Health and Wellbeing Board

Item 10

Report title:	**Homes and Health**
Date of meeting:	**24th April 2019**
Sponsor (H&WB member):	**Louise Smith (Director of Public Health) on behalf of the Health and Wellbeing Board District Councils' Sub Committee**

Reason for the Report

This report updates the Board on actions of the District Councils' Sub Committee agreed at the HWB meeting of 31st October 2018. It seeks HWB agreement to the proposals made at the Sub Committee meeting on 11 March 2019.

Report summary

In October 2018, Homes and Health was agreed as a priority for the new District Councils' Sub Committee, to include three key areas of activity:

1. Warm and healthy homes
2. Piloting joint working to build housing interventions into multi-disciplinary teams (MDTs), and
3. Improving discharge from hospital.

The Norfolk Warm Homes Fund programme has been established and has committed £217,000 worth of expenditure toward the installation of first time central heating. District staff have attended some flu clinics to provide advice to those attending. Residents have been supported to find cheaper fuel prices.

Housing input to MDTs has begun in the three pilot districts and training initiatives started. A learning event to reach a larger audience is being planned for autumn 2019.

A business case for a hospital discharge service covering acute, community and mental health hospitals is being developed to take to the Joint Strategic Commissioning Committee (JSCC).

Recommendations

The HWB is asked to endorse the following further steps in the Homes and Health programme proposed by the Sub Committee:

1. To develop a communications campaign on the Warm Homes Fund to secure engagement and referrals from partner staff going into residents' homes
2. To hold a county-wide learning event to increase knowledge of potential housing solutions to health and care needs
3. To support taking the discharge from hospital service business case to JSCC.

1. Background

1.1 In October 2018, Homes and Health was agreed as a priority for the new District Councils' Sub Committee, with three key areas of activity:

- **Warm and healthy homes** - To promote how to stay well in winter, provide energy and money saving advice and install central heating systems to fuel poor households
- **Workforce joint working** - Pilot location of housing staff within MDTs to identify needs in homes and increase knowledge of housing solutions to support health and care needs based on joint learning
- **Discharge from hospital** – work together to establish a single and sustainable model and to extend the district offer to include discharge from mental health and community hospitals.

1.2 The original paper can be found here: Homes and Health report 31 October 2018.

2. Homes and Health

2.1 The Homes and Health approach supports all three of the Joint Health and Wellbeing Strategy goals of prevention, tackling inequalities and integration. The approach also formed part of the programme to tackle winter pressures led by the STP Prevention Board. It recognises that the homes in which people live are key factors in mental and physical health and wellbeing.

2.2 Since October, the three Homes and Health workstreams have been overseen by the District Councils' Sub Committee and its Officer Action Group. Progress to date is described below and in the updated action plan in **Appendix 1**.

Warm and Healthy Homes

2.3 **Norfolk Warm Homes Fund**: this two year programme, with funding of £3.1m, covers the installation of first time central heating systems to fuel-poor households as well as support on energy efficiency and finance. The programme is now in place and has so far received 325 referrals with 145 requests for assistance on heating and has committed £367,000 in expenditure. Promotion of the programme to residents and agencies has been undertaken to help to identify fuel-poor clients. Further work is being done to see what information can be provided to simplify referral routes and assessment criteria to a range of non-housing frontline staff. At the Sub Committee meeting on 11 March 2019, it was proposed to run an information campaign to raise awareness amongst those going into homes of those the programme seeks to reach. The programme is also seeking to increase the number of local contractors involved to meet demand and build skills.

2.4 **Switch and save campaigns**: regular offers are run to support residents to find cheaper fuel prices in order to keep homes adequately heated. The latest campaigns were in November 2018 and February 2019. For example, in the two most recent processes within Broadland, Norwich and South Norfolk, nearly 2,900 residents switched, with an annual average saving of about £120 (estimated £350,000 total annual savings).

2.5 **Flu clinics**: this workstream involved district council staff attending flu clinics (aligned to the 2018 flu jab campaign) in order to provide access to non-health advice and services for those at risk over winter. For example, Broadland identified

three surgeries where data suggested an intervention would target residents with worse health or other outcomes. Surgeries were approached and a range of 'whole council' staff made available with a simple leaflet to explain what the council could offer. An estimated minimum of 2,500 residents were seen of whom 1,500 were thought to be from within the Broadland area. Surgery feedback has been positive.

2.6 Some districts reported difficulty getting staff into surgeries to offer face to face assistance. Good advance planning is needed to facilitate attendance and to enable busy surgeries to make adequate provision in terms of space and time. Other options may need to be explored, for example working through social prescribers.

Integrated working with multi-disciplinary teams

2.7 This workstream aims to build housing interventions into MDT activities and to improve awareness of potential housing solutions to health and care needs. A grant of £36,000 was received through Health Education England to pilot improving the knowledge and access that MDT professionals have to services from district councils and to better spot signs which may require a housing solution.

2.8 The pilot involves three district councils. Broadland is targeting a number of surgeries where previous activity had already been started. King's Lynn is expanding the work done with discharge from Queen Elizabeth Hospital and South Norfolk is working with one large practice with known health and other outcome inequalities.

2.9 Staff have begun attending the agreed locations. King's Lynn are reporting better referral routes into home adaptations work and linking into, for example, dementia care services. Broadland have attended or booked half a dozen sessions at surgeries and have plans to agree details at a range of others. South Norfolk are focussing on complex patients to reduce GP appointments.

2.10 Early signs suggest an increase in referrals into district services from surgeries involved. Training and information events have started to roll out across the three districts, and a variety of tools to share across health and social care partners to expand learning are being considered (for example an online video).

2.11 The pilot scheme will be reviewed and lessons learned will be shared at a cross-county learning event being planned for the autumn, which the District Councils' Sub Committee endorsed. The event will also include a training element to reach greater numbers of health and care frontline workers.

Discharge from hospital

2.12 This workstream aims to establish a sustainable model to support discharge from hospital and to extend the district offer to include mental health and community hospitals. There is currently provision in all three acute hospitals. The work with the mental health trust has taken more time to get started, but a District Direct officer is now working one morning per week at Hellesdon Hospital. The work involves fewer but more complex patients. Future work with community hospitals would work with those in rehabilitation.

2.13 Metrics and cost criteria have been agreed across the acute hospitals, CCGs and districts, and a business case is being prepared to take to the Joint Strategic Commissioning Committee (JSCC) – this will cover acute, community and mental

health hospitals. The HWB District Councils' Sub Committee endorsed this endeavour.

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Name	Tel	Email
Diane Steiner	01603 638417	diane.steiner@norfolk.gov.uk

If you need this Report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix1 - Action Plan 31st October 2018 – progress at 19th March 2019

Theme – warm and healthy homes – Lead: Broadland DC			
What	**Why**	**Who**	**When**
WHF[1] – install 500+ new C/H systems where none exist, offer advice and assistance and support warm homes improvements	Improve warmth and health in line with funding criteria	Led by Broadland but promoted and supported across all councils and partners	First referrals already taken – final completion May 2020
This is a two year programme but the team is up and running and has so far received 145 requests and committed £367,000 expenditure. Further work is being undertaken to see what information can be provided to simplify referral routes and assessment criteria to a range of non-housing front line staff.			
Continue to run "Switch and Save" campaigns	Support residents to find cheaper fuel prices and be able to keep homes adequately heated	All district councils	Most recent programme ran to Feb 19
Regular offers are run, with the most recent closing in November 2018 and February 2019. Longer term not all districts may remain signed up, opting instead to deliver a different offer. For example, in the two most recent processes within Broadland, Norwich and South Norfolk nearly 2,900 residents switched, with an annual average saving of about £120 (estimated £350,000 total annual savings).			
District council staff to attend flu clinics this winter	Provide access to non-health advice and services for those at risk over winter	All districts based upon agreement of appropriate interventions and clinics with CCG colleagues	Aligned to the 2018 flu jab campaign
Broadland took a proactive approach to identify three surgeries where data suggested an intervention would target residents with worse health or other outcomes. Surgeries were approached and a range of "whole council" staff made available and a simple leaflet to explain what the council could offer. An estimated minimum of 2,500 residents were seen of whom 1,500 were thought to be from within the Broadland area. Surgery feedback has been positive. Within the Broadland area North Norfolk CCG co-ordinated organisations' attendance, which may not have aligned to a targeted allocation of resource. Norwich City Council report that they have difficulty getting staff into surgeries to offer face to face assistance. There may be a case for a system or STP wide in principle support for an approach, built upon demonstrable successes where districts have been able to attend. Plans do need to be early to facilitate both attendance and to enable surgeries to make adequate provision in terms of space and time at what are busy periods			

[1] Warm Homes Fund – this programme has started and is recruiting staff and beginning to take referrals but is a two year programme

Theme – integrated working with MDTs – lead officers from Broadland, King's Lynn & South Norfolk			
What	**Why**	**Who**	**When**
Identify MDTs within the three pilot areas in which to trial working with housing-related staff	To ensure areas chosen to reflect both need, opportunities for success and learning across different MDT models	Three trial area councils in discussion with appropriate CCGs	November 2018
Plans agreed to work within specific MDTs / surgeries / hubs in each of the three pilot districts – Broadland targeted a number of surgeries where previous activity had been started, King's Lynn looking to expand the work done with discharge from the acute and South Norfolk working with one large practice with known health and other outcome inequalities			
Pilot co-location and working within MDTs of housing staff within three district council areas	To ensure continuation of existing district services whilst support more intense work within MDTs	Home improvement-related staff in Broadland, King's Lynn and South Norfolk councils	December 2018
Staff have started attending agreed locations although it is too soon to fully understand impacts and reach. King's Lynn are reporting better referral routes into home adaptations work and linking into, for example, dementia work. Broadland have already made or booked half a dozen sessions at surgeries and have plans to agree details at a range of others. Early signs suggest an increase in referrals into district services from surgeries they have attended.			
Pilot training offers to health and social care staff	Transfer knowledge, manage a housing related case load, explore future opportunities and success criteria	Three trial area councils in discussion with appropriate CCGs with support from Public Health and data analysis	January 2019
Training and information events have started to roll out across the three districts and in one case an online video is being commissioned to share across health and social care partners to expand learning			
Evaluate pilot scheme and present business case for continuation subject to success and costings	If proven to work then roll out a model across Norfolk	District, health and social care partners	Complete by March 2019
It is unlikely that activity will be sufficiently progressed and enough numbers seen to evaluate within this timescale. However there will be opportunities to spread learning and reflect on learning at the future cross county event.			

Theme – discharge from hospital – Lead: South Norfolk DC			
What	**Why**	**Who**	**When**
Develop action plan to support a discharge process from mental health and community hospitals	To deliver the same opportunities across the whole range of hospital settings	Led by South Norfolk with support from other districts and health and care colleagues	Started – review progress in 6 months
A District Direct resource from NNUH now working one morning at Hellesdon Hospital.			
Agree a single model based on joint learning and shared improvements across all three acute hospitals	Consistency of support countywide and improved outcomes for patients	Led by South Norfolk with support from other districts and health and care colleagues	Work started – initial shared learning report Dec 2018
Metrics and evaluation and cost criteria agreed across the acute, CCG and district areas.			
Prepare costed option with expected benefits for continuation of service after the end of current funding	Subject to successful evaluation establish as business as usual to improve discharge and prevent readmissions	Led by South Norfolk with support from other districts and health and care and public health colleagues	April 2019
A business case will be prepared based upon agreed evaluation criteria above.			