

REPORT TO WIRRAL HEALTH & WELLBEING BOARD

1. Decisions Sought

- 1.1 To consider the proposal from the Liverpool City Region (LCR) housing associations in 3.5 to support the Health and Wellbeing Board in tackling health inequalities in the borough.
- 1.2 To consider any specific areas where joint working or specific projects could be developed from the priorities listed in 3.3 and 3.4.

2. Context

- 2.1 Almost one in seven LCR residents live in Housing Association homes. Housing Associations are well-established partners within the Liverpool City Region. They collectively own and manage almost 150,000 homes with plans to increase their stock, diversify tenure and support first time buyers into home ownership.
- 2.2 Housing Associations have an ambition to deliver a step-change in housing supply in the LCR over the next five years. The sector built over a quarter (1,600) of all new homes developed in the city-region since 2012. Housing Associations plan to build over 8,000 new homes over the next five years, and together will develop an additional 2,400 rent to buy homes and 1,100 market sale homes via a new strategic partnership with the Combined Authority and local authorities. Building just 25 more affordable homes in the LCR will add more than £1 million GVA to the city region's economy per annum.
- 2.3 Housing Associations are well-placed to leverage their borrowing capacity to increase housing supply in the LCR. Additionally, Voluntary Right to Buy policies are likely to create receipts from sales that can be used to deliver new homes of all tenures and bring empty homes back into use within the city-region.
- 2.4 Housing Associations are a significant cog in the LCR economy. They employ over 6,500 people directly in the city-region and support more than 28,000 FTE jobs across the North West. Housing Associations' day-to-day activity adds £1.2 billion GVA to the local economy each year.
- 2.5 Housing Associations are unique social enterprises, which boost productivity and deliver social value through building new homes, regenerating communities, improving the health and wellbeing of tenants and boosting skills and employment of LCR residents. Housing Associations invested over £1.6 million in apprenticeship schemes for in the LCR in 2015/16 alone, helping hundreds of young people into work.
- 2.6 The sector aspires to do more together to boost productivity. LCR Housing Associations are developing collective offers on skills & employment and health & wellbeing to grow the local economy, attract and retain investment and improve the quality of life of citizens across the city-region.

- 2.7 Housing Associations are committed to working with the Combined Authority at a strategic, as well as delivery level, through harnessing our expertise and experience to support the ambitions of the Combined Authority. LCR Housing Associations are committed to playing our part in delivering the homes needed within the city-region and to ensuring that our collective investment brings substantial economic and social benefits to LCR residents and businesses.

3. Executive Summary

- 3.1 There is a longstanding link between housing as a wider determinant of health. Housing providers are strongly positioned to influence the wellbeing of the residents of the neighbourhoods in which they operate.
- 3.2 Across the City Region there are numerous examples of positive collaborative working that have achieved positive localised results. However, these examples have not been translated into consistent working practices across all areas.
- 3.3 Housing associations are keen to play their part in helping to influence and shape policy to tackle the health inequalities that exist. They can positively contribute to commissioning outcomes that deliver a person centred, community based care and support approach that enables people to stay well.

4. Key Issues

- 4.1 There are a number of potential opportunities where housing associations could support the ongoing work across the City Region NHS partners. Through closer integration, this will enable alignment of strategies to jointly drive the planning of health and housing services.
- 4.2 There needs to be a focus upon developing coordinated approaches to address those aspects of health that have a connection with housing, with a particular emphasis upon prevention. Examples include social care, independent living, falls, and dementia. This also takes account of Public Health priorities and the NHS 5 year forward view.
- 4.3 The proposed shared key priorities for housing and health are:
1. Loneliness/ isolation
 2. Falls prevention
 3. Dementia
 4. COPD/ CVD – linked to heating levels and also flu immunisation
 5. Poverty – including debt, welfare reform, fuel poverty
 6. Healthy lifestyles
 7. Mental health – including linkages to homelessness, alcohol and substance misuse

4.4 Housing associations, CCGs, Public Health Teams and health providers could work more cohesively to achieve these shared objectives. Examples include a number of awareness campaigns and initiatives, some of which have previously been successfully delivered on a localised basis:

- Keep Warm Keep Well
- Slips, trips and falls (building upon the previously successful 'Sloppy Slippers' Campaign)
- Healthy lifestyles – using Experian data available by neighbourhoods
- Analysis of housing association detailed customer profiling data to initiate targeted interventions, linked to the wider prevention and wellbeing agenda.
- Dementia early signs training for front line staff as part of a co-ordinated approach to workforce development and training

4.5 The offer from housing associations proposes they will adopt the following responsibilities where available in each local authority area and where appropriate, across the Combined Authority:

1. To act as a single housing representative on the Health and Wellbeing Board.
2. Be the primary housing link to the other housing associations working across the Local Authority area and act as a conduit back into key contacts within the CCG and Public Health Teams.
3. Coordination of integrated wellbeing programmes within the housing sector on behalf of NHS England, CCGs and Public Health Teams. This will ensure closer working with wider statutory partners including the voluntary sector, emergency services, NHS Foundation Trusts, Community Services and Mental Health Trusts.
4. Coordinate the Housing & Environmental aspects of NHS, CCG and Public Health's Health and Wellbeing Strategies.
5. To explore the options to truly integrated role(s) between the lead housing association in each Local Authority area and the CCG.

4.6 Looking ahead housing also has the opportunity to go beyond these interventions and undertake a role addressing other emerging health priorities.

4.7 Housing associations could play a wider part in supporting the delivery of intermediate care (or short term step-down accommodation) for patient's inappropriately staying in hospital. This is an increasing pressure point for health budgets (especially set against a local ageing population). Through active collaboration, this could provide an opportunity for supported and adapted housing to develop co-designed solutions which bring together health, housing and social care requirements.

- 4.8 There are also opportunities to contribute to place based commissioning, reducing pressures associated with presentations at GP surgeries for non-clinical reasons (recent research indicates this is 30% of all GP appointments). Preventative services provided by housing associations could be prescribed by the GP to effectively reduce future non-clinical appointments through targeted community based interventions.
- 4.9 In addition to targeted campaigns, closer working arrangements will also support the continued development of a strategic overview to ensure the CCGs realise maximum return on their respective estate disposals programme. This links directly into the Mayoral target to build 25,000 new homes across the City Region and could be part of a strategic approach to the provision of specialist / supported accommodation needs.
- 4.10 There are several health related worklessness actions in the devolution agreement with Government relating to which housing associations are well placed to contribute:
- Co-design and co-commission the Work and Health Programme (this will be replacing the Work Programme).
 - Pilot a household approach (based upon Troubled Families) to work with households where there is more than one person out of work
 - Submit a bid to the Health and Work Unit's Innovation Fund to test different medical ways of supporting people with health conditions
- 4.11 There are also linkages to the employment offer through the current and anticipated experiences of the LCR health providers in seeking to address issues of high vacancy rates and high turnover that are linked to low skill and low paid job opportunities.
- 4.12 A summary of the wider impact and contribution housing associations have across the LCR is included as Appendix 1.



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