

# Health & Social Care Bill

Second Reading, House of Lords, Tuesday 11 October 2011

NATIONAL  
HOUSING  
FEDERATION

## Introduction

Housing plays a vital role in health. People who are homeless or in housing need experience multiple disadvantage, and acute health inequalities. As it stands, the Health and Social Care Bill fails to place adequate safeguards to ensure needs of the most vulnerable are addressed.

The National Housing Federation, Homeless Link, and St Mungo's believe that the considerable health benefits delivered by housing, housing related support and homelessness services could be at risk unless this Bill paves the way for effective integration.



homeless link



Opening doors for homeless people

## Joint Strategic Needs Assessment (JSNA)

The Bill gives responsibility to local authorities for the Joint Strategic Needs Assessment (JSNA) of local health and social care needs. If JSNAs are to meet their aim of mapping and addressing health inequalities it is vital that the needs of the most disadvantaged are included in this process. There should be a requirement for every JSNA to assess groups in the community with the poorest health to ensure that the needs of the most excluded are recognised.

Every JSNA must also assess, and take steps to meet the housing needs of the local population. The JSNA should be aligned with the most recent assessment of housing needs. **This Bill should therefore include a duty to have regard to assessment of housing need, in the development of local health and wellbeing strategies.**

## Health and wellbeing boards

The Bill establishes Health and Wellbeing Boards, with the aim of ensuring integrated working across relevant local service provision.

While the Bill places a duty on Health and Wellbeing Boards to encourage integrated working, we are disappointed that this aspiration is not adequately reflected in the required membership of Boards. The Bill asks Health and Wellbeing Boards to encourage providers of health-related services, such as housing, to work closely with the Board. However, it should go further than this. **The minimum membership of Health and Wellbeing Boards should include the strategic lead for housing**, with the option of delegating membership to a local housing provider where appropriate.

## A public health service

We welcome the inclusion in the Bill of a duty on the Secretary of State for Health and local authorities to improve public health. This could include helping individuals to minimise risks to their health arising from poor accommodation or an unhealthy living environment.

However, there is a danger that public spending cuts will put pressure on local authorities to focus their attention on those with the most critical needs. It is more important than ever that public health focuses on reducing health inequalities for the most vulnerable people to maintain their independence and prevent the need for more acute health interventions.

**In order to adequately tackle inequalities and promote integration, a duty should be placed on Directors of Public Health to report on the progress they are making in meeting the needs of excluded or vulnerable people.**

## Commissioning responsibilities

A genuinely integrated approach is essential and must be embodied in new commissioning arrangements. Effective joint working across different sectors demands a collaborative approach to commissioning which has so far been lacking. In a score range of between one and four (where one is low and four is high), only 20 out of 152 Primary Care Trusts (PCTs) scored level three in the competency measuring collaborative working, with the majority (124) only achieving level two.<sup>1</sup> New commissioning consortia must demonstrate and be assessed on how they collaborate with other services.

In addition, it is vital that the needs of homeless and excluded people are fully addressed by commissioning consortia, who must be responsible for meeting the needs of everyone residing in their area, not just those who are registered with GPs. We were encouraged to see an amendment agreed to this effect during Commons Committee. **Consortia should report on how their commissioning priorities have responded to the needs of people with multiple complex problems in order to reduce inequalities in access and health outcomes.**

### **National tariff setting**

Under a national system for establishing tariffs in the health service, it is important to acknowledge the varying costs which can be associated with people who have complex needs. Health outcomes can be harder to for those with the highest inequalities in access and outcomes: their multiple health problems do not always fit neatly into services traditionally set up to deal with one problem at a time. There needs to be greater commitment that the re-design of NHS prices will reflect the complexity – and length of time – of treatment for some patient groups. **The national tariff should recognise these varying costs, so as not to disadvantage people with complex needs.**

### **Health threats to vulnerable people – and the importance of housing**

Poor health and inequalities in access to health care persist for older and vulnerable people, and people who are in need of housing. Evidence shows that:

- Eight in ten homeless people have one or more physical health need, and seven in ten have at least one mental health problem<sup>2</sup>
- The average age of death of a rough sleeper is estimated to be 40-44 years of age<sup>3</sup>
- The number of emergency readmissions for people aged 75+ in English hospitals was 148,992 – a rise of 69% since 1998/99<sup>4</sup>

Housing is an effective way of bringing support and care together in one place, reducing the need for older vulnerable people to use more costly acute health and care services. Government-supported research shows that investment in specialist housing results in a net benefit to the public purse of £639 million a year.<sup>5</sup>

### **Contact**

Please consider raising these key issues in debate. If you would like examples of work in this field, please do not hesitate to contact us.

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<sup>1</sup> Health Mandate, *Housing for health: worlds aligned*, National Housing Federation, 2010

<sup>2</sup> Homeless Link, *Interim Findings from the Health Needs Audit*, 2010

<sup>3</sup> Inclusion Health, *Evidence Pack*, 2010

<sup>4</sup> Information Centre, NHS: [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

<sup>5</sup> Frontier Economics, *Financial benefits of investment in specialist housing for vulnerable and older people*, Homes & Communities Agency (2010)