

Report title:	Homes and Health
Date of meeting:	31st October 2018
Sponsor:	Louise Smith (Director of Public Health) on behalf of the Health and Wellbeing Board District Councils' Group
<p>Reason for the Report This report confirms the creation of the District Councils' Sub Committee of the Board. It also confirms that its priority in the first year will be homes and health.</p> <p>Report summary The homes in which people live are key factors in health and wellbeing. This can include the physical impact in terms of warmth, damp, hazards etc. and wider impacts affected by security of tenure, affordability, space etc.</p> <p>There have been two meetings of the sub committee of all seven district councils alongside Public Health, Integrated Commissioning and the Chair of the Health and Wellbeing Board. Homes and Health is an agreed priority with three key areas of activity:</p> <ol style="list-style-type: none"> 1. Warm and healthy homes 2. Building housing interventions into multi-disciplinary teams (MDTs), and 3. Improved discharge from hospital <p>These areas of work fit with all three priorities of the new Joint Health and Wellbeing Strategy (JHWBS): prevention, reducing inequalities and increasing integration. They also fit the priorities of the STP Prevention workstream.</p> <p>This builds upon existing work and cross-partner opportunities to overcome barriers to better working. There would be further reports back to Board on delivery of an agreed action plan. This report asks partners to commit to these priority areas.</p> <p>Recommendations The Board is asked to agree:</p> <ol style="list-style-type: none"> 1. This Group is formally established as the District Council's Sub Committee of the Health and Wellbeing Board, with a view to meeting at least twice a year 2. That this Sub Committee prioritises homes and health for 2019 and reviews the position at the end of the first year, ahead of planning for winter 2019 3. To focus on three priority areas and support cross partner working on: <ul style="list-style-type: none"> • 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. Background

- 1.1 This approach supports the Joint Health and Wellbeing Strategy agreed in July 2018 and aligns itself to tackling winter pressures via the STP Prevention work programme. It also builds on the work with district councils outlined in a HWB report in February 2017 highlighting the opportunities to maximise their preventative role and impact of their work within localities.
- 1.2 It also supports the Norfolk and Waveney STP whose governance was also reviewed and established five key workstreams including “Primary and community care” (which includes prevention) and “Acute transformation”

2. Joint Health and Wellbeing Strategy

- 2.1 The Joint Health and Wellbeing Strategy 2018-2022 was agreed at the last meeting and sets out the Health and Wellbeing Board’s vision of a single sustainable health, wellbeing and care system, with partners working together and using resources in the most effective way to prioritise prevention and support the most vulnerable.
- 2.2 The Strategy prioritises:
 1. Prevention
 2. Tackling Inequalities in Communities, and
 3. Integrating Ways of Working
- 2.3 This work contributes toward all priority areas

3. Why homes and health?

- 3.1 The homes in which people live are key factors in health and wellbeing. This can have both physical health and broader well being impacts related to physical conditions in the home as well as security of tenure, affordability, space etc.
- 3.2 There are general challenges to meet the need for new and affordable housing. The vast majority of residents however will continue to live in homes which are already built. Consequently, activity to support better use of and improvements to current homes will have a positive effect on people’s health and well being
- 3.3 We know that in Norfolk for example:
 - Around one in five homes were built before 1919
 - Located primarily within the private rented and owner-occupied sector there are an estimated 60,000 “Category 1” hazards in people’s homes which represent direct risk to health and wellbeing. It is likely to cost an estimated £25M to correct these but could deliver savings across health and social care systems (see [JSNA briefing](#))
 - Fuel poverty is affected by property design, incomes and energy prices and can therefore occur across a range of tenure types and locations. Excess Winter Deaths are of particular concern in parts of the county and cold-related health risks affect already vulnerable groups and will result in demand for primary and secondary health services

4. Proposal

4.1 As outlined above recent discussions within this Group agreed Homes and Health as the priority for the current year. Particular focus will be upon:

1. Warm and healthy homes (led by Broadland DC)
2. Building housing interventions into multi-disciplinary teams (MDTs) (led by Adult Social Services), and
3. Improved discharge from hospital (led by South Norfolk DC)

1. Warm and Healthy Homes

4.2 *Promote existing initiatives such as messages to stay well in winter, providing energy and money saving advice and installing central heating systems to fuel poor households.*

Actions

- Housing and associated staff from district councils to attend flu clinics in 2018, provide information, signpost and facilitate referrals to District Council and other services across sectors
- Promote messages to reduce hospital admissions and tackle excess winter deaths
- Provide advice and first time central heating systems to help reduce bills, improve comfort and improve health outcomes for some of the most severe levels of fuel poverty in Norfolk supported by the investment of £3.1 from the Warm Homes Fund. Including:
 - Installation of 250 Oil/LPF boilers by February 2020
 - Installation of 150 Gas boilers by February 2020
 - Installation of 118 Air Source Heat Pumps by February 2020
- Continue to deliver welfare rights and debt advice services to those struggling to afford to pay their heating, lighting and other energy costs
- Provide a range of energy switch and save-style initiatives to enable residents to find cheaper energy suppliers. The current [programme](#) runs between October and November 2018

Outcomes

- Lower bills - supporting households to keep warm for less by moving away from expensive forms of heating
- Increased comfort and health – to provide fuel poor households with affordable central heating systems installed for the first time and consequent reduction in the need for health and social care interventions
- Reduced demand – fewer residents requiring primary or acute support arising from cold-affected health conditions.

Timeline

Short term ongoing targeted advice to vulnerable households and work with existing flu clinics. Delivery against the Warm and Healthy Homes rolling programme of activities over a two year period through to the winter of 2020/21.

Governance

A working group led by Broadland District Council has already been established to deliver the objectives of the Warm Homes Fund. This will report on progress to the District Directors' Group. It was agreed that there would be a review by the group in April 2019 to prompt and progress partnership engagement.

Risks

These include:

- Lack of or poor engagement by some partners
- The need to secure further efficiencies to the public sector
- Lack of opportunity to lever in future funding and build on the achievements made.

2. Integration with MDTs

- 4.3 *Build housing interventions into with Multi-Disciplinary Team activities and improve awareness of potential housing solutions to health and care needs*

Actions

- 4.4 Using £36,000 secured through Health Education England (HEE) a pilot using home improvement officers will offer housing and home safety support to MDT meetings across three district council areas. This will improve the knowledge and access that MDT professionals have of services from district councils and enable them to better spot signs which may require a housing solution.
- Overlaying data from public health, district councils and social care to target MDTs in three district areas (Kings Lynn, Broadland and South Norfolk) that indicate higher than expected levels of need
 - Offer district council training session to identified MDTs and develop a countywide training opportunity where funds and resource allows
 - Subject to resource co-locate home improvement officers within these MDTs to take on a caseload.

Outcomes

- District Council services integrated into health and social care winter delivery plans
- Shift from crisis support towards earlier identification of people with housing needs and earlier access to DFGs
- Better understanding of gaps in services and future role districts could play in supporting people in their own homes
- Reduction in emergency hospital admissions

Timeline

Key milestones include by November 2018:

- Identification of potential GP practices and MDTs based upon need and likely impact
- Locate staff within MDTs

By March 2019:

- Roll out training aligned to HEE funding
- Develop a business case for ongoing integration subject to evaluation

Governance

- 4.5 All three pilot district council areas to report into District Directors' group as well as the Norfolk and Waveney Healthy Ageing Steering Group

which will be responsible for the development of the frailty training package

Risks

- Co-ordinating and not replicating other projects already working in this area.
- Managing expectation that this is not to work with people with severe conditions
- Effective targeting of resources

3. Discharge from hospital

4.6 *Establish a sustainable model and to extend the district offer to include discharge from mental health and community hospitals*

Actions

4.7 Review current activity across the three acute trusts with an aspiration to have a single model and seek common interventions across all the hospitals:

- Working in partnership with Norfolk & Norwich University Hospital to update the processes for hospital discharge to ensure residents can return home or access suitable alternative accommodation prior to discharge from hospital
- Kings Lynn & West Norfolk Borough Council are funding a 12-month pilot at the Queen Elizabeth Hospital Trust using the District Direct model as a proof of concept.
- Healthy Homes Assistance which undertakes works to a patient's property to facilitate safe hospital discharge or to prevent admission to the James Paget hospital.
- Explore how discharge from mental health and community hospitals can be improved by understanding the barriers and resource requirements to support a reduction in out of area placements.
- Collate data and evaluate results from pilots for stakeholders to consider options for future sustainability.

Outcomes

- Reduction in delayed discharge
- Fewer re-admissions
- Delayed need for residential care or moves to care homes

Timeline

Activity	Dates
Initial NNUH pilot	September 2017 – March 2018
NNUH project funded	August 2018 – August 2019
Queen Elizabeth Hospital	August 2018 – August 2019

Governance

4.8 Governance of the hospital discharge projects to be embedded within the Integrated Housing Adaptations Strategic Board.

Risks

- Identifying future sustainable funding
- Seeking agreement on the measures that demonstrate successful interventions

Lack of suitable supported accommodation

Action Plan

- 4.9 A high level action plan has been drafted (see **Appendix 1**). This will be developed in greater detail under the leadership of the District Directors' Group.

Officer Contact

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

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Appendix 1 – Action Plan 31st October 2018

Theme – warm and healthy homes – Matthew Cross, 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
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	Current programme runs to Nov 18
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
Theme – integrated working with MDTs – lead officer TBC			
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
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
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
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

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

Theme – discharge from hospital – Jamie Sutterby, 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
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
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