

Report to:	HEALTH AND WELLBEING BOARD
Date:	9 March 2017
Executive Member / Reporting Officer:	Tony Powell, Deputy Chief Executive, New Charter Housing Group
Subject:	HOUSING AND HEALTH
Report Summary:	This report provides an update on the Greater Manchester Housing Providers role in influencing and shaping the Greater Manchester Health Agenda. It provides detail of the local challenges and action being taken.
Recommendations:	That the report is noted and an updated report be provided to a future Board.
Links to Health and Wellbeing Strategy:	Improving housing is an outcome in the Health and Wellbeing Strategy. Good housing is one of the social determinants of health, and poor health conditions undermine the health of families and older people through cold, damp, infections and accidents.
Policy Implications:	There are no policy implications.
Financial Implications: (Authorised by the Section 151 Officer)	There are no financial implications relating to this report – update report only.
Legal Implications: (Authorised by the Borough Solicitor)	The Council and its partners are required to work within its resources to deliver statutory services on a value for money basis. This report gives an overview of housing which is one of the main determinants of health and addressing health inequalities and sets out opportunities to address both.
Risk Management :	There are no risks associated with this report.
Access to Information :	The background papers relating to this report can be inspected by contacting Tony Power, Deputy Chief Executive by:



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1. INTRODUCTION

1.1 There is a wide array of evidence which demonstrates that housing is critical to health across the life-course (Parliamentary Office of Science and Technology 2011). Suitable housing that is safe and warm is one of the foundations of personal wellbeing, whether in childhood or old age. It enables people to access basic services and build relationships with neighbourhoods and other members of their community, and can facilitate interventions designed to promote and improve health. For people with complex or severe needs – including the rising number of older people – good housing can help them maintain good health and independence for longer. Housing associations present the economic case in a number of areas.

- Poor housing costs the NHS in England between £1.4 billion and £2 billion each year due to excess cold, damp and safety issues. By providing decent and safe housing, housing associations can contribute to savings.
- Failure to fit adaptations or take other preventative measures is estimated to cost the NHS £414 million annually. Housing associations provide preventative adaptations.
- The total cost of dementia to the United Kingdom is £26.3 billion, £4.3 billion of which is accounted for by the NHS and £10.3 billion by social care costs. Appropriate housing options can provide support to allow people with dementia to live independently and safely.
- Delayed hospital discharges cost the NHS in England £820 million annually, though the true cost is probably higher. Housing associations have an important role in helping patients discharged from hospital to return home quickly and safely and avoid re-admission.
- The rate of hospital readmissions and accident and emergency (A&E) visits for homeless people is four times higher than the general public. Overall use of health services by homeless people is between four to eight times that of the general population, at an excess cost of £85 million per year. Provision of homes for more people will contribute to alleviating these costs.
- Domestic violence was estimated to cost the NHS £1.6 billion in 2009. Housing organisations have a key role to play in prevention.
- Registered Social Landlords such as New Charter support some of our most vulnerable residents across the most deprived neighbourhoods. Health outcomes for these residents are generally lower than for the Borough as a whole, and consequently they are high users of health and social care services. As a result New Charter deliver and co-deliver numerous support services and engage and support residents to improve their health and wellbeing as well as tenancies. These schemes are designed to meet the needs of particular client groups, such as people with mental health issues, learning or physical disabilities, people out of work, ex-offenders (Women and Families Centre at Cavendish Mill), victims and women at risk of domestic violence (Bridges Services), and older people (Threshold Home Services).

1.2 The 'offer' that the housing sector brings to the health sector is therefore a wide range of expertise and support to specific population groups such as older people or those experiencing specific problems such as domestic violence, and developing community engagement/resilience.

2. GREATER MANCHESTER

2.1 Within Greater Manchester 1 in every 5 homes in the city region, are provided by social housing provider's home to over half a million residents. Greater Manchester Housing Providers (GMHPG) are long-established partners in local strategic partnership working on a broad range of issues connected to local growth and public service reform. A Memorandum of Understanding between Greater Manchester Combined Authority and the GM Housing Providers Group was approved on 27 May 2016.

- 2.2** Across Greater Manchester the Housing Providers Group have worked collaboratively with health colleagues, Housing Providers have helped to ensure that housing issues are included in each of the 10 locality plans. As implementation plans are taken forward, Housing Providers have reinforced the links to wider place-based working and integrated leadership. Some place based Housing Providers are working up specific locality agreements with their local authorities and Clinical Commissioning Group (CCG) colleagues.
- 2.3** A huge amount of dialogue has taken place with CCG and housing colleagues to assess and agree where housing providers can have a greatest impact of scaling up on key projects to support this agenda; 3 projects are being worked up to deliver across Greater Manchester, as follows:

Greater Manchester Wide Warm Homes

Partners (housing providers, local authorities and CCG's) create a sustainable investment fund to deliver energy efficiency measures (e.g. new boilers and insulation) and advice services.

Hospital Discharge and Preventing Re-Admission

Different models being piloted across Greater Manchester to see what works best. All essentially provide housing key workers in hospitals to work with NHS Acute Trusts, Council Adult Services and community care providers to deliver hospital discharge and preventative housing services.

Housing Options Older Persons (HOOP)

Housing Providers providing specialist housing options, care and support and early intervention advice to help older people to access and agree better housing and care solutions for themselves.

3. TAMESIDE PERSPECTIVE

- 3.1** Within Tameside there is a history of partnership working with all the local social housing providers. Over the years a range of supported housing and specialist services have been developed including:
- Sheltered/extra care provision
 - Supported housing schemes for residents with learning disabilities, mental health and physical disabilities
 - Supported housing for homeless households and those at risk of domestic violence

- 3.2** In addition to the above, New Charter have provided additional specialist accommodation and services. However, the commitment going forward is to work together and build on existing and delivering 'new' housing solutions/services to reduce health and social care demand. This involves a spectrum of services and solutions, the main themes and areas for action include the following:

Transition of Care

- 3.3** As part of the existing contract to deliver the statutory homelessness services in Tameside, a service based at the Hospital (Public Health funded) provides a transition of care into the community for homeless people. This includes the identification of suitable accommodation and support and reducing re-admission. The project is very successful with over 90% success rate, and is value for money in terms of financial/social return on investment calculations. Work is now underway to expand this project to include a wider client/patient group and provide a broader group of options, including additional floating support services interim accommodation and a "Housing First" model.

Home Care

- 3.4** New Charter already provides a specialised domiciliary care service. There is a clear need to develop a new “home care” offer to the residents of Tameside. Working in partnership with the Hospital Trust a business case is being shaped to expand the existing scheme and develop a new offer which will provide personal care and be Care Quality Commission Accredited.

Homelessness

- 3.5** The demand on homelessness is increasing. In addition to the Hospital Discharge Service new forms of supported housing and intervention and prevention services have been implemented. In order to support local authority funding, New Charter has provided an additional £100k to expand the homelessness prevention agenda and develop a social lettings offer.

Asset Based Community Development

- 3.6** There is an opportunity to redefine roles in the system, housing is not just bricks and mortar, from New Charter’s perspective the focus is residents and the community. As part of the neighbourhood model and the neighbourhood hub approach, engagement with residents is crucial. In order to respond to the future commissioning strategy Action Together, New Charter and colleagues including Active Tameside and Age UK have created a consortium and a potential special purpose vehicle to shape and deliver new services.

New Build and re-model

- 3.7** In order to respond to the changing needs of residents and meet the growing demand, for specialist accommodation work is currently underway to identify new build supported housing provision and investigate options for remodelling existing schemes.

4. RECOMMENDATIONS

- 4.1** As set out on the front of the report.