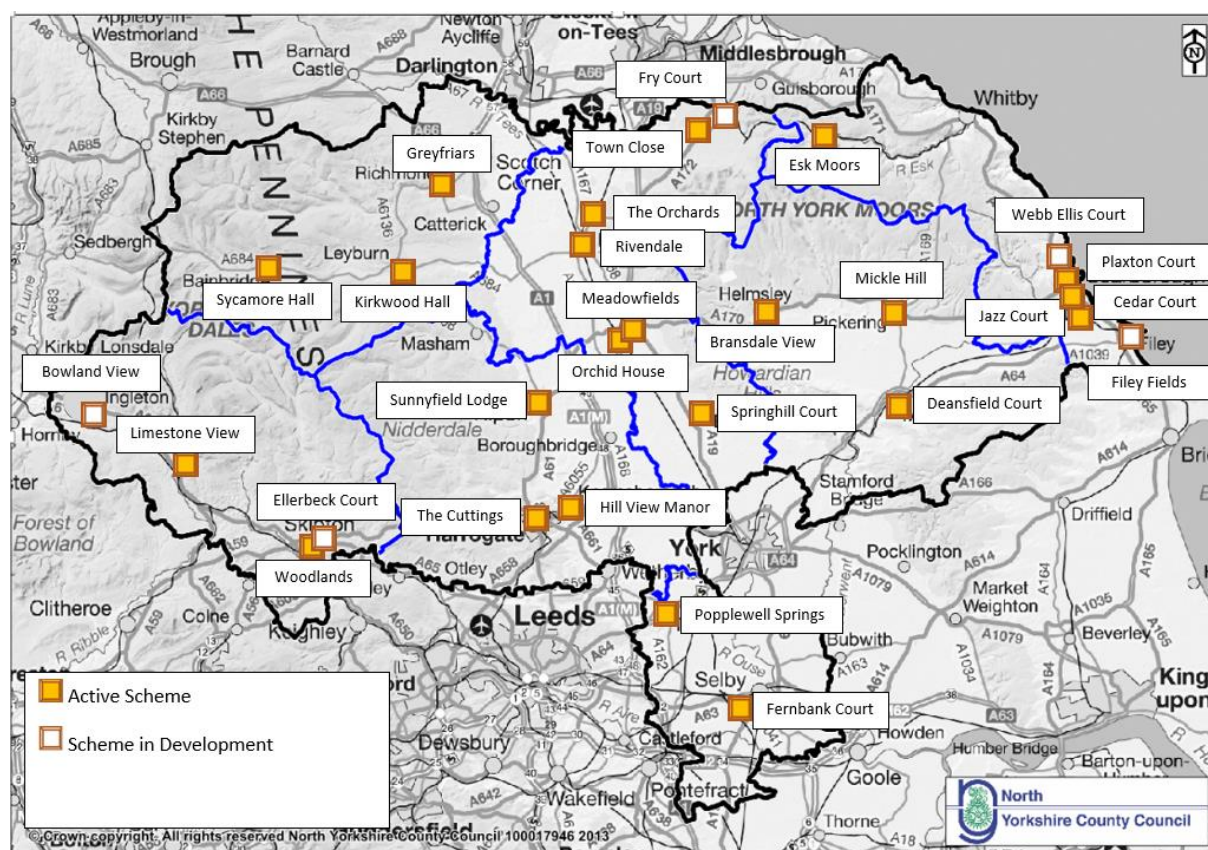


Figure 3: Current Extra Care schemes by local Clinical Commissioning Group Area:

Harrogate & Craven	Scarborough & Ryedale	Hambleton & Richmondshire	Vale of York
Limestone View	Cedar Court	Sycamore Hall	Springhill Court
Woodlands	Plaxton Court	Kirkwood Hall	Popple Well Spr
The Cuttings	Jazz Court	Greyfriars	Fernbank Court
Sunnyfield Lodge	Esk Moors	Rivendale	
Hill View Manor	Mickle Hill	The Orchards	
	Bransdale View	Town Close	
	Deansfield	Meadowfields	
		Orchid House	

Figure 4: Future Extra Care Schemes in active Development:

Scheme	Opening	Units	Provider
Bentham	06/2021	71	Housing 21
Great Ayton	02/2020	57	Housing 21
Scarborough	01/2020	62	Home Group
Skipton	10/2020	58	Housing 21
Filey	02/2021	70	Home Group

Assistive Technology and Digital Innovation at home

North Yorkshire County Council commissions a full Assistive Technology (AT) and Technology Enabled Care (TEC) service from NRS healthcare. This service is led by trained Occupational Therapists and allows access to new and innovative technologies for use in supporting people to maintain their independence and live active lives.

As well as traditional telecare aids such as call pendants and fall monitors, this contract enables a highly personalised approach to supporting people through the use of technology. This has already included the use of GPS trackers for people living with acquired brain injuries and robotic pets for people with behavioural or anxiety problems.

Example – Susan suffered a major stroke in her mid-50s and the effects of this left her living in a residential home primarily designed for older people. Following an assessment Susan has moved to Limestone View Extra Care in Settle where she is supported with over 100 hours of care per week. The homely and supportive environment of Extra Care coupled with the use of assistive technology has greatly improved Susan’s mental health and outlook and it is hoped that in time the level of care she requires will reduce as she regains skills.

An increased use of AT will in many cases enable people to live at home independently for longer than is currently the case through use of sensors, fall monitors and adaptations. Using technology also enables people to remain in touch with friends and family who may live a long way away, reducing isolation and loneliness, allowing people to stay connected to what really matters to them. A pilot project in the village of Sleights near Whitby, utilised Amazon’s Alexa voice assistant to enable people living alone to access services such as meal deliveries and community information from their own homes as part of a wider package of support. In 2020 this service will be rolled out to other parts of the county encompassing a wider range of services and support. However, it is dependent on having homes with fully functioning technology links.

Example – A resident at the Cuttings Extra care who lives with an acquired brain injury was supported by assistive technology to maintain his independence and keep doing the things he loves. Steve lives with his dog in the Cuttings Extra Care scheme in Harrogate. One of his favourite activities is to go walking with his dog, however the nature of Steve’s injury means that he can often get lost or lose track of his whereabouts. Rather than limit Steve’s ability to go walking and live independently, NRS assessed Steve for a GPS tracker and communicator watch. This device allows Steve to walk as far as he likes but sends an alert back to the staff at the Cuttings should he go beyond certain agreed places. The communicator then allows Steve to talk to the staff and either request help or let them know he is ok. This relatively simple use of technology has allowed Steve to

maintain his independence and stay active doing the things that are important to him.

Homelessness

Local Authorities have a statutory responsibility to provide services to the homeless and although the County Councils do not this same responsibility, they do have a responsibility to consider the needs of individuals in line with the requirements of the Care Act and support to maintain appropriate housing would apply to this legislation. The Homeless Reduction Act sets out the importance of enhanced joint working and integration between Housing Authorities and Health and Social Care in relation to the development and implementation of homeless prevention strategies. This act gives a Duty to Refer where there are two-tier authorities and stresses the importance of improving partnerships to do this. The Act further bolsters existing legal requirements on Local Authorities under the Care Act 2014 prevention duties.

This partnership work means District and Borough Councils will provide a homeless prevention service to a range of vulnerable adults including those with alcohol or substance misuse, learning disabilities and other social care needs. The service will be a flexible model that provides immediate and emergency responses to those who are threatened with homelessness, homeless or rough sleeping; a tailored support service for vulnerable and chaotic people and a stronger multi-agency approach to meeting complex needs and services which prevent homelessness.

The service will be integrated as part of the range of homeless prevention services that Housing Authorities provide, which include;

- loans/grants
- discretionary housing payments
- Housing Benefit, DWP links
- bonds, rent in advance
- Prevention Pot to assist with the prevention of homelessness
- Access to Credit Unions
- Access to affordable housing
- Private rented schemes and initiatives
- Specialist housing law advice

The service will develop more effective pathways for people by building stronger relationships between District/Borough Council officers and relevant NYCC officers such as Living Well, Care and Support, Income Maximisation team and Mental Health staff.

Mental health supported housing

There are currently nine commissioned mental health supported housing services delivered across North Yorkshire; five of which are designated properties' contracts, and four of which are floating support in people's own homes each delivered by

commissioned providers. The designated properties contracts provide accommodation alongside support as an integrated package, whereas floating support is provided in people's own homes. There are also designated properties in Harrogate, where support is delivered by NYCC's mental health team. Support is available to people aged 18 and over who are residing in the North Yorkshire County Council Local Authority area, who have a demonstrable need for support to enable access to housing and set up a home, or maintain or prevent loss of their accommodation and independence.

The key aims of the mental health supported housing services are to:

- Maximise people's independence and minimising continuing dependency on services;
- Enable people to stay healthy, safe and well in the community;
- Provide good quality information and advice;
- Provide services which are flexible enough to respond to people in crisis;
- Reduce demand on the health and social care system, including admissions into hospital or residential care.

Offenders Housing Related Support Service

This countywide service provides housing related support services for high and medium risk offenders supervised by the National Probation Service (NPS) or Humberside, Lincolnshire & North Yorkshire Community Rehabilitation Company (CRC) to access suitable accommodation, reduce the risk of re-offending, avoid eviction and homelessness and reduce the need for more intensive support. The service provides supported accommodation up to a maximum of 2 years. The service provides short term focused support and triage interventions.

Substance Misuse Housing Related Support Service

This Harrogate based service provides short-term accommodation and support for those accessing adult substance misuse services, who are homeless or at risk of becoming homeless in North Yorkshire. The service is intended to support people who have achieved progress in addressing their substance misuse and require a stable place to live, up to a maximum of 2 years, in order to support recovery. Referrals will be accepted for anyone resident in the North Yorkshire Local Authority Area, although priority is given to those with a local connection to the Harrogate area.

Domestic Abuse Services

NYCC, City of York Council and the Office of the Police and Crime Commissioner commission a holistic package of support services which are delivered within community-based settings for all victims, survivors and perpetrators of domestic abuse. The service supports;

- Domestic Abuse Victims Community-based Services in North Yorkshire & the City of York, anyone who is a direct victim or survivor of domestic abuse perpetrated against them;
- Adult Perpetrators of Domestic Abuse in North Yorkshire & the City of York, anyone aged 16 years and over who is a low risk perpetrator of domestic abuse who wish to voluntarily address their abusive behaviour; and
- Young Perpetrators of Domestic Abuse in North Yorkshire & the City of York, young people aged 10 to 16 years who are demonstrating abusive behaviour towards their family members and/or within intimate relationships with other young people.

Veterans

Single Persons Accommodation Centre for Ex-Services (SPACES) is a housing advice service which is located in Catterick at the Beacon and provides support to ex-service personnel across the country. The service targets service leavers who are vulnerable and has links with housing and veteran support services across the country.

Districts

Each North Yorkshire District commission a Strategic Housing Market Assessment (SHMA) and a Housing and Economic Development Needs Assessment (HEDNA) which provides a profile of each areas in terms of objectively assessed need, particularly in relation to demographic changes and projections, future housing developments and economic growth. These documents then provide the evidence for each Districts local plan and helps identify what type of housing to build and where. Strategic development sites identified in Local Plans are where new housing developments are built across the county, current sites include Scarborough, Northallerton, Thirsk, Malton/Norton, Selby and Harrogate. The current status of each District plan is shown in figure 5.

Figure 5: Snapshot of the status of North Yorkshire District and Borough Councils' Local Plans

North Yorkshire Authority	Status of Plan	Notes
Craven District Council	Adopted	Very close to adoption. Members to sign off
Harrogate Borough Council	Awaiting – to be adopted soon	Examination complete. End 2019
Hambleton District Council	Adopted plan	Published final draft new plan – delayed until Mar2020 (start of examination)
Scarborough Borough Council	Approved	Adopted plan. To be reviewed ?2020
Selby District Council	Plan Re-drafted	First stage (opportunity for PH input e.g. Health Inequalities data for Selby – information gathering stage)
Richmondshire District Council	On hold	Due to MOD discussions re Catterick garrison
Ryedale District Council	Adopted	Possibly to be reviewed in 2020.
North Yorkshire Moors NPA	Inspection complete	Awaiting inspectors report. Good progress ongoing well
Yorkshire Dales NPA	Starting a new plan	Launching 2020. Due to boundary changes the NY side of approved but further work on Cumbria area

Source: informal research by Rachel Richards/Michelle Saunders, December 2019

4.4 Current work to support healthy homes

Cold housing is one of the biggest risks to long term health, affecting the levels of excess winter deaths and respiratory illnesses. It also adversely affects mental wellbeing and this is often overlooked and can result in depressed mood and suppressed appetite. Warm homes can improve asthma and reduce hospital related admissions due to respiratory complications (Marmot 2010). The North Yorkshire Winter Health Partnership was established in January 2015 and developed a winter health strategy which ran from 2015-2020. The partnership and strategy has been successful in putting in place a number of programmes to improve winter health across North Yorkshire. Notable highlights are:

- Establishing a single point of contact (SPOC) provided by Citizens Advice Mid North Yorkshire to provide advice to households who need support around cold homes, fuel poverty and energy efficiency
- Further development of the “Warm and Well” brand which is recognised and trusted by professionals across North Yorkshire
- Awareness raising campaigns to highlight the support that is available to North Yorkshire residents and also to communicate messages around keeping warm in winter
- Training for professionals on identifying vulnerable groups who may be at risk of living in fuel poverty and the support available to them so that agencies can make easy referrals into the SPOC
- Annual events to share good practice around winter health and prioritise actions for the action plan

- Review of NICE guidance (NG6 Excess Winter Deaths and illness and the health risks associated with cold homes) to ensure the partnership is addressing the recommendations

Due to the impacts of global warming, the next strategy will be replaced by a North Yorkshire Seasonal Health Strategy 2020-25 which is currently in draft consultation form. Research by the Grantham Research Institute on Climate Change at the London School of Economics has found that the hottest day in British history, 25 July 2019, caused the deaths of an extra 200 people. The researchers warned that the UK is “still building homes that are not taking into account global heating,” with older people particularly vulnerable.

The new strategy will have an over-arching aim to reduce excess seasonal deaths and illness and will have 6 main focuses for action:

- Improve cold homes and energy efficiency and identify people at risk
- Increase uptake of flu vaccination
- Improve NHS winter planning
- Reduce the incidence of falls
- Increase awareness of cold homes, fuel poverty and summer health messages
- Increase awareness of the health issues and impacts associated with heat waves and support mitigating action.

4.5 Current strategic partnerships which impact on housing in North Yorkshire

York, North Yorkshire & East Riding LEP

York, North Yorkshire & East Riding Strategic Housing Partnership / Board

North Yorkshire Chief Housing Officers Group

North Yorkshire Winter Health Strategic Partnership

NYCC Climate change group

District climate change groups

Local Housing Forums

North Yorkshire, York and East Riding Districts heads of planning

District systems to develop Local Plans and also district planning teams

North Yorkshire County Homelessness Group

5. Methodology

This chapter explains what a health needs assessment is, describes the scope of this JSNA, the methods used and which partners were involved.

This report is a Joint Strategic Needs Assessment deep dive focusing on housing. It is described as joint as it is a multiagency approach and uses health needs assessment methodology. Health needs assessment (HNA) has been described by Bindra (2008) as an essential tool to inform commissioning and service planning. HNA can be defined as a systematic method of identifying the unmet health and healthcare needs of a population, and making changes to meet those unmet needs. Stevens and Raftery (1997) define need in the context of healthcare as “the ability to benefit from health care.” HNA allows for appropriate targeting of resources and involves the gathering of data and intelligence to inform service planning with the aim of improving health. This includes requirements for services changes which can be due to a number of reasons, including: inequalities in outcomes; local sensitivities; changing demographic patterns or disease trends; availability of new treatments and changing expectations. Stevens et al. (2007) described three approaches to HNA: epidemiological which considers the epidemiology of the condition and current service provision; comparative which compares service provision between different populations and corporate which is based on eliciting the views of stakeholders; these may include professionals, patients and service-users, the public and politicians; on what services are needed.

5.1 Scope

The scope for this JSNA was set by the JSNA editorial board in January 2019 and reviewed in November 2019. It was agreed that the scope of the JSNA is to focus on housing needs of the population of North Yorkshire currently and in the medium to long term, with a specific focus on target groups identified during the corporate needs assessment.

Target groups include; -

- People with learning difficulties
- Older people as they age and have different housing needs
- Gypsies and Travellers (*districts are mandated to do G&T accommodation assessment, 5, 10, 15 years – pitches and plots, part of local plan*)
- Looked after young people transitioning to independence
- Young people
- Armed forces veterans

5.2 Methods

5.2.1 Corporate Health Needs Assessment

Views from partners about health and housing were gathered through 4 engagement events

- In September 2018 a workshop focusing on housing and health was convened by the North Yorkshire Health and Wellbeing board
- In June 2019 public health colleagues convened a meeting with housing leads from each of the seven districts and boroughs across North Yorkshire
- In September 2019 a public health colleague attended the Development Plans Forum to present on the JSNA so far and request feedback
- In November 2019 a workshop was held by Public Health England; Town and Country Planning Association and Directors of Development with University of West of England to consider Planning Healthy Places

5.2.2 Epidemiological Health Needs Assessment

Based on the findings from the corporate health needs assessment, routinely published data and relevant local studies were analysed or summarised to provide intelligence focusing on the following areas:

5.2.2.1 Current and future population projections

- Children
- Working age people
- Older people

5.2.2.2 Current housing stock

- Housing type; size and tenure
- Housing quality – using energy efficiency rating (EPC) as a proxy measure
- Housing affordability
- Park homes
- Fuel poverty
- Index of Multiple Deprivation housing domain
- Houses of multiple occupation
- Overcrowding

5.2.2.3 The needs of specific target groups

- People with learning difficulties
- Older people as they age and have different housing needs
- Gypsies and travellers
- Looked after young people transitioning to independence
- Young people
- Armed forces veterans

- Homeless people
- People leaving domestic abuse
- People with mental health problems
- People experiencing drug and alcohol problems
- Ex-offenders

5.2.3 Comparative Health Needs Assessment

This JSNA does not include a comparative element but this is an area that could be developed in the future with a specific focus on District and Borough data.

5.3 Partners

This JSNA has been steered by a multi-agency group of partners including:

- Rachel Richards, Public Health Consultant, Health and Adult Services, NYCC
- Phillippa Sellstrom, Health Improvement Manager, Health and Adult Services, NYCC
- Claire Lawrence, Health Improvement Officer, Health and Adult Services, NYCC
- Michelle Saunders, Senior Policy Officer, Business and Environmental Services, NYCC
- Colin Bainbridge, Senior Strategy and Performance Officer, Policy Partnerships and Communities, NYCC
- Helen Thirkell, Commissioning Manager, Health and Adult Services, NYCC
- Leon Green, Senior PH Intelligence Analyst, Health and Adult Services, NYCC
- Michael Rudd, Head of Housing Market Development, Health and Adult Services, NYCC
- Sharon Graham, York, North Yorkshire, East Riding Strategic Housing Development Officer

6. Results

6.1 Corporate Health Needs Assessment

Key priorities identified in September 2018 by the North Yorkshire Health and Wellbeing board were:

- Supported housing
- Accommodation for key worker groups
- Rural Housing
- Homelessness
- Maximising digital capability and capacity

Key priorities identified in June 2019 by housing leads from each of the seven districts and boroughs across North Yorkshire were:

- Affordability of housing
- Location
- Variety – type of homes and quality
- Accessibility; adaptability and mains services to homes (including fibre)
- Neighbourhood design

- Construction methods of build for specific groups
- Meeting the challenges of rural locations

Key priorities identified in September 2019 by the North Yorkshire Development Plans Forum include:

- the group acknowledged the role it has in contributing to health and wellbeing
- as a group of planners there is enthusiasm to ensure housing developments meet current and projected population need
- the group feel that the current system doesn't facilitate this due to government demands for a certain number of houses (quantity) rather than the quality of the homes being built
- there was also the financial pressure due to the need to make building homes viable for developers e.g. plans may request x number of bungalows but big houses have a better profit margin and more profitable for builders to make.

Key priorities identified in November 2019 by the York North Yorkshire and East Riding Town and Country Planning Associate / University of West of England / Public Health England Workshop - issues related to housing were:

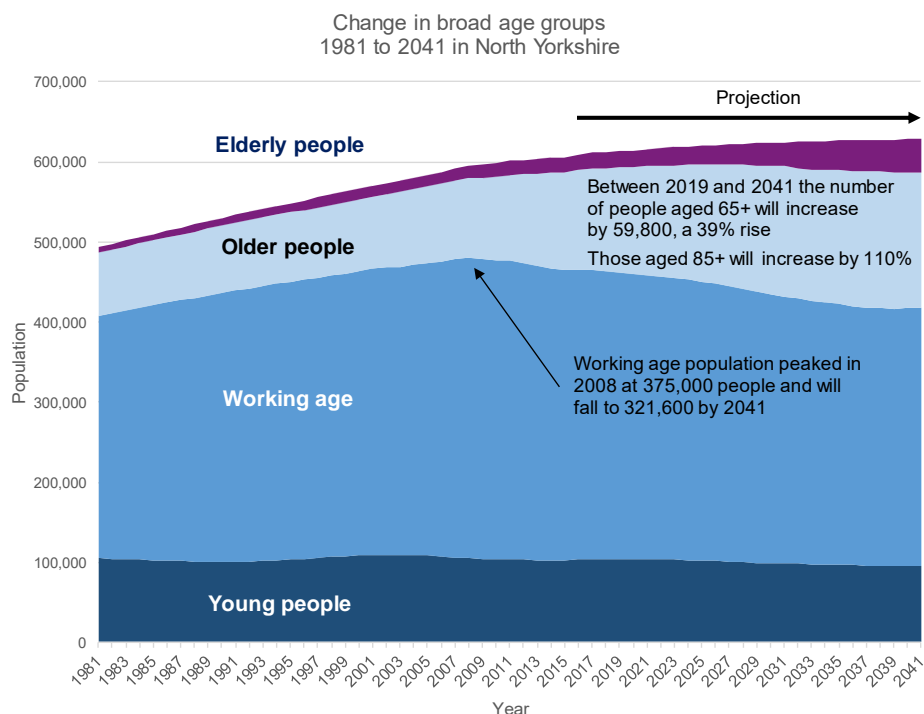
- improving the dialogue and collaboration between planners and health
- changing the conversation about the design and quality homes
- how to develop good design standards e.g. accessibility; adaptability; digital connected; environmentally sustainable and health-enhancing

6.2 Epidemiological Health Needs Assessment

6.2.1 Current and future population projections

Figures 6 below show previous and predicted population and age changes in the North Yorkshire population between 1981 – 2041.

Figure 6: Previous and predicted population and age changes, 1981 - 2041



Source: 1981 & 1991 Census; Mid-year population estimates; 2016-based sub-national population projections, ONS

The evidence shows we have a rapidly ageing population and there is a growth in the numbers of people over 85 years and a corresponding reduction in the working age population. We need to think about how we build homes to support those who may need more help to maintain independence, whilst also limiting dependence on care and support services. This applies to the elderly living at home as well as the working age population.

Demand for housing across the county is changing in line with the changing demographics. Households aged 65 years or older make up a quarter of the population and this is predicted to grow. Couples with no children also make up a higher than average proportion of the population.

The Chartered Institute of Housing (2018) reported that only 7% of our homes nationally have the basic accessibility features, despite the fact that 21% of people nationally are disabled. Given the estimate population projections of our North Yorkshire population we can predict we will need to think carefully about what we are building, and how they can be adapted and changed to meet the current and future needs of our population. Accessibility and adaptability are relevant across the age group, for example: -

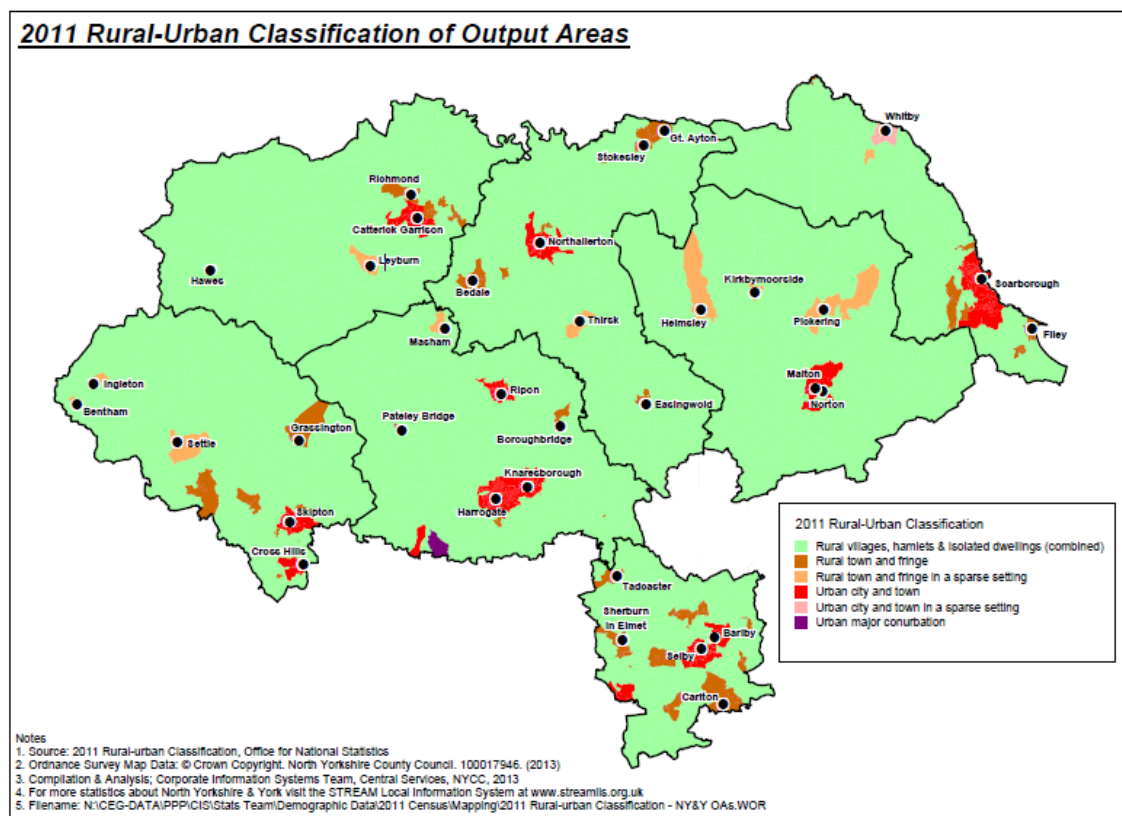
- Families with young children – accessibility for pushchairs;
- Working age adults – accessibility for those working from home
- Older adults – accessibility for those with limited mobility; wheelchair users; digital connected technology support at home.

As well as improving the adaptability and accessibility of our homes, improving the quality means increasing energy efficiency. Decreasing energy related emissions helps to tackle climate change as well as having positive health impacts.

The rurality of North Yorkshire represented in figure 8 provides unique challenges. As the largest geographical county in England with a population of 614,500 there are many considerations for people in relation to housing in rural areas. For example; -

- Variety of housing sizes, types and tenures so that people can stay in their own communities as their needs change,
- Accessibility to affordable housing in a county where the ratio of earnings to house prices means in some part of the county house prices are nearly 10 times gross annual income.
- Connectivity and access to food; friends; fuel; transport; recreation activities and health services.

Figure 7: Classification of Rural and Less Rural (Urban) areas across North Yorkshire



6.2.2 Current housing stock

The existing housing stock in North Yorkshire is predominantly detached (33%) and semi-detached (31%) dwellings, with a smaller proportion of terraced, flats and caravan or other dwellings (e.g. park homes).

6.2.2.1 Housing type

The variety and proportions of housing stock across the North Yorkshire Districts is shown in figures 8 and 9.

Figure 8: Variety of housing type in North Yorkshire by district

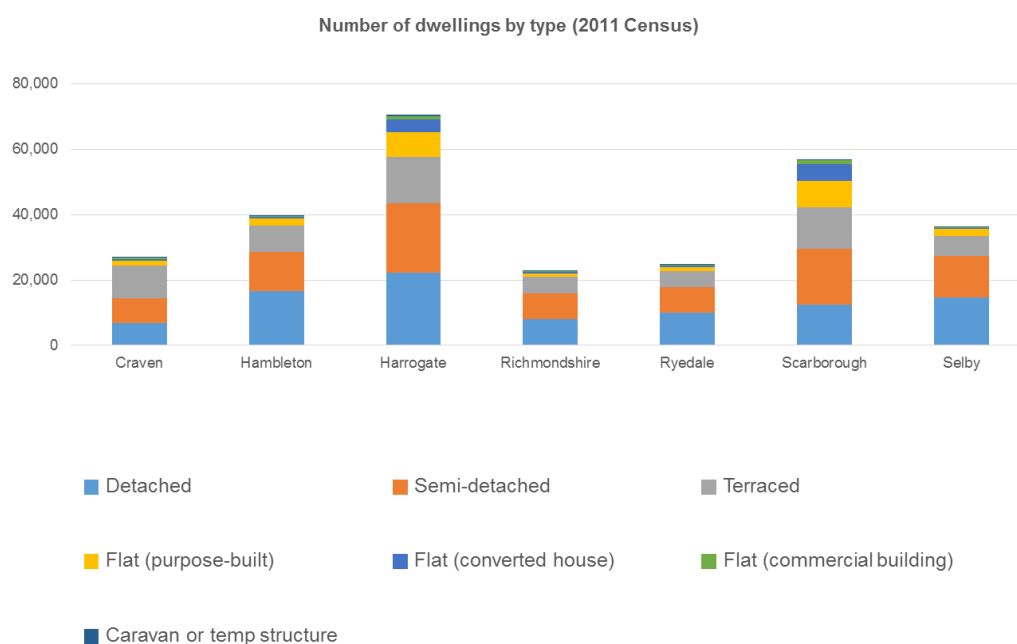
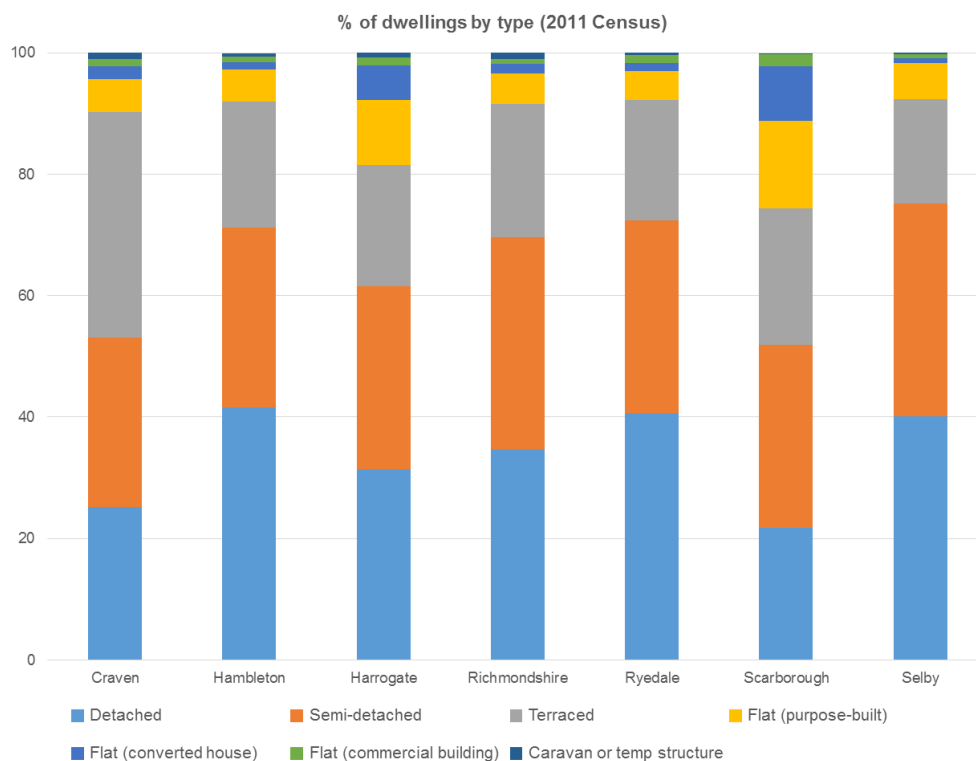


Figure 9: North Yorkshire Housing stock by district showing percentages according to type of dwelling



The Census data (2011) does not distinguish between houses and bungalows in the categories ‘detached’ or ‘semi-detached’. However, using the Energy Performance Certificate (EPC) data for North Yorkshire which does distinguish between different types of properties, between Jan 2008 – May 2019 in North Yorkshire, the proportions of the different types of properties are shown in figure 10. While the EPC data is incomplete in that not all homes in North Yorkshire have an EPC rating, the data include around 60% of homes.

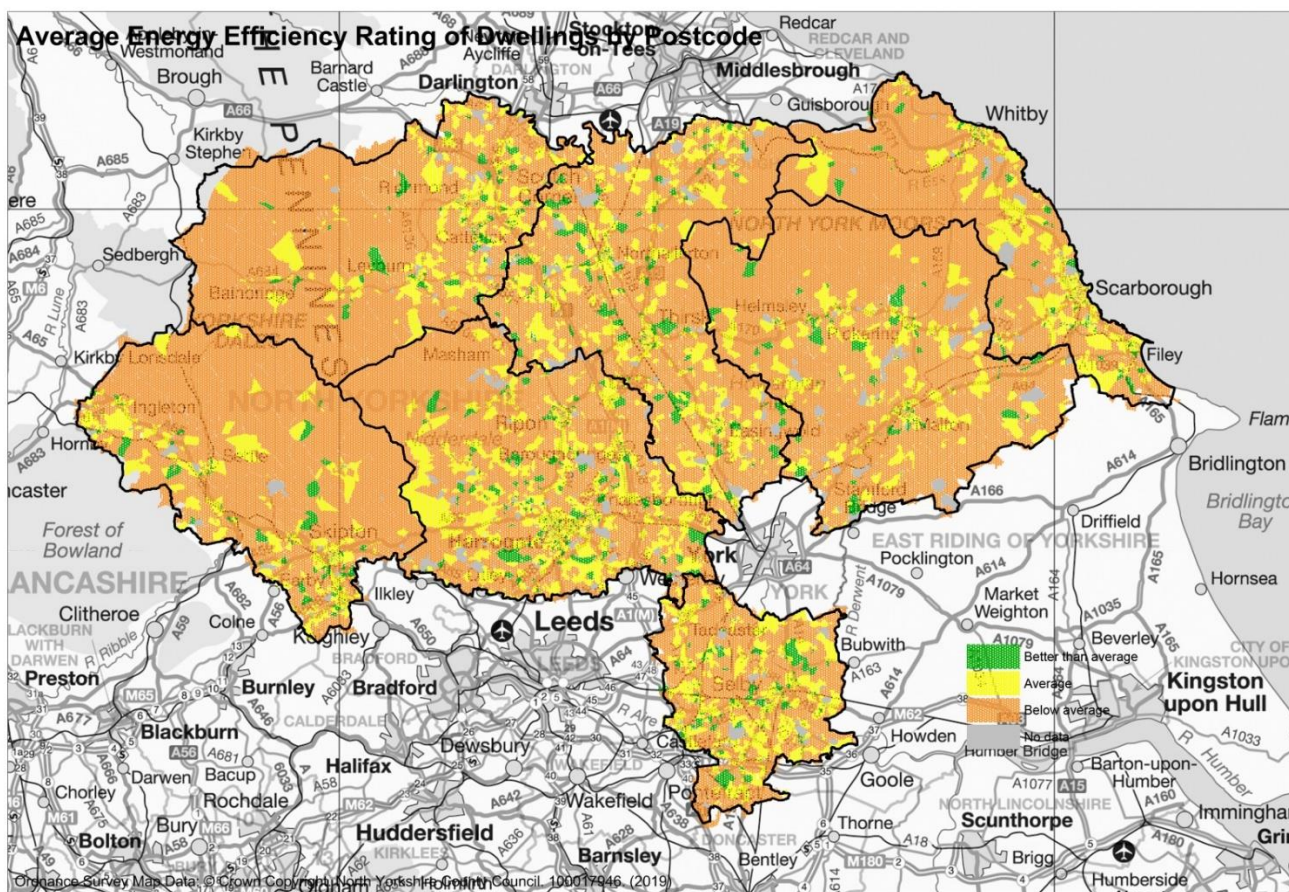
Figure 10: Energy Performance Certificate data showing the Percentage of house types in North Yorkshire (2019)

Property type	% of EPCs
Bungalow	14.7
Flat	16.7
House	67.2
Maisonette	1.4
Park home	0.1

6.2.2.2 Housing quality – using energy efficiency rating (EPC) as a proxy measure for North Yorkshire homes

The Energy Efficiency Rating scheme summarises the energy efficiency of buildings. The property is given a rating between A – G where A is the best (very energy efficient) and G the worst (inefficient). An estimated 60% of homes in North Yorkshire have an Energy Performance Certificate (EPC). The figure above groups homes to the **green** ‘better than average’ EPC rating A or B; **yellow** EPC rating C; **orange/red** EPC rating D – G. Rating across the county is shown in figure 11. The average property in North Yorkshire is in band D or E and those properties with the poorest rating (G) includes park homes. The most energy efficient park home can only achieve an EPC of D. The worst rated properties are more predominantly in rural areas, but the distribution of those which are better than average is very mixed. These may be associated with newer housing developments. National drivers aim to encourage EPC ratings of Band C or better.

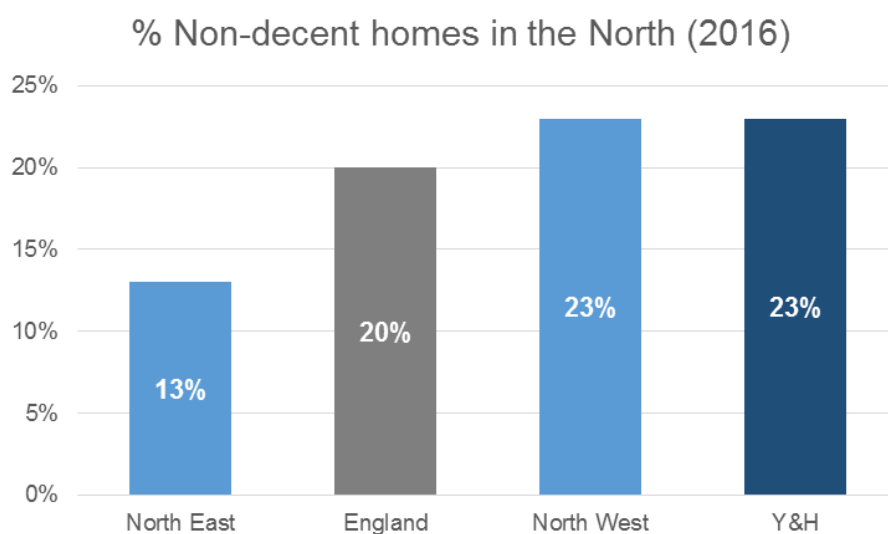
Figure 11: Map of Energy Performance Certificate ratings North Yorkshire (2019)



Source: <https://epc.opendatacommunities.org/>

Other data on housing quality are available at a regional Yorkshire and Humber footprint. To meet the Decent Homes Standard (2006) homes must be free of category 1 hazards under the Housing, Health and Safety Rating System; be in a reasonable state of repair; have reasonably modern facilities and services; and provide a reasonable degree of thermal comfort. In this region 23% of homes across Yorkshire and the Humber were found to be non-decent by the 2016 English Housing Survey, considerably higher than the national average (20%) shown in figure 12. This equates to around 557,000 homes across the region.

Figure 12: Percentage of Non-decent homes in the North 2016



Source: 'The hidden costs of poor quality housing in the North', Northern Housing Consortium report

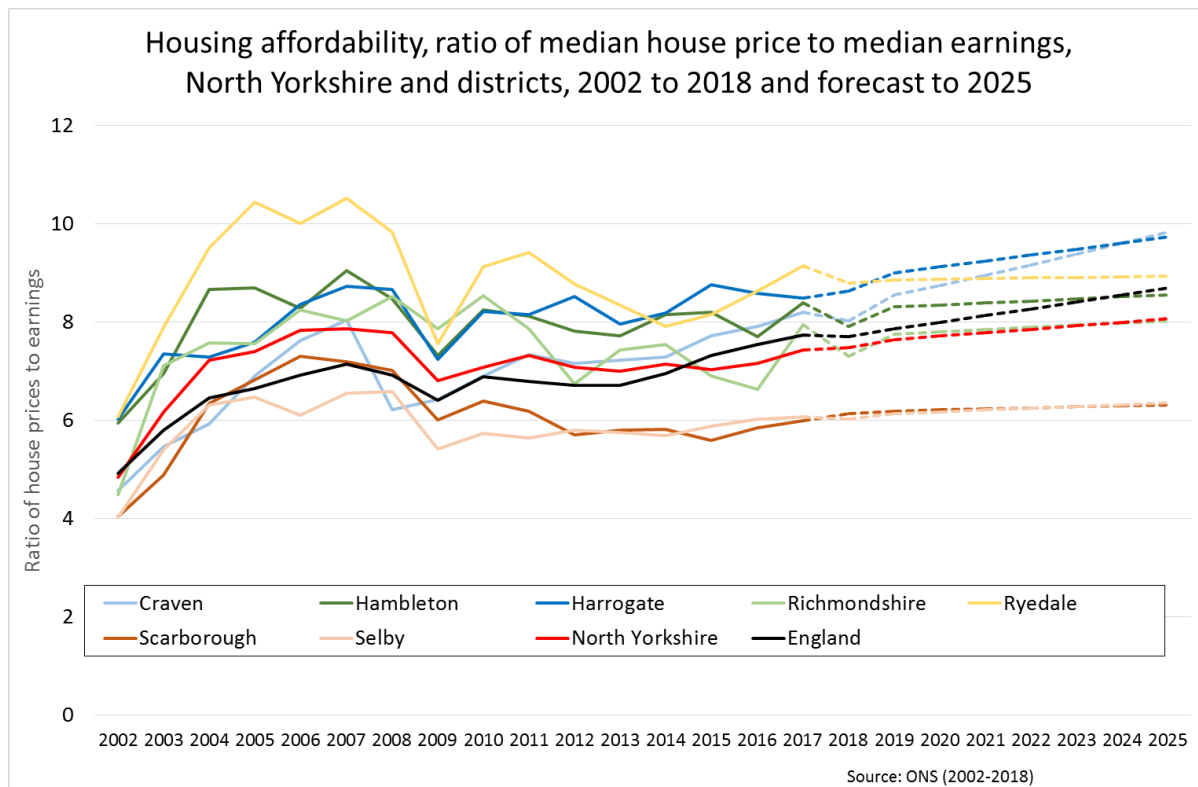
6.2.2.3 Housing affordability

Housing affordability is a challenge in North Yorkshire. A person earning average local wages would need to pay 9.7 times their gross income to buy a property in the county. Selby and Scarborough are the most affordable areas and Harrogate is the most unaffordable. The lack of housing affordability impacts on the ability to attract and retain key workers and major employers to the county as well as impacting on relatively low paid workers e.g. in the care sector; in the hospitality sector. This is particularly acute in the rural parts of the county, where average local incomes are lower, but food, fuel, transport costs and house prices are higher.

The ratio of lower quartile house prices to lower quartile residence-based earnings is higher than the national average across all North Yorkshire districts with the exception of Scarborough. The projections shown in figure 14 below are based on affordability ratios from 2002-2017 (PHE) and forecast using the growth function in Excel which provides an exponential growth forecast based on historical data.

The analysis suggests that affordability will remain an issue in North Yorkshire in 2025, with house prices in four districts - Craven, Harrogate, Hambleton and Ryedale potentially reaching ten times median gross earnings.

Figure 13: Affordability of NY housing as a ratio of house price to earnings



Housing in North Yorkshire is unaffordable for many, placing pressure on the limited affordable housing stock in the county. North Yorkshire is seen as an attractive place to live which means that there is considerable demand for properties from households who work outside the county, but also can commute from North Yorkshire. In addition, there is demand from those who want to retire and who want a second home or holiday home. This results in higher than average house prices and private rents.

Over the past 20 years, the poorest in the population have become concentrated in social housing and the association between social housing and negative outcomes applied across several domains including health, education, self-efficacy and income (Marmot, 2010). There is a lower proportion of social rented housing (11.7%) than the private rented sector (16.8%) in North Yorkshire and the percentage of social rented housing is lower than the national average (18.4%). A breakdown of district social housing shortfall is shown in figure 14. Some districts still own their own housing stock (Harrogate; Richmond; Selby) while others have registered providers (RPs) (Hambleton, Craven, Ryedale and Scarborough).

Figure 14: Social housing shortfall as a percentage of social housing stock by local authority district, England, 2010 to 2016

Local authority name	2010	2011	2012	2013	2014	2015	2016
Craven	34.70	37.50	45.23	45.88	25.58	23.43	22.99
Hambleton	20.39	16.51	29.07	50.10	13.77	15.67	15.97
Harrogate	42.57	42.31	33.92	36.98	32.29	23.20	21.69
Richmondshire	37.24	44.55	29.20	27.73	17.04	17.96	12.32
Ryedale	41.46	34.97	51.32	35.42	28.72	24.82	25.06
Scarborough	40.86	50.87	64.76	64.71	31.47	31.77	33.83
Selby	34.96	40.41	36.56	22.84	20.15	11.14	14.35
England	42.7	44.4	44.9	40.6	33.0	29.9	28.7
Yorkshire & Humber	60.5	63.5	56.5	54.9	36.2	33.6	33.9

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/housingsummarymeasures/summarymeasuresdata>

6.2.2.4 Types of Homes & Home ownership

Housing Tenure across the districts is shown in figure 17, almost seventy percent (69.6%) of homes in North Yorkshire are owned, either outright or with a mortgage, this is above the national average 63.3%. The proportion varies from 63.9% in Richmondshire to 75% in Selby district. Private rented (16.8%) and social rented (11.2%) housing account for the majority of the remaining housing tenure.

Figure 15: North Yorkshire Housing tenure

Area	Owned: outright	Owned : with mortgage or loan	Shared ownership (part-owned /part rented)	Social rented: from council (Local Authority)	Social rented: Other	Private rented: Private landlord or letting agency	Private rented: Other	Living rent free
Craven	42.3	30.8	0.5	2.3	6.7	13.7	1.7	2.0
Hambleton	39.7	29.8	0.4	1.0	11.9	12.1	3.0	2.0
Harrogate	37.4	33.7	0.6	5.4	3.8	15.5	2.1	1.7
Richmondshire	36.1	27.8	0.5	7.2	3.6	14.2	8.1	2.4
Ryedale	41.4	25.7	0.4	0.9	11.9	14.7	2.0	2.9
Scarborough	39.1	26.7	0.6	2.4	10.1	17.8	1.7	1.7
Selby	34.5	40.5	0.6	8.4	3.6	9.8	1.1	1.4
North Yorkshire	38.4	31.2	0.5	4.0	7.2	14.3	2.4	1.9
Yorkshire and The Humber	30.6	33.5	0.4	12.3	5.8	14.4	1.5	1.5
England	30.6	32.8	0.8	9.4	8.3	15.4	1.4	1.3

Source: Census data 2011

Census data in figure 16 shows that the proportion of households living in private rented accommodation in North Yorkshire increased from 9.8% in 2001 to 16.8% in 2011.

Figure 16: Private rented tenure 2001 and 2011

2001 and 2011 Census - Private rented sector		
	Private rented (% households)	
	2001	2011
Craven	9.5	15.4
Hambleton	8.5	15.1
Harrogate	10.5	17.5
Richmondshire	9.9	22.4
Ryedale	12.2	16.8
Scarborough	12.1	19.5
Selby	4.8	11.0
North Yorkshire	9.8	16.8
England	8.8	16.8
Yorkshire and The Humber	7.9	15.9

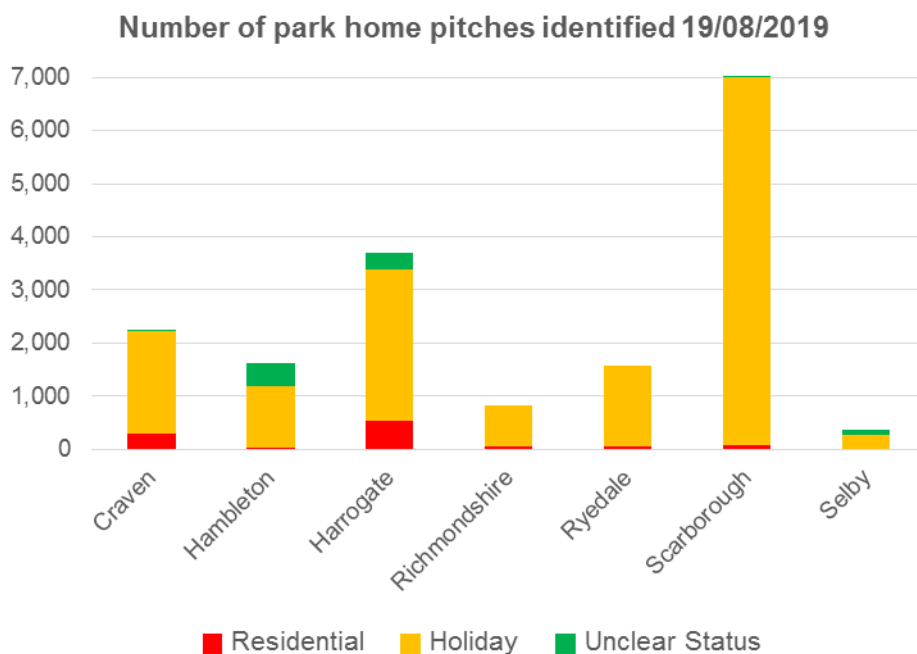
Source: ONS, Census data

Park Homes

'Park homes' (or 'mobile homes') are defined as 'a prefabricated building occupied as a temporary or permanent residential dwelling located with others in a dedicated area of ground'. A quantitative analysis of the number of park homes in North Yorkshire in 2019 showed a total of 17,365 dwellings. Of these 1,050 were classed as 'residential' dwellings; 15,423 were classed as 'holiday' homes and 904 were of unclear status.

Figures 17 and 18 shows the total number of park homes in North Yorkshire and those classed as residential dwellings.

Figure 17: Park Homes by District in North Yorkshire (2019)



Research by RRichards - August 2019

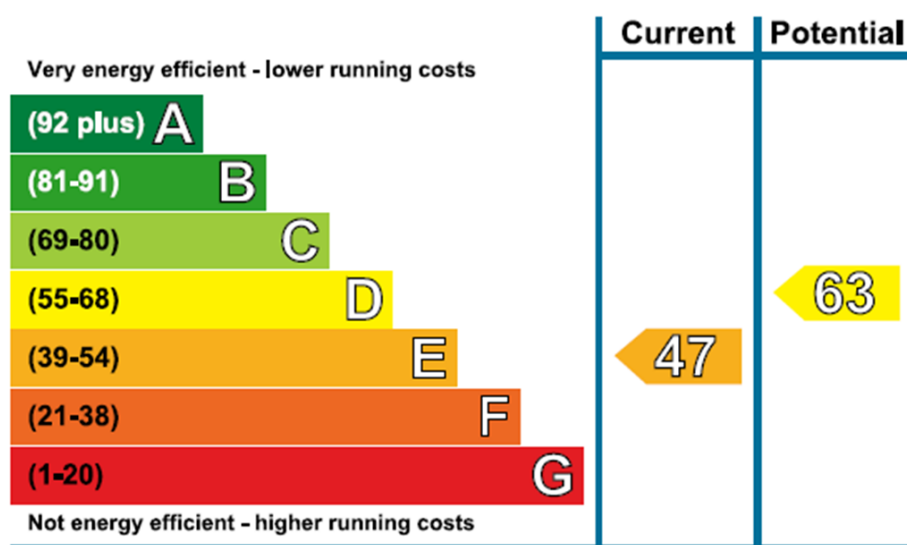
Figure 18: Residential dwellings on Park Homes sites in North Yorkshire (2019)

District	Residential dwelling	Unclear Status	Holiday dwellings
Craven	289	26	1938
Hambleton	28	436	1170
Harrogate	540	319	2844
Richmondshire	47	-	777
Ryedale	48	-	1522
Scarborough	88	33	6910
Selby	10	90	262
Total	1050	904	15423

Research by RRichards - August 2019

Park Homes do not require an energy efficiency rating EPC report when marketed for sale but some are inspected, typically when applying for ECO funding for improving insulation. A separate category has recently been added for them in the EPC records. Using data from 93 park homes in North Yorkshire which have Energy Efficiency rated EPC data recorded. The potential band shown in figure 19, after completion of all energy efficiency improvements, for the average house is a C (rating 78). For a Park Home it is a band lower -D (rating 63).

Figure 19: Energy efficiency of a sample of Park homes in North Yorkshire.



Source: <https://epc.opendatacommunities.org> Accessed May 2019

While the majority of park homes in the sample have double glazing, and most are rated ‘good’ for hot water energy efficiency, most are rated ‘very poor’ for wall and roof energy efficiency. This poor rating is reflected in the estimated average annual fuel costs included in EPC reports. In the 12 months to May 2019, while lighting costs were similar to other dwelling types and hot water costs were lower, the average heating cost for a park home was estimated at £922 - higher than any other dwelling type in North Yorkshire. Thus a Park home is estimated to be £118 per year more to heat despite having on average half the floor area of a typical North Yorkshire dwelling.

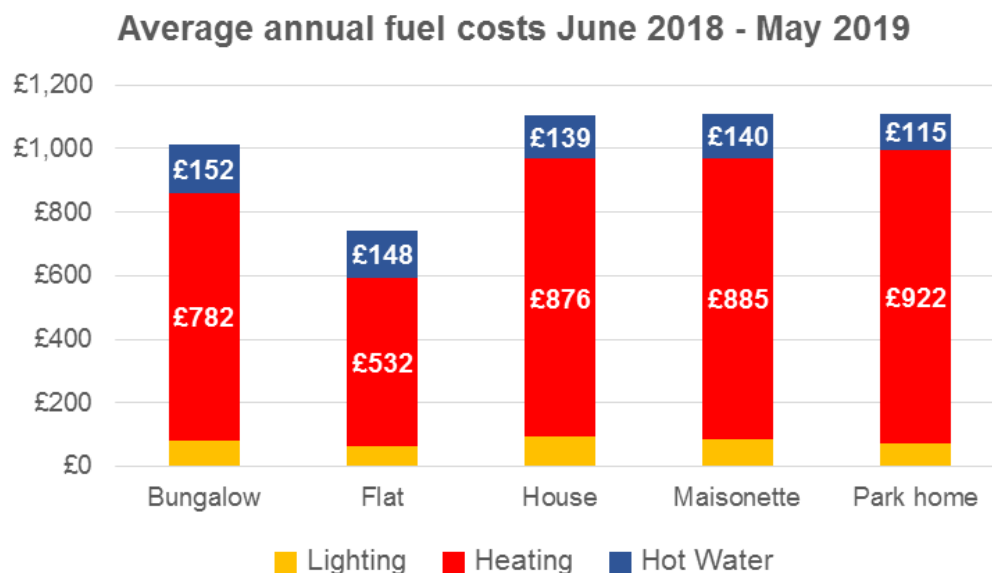
In March 2013 the government passed the Mobile Homes Act 2013 designed to give greater protection people occupying residential park homes.

6.2.2.5 Fuel poverty

Fuel poverty is a potential causal factor of increased morbidity and mortality from winter weather. Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator. Under the LIHC indicator, a household is considered to be fuel poor if they have required fuel costs that are above average (the national

median level) and were they to spend that amount, they would be left with a residual income below the official poverty line. Annual fuel costs of different dwelling types are shown in figure 20.

Figure 20: Average Annual Fuel Costs of different types of dwellings



-
- Source: <https://epc.opendatacommunities.org> Accessed 2019

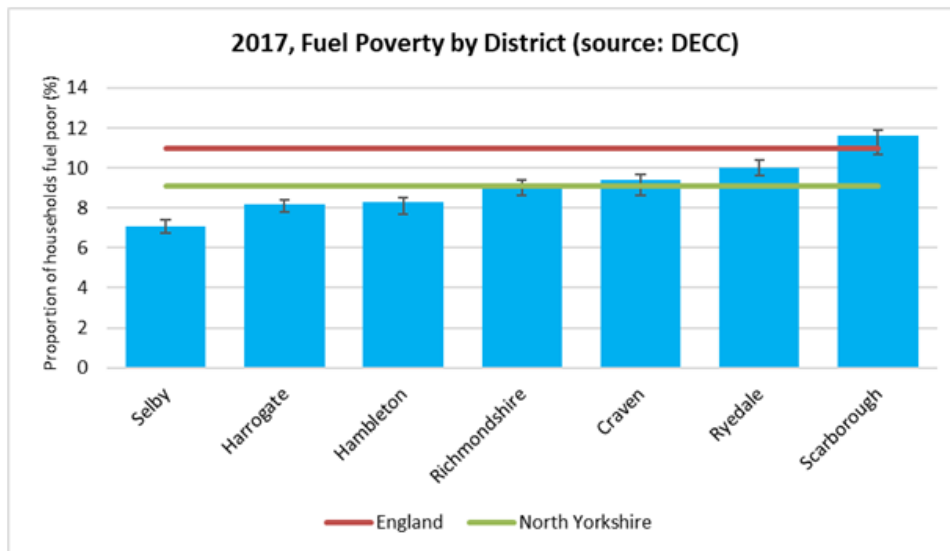
There are 3 important elements in determining whether a household is fuel poor:

- household Income
- household energy requirements
- fuel prices

Fuel poverty can be a useful indicator for areas where households struggle to heat their homes, but it does not necessarily describe the temperature of a household. Households with higher fuel poverty may have well heated homes, and conversely, a low fuel poverty household may have a poorly heated home. Fuel poverty distribution across the districts is shown in figure 21. The extent of fuel poverty and cold homes are both major contributors to poor winter health. Fuel poverty is caused by three main factors:

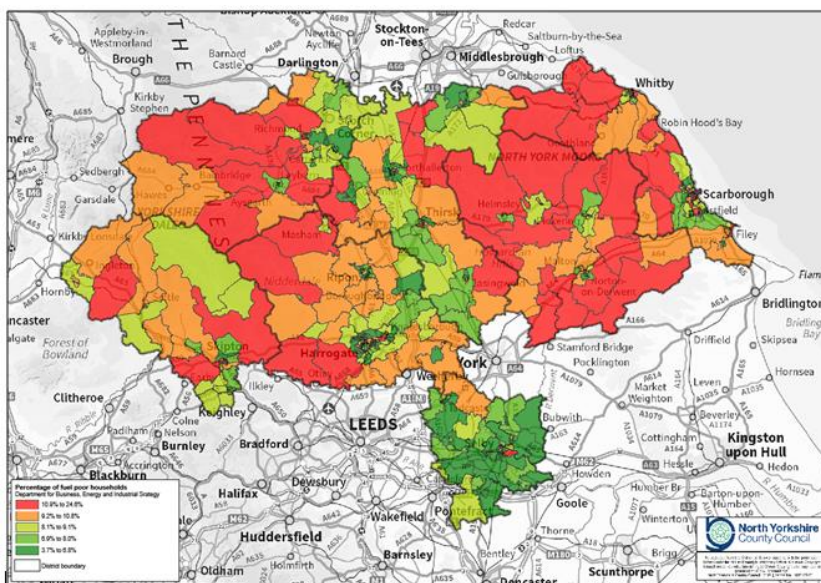
- inefficient homes
- high energy costs and
- low incomes.

Figure 21 Distribution of fuel poverty in households across North Yorkshire.



Improving the energy efficiency of housing has been shown to reduce health and social care costs and improve health and wellbeing. In North Yorkshire, there are an estimated 24,045 households in fuel poverty. This figure equates to about 9% of households in North Yorkshire. The map in figure 22 below shows the distribution of households in fuel poverty across North Yorkshire. Fuel poverty is more likely to occur in rural areas like North Yorkshire because housing tends to be older and more difficult to make energy efficient. Many homes have solid walls so are more difficult to insulate and a large proportion of homes are off the mains gas network, meaning higher costs for heating fuels. More generally in rural areas, there is a lower take up of benefits and energy advice and grants.

Figure 22 North Yorkshire Residents, % of Houses in Fuel Poverty 2017, Low Income High Cost (Source DECC)



The 2011 Census revealed that 3% of North Yorkshire households do not have central heating, higher than the national average (2.7%). In Craven and Scarborough districts the proportions were higher at 4.2% and 4.5% respectively. National research indicates that poor housing is more common in the private rented sector, where it is estimated that 29% of homes fail decent homes standards.

6.2.2.6 Index of Multiple Deprivation housing domain

The Index of Multiple Deprivation 2019 includes a number of subdomains related to housing such as “Wider Barriers to Housing” and a “Living Environment”. The ‘indoors living environment’ measures the quality of housing focusing on housing in poor conditions and housing without central heating, while the ‘outdoors living environment’ contains measures of air quality and road traffic accidents.

The more deprived an area, the higher the IMD score and the lower the rank.

Although we have separated out these domains for the purposes of this report on housing and health, the Index of Multiple Deprivation is more meaningful when all the factors are considered together, since the interaction between the domains gives a more accurate picture of deprivation.

The figure below illustrates the “Wider barriers to housing”, which is a subdomain of the 2019 Index of multiple deprivation. This is a composite indicator made up of household overcrowding (Source: 2001 Census); district level rate of acceptances under the homelessness provisions of the 1996 Housing Act, assigned to the constituent LSOAs (Source: Communities and Local Government, 2005) and difficulty of Access to owner-occupation (Source: modelled estimates produced by Heriot-Watt University, 2005). Figure 23 shows that overall North Yorkshire is in the least deprived quintiles (green, least deprived 81-100% in England) however there are areas in Scarborough, Selby and Harrogate (orange, worst 21-40% in England) where communities are more likely to face wider barriers to housing.

Figure 23: Wider Barriers to Housing subdomain, IMD 2019

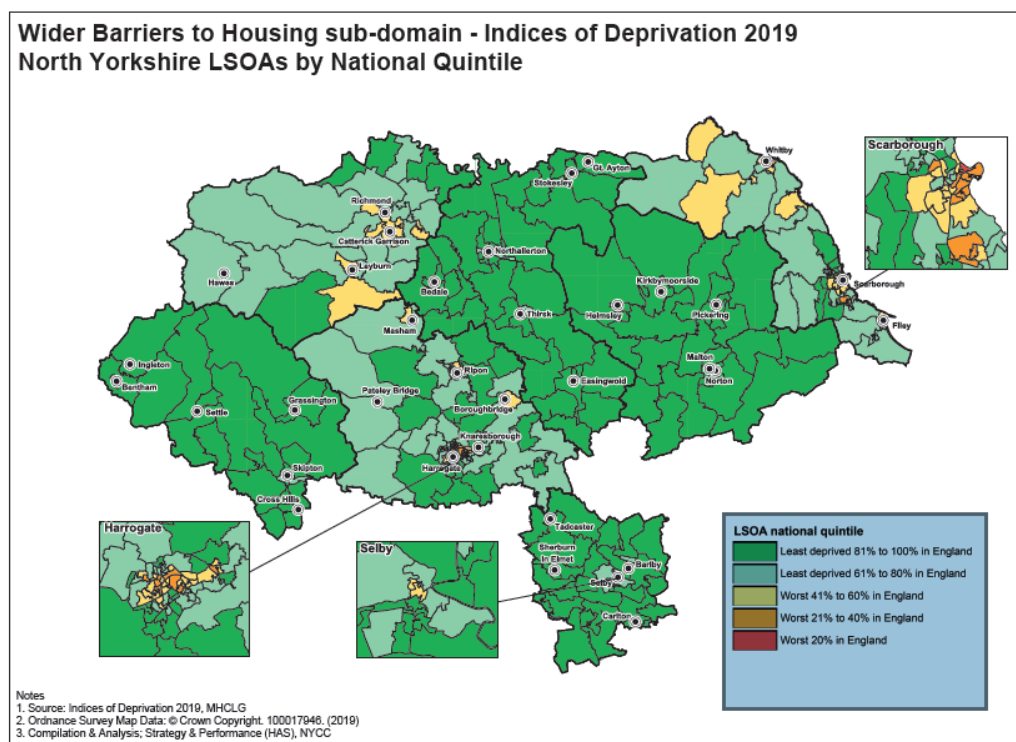
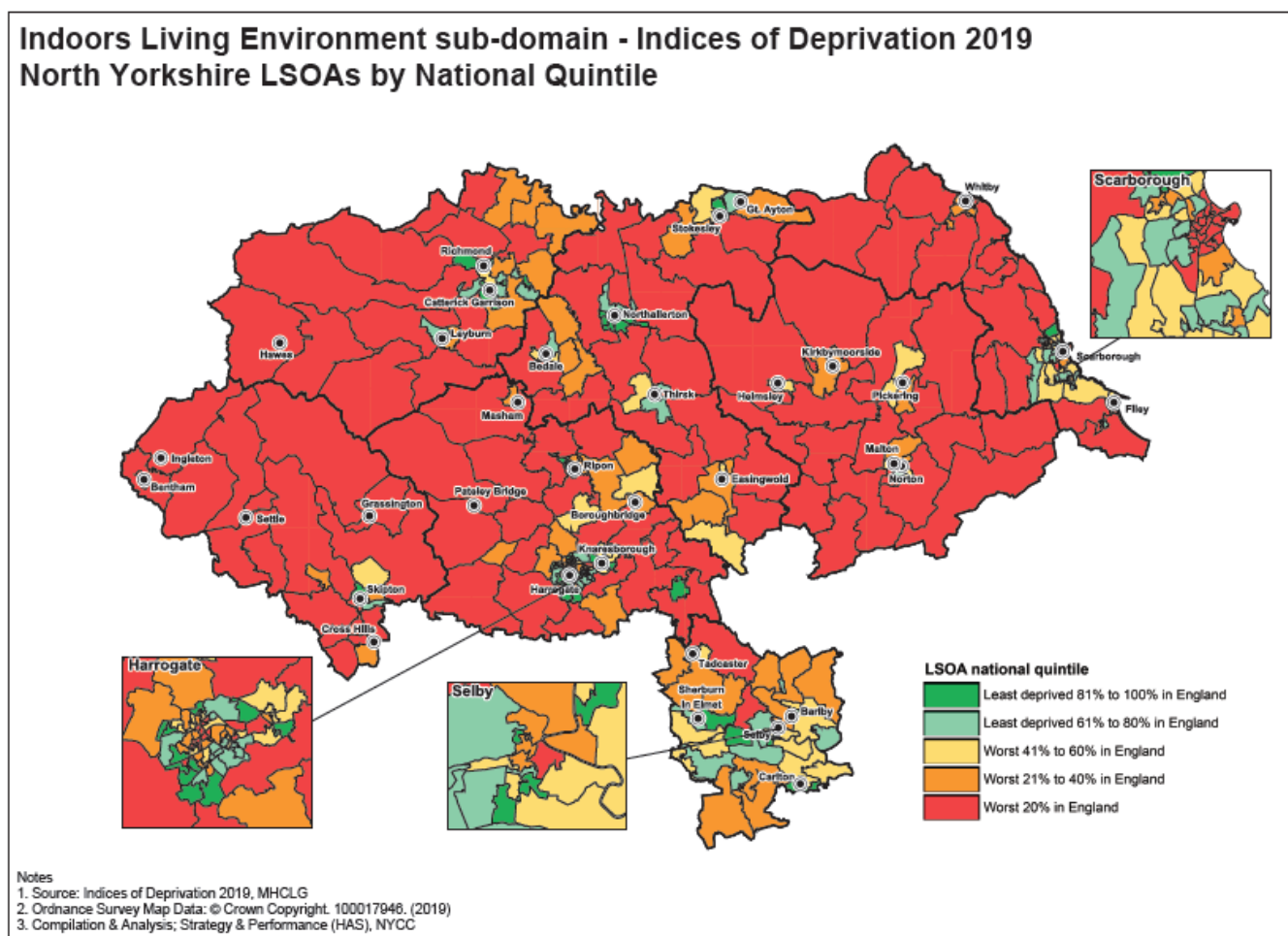


Figure 24 below shows the ‘Indoors Living Environment’ subdomain of the Index of Multiple Deprivation, which focuses on housing in poor conditions and housing without central heating. Across North Yorkshire 35.9% of neighbourhoods (Lower Super Output Areas LSOAs) fall within the most deprived quintile nationally (red, worst 20% in England). While in Selby only 10% of LSOAs are in this most deprived category, the proportions in Ryedale (63.3%) and Craven (65.6%) are much higher.

Between 2010 and 2015 the number of North Yorkshire LSOAs that fall within the most deprived national quintile in terms of the Indoors Living Environment subdomain increased. It is unlikely that the condition of housing stock or the number of households without central heating worsened between 2010 and 2015. The change suggests that housing conditions improved less in North Yorkshire than in other parts of the country i.e. the level of deprivation in North Yorkshire worsened relative to that in other English local authority areas.

Figure 24: Indoors Living Environment subdomain, IMD 2019



6.2.2.7 Houses of multiple occupation

A household is defined as either a single person or members of the same family who live together in the same house. However, the term Houses in Multiple Occupation (HMO) is used when both of the following apply;-

- at least 3 tenants live in the house, forming more than 1 household,
- the toilet, bathroom or kitchen facilities are shared with other tenants

In 2011 the Census revealed that 10,566 households across North Yorkshire were overcrowded (4.1% of households), see figure 25. Although this was a lower rate than the national average (8.7% of households) it was an increase from 3.5% of households in 2001.

Figure 25: The occupancy rating of households in North Yorkshire (2011)

Area	Occupancy rating (rooms) of -1 or less		Occupancy rating (bedrooms) of -1 or less	
	number	%	number	%
North Yorkshire	10,566	4.1	5,215	2.0
Craven	940	3.8	422	1.7
Hambleton	980	2.6	532	1.4
Harrogate	2,986	4.4	1,532	2.3
Richmondshire	835	4.1	406	2.0
Ryedale	665	3.0	384	1.7
Scarborough	2,946	6.0	1,250	2.5
Selby	1,214	3.5	689	2.0
England	1,928,596	8.7	1,024,473	4.6
Yorkshire and The Humber	147,894	6.6	79,184	3.6

Source 2011 Census data

6.2.2.8 Overcrowding

In 2011 the Census looked at residents living in overcrowded and under-occupied households and their general health. Results showed that residents living in overcrowded households reported significantly higher levels of “not good” health compared with those living in under-occupied households. Young people (0-15years) were twice as likely to report “not good” health if they lived in overcrowded households. Nationally, overcrowding is more prevalent in the rented housing sector, with 9% of social rented tenants and 7% of private rented tenants living in overcrowded homes, compared to 1.6% of owner-occupier households.

The Occupancy Rating provides a measure of whether a household’s accommodation is over-crowded or under-occupied and gives an indication of how many households may be living in overcrowded conditions. An occupancy rating of zero means the household has the precise number of rooms needed. An occupancy rating of -1 implies that a household has one fewer rooms than required. [An occupancy rating of +1 implies that there is one more room than the standard required]. Figure 26 below shows the pattern for overcrowding is similar to the national picture with overcrowding more prevalent in the private rented sector (2% compared with 3.7% in England). However, there were 1.1% of both owned and social rented properties found to be overcrowded.

Figure 26: % Overcrowded Households in North Yorkshire with breakdown by tenure

Households with Occupancy rating (rooms) of -1 or less (overcrowded)				
Area	% overcrowded households	% overcrowded - owned or shared ownership (part owned and part rented)	% overcrowded - social rented	% overcrowded - private rented or living rent free
North Yorkshire	4.1	1.1	1.1	2.0
York	7.1	1.4	1.8	3.9
Craven	3.8	1.2	1.2	1.4
Hambleton	2.6	0.7	0.9	1.0
Harrogate	4.4	1.1	1.1	2.3
Richmondshire	4.1	1.0	1.1	2.0
Ryedale	3.0	0.8	1.0	1.2
Scarborough	6.0	1.4	1.2	3.4
Selby	3.5	1.2	1.1	1.2
England	8.7	2.1	3.0	3.7
Yorkshire and The Humber	6.6	1.8	2.1	2.8

Source: 2011 Census data

6.2.3 The needs of specific target groups

There are specific groups within the North Yorkshire population that need accommodation with housing-related support. Analytical capacity and time constraints restricted more detailed reporting in this section. However, further analysis of existing data and more specific evaluation of the needs of these groups is recommended for inclusion in future reports. Some local data is available by district and will be collated in future and links to relevant reports included online.

The following questions offer prompts for further analysis in relation to families, children and young people: -

- number of families with children occupy bed and breakfast places for more than 6 weeks? How has this changed over time?
- number of young people placed within bed & breakfast places/or sofa-surfing?
- number of people living 'concealed households' because they are homeless?
- number of families living in temporary accommodation? How has this changed over time? Is the accommodation providing sufficient space for work, play and study?

6.2.3.1 People with learning difficulties

The following questions offer prompts for further analysis and reporting: -

- number of people with learning disability currently and future projections?
- number aged between 18-64years; number over 65years; future projections?

6.2.3.2 Older people as they age and have different housing needs

In 2018 a workshop looking at ‘Housing models for an ageing population’, identified a number of key themes: -

- improving connectivity across health and social care
- using housing to reduce the pressure on health and social care
- the potential for digital and technological innovations to benefit older people
- challenges persuading people to move to more suitable homes in later life
- engaging with the volume house builders to improve accessibility and suitability, with support from the planning system,
- potential for modular housing techniques to benefit specialist retirement sector
- intergenerational design and new forms of living – co-housing and shared living
- having a different conversation about home design, technology, models of living, methods of construction
- engaging people in the conversation about the design of the place they live in.

Nationally many older people live in mainstream housing (96%) and yet its estimated 95% of homes lack basic accessibility features. This lack of accessibility (e.g. downstairs bathroom/bedroom; size of rooms to provide for wheelchair users and those with mobility issues) pose challenges for frontline carers and care workers who are helping to provide the level of support needed to people in their own homes as they age.

The revised National Planning Policy Framework (NPPF 2018) sets out the framework for local planning and includes “strategic policies should be informed by a local housing needs assessment, conducted using the standard method in national planning guidance”. It also has recommendations about including health and wellbeing within planning frameworks.

There is a section in the districts Strategic Housing Market needs Assessment (SHMA) on Specialist Housing Need. The focus is primarily on the need for older persons housing, although there is a small section on people with disabilities and an indicative need for specialist housing and Registered Care Housing.

6.2.3.3 Gypsies and travellers

The Gypsies and Travellers Accommodation Needs Assessments (GTAs) inform the districts Local Plans. In 2015/16 the government changed the planning definition of ‘Gypsy’ or ‘Traveller’, as set out in the Planning Policy for Travellers Sites (PPTS). This means that people who do not fit the new planning definition will not be assessed as needing a pitch. The new definition is;

“Persons of nomadic habit of life whatever their race or origin, including such persons who on grounds only of their own or their family’s or dependants educational or health needs or old age have ceased to travel temporarily, but

excluding members of an organised group of travelling showpeople or circus people travelling together as such”

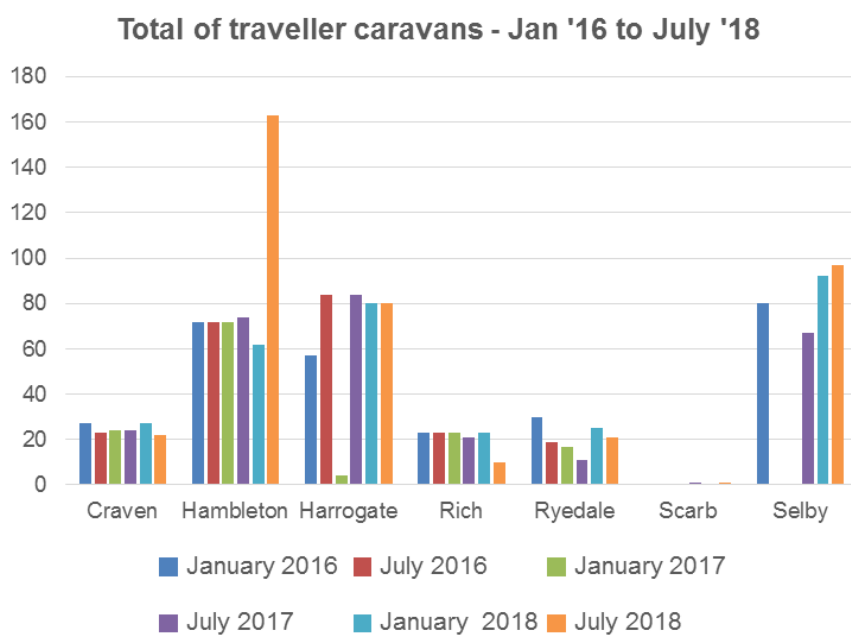
The previous definition included those Gypsy or Travellers who stopped travelling ‘permanently’ due to health needs or old age and still meet the planning definition. This is most likely to affect people too sick or old to continue travelling and has the potential to impact on a vulnerable time of life when people most need a secure home or plot. The definition of travelling showpeople changed but also excludes those who have stopped travelling permanently.

This means from 2016 the needs of Gypsies and Travellers included in the GTA only includes the needs of Gypsies and Travellers that fall within the revised definition of travelling.

The twice-yearly count of gypsies and travellers takes place in January and July, recording the number of caravans on both authorised and unauthorised sites across England, which are submitted to MHCLG by each local authority. Across North Yorkshire less than 400 caravans are counted at each count.

Figure 27 below was produced to see if there was a seasonal trend to the data. The higher numbers in Hambleton in July 2018 may reflect the numbers travelling through the district to Cumbria for the annual gathering of around 10,000 Gypsies and Travellers with around 1000 caravans.

Figure 27 *Number of Gypsy Traveller caravans by district 2016- 2018*



Source: NY total of traveller caravans chart – produced from the original source: Ministry of Housing, Communities and Local Government

6.2.3.4 Young people

Young people accessing the housing market have challenges due to the level of affordability. Local employment levels are high but average salaries are lower than other parts of the UK (North Yorkshire Director of Public Health Annual Report 2016).

6.2.3.5 *Armed forces veterans*

City of York council commissioned shared Intelligence to undertake research to understand the needs of the Armed Forces Community in North Yorkshire, on behalf of a wider group of partners including North Yorkshire County Council (Shared Intelligence, 2019). Lived experience discussions were held with Veterans and Veteran service providers, and national data were analysed from the 2016 Veteran Annual Population Survey and Veterans on the housing waiting list. The research found:

- There are an estimated 41,000 veterans in North Yorkshire, the majority of who are over 75.
- A significant number of working age veterans live in Scarborough and Selby and are likely to be in lower skilled employment.
- A significant finding is the apparent under-employment of veterans and a high proportion of veterans are employed in comparatively low skilled jobs.
- In North Yorkshire a greater proportion of veterans are unemployed compared with the working age population as a whole, and this is particularly pressing in Scarborough.
- The report noted significant gaps in data particularly around older veterans and housing, homelessness, health services and particularly mental health services.
- National evidence suggests that early service leavers are most likely to face difficulties.
- Research suggests lack of awareness about civilian housing and the lack of planning whilst in the armed forces is one of the biggest causes of accommodation problems, and that training about this needs to happen before transition. (2014 Veterans Transition Review)
- The 2011 census demonstrated that around a third of veterans lived in rented accommodation in North Yorkshire – the greatest proportion is in Richmondshire (40.5%) and lowest is in Selby (20.6%)
- Qualitative research undertaken by Shared Intelligence suggests that there is a shortage of housing available for single men and that homelessness is a significant issue in the Catterick area.

Figure 28 and 29 below show the percentages of Housing Tenure of Veterans in North Yorkshire and the National percentages of Housing Tenure for veterans.

Figure 28: Housing Tenure of Veterans in North Yorkshire (2011)

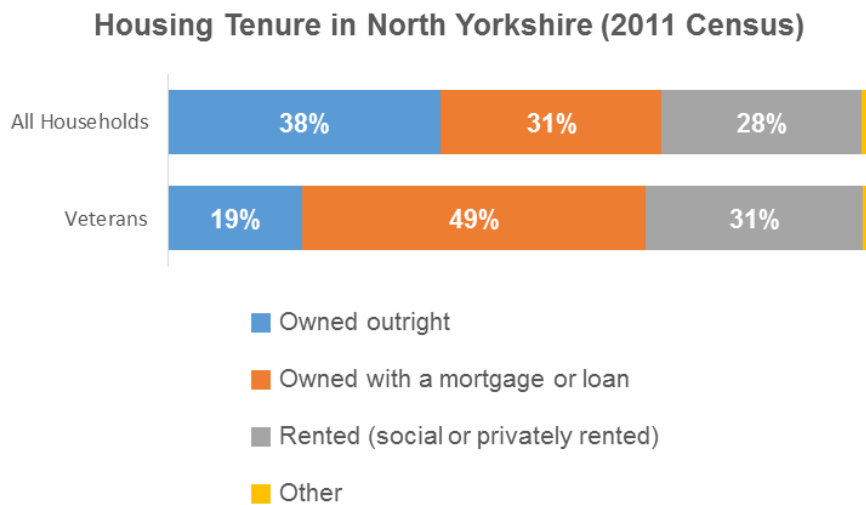
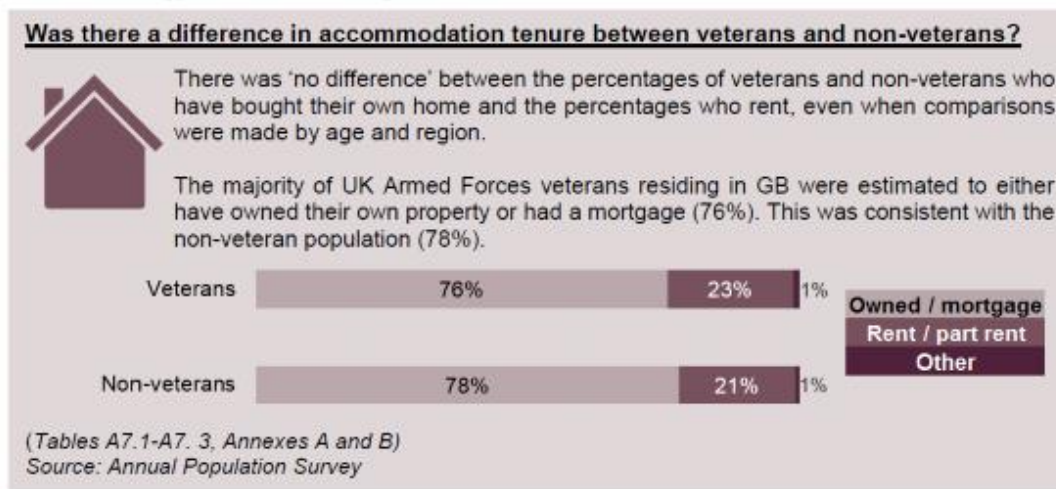


Figure 29: National % of Veterans who have owned or had a mortgage (2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128 - APS 2017 Statistical Bulletin - OS.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf)



For those who have not bought their own home and live in social housing, the Ministry of Housing, Communities and Local Government (MHCLG) has introduced a package of measures to ensure the Armed Forces community have the same access to social housing and are not disadvantaged by the requirement for mobility whilst in Service¹⁶. In 2016/17 a greater proportion of the UK Armed Forces veterans were estimated to spend less than six months waiting for social housing compared to the non-veteran population¹⁷ (68% and 52% of those aged under 65 respectively, and 67% and 60% of those aged 65+ respectively).

In further support of the Armed Forces Covenant, the MHCLG are currently running a consultation (due to close on 8th March 2019) to seek views on¹⁸:

- Prioritising former UK Armed Forces personnel suffering from PTSD or other mental illness for social housing,
- Exempting people who have divorced or separated from their partners in the UK Armed Forces from the rules requiring them to be a local resident before being given a property.

6.2.3.6 Homeless people

The definition of homelessness is that ‘a household has no home in the UK or anywhere else in the world available and reasonable to occupy’. Ill health can be both a cause and a consequence of homelessness. For example, ill health may contribute to job loss or relationship breakdown which can in turn result in homelessness.

The Homelessness Reduction Bill came into force in 2018. The Bill amends the definition of homelessness and extends the range of people that local councils must help and will increase the demand for affordable homes and housing related support for a wide range of client groups. Homelessness can be defined in many ways but data has been included here from government statistics and local authority data where people are counted as ‘rough sleepers’ and those accepted as in ‘priority need’. Figure 30 shows homeless estimates for the county and districts alongside regional and national estimates. There are other terms for the hidden homeless e.g. ‘sofa surfers’ people sleeping where they can in other people’s homes and therefore these numbers are therefore likely to be an underestimate of the actual need.

Figure 30: Number per 1,000 households accepted as being homeless and in priority need

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Craven	0.17	0.33	0.17	0.50	0.65	0.61	0.64	0.40	0.52	0.28
Hambleton	1.68	1.31	1.81	2.92	2.95	2.14	1.23	0.84	0.66	0.53
Harrogate	2.26	1.21	1.13	1.15	0.90	0.75	1.72	1.96	2.34	1.61
Richmondshire	2.93	3.15	4.25	3.90	2.81	2.34	1.82	2.24	2.71	2.19
Ryedale	0.84	0.74	0.96	1.17	0.70	0.65	0.48	0.52	0.38	0.47
Scarborough	2.20	2.12	3.00	2.90	2.50	1.67	1.95	1.74	1.81	2.18
Selby	2.99	1.48	2.09	0.79	1.03	0.65	1.12	0.36	0.50	0.46
Y&H	2.87	1.78	2.01	2.22	2.19	1.57	1.42	1.49	1.60	1.67
England	2.48	1.86	2.03	2.31	2.41	2.32	2.40	2.52	2.54	2.41

Source: Table 784 - <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

In other areas of the country homeless health needs audits have shown that homeless people are frequent users of GP, hospital and ambulance services. The longer the person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing will be at risk. Recent ONS statistics show that the mean age of death of homeless people is 32 years lower than the general population i.e. 44 years for men and 42 years old for women. National studies have also shown that more than half of those living in temporary accommodation experience a decline in their health leading to a greater demand for health services.

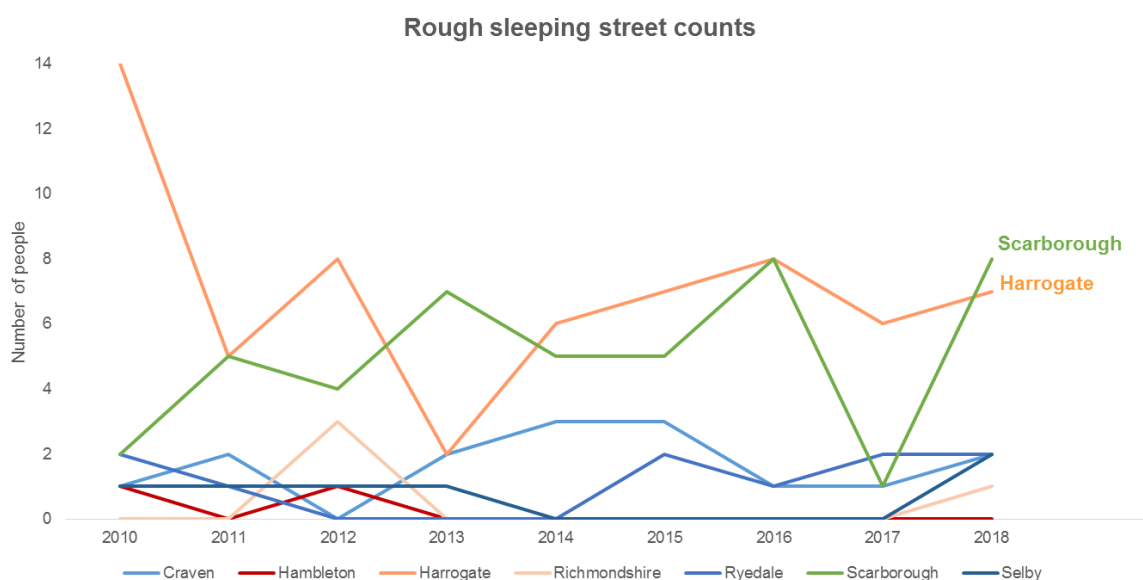
The housing definition includes rooflessness (e.g. rough sleeping); houselessness; living in insecure housing (e.g. insecure tenancies); living in inadequate housing (e.g. unfit, extreme overcrowding or in caravans on illegal campsites). The definition of ‘rough sleeping’ includes people who are bedded down in the open air (streets, doorways, parks, bus shelters) or buildings or other places not designed for habitation. Figures 31 and 32 represent levels of ‘rough sleeping’ across North Yorkshire.

Figure 31: Street counts, evidence based estimates, and estimates informed by a spotlight street count of rough sleeping, by district Autumn 2010 - 18

Local authority / Region	2010	2011	2012	2013	2014	2015	2016	2017	2018	Number of Households mid-2018 ('000)	2018 rough sleeping rate (per 10,000 households)
Craven	1	2	0	2	3	3	1	1	2	25.782	0.775735
Hambleton	1	0	1	0	0	0	0	0	0	40.066	0
Harrogate	14	5	8	2	6	7	8	6	7	69.528	1.006789
Richmondshire	0	0	3	0	0	0	0	0	1	21.858	0.457498
Ryedale	2	1	0	0	0	2	1	2	2	24.06	0.831255
Scarborough	2	5	4	7	5	5	8	1	8	49.827	1.605555
Selby	1	1	1	1	0	0	0	0	2	36.799	0.543493
North Yorkshire	21	14	17	12	14	17	18	10	22	267.92	0.821141

Source: <https://www.gov.uk/government/collections/homelessness-statistics#rough-sleeping>

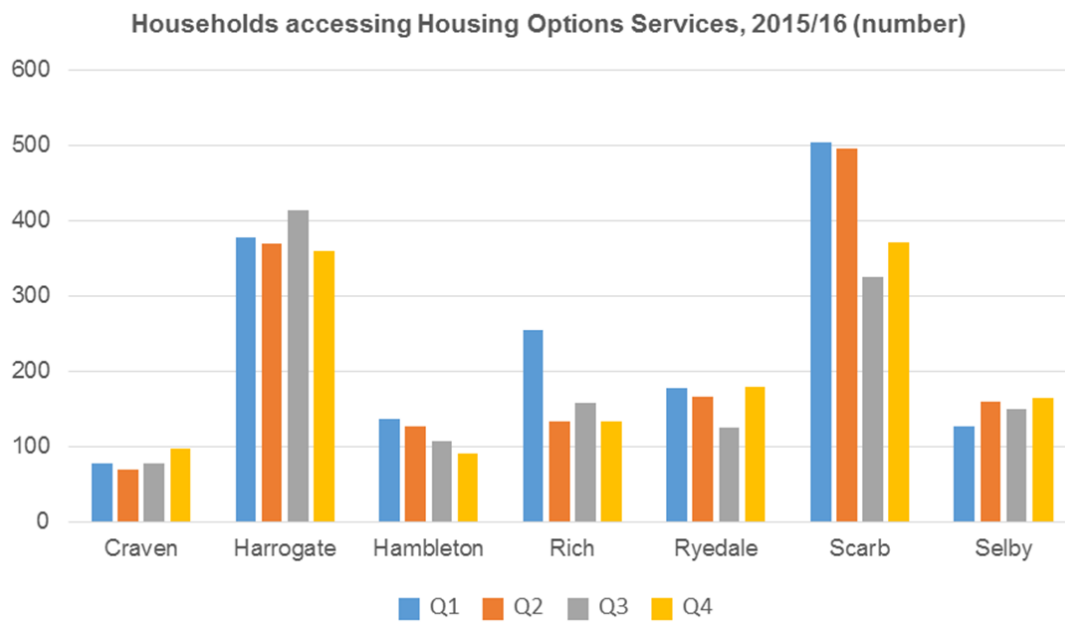
Figure 32: Rough sleepers in North Yorkshire by district (2018)



Source: MHCLG Rough Sleeping Count, Autumn 2018

Figure 33 below shows the numbers of households in priority need accessing the housing options services, this may include people who need housing related support due to mental health issues; domestic abuse; substance misuse (drug and alcohol) issues; ex-offenders.

Figure 33: Households accessing Housing Options Services (2015/16)



Source: Annual Homelessness Report 2015/16, Craven District Council (YNYER)

7. Discussion

7.1 Strengths and weaknesses of this JSNA

To enable a judgement of how much store to put on the findings in this JSNA, an assessment of the strengths and weaknesses of the JSNA are recorded below.

7.1.1 Strengths

- Housing is a vast topic. This JSNA attempts to give a coordinated overview of the issues relating to housing and health using current data available.
- Areas for further research and analysis have been identified (Appendix 3)
- Primary research on people living permanently in park homes, identified a previously hidden cohort of the population highly likely to be fuel poor.
- Work has been undertaken by partners around the needs of certain specific groups within North Yorkshire e.g. Veterans; Gypsies & Travellers; .
- District councils have been developing registers of housing stock and commissioning strategic assessments with further details of the specific needs for local areas
- The York, North Yorkshire & East Riding Housing Partnership brings a strategic vision and direction with links to the North Yorkshire Health and Wellbeing Board.
- Extra Care Housing schemes have been extensively developed in partnership with local areas across North Yorkshire to meet the needs of the ageing population.

7.1.2 Weaknesses

- This JSNA accessed routinely published data and locally produced analysis, however the JSNA raises many questions which have not been explored due to capacity;
- Some of the data used is quite old and needs updating;
- Conflicting priorities and time constraints meant there were varying levels of engagement with districts, so this JSNA is not fully coproduced;
- Similarly lack of engagement with relevant chairs of North Yorkshire's housing partnership subgroups e.g. homelessness; private landlords and housing developers; and other relevant groups
- Gaps in data on some areas; housing needs for key workers, beyond general housing; affordability data;
- Comparative Health Needs Assessment was not possible within the timescale, and constraints of accessing district level data. This could be achieved by analysing district level data and comparing housing type; size and tenure with statistical neighbours with a focus on specific priorities e.g. affordability; accessibility and adaptability.

- The JSNA includes a broad strategic review of evidence linking health and housing but does not describe detailed evidence around the needs in relation to specific priority groups.

7.2 Themes emerging from the data

The key issues in North Yorkshire which are of concern relate to affordability; latent demand; quality; suitability; provision for changing demographics and availability of affordable accommodation particularly to groups such as key workers.

7.3 Priority areas for focus in North Yorkshire to improve health outcomes

There are particular 'at risk' groups within the population whose health and life expectancy is significantly worse due to lack of a decent home (e.g. the long-term homeless). The aspiration for everyone to have a decent home in which to live remains.

-Affordable homes

Building affordable housing of different types, sizes and tenures will meet the needs of the changing demographics and attract and retain key workers in sectors where the pay is the lowest and attract people (e.g. younger working age people) to sectors where they are recruitment difficulties and workforce shortages.

-Energy Efficient homes

Improving the quality of housing stock, particularly in deprived and rural areas, will decrease fuel poverty especially if aligned with corresponding increases in income. Increasing the energy efficiency rating (EPC) of all current and new homes in North Yorkshire will prevent cold homes being a cause of ill-health and reduce energy related emissions which helps to tackle climate change.

-Accessible homes

Building accessible homes within complete and compact neighbourhoods that enhance accessibility, connectivity and create safe places for people will improve physical and mental health and wellbeing.

-Adaptable homes

Increasing the quality of housing to provide good quality adaptable homes that can meet the needs of its occupants, whatever their age and ability, will help reduce morbidity and dependence on health and social care services

7.4 Learning from examples from other areas

There are a number of learning opportunities which can inform developments to improve housing and related health across the county, examples are provided below:

- City of York Council Housing Design Guide
- Airdale Wharfedale & Craven Health Care & Housing Network
- Housing First Approach e.g. a pilot study of The Housing First Feasibility Study in Liverpool which uses private rented or social rented flats to house formerly homeless people with high needs in their own, settled homes demonstrated a 15 % drop in reports about very bad physical health, a 34 % drop in reports of bad or very bad mental health and a 50 % increase in contact with family since becoming a tenant (Blood et al 2017).
- Students living in care homes to reduce loneliness and housing costs
- Community builds
- Exemplar working between housing and health in Wakefield
- <https://www.ageing-better.org.uk/sites/default/files/2019-11/Accessible-housing-vision-and-charter.pdf> charter setting 7 recommendations of actions required for new builds to plan for lifetime homes
- The Healthy Homes programme in Knowsley targeted areas of poor-quality housing, knocking on 32,000 doors over two years and referring residents via a tablet to 17 different agencies, including income maximisation and employment advice and energy efficiency services (Gowland 2015).
- In the biggest initiative of its type outside London, the newly established Greater Manchester Homes Partnership is offering rough sleepers accommodation with a wide range of support to help them access health, training and employment services and to sustain their tenancies (Greater Manchester Combined Authority 2017).
- Bournemouth Churches Housing Association has seconded staff into hospitals to support homeless people on their discharge from hospital. Based on 2015 figures estimated savings to the NHS were £55,200 per year (National Housing Federation 2017).
- An impact assessment of two housing-led programmes run by Birmingham City Council, Decent Homes and Supporting People, found that for a total outlay of £12 million the council achieved £24 million savings a year. Improvements relating to cold homes and to reducing falls among older people were the initiatives that brought the quickest returns (Buck and Gregory 2013).
- Birmingham and Solihull STP recognises extra care housing for older people as part of their transformation plan, as does the plan produced by Cornwall and the Isles of Scilly (Housing LIN 2017).
- Extra care housing, which provides support for frail older people on site, has been found to lead to improved outcomes and to financial savings to both the NHS and to social care. For example, an academic evaluation of one extra care housing scheme found 19 % of residents deemed to be 'pre-frail' at baseline were classed as 'resilient' 18 months later; a % reduction in depression over 18 months; and a reduction of 38 % in NHS costs over 12 months (Holland et al 2016).
- Finally, for the 15 % of the over 85s living in care homes, enhanced care, for example the provision of primary care services on site and multidisciplinary team support, can achieve reductions in hospital admissions. NHS England provides guidance on enhanced health in care homes targets for both NHS and local authority commissioners

as well as providers, care homes and people in homes and their families (NHS England 2016).

- Further examples and case studies can be found in the resource from the Chartered Institute of Environmental Health (Chartered Institute of Environmental Health, Feb 2018 Chang).

8. Recommendations

The overriding recommendation from the evidence in this report is that agencies working within North Yorkshire continue to collaborate to improve joint working arrangements across health, social care, planning and housing and jointly provide effective solutions to housing issues, thereby improve health outcomes.

Four housing priorities emerged (section 7.3) which can be considered across all the delivery recommendations below: -

- Affordability
- Energy Efficiency
- Adaptability
- Accessibility

No.	Recommendation	Lead	S, M, L term
	<p>S= Short term 1 year M = Medium term 2-3 years L = Long term 4 years</p>	Health & Wellbeing Board	
8.1	Develop a system wide partnership with district and borough councils to consider countywide shared housing intelligence / analysis and a shared approach to conducting bespoke work e.g. strategic housing market assessments and housing economic development needs assessments, so data can be used, shared and compared across the county.	Heads of Planning (commission consultants)	S
8.2	Develop a system to ensure population needs and housing planning are linked at a county wide level and the York, North Yorkshire, East Riding Housing Strategy informs the district local plans within the context of the National Planning and Policy Framework to improve health outcomes e.g. building health into all policies .	Heads of planning	S
8.3	Work in partnership with district and borough councils to develop agreed design standards which consider accessibility; adaptability; and energy efficiency of homes for all housing (ultimately). Through partnership influence and shaping of the Local District Plans and space standards & design guides.	Directors of Development	S/M

8.4	Transfer findings in this JSNA to the JSNA template and share on the NYCC data portal and create ability for extra upload of data and links to the local district & Planning Authority profiles and intelligence.	Public Health, NYCC business intelligence	S/M
8.5	Find enablers and levers to ensure affordable housing is available to overcome recruitment difficulties, attracting key workers and general workers to the county to reverse the dependency ratio (i.e. the retired to working age population ratio)	Joint YNYER housing forum	S/M
8.6	Use existing partnerships across housing, health and social care to target project funding to research, identify and scope issues for high service users where housing may be the heart of the problem. Also consider a deep dive into the health/housing needs of specific priority groups (need to define groups e.g. homeless; park home residents; gypsies and travellers)	JSNA editorial board, Joint YNYER housing board, Health & Wellbeing Board	M
8.7	Ensure new homes are designed so they are accessible and adaptable to meet housing needs as the population of North Yorkshire changes https://www.scie.org.uk/future-of-care/100-year-life	JSNA editorial board Joint YNYER housing forum	S
8.8	Ensure existing homes are adapted so they meet housing needs for the population https://www.ageing-better.org.uk/sites/default/files/2018-10/Adapting-for-ageing-report_CfAB_0.pdf	JSNA editorial board Joint YNYER housing forum	M
8.9	Develop and deliver a North Yorkshire Seasonal Health Strategy to reduce fuel poverty and excess seasonal deaths	Public Health, District authorities, Community First Yorkshire, CAB	2020-25
8.10	Ensure all homes are digitally enabled with fibre and technology enabled so they meet the needs of those living in them in future.	NY Connect	M/L

Appendix 1: Spatial Planning for Health: Housing evidence (PHE 2017)

Principles for healthy housing

1. Improve quality of housing:

- there is evidence to suggest that living in a warm and energy efficient property can improve general health outcomes, reduce respiratory conditions, improve mental health and reduce mortality (Gibson et al., 2011; Krieger et al., 2014; Thomson et al., 2009; Thomson et al., 2013; WHO 2005). Retrofitting modifications to improve housing warmth and energy efficiency may help to reduce health inequalities among those from low-income groups, notably older adults and those living with chronic pre-existing conditions (Gibson et al., 2011)
- good quality housing can also reduce the risk of unintentional injury or death. For example, improvements to residential lighting and interventions to reduce hazards in the home can lead to improved social outcomes and reduce fall-related injuries among older adults (Bambra et al., 2010; McClure et al., 2008).
- evidence suggests that housing refurbishment, including damp proofing, re-roofing, and new window installation is associated with improvements in general health outcomes (Clark et al., 2007; Gibson et al., 2011, Thomson et al., 2013) and reduce health inequalities (Gibson et al., 2011)
- the impact of living in fuel poverty on health was outside the remit of this umbrella review. However, in a report produced by the Marmot Review Team, fuel poverty was shown to be associated with excess winter deaths, increased prevalence of chronic conditions, and poorer mental health outcomes (Marmot Review Team, 2011)
- although this review did not identify any eligible evidence relating to daylight and ventilation and health outcomes, the linkages between poor indoor air quality and ill health, particularly CVD, respiratory symptoms, sensory irritation, lung cancer and other cancers, are well established (WHO, 2010; RCP & RCPCH, 2016). Ventilation can help control air contaminants and humidity thereby improving indoor air quality

2. Increase provision of affordable and diverse housing:

- provision of diverse forms and types of housing has been associated with increased physical activity (Durand, 2011)
- the provision of mixed land use and affordable housing is strongly associated with improved safety perceptions in the neighbourhood, particularly among individuals from low-income groups (Bambra et al., 2010). However, the impact of such housing provision on improving health outcomes and reducing health inequalities is unclear

3. Increase provision of affordable housing for groups with specific needs:

- there is broad agreement that the provision of affordable housing for vulnerable groups (including adults with intellectual disability and adult substance users) can lead to improvements in social, behavioural and health-related outcomes (Fitzpatrick-Lewis et al., 2011; Reif et al., 2014)
- evidence shows that the provision of secure and affordable housing for those with some chronic medical conditions, such as HIV/AIDS, can increase engagement with healthcare services which has been shown to lead to improved health-related outcomes. Furthermore, provision of secure and affordable housing has also been shown to reduce engagement in risky health-related behaviours (Aidala et al., 2016; Fitzpatrick-Lewis et al., 2011; Leaver et al., 2007)
- the provision of affordable housing for the homeless has consistently been shown to increase engagement with healthcare services, improve quality of life and increase employment. It has also been shown to contribute to improvements in mental health status (Bassuk et al., 2014)

Appendix 2: Areas for further research and analysis

The list below includes some of the areas raised as part of the JSNA process where further countywide research and analysis using existing data and intelligence where possible or undertaking research to gather and analyse the information.

Quality of housing stock by sector

Impact of housing quality on frequency of service use (e.g. of public sector services)

Impact of increasing energy efficiency of existing homes on health and wellbeing

Reducing fuel poverty in deprived areas

Impact of changes in the private rental sector on health and wellbeing

Homelessness Health Needs Audit

Analysis of Homeless Decisions/Acceptances and projections

Analysis of Temporary Accommodation/B&B across North Yorkshire

Identifying people at greatest risk of homelessness in order to prevent it e.g.

- *People leaving prison or youth detention*
- *Young people leaving care*
- *People leaving the regular armed forces*
- *People leaving hospital after medical treatment for physical injury or illness or mental illness as an inpatient*
- *People with a learning disability*
- *People receiving mental health services in the community*
- *People fleeing domestic abuse*

Identifying the current and future numbers of people in the categories listed above and include those aged between 18-64years and those over 65years

Key worker accommodation needs for different sectors (e.g. NHS)

Analysis of Houses of Multiple Occupation and overcrowding and changes over time

Housing related support services

Home adaptations and the disabled facilities grant- analysis of number (& types and frequency) of adaptations.

Appendix 3: List of figures

Figure 1: Housing stock estimates in North Yorkshire

Figure 2: Geographical locations of Extra Care Housing provide in North Yorkshire

Figure 3: Current Extra Care schemes by local Clinical Commissioning Group Area:

Figure 4: Future Extra Care Schemes in active Development

Figure 5: Snapshot of the status of North Yorkshire District and Borough Councils' Local Plans

Figure 6: Previous and predicted population and age changes, 1981 – 2041

Figure 7: Classification of Rural and Less Rural (Urban) areas across North Yorkshire

Figure 8: Variety of housing type in North Yorkshire by district

Figure 9: North Yorkshire Housing stock by district showing percentages according to type of dwelling

Figure 10: Energy Performance Certificate data showing the Percentage of house types in North Yorkshire (2019)

Figure 11: Map of Energy Performance Certificate ratings North Yorkshire (2019)

Figure 12: Percentage of Non-decent homes in the North 2016

Figure 13: Affordability of NY housing as a ratio of house price to earnings

Figure 14: Social housing shortfall as a percentage of social housing stock by local authority district, England, 2010 to 2016

Figure 15: North Yorkshire Housing tenure

Figure 16: Private rented tenure 2001 and 2011

Figure 17: Park Homes by District in North Yorkshire (2019)

Figure 18: Residential dwellings on Park Homes sites in North Yorkshire (2019)

Figure 19: Energy efficiency of a sample of Park homes in North Yorkshire.

Figure 20: Average Annual Fuel Costs of different types of dwellings

Figure 21: Distribution of fuel poverty in households across North Yorkshire.

Figure 22: North Yorkshire Residents, % of Houses in Fuel Poverty 2017, Low Income High Cost (Source DECC)

Figure 23: Wider Barriers to Housing subdomain, IMD 2019

Figure 24: Indoors Living Environment subdomain, IMD 2019

Figure 25: The occupancy rating of households in North Yorkshire (2011)

Figure 26: % Overcrowded Households in North Yorkshire with breakdown by tenure

Figure 27: Number of Gypsy Traveller caravans by district 2016- 2018

Figure 28: Housing Tenure of Veterans in North Yorkshire (2011)

Figure 29: National % of Veterans who have owned or had a mortgage (2017)

Figure 30: Number per 1,000 households accepted as being homeless and in priority need

Figure 31: Street counts, evidence based estimates, and estimates informed by a spotlight street count of rough sleeping, by district Autumn 2010 – 18

Figure 32: Rough sleepers in North Yorkshire by district (2018)

Figure 33: Households accessing Housing Options Services (2015/16)

References

- Bindra, R (2008) Health Knowledge Public Health Textbook. Source: <http://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/uses-epidemiology-health-service-needs> [Accessed 30th October 2019]
- Buck, D and Gregory, S. (2018) Housing and Health: Opportunities for sustainability and transformation partnerships. The Kings Fund.
- Buck D, Simpson M and Ross S. (2016) The economics of housing and health: the role of housing organisations. The Kings Fund
- Communities and Local Government Select Committee (2017) Future of Supported Housing. www.parliament.co.uk
- Crisis (2011) Homelessness a silent killer. Crisis
- Department for Communities and Local Government (2015) English housing survey 2013 to 2014: Household report. Gov.uk website
- Department of Health (2010) Healthcare for single homeless people. The National Archives website
- Frontier Economics (2010) Financial benefits of investment in specialist housing for older people. Frontier Economics Website
- House of Commons Library (2018) Households in temporary accommodation. Parliament.co.uk
- Laing and Buisson. (2017) Care of older people UK market report. Laing Buisson
- Marmot Review Team (2011) The health impacts of cold homes and fuel poverty. Institute of Health Equity website
- Ministry of Housing, Communities and Local Government (2012) Evidence review of the costs of homelessness. Gov.uk website
- NatCen Social Research (2013) Child poverty in Britain: causes and consequences. NatCen website
- National Audit Office (2017) Homelessness. National Audit Office website

National Audit Office (2016) Discharging older people from hospital. National Audit Office website

National Housing Federation (2015) Supported housing: understanding need and supply. National Housing Federation Website

National Institute for Health and Care Excellence (2013) Falls in older people, assessing risk and prevention. Clinical guidance CG161. NICE

NHS Choices (2015) Falls. NHS Choices website

Nicol S, Rosy, M and Garrett, H. (2015) Briefing Paper: The Cost of Poor Housing to the NHS. Building Research Establishment

NSPCC (undated) The impact of homelessness on babies and their families. Slide pack.

Public Accounts Committee (2017) 11th report: homeless households HC 462. Parliament.uk website

Public Health England (2017) Guidance: Improving Health Through the Home. Public Health England

Public Health England (2017) Spatial Planning for Health – An evidence resource for planning and designing healthier places

RoSPA (undated a) Delivering accident prevention at local level in the new public health system. RoSPA website

RoSPA (undated b) Older people's safety. RoSPA website

Shared Intelligence (2019) Meeting the needs of the Armed Forces Community in North Yorkshire: What does the evidence tell us? Shared Intelligence

Stevens, A. and Rafferty, J. (1997) Health Care Needs Assessment: The Epidemiologically Based Needs Assessment Reviews, Vol. 2. Radcliffe Medical Press

Stevens, A, J Raftery, J Mant and S Simpson (Eds) (2007) Health Care Needs Assessment: the epidemiologically based needs assessment reviews. Radcliffe Publishing

Town & Country Planning Association (2018) Securing constructive collaboration and consensus for Planning Healthy Developments, Michael Chang.

Health and Wellbeing Board Priority– Housing

Housing & Health JSNA

Rachel Richards
Jan 2020

AIM OF THE PRESENTATION

1. Describing the JSNA work undertaken
2. Context and Methodology
 - Epidemiological
 - Corporate
 - Comparative
3. Results and Discussion
 - Sharing the Countywide picture and 4 themes
4. Prioritising the Recommendations
5. Next steps

Strengths and Weaknesses of JSNA

- Vast topic;
- Mixed data;
- Complex structures & different footprints;
- Accessed routinely published data produced locally
- Three workshops – emerging themes and priorities
- District and York North Yorkshire and wider footprints
- Gaps in data
- Areas for further analysis
- Comparative data with other similar UK areas

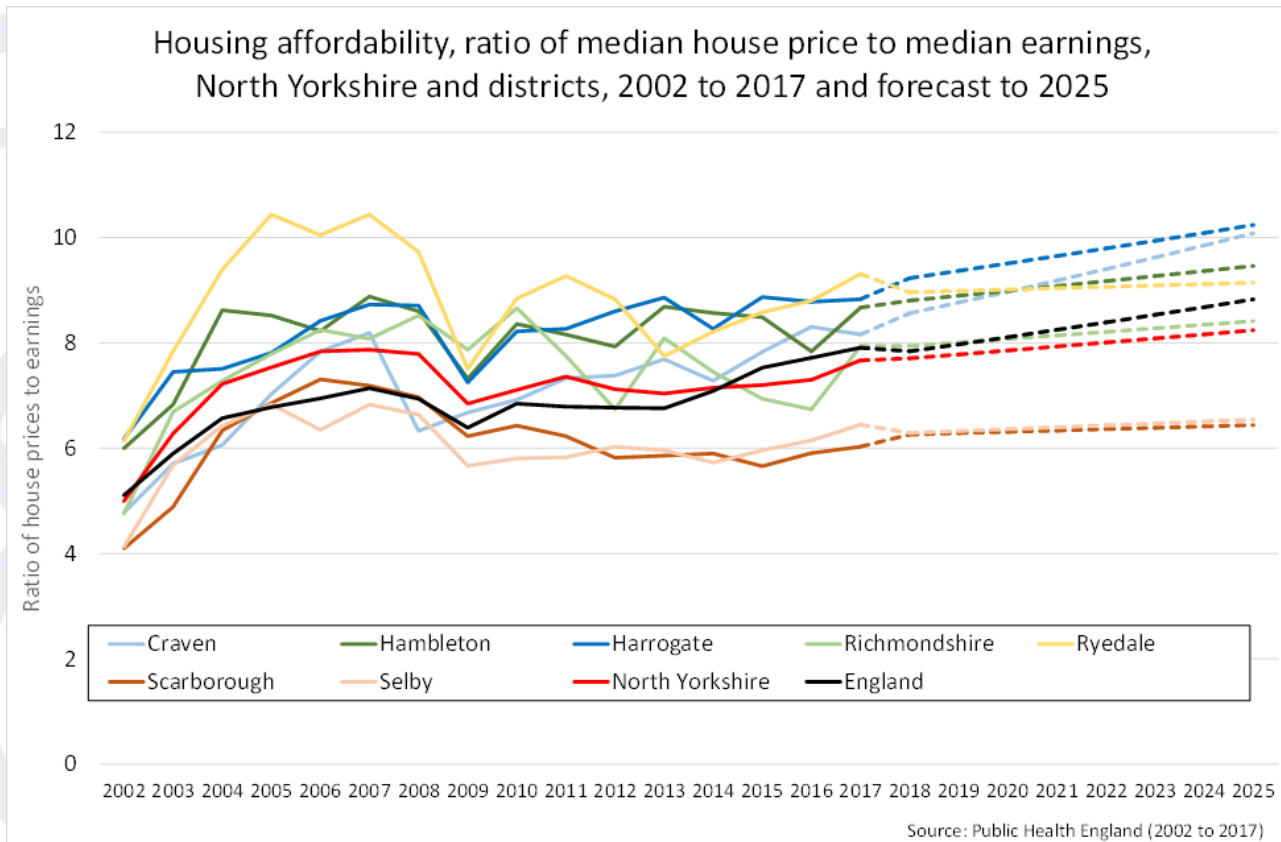
JSNA Housing and Health – Priority Themes

1. **Affordability** – different types, sizes and tenures of homes; attracting and retaining key workers; at risk groups (stability of tenure)
2. **Energy Efficiency** – improving quality, particularly in deprived and rural areas; Improving EPC rating of all current and new homes - homes not meeting minimum standards; rural homes/park homes; poor insulation
3. **Accessibility** – adapting/building accessible homes within complete and compact neighbourhoods that enhance connectivity and create safe places
4. **Adaptability** - changing demographics; meeting needs of occupants; reducing dependency on public services

1. Affordability – *building affordable homes*

Housing Stock – Different Types; Sizes and Tenures

Demographic changes – attracting and retaining key workers to sectors where there are recruitment difficulties; workforce shortages and lower paid sectors



2. Energy Efficiency - *improving EPC ratings*

- **Energy Efficiency Ratings - (EPC) 162,361** North Yorkshire dwellings (67.2% houses; 16.7% flats; 14.7% bungalows; 1.4% maisonette; 0.1% park homes) are on average **Band D with 2% at Band G (worst)**.
- **Insulation** - 34% do not have cavity walls, making them hard to insulate.
- **Central Heating** - 37% of North Yorkshire households are not on the gas network, rising to 58% in Ryedale.
- **Example:** 17,365 park homes in North Yorkshire with 1,050 of these 'residential'. The average Energy rating for a Park home is **Band E**. The potential band, after completion of all energy efficiency improvements, for a Park Home is a Band D
- **Helps to tackle Climate Change & reduce fuel poverty**

3. Accessibility - *enhancing homes/neighbourhoods*

- **Older People** - Between 2019 and 2041 the number of people aged 65+ will increase by 39% (59,800) and the number over 85% will increase by 110%
- **Working age People** – since 2008 the number of people aged 16 – 64 years has fallen from 375,000 and is estimated to fall to 321,600 by 2041 (53,400)
- **Housing Stock** The 2011 Census recorded **278,115 homes** in North Yorkshire, around 8% of which had no usual residents (empty homes), while around 4% were overcrowded. Between 42-46% of homes built pre-1944 are classed as ‘non-decent’.
 - – there are an estimated 66,700 dwellings built pre-1919;
 - - an estimated 114,000 dwellings built pre-1944;
 - - estimated 92,415 dwellings built between 1945-2015;
 - - and 17,365 park homes (2019)

4. **Adaptability** – *suitable homes for all ages*

Healthy homes – Around **26,500** households across North Yorkshire are in fuel poverty; improving quality of homes will reduce the mortality (e.g. Excess Winter Deaths); morbidity and dependence of its occupants on health/ social services

Lifetime homes – flexible for the needs of its occupants whatever their age and ability

Improving environment – to create safe places for people – physical and mental health and wellbeing

Digital connectedness – homes connected to fibre and broadband for future services as technology develops

RECOMMENDATION – key points

Agencies working within North Yorkshire continue to collaborate to improve joint working arrangements across health and social care; planning and housing; and jointly provide effective solutions to housing issues, thereby improving health outcomes

Further work – Next Steps

Prioritising Actions