



HEALTH AND WELLBEING BOARD

Meeting to be held in Civic Hall, Leeds on
Tuesday, 22nd February, 2022 at 1.20 pm
(Pre-meeting for all Board Members at 1.00 pm)

MEMBERSHIP

Councillors

S Arif S Golton N Harrington
A Smart
F Venner (Chair)

Representatives of Clinical Commissioning Group

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group
Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds
Clinical Commissioning Group

Directors of Leeds City Council

Victoria Eaton – Director of Public Health
Cath Roff – Director of Adults and Health
Sal Tariq – Director of Children and Families

Representative of NHS (England)

Anthony Kealy - NHS England

Third Sector Representative

Alison Lowe – Director, Touchstone

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative

Paul Money – Chief Officer, Safer Leeds
Supt. Richard Close – West Yorkshire Police

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

Please Note: Members of the public are now able to attend the meeting in person, but please be mindful that Coronavirus infection levels remain high in Leeds. Therefore, even if you have had the vaccine, if you have Coronavirus symptoms: a high temperature; a new, continuous cough; or a loss or change to your sense of smell or taste, you should NOT attend the meeting, stay at home and take a PCR test. For those who are attending the meeting we would recommend taking an LFT prior to attending and recommend the continued wearing of face coverings.

Note to observers of the meeting: To remotely observe this meeting, please click on the 'View the Meeting Recording' link which will feature on the meeting's webpage (linked below) ahead of the meeting. The webcast will become available at the commencement of the meeting.

<https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=965&MId=11453&Ver=4>

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
2			<p>WELCOME AND INTRODUCTIONS</p> <p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded)</p> <p>(*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)</p>	
3			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

4

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration

(The special circumstances shall be specified in the minutes)

5

DECLARATION OF INTERESTS

To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.

6

APOLOGIES FOR ABSENCE

To receive any apologies for absence

7

OPEN FORUM

At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.

8

MINUTES

To approve the minutes of the previous Health and Wellbeing Board meeting held 6 December 2021 as a correct record.

7 - 12

9

HEALTH STARTS AT HOME - IMPROVING HEALTH THROUGH BETTER HOUSING FOR ALL

The joint report of the Director of Communities, Housing and Environment and the Director of Adults and Health informs the Board about the emerging Health and Housing programme of work as well as wider conversations about the new Housing Strategy and the ideas that are being discussed as part of scoping for the new City Ambition and the Marmot programme.

13 - 90

10

A LISTENING CITY - MOVING TO COLLECTIVE ACTION

91 -
106

The report of #TeamLeeds Health and Care People's Voices Group (PVG) provided an outline of the key themes that people have raised with health and care organisations in the city. The report calls for citywide commitment to act on the consistent messages from people, and to do that in co-production with the people of Leeds to target future engagement.

11

LEEDS HEALTH AND CARE QUARTERLY FINANCIAL REPORTING

107 -
114

The report of Leeds Health and Care Partnership Executive Group (PEG) provided an update on the Leeds Health and Care Quarterly Financial Position.

ANY OTHER BUSINESS

DATE AND TIME OF NEXT MEETING

Thursday, 28 April 2022 at 1.30 p.m.

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

HEALTH AND WELLBEING BOARD

MONDAY, 6TH DECEMBER, 2021

PRESENT: Councillor F Venner in the Chair

Councillors S Arif, S Golton, M Harland and
N Harrington

Representatives of Clinical Commissioning Group

Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Victoria Eaton – Director of Public Health

Cath Roff – Director of Adults and Health

Chris Dickinson – Head of Commissioning, Children and Families

Third Sector Representative

Pat McGeever – Health for All

Pip Goff – Forum Central

Representative of Local Health Watch Organisation

Hannah Davies – Chief Executive of Healthwatch Leeds

Representatives of NHS providers

Phil Wood - Leeds Teaching Hospitals NHS Trust

Representative of Leeds GP Confederation

Jim Barwick – Leeds GP Confederation

18 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

19 Appeals against refusal of inspection of documents

There were no appeals.

20 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

21 Late Items

There were no formal late items. However, updated versions of Appendix 1 & 2 to Item 12 were circulated and published in advance of the meeting.

22 Declaration of Interests

Draft minutes to be approved at the meeting
to be held on Tuesday, 22nd February, 2022

There were no declarations of interests.

23 Apologies for Absence

Apologies for absence were received from Dr Sara Munro, Jane Maxwell, Julian Hartley, Dr Alistair Walling, Jason Broch, Thea Stein, Dr John Beal, Sal Tariq and Superintendent Richard Close. Chris Dickinson and Dr Phil Wood were in attendance as substitutes.

24 Open Forum

No matters were raised on this occasion.

25 Minutes

RESOLVED – That the minutes of the meeting held 16th September 2021 be approved as an accurate record.

26 Trauma Awareness, Prevention and Response

The Leeds Trauma Awareness, Prevention and Response Steering Group submitted a report that set out the Leeds ambition, approach, progress to date and next steps in developing our Compassionate Leeds: Trauma Informed City.

The following were in attendance:

- Jane Mischenko, Children's Partnership Development Lead, NHS Leeds CCG
- Emmerline Irving, Programme Manager for Improving Population Health and Maternity (Public Health), West Yorkshire & Harrogate Health and Care Partnership

Representatives introduced the report and provided a presentation to Members, providing an overview of plans to create the children and families' trauma service to prevent, raise awareness of and respond to Adverse Childhood Experience's (ACEs) in Leeds, led in partnership by the NHS Leeds CCG and Leeds City Council. It was explained that community adversities such as poverty, community violence and discrimination are now recognised as ACEs, and all forms of traumatic experience require a holistic response from all agencies who have key relationships with vulnerable children and young people. Members were advised that colleagues are also working to develop a local place-based strategy alongside the WY&H Integrated Care System programme strategy, to align and ensure synergy, whilst also reflecting the distinct needs of the city. It was also acknowledged that Leeds is the first city nationally to create a dedicated trauma service and strategic plan.

Members discussed a number of matters, including:

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- Members recognised the challenge associated with developing clear indicators that evidence the impact of the programme on key mental health indicators but sought more information on the actions for agencies and organisations and how they will be measured. Members were advised that the strategy and action plan is currently being co-produced and will include clear actions for specific agencies involved that will be measured and evaluated, but that the initial focus will be to generate a cultural shift and gain commitment from agencies to key ambitions.
- Members welcomed the broader definition of ACEs to include non-relational adversities, along with the ambitions for cultural change and focus on overcoming trauma and as opposed to unhelpful diagnosis based on self-soothing behaviours, such as drug or alcohol abuse.
- Members noted the importance of involving third sector organisations and smaller grass roots projects in shaping the strategy and ambitions, as well as providing the resources and funding to help groups deliver trauma awareness and support projects locally.

RESOLVED – That the Health and Wellbeing Board:

- a) Note the ambitious vision and scope of the Leeds work
- b) Recognise progress to date in Leeds
- c) Note proposed next steps in Leeds
- d) Recognise the synergy of the WYICS programme and benefit of working together

27 An Update on the Physical Activity Ambition

The Director of Public Health and the Director of City Development submitted a joint report that provided an update on the development of the Physical Activity (PA) Ambition for Leeds which is being led by Active Leeds and Public Health together with partners across the city.

The following were in attendance:

- Anna Frearson, Chief Officer, Public Health
- Steven Baker, Head of Active Leeds, City Development

The Executive Member for Public Health and Active Lifestyles introduced the report, advising Members that activity levels have significantly reduced due to the impact of Covid-19 and there has been evidence of increasing inequalities for people from different socio-economic backgrounds and age groups. Therefore, two priorities around ‘Active Environments’ and ‘Active People – Reconditioning’ are proposed as a next stage focus, along with work progressing to develop a new Physical Activity Governance structure, which involves the establishment of a Physical Activity Partnership Board.

Members discussed a number of matters, including:

- In response to a request for more detail in relation to the governance structure, it was confirmed that a structure chart would be circulated to Members once finalised. Members were advised that it had been agreed that the Physical Activity Partnership Board (to be set up early 2022) will have a relationship with climate change and inclusive growth as well as health, and that the governance structure chart will reflect those relationships.
- Members suggested that Local Care Partnerships, Community Committees and Parish/Town Councils all be engaged with, along with local third sector organisations, who will be able to provide knowledge and understanding of the needs and geography of the local area for new facilities and programmes.

RESOLVED – That the Health and Wellbeing Board:

- a) Note the progress presented and support the proposed next stage priorities of Active Environments and Active People - Reconditioning.
- b) Support the establishment of the Physical Activity Partnership Board as part of governance arrangements.
- c) Note their role in realising a number of system leadership outcomes to support the achievement of the Physical Activity Ambition.

28 Review of the Leeds Housing Strategy

The Head of Housing and Homelessness submitted a report that informs the Board of the review underway to produce a new 5-year Leeds Housing Strategy. The strategy review will be underpinned by the Council's 3 strategic pillars including the Health and Wellbeing Strategy. Consultation and engagement on the housing strategy priorities will take place during November and December, with a view to finalising the updated strategy by April 2022.

Mandy Sawyer, Head of Housing and Homelessness, introduced the report and provided an overview of the review of the Leeds Housing Strategy currently underway and will be considered by Executive Board in April 2022. Members were advised that the review will focus on establishing the city's housing need and how the Council works with other housing providers and key agencies to improve housing conditions across the city with three main priorities - housing quality and affordability, age friendly housing, and supporting healthy and active communities.

Members discussed a number of matters, including:

- Members welcomed the report and the priorities aligning to health inequalities, however suggested that narrative around links between good housing and good health, and poor housing and poor health, could be strengthened. Particular reference was made to deaths and serious health conditions linked to poorly heated and/or damp homes.

- It was suggested that the recently published housing chapter of the health and social care White Paper be used to inform the development of the strategy.
- Members also queried how the strategy will seek to address standards in new build homes moving forward. Members were advised that the Government are currently reviewing the Decent Homes Standard, which unfortunately will not be published in advance of the publication of the strategy, however, the strategy will reinforce the Council's commitment to housing standards.
- Affordable warmth and hoarding were also raised as key issues to focus on and were assured that both will feature as critical elements of the strategy.

RESOLVED –

- a) Note and comment on the proposed approach to reviewing the Housing Strategy.
- b) Note the comments made on how the Housing Strategy, including the health and housing theme can support the delivery of the Health and Wellbeing Strategy.
- c) Note the health and housing agenda item planned for the Health and Wellbeing Board meeting in February 2022.

29 Better Care Fund Plan

The Chief Officer, Resources & Strategy, Adults & Health (Leeds City Council) and the Head of Planning & Performance (NHS Leeds CCG) submitted a report that sought sign off from the Health and Wellbeing Board of the End of Year 2020/21 Template.

RESOLVED – That the Board noted the submission of the Leeds BCF End of Year 2020/21 Template attached as Appendix 1.

30 Leeds Health and Care Financial Reporting at end of September 2021 (M6 2021/22)

The Board received, for information, the report of the Leeds Health and Care Partnership Executive Group (PEG) that provides the Health and Wellbeing Board with an overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide financial report.

RESOLVED – That receipt of the report be noted.

31 Connecting the wider partnership work of the Leeds Health and Wellbeing Board

The Board received, for information, the report of the Chief Officer, Health Partnerships, that provides a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing

Draft minutes to be approved at the meeting
to be held on Tuesday, 22nd February, 2022

Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

RESOLVED – That receipt of the report be noted.

32 Any Other Business

No matters were raised on this occasion.

33 Date and Time of Next Meeting

The next meeting will be held Tuesday, 22nd February, 2021 at 1:30 p.m.

Leeds Health and Wellbeing Board



Report authors: Sarah Kemp, Mandy Sawyer, Lucy Jackson, Tony Cooke

Tel: 0113 5350705

Report of: James Rogers, Director of Communities, Housing and Environment

Cath Roff, Director of Adults and Health

Report to: Leeds Health and Wellbeing Board

Date: 22nd February 2022

Subject: Health starts at home – Improving health through better housing for all

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Housing is a major determinant of health. The homes we live in influences our physical and mental health and often shapes other factors such as where we work and whether we can start a family. A review of the Housing Strategy is underway, and an update was presented at the December 2021 Health and Wellbeing Board. The Board also discussed the impact of demographic change and housing issues outlined in the 2021 Joint Strategic Assessment and requested a report sharing the emerging Health and Housing Partnership work programme. The Board was also keen to discuss intersections between emerging Housing and Health and Wellbeing strategies and how we could better connect them.

Recommendations

The Health and Wellbeing Board is being asked to support strengthened connections between housing and health strategies and closer alignment and integration between teams working across housing and health services. It is asked to note and comment on the proposed Health and Housing programme priorities particularly:

- The work programme for housing and health
- The potential creation of a Good Homes Agency
- The development of a Health and Housing 'Breakthrough Project'
- Focusing on housing as part of the Marmot City work

1 Purpose of this report

This report informs the Board about the emerging Health and Housing programme of work as well as wider conversations about the new housing strategy and ideas that are being discussed as part of scoping for the new city ambition and the Marmot programme. The paper seeks input from the Board on how the programme can better support the Health and Wellbeing Strategy by improving health through housing and by engaging a wider group of strategic and operational stakeholders.

2 Background information

- 2.1 Our home environment is a major determinant of our health and wellbeing. Where we live, the design, size and feel of our homes and the emotional and psychological impact of how secure and happy we feel with our living situation are key drivers of lifetime health.
- 2.2 During 2019 the Leeds Strategic Housing Partnership held a series of workshops with a focus on meeting peoples housing needs and on improving health through housing. These workshops were attended by elected members and senior officers, resulting in priorities being identified for greater collaboration, joint training and other improvements to housing which would positively impact the health of Leeds residents.
- 2.3 Much of this work was put on hold during Covid-19 but understanding how the pandemic has widened and deepened inequalities has reinforced the importance of this work. This was also drawn out by the Leeds Joint Strategic Assessment 2021. This noted how many younger people were increasingly concentrated in lower quality private rented accommodation, with difficulties getting on the housing ladder and reduced supply of social housing all impacting.
- 2.4 These factors were discussed at the Health and Wellbeing Board in June 2021 with the Chair and members requesting that health and housing be prioritised for additional work and a future paper to Board.
- 2.5 Other key housing and health related issues concern our ongoing response to homelessness and supporting people with additional needs to stay housed, designing lifetime homes that are adaptable as people age and better regulation of the private rented sector designed to improve quality and security of tenure.
- 2.6 Over the years there has been closer relationships between health and housing services, for example the Local Care Partnerships include housing advice in primary care and services like Bevan Healthcare work closely with the council and registered social landlords (RSLs) to ensure a full housing offer for their clients. RSLs and third sector housing services have long supported their clients to access health and wellbeing support and housing related advice and support.

3 Main issues

3.7 Good Home Inquiry (GHI) Recommendations September 2021 (Appendix 2)

Leeds City Council and Leeds Older People's forum have a partnership agreement with the Centre for Ageing Better to support our Age Friendly priority. The GHI, commissioned by Centre for Ageing Better takes an all-age approach. The independent panel worked with several key councils including Leeds, along with other health and housing partners (See Appendix 2 for the full report). The local recommendations focus on:

- Establishing a ‘Good Homes Agency’ (see below) for all age groups, which conducts a ‘home MOT’ and assesses homes for energy performance, hazards and disrepair that could be damaging to physical and mental health
- The agency will work with citizens to produce a plan, including retrofit. adaptations, digital solutions, offer impartial information and advice to support access to relevant sources of affordable funding and trusted traders.
- Recommendations also include supporting landlords to improve housing quality and the enforcement of housing quality.

The need for retrofit programmes to target all tenures is recognised by the Good Home Inquiry. This identifies the need to offer encouragement and incentives for homeowners to invest in their properties and narrow the perceived gap between the cost of investing in low carbon interventions and the benefit accrued to the household.

- 3.1 The work of the team led by Professor Marmot at University College London shows how Covid-19 has further widened gaps that were already growing since 2010 for some populations. Leeds has committed to implement the recommendations made by Marmot and progress towards becoming a Marmot city, and initial conversations have focused on housing and health as a key area for action.
- 3.2 Health and Housing has been identified as one of the Leeds Best City Breakthrough projects from 2022. The Best City Ambition brings together our three key city strategies. If we improve the quality of housing via retrofitting and appropriate adaptations and better connect health and housing systems, we will improve health outcomes for citizens, and this will work will help towards our goal of zero carbon and promote economic development.
- 3.3 Improving health through housing: promoting healthy lifestyles, reducing health inequalities, and supporting people to meet health needs through housing options. This is one of the six key themes in the Housing Strategy Review and links to the Health and Wellbeing Strategy.
- 3.4 Leeds has recently received £339,000 via the ICS to tackle fuel poverty and reduce winter pressures, focusing on helping those in disadvantaged areas. Best practice/learning from this will be built into our work programme.
- 3.5 Housing quality in the private rented sector is a growing priority. In the last 20 years the city has seen an increase in the sector at the expense of owner/occupation. The private rented sector is now over 20% of all homes, bigger than the social housing provision in the city. The poorest quality homes in the sector are in these inner-city areas of the city which are now over 50% of the market in some areas and the dominate sector. The Housing Act 2004 places a duty on the Council to address standards. To determine standards there are 29 hazards identified, via the Housing Health and Safety Rating System, effecting households’ health and safety when living in their home. The main hazards found are excess cold, falls, risk of fire, damp, electrical safety and falls. At least 20,000 privately rented homes in the city have one or more higher risk rated (known as category 1 hazards) hazards which require intervention and action.
- 3.6 The Council continues to support landlords and target those who fail in their legal duties. To help landlords provide good quality homes the Council actively supports the Leeds Rental Standard which allows self-regulation of their business by landlords providing they meet certain standards. The Council as well as a duty to deal with standards has a duty to licence certain types of houses in multiple occupation (HMO) via mandatory licensing and undertakes proactive interventions to target poor quality homes. These target the inner city and include selective licensing schemes in Beeston and Harehills, the Leeds

Neighbourhood Approach in Holbeck as well as targeting overdeveloped homes where people have inadequate living space. By crossing the threshold, it also provides an opportunity to work with partners to address non housing needs such employment, training financial inclusion, access to health care and support needs.

- 3.7 There are many professionals that cross the threshold of a home. By working more closely we could identify health and/or housing issues earlier and this could improve health outcomes and prevent issues escalating. We need to improve the information, advice and training and networks available for our residents, landlords and workforce.
- 3.8 An existing project manager from Health Partnerships Team has been deployed to scope out, develop and deliver a programme of work across key aspects of health and housing working closely with colleagues in public health, housing, and third sector/community services. It is important to note that this programme of work will help co-ordinate a number of new and existing initiatives. The programme has been developed in consultation with key partners and in consideration of where greatest value can be added by the Health Partnership involvement for example via cross system, collaborative working. The post is being matrix managed between the Health Partnerships Team and Housing Leeds Service.
- 3.9 A scoping exercise has been undertaken, involving partner contributions from key colleagues within Health Partnerships Team, Public Health, Adults and Health Commissioning, Safer Leeds, Housing Leeds, and Leeds CCG. The outcome has been the identification of 3 areas for focus:
- Health and Housing
 - Health and Homelessness
 - Health and Planning
- 3.10 Priority projects sit underneath each of these 3 areas. The priority projects align to the existing strategies, principles, and work programmes connected to the Health and Wellbeing Strategy, NHS Long Term Plan, and other local, regional, and national recommendations.
- 3.11 The priority projects included for 2021-22 in the work programme, as shown in Appendix 1 are:

Housing and Health

- Rise High project with Health & Care for Multi Storey Flats across Leeds
- Development and delivery of joint training programme for housing and health staff
- Hospital Discharge
- Good Homes Inquiry Recommendations

Health and Homelessness

- Leeds City Health and Wellbeing Centre
- Out of hospital work for homeless/street-based support (including A&E presentations)

- Rough Sleeping Health Needs Assessment actions linked to Leeds Ending Rough Sleeper Plan

Health and Planning

- Housing Growth - support the planning process to ensure housing growth considers health and care impact
- East Leeds Extension – development of response to ensure sufficiency of localised primary and community health and care service *capacity*

4 Health and Wellbeing Board governance

4.1 Consultation, engagement, and hearing citizen voice

4.1.1 This is being undertaken via the Housing Strategy review and will also take place where possible throughout the work programme and as part of the Health and Wellbeing Strategy review. It is noteworthy that many people raised housing concerns as part of the Big Leeds Chat.

4.2 Equality and diversity / cohesion and integration

4.2.1 A full Equality Impact Assessment is planned as part of the Housing Strategy review. Housing and access to housing is an inequality and inclusion issue. Homelessness and poor housing have greatest impact on people with mental health, substance misuse and learning disabilities. There have also been issues with housing quality in the private sector and with access to housing.

4.3 Resources and value for money

4.3.1 There is the opportunity to further share our resources and create efficiencies. Through collaborative working with partner organisations and citizens, we will achieve so much more by identifying all available funding which will enhance services and working practices through an integrated approach.

4.4 Legal Implications, access to information and call In

4.4.1 The Council has a range of statutory duties relating to housing, homelessness, and reviewing housing conditions. This work programme will assist the Council in meeting those duties

4.5 Risk management

4.5.1 The main risk is that the work programme fails to meet the housing needs and improve the health of our citizens. This risk is being managed by consultation and engagement exercise at various stages for each project within the programme. We are working with stakeholders, communities, and citizens as possible, to tailor the programme.

5 Conclusions

5.1 Health and housing strategies and operational teams working together can only improve system-wide knowledge and opportunities for comprehensive advice for people and services. Joint training across health and housing will be a central part of the work over the next few months.

5.2 The next steps include further refining the scope of the projects through engagement with stakeholders to add detail and establish the delivery teams for the projects. As noted, some are existing initiatives and others are new or being scaled up across the city and some are part of major programmes such as Marmot City.

5.3 The review of the housing strategy currently taking place also features a number of housing and health related events and the learning will be taken into the Health and Wellbeing Strategy review.

6 Recommendations

The Health and Wellbeing Board is being asked to support strengthened connections between housing and health strategies and closer alignment and integration between teams working across housing and health services.

It is asked to note and comment on the proposed Health and Housing programme priorities particularly:

- The work programme for housing and health
- The potential creation of a Good Homes Agency
- The development of a Health and Housing 'Breakthrough Project'
- Focusing on housing as part of the Marmot City work

7 Background documents

7.1 Appendix 1. Health and Housing Partnership work programme.

Appendix 2. [Good Homes Inquiry Report: Good homes for all: A proposal to fix England's housing.](#)

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How does this help reduce health inequalities in Leeds?

Improving housing conditions in the city, across the social housing, rented and owner occupied sectors, has a huge role to play in promoting good physical and mental health.

How does this help create a high quality health and care system?

High quality housing and associated services through integration and collaborative working will improve health outcomes and reduce the pressure on health and housing services.

How does this help to have a financially sustainable health and care system?

By reducing pressure on the health and care services, and ensuring the correct housing and care is delivered by the right person, at the right time and in the right place will create efficiencies and improve resource levels.

Future challenges or opportunities

The programme of work has been designed by working closely with cross sector colleagues. It is important to note that this programme of work will not support all projects but will help co-ordinate new and existing initiatives. The programme has been developed in consultation with key partners and in consideration of where greatest value can be added by the Health Partnership involvement for example via cross system, collaborative working.

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21
(please tick all that apply to this report)**

A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X



Health and Care and Housing sector continues to work together with partners and residents to improve their health and wellbeing and to reduce inequalities across Leeds. Health and Housing and Homelessness & Estates have been agreed as the 3 focussed areas of work and the projects sit underneath these areas. The projects are designed to add value and the work integrates with the Health System and can only be delivered in partnership with our stakeholders. The potential for the work is huge so the projects have been scoped out and key priority projects agreed but we also allow for any emerging new priorities.

1. Health and Housing	2. Health and Homelessness	3. Health and Planning
<ul style="list-style-type: none"> Improve exchange of information and resources between Health and Housing colleagues Improve Integration of Housing into the Health System 	<ul style="list-style-type: none"> Improve exchange of information and resources between Health and Homelessness colleagues Improve Integration of Homelessness services into the Health System 	<ul style="list-style-type: none"> Improve integration of the Leeds Health and Care Community Estates Programme of Work Housing Planning, impact on estates and health and services across Leeds

The projects below link with other projects outside of this programme

<p>Rise High project with Health & Care for Multi Storey Flats across Leeds: Following on from the intensive "Rise High" work conducted in Clyde's, LS12. Success was measured via wellbeing and health outcomes.</p>	<p>2.1 Leeds City Health and Wellbeing Centre: Bevan and St Anne's resource centre have new contracts and a redesigning the services provided linking to the needs assessment findings.</p>	<p>3.1 Housing Growth: support the planning process to housing growth considers health and social needs with a citywide view, focussed on narrowing inequalities, homelessness, active travel, inclusive growth, health, education</p>
<p>Development and delivery of joint training programme for housing and health staff: To improve connections between colleagues and raise awareness of health and housing issues and how to respond.</p>	<p>2.2 Out of hospital work for homeless/street based support (including rough sleepers presenting and A&E): Improve process (Links to 1.3)</p>	<p>3.2 Community Estates Strategy & priorities: work with Strategic Estates Board to develop and deliver the work programme.</p>
<p>Hospital Discharge for Leeds citizens: Improve process (links to project 2.2)</p>	<p>2.3 Rough Sleeping Health Needs Assessment actions linked to Leeds Ending Rough Sleeper Plan: working with colleagues to reduce/end rough sleeping.</p>	
<p>Good Homes Inquiry Recommendations : Review and develop additional recommendations for Leeds from report September 2021. Project is cross tenure so includes all homes in Leeds.</p>		

Current Connected Projects and Future Priorities

Older Persons- Self-assessment – planning to be retirement ready	4.4 Development and promotion of Leeds Directory for Leeds residents
Older Persons Campaign for planning ahead	4.5 Development of Leeds Care Record to include relevant housing information,
Older Persons Home Plus Service	
Decent Homes	

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Good homes for all

A proposal to fix
England's housing

September 2021



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Foreword

From David Orr CBE, Chair, The Good Home Inquiry

When the Centre for Ageing Better decided to commission and support the Good Home Inquiry, there were many compelling reasons to do so.

As a nation we have grown used to a ‘spike’ in winter deaths, but 17,000 people dying in 2018 (E3G, 2018) because they couldn’t afford to heat their homes properly is an appalling statistic. The fact that 4.1 million homes fall short of even the basic minimum in the Decent Homes Standard represents another abysmal failure, especially when we know that almost half of these homes are lived in by people over the age of 55 (MHCLG, 2019).

Falls in the home are catastrophic for many older people and a considerable cost to the NHS. Many of our homes are inaccessible, have trip hazards, unsafe wiring, or in other ways present a danger to their inhabitants. Hundreds of thousands of people live in overcrowded housing. The bleak truth is that our housing stock is the oldest and amongst the poorest quality in Western Europe, with some of the highest associated health and care costs. We have all too easily accepted this as ‘just the way it is’.

An inquiry into our homes and how we can improve them was, therefore, long overdue. And then COVID-19 came along. This made an inquiry not only essential but genuinely urgent.

We all now know that COVID-19 affected some people far more than others. Those living in overcrowded, damp or cold homes have been hit far harder by the pandemic. Meanwhile, our substandard housing is a major barrier when it comes to tackling the other great challenge of our times: climate change. The poor-quality of our homes has had, and continues to have, a hugely damaging impact on the climate.

If this were a new problem, we would be horrified. We would have urgent cabinet meetings, wall to wall media coverage, action plans and huge amounts of money thrown at it. But because we have had these problems for years, we have become inured to them and collectively complacent about dealing with them.

But the last 18 months have taught us that we can no longer stand back and do nothing. We have both an opportunity and an obligation to come up with a plan of action which gives the best possible chance for us all to live in homes that are safe, warm, affordable and energy efficient. By doing so, we can improve the quality of life for millions while reducing demands on our health service and helping to tackle the existential threat of global warming.

We are confident that our proposals, while ambitious, are workable and realistic. We want to see a national network of local delivery agencies providing trusted advice, information, access to financial products and grants, supported by a national strategy, ideally owned at cabinet level. We understand that this is a 'moment in time' report and we are entirely clear that it does not have all the answers. Nor should it. The answers will best be found locally, reflecting unique local challenges and opportunities.

This is not a technical report. We have not sought to be prescriptive about housing standards. We have been driven by our common understanding of what we all consider to be the components of a good home. It is a home which has light and space, which is flexible and adaptable to our changing needs, which is easy to heat in winter and cool in summer, which has access to outdoor space, and which is affordable and safe. A good home should also be connected both physically to local amenities and digitally to the wider world beyond our neighbourhoods.

Whether we rent our homes or own them, they are ours. Each of us has responsibility to look after our own home and by so doing to look after ourselves. But collectively they are an enormous national asset, which we have neglected to our severe detriment.

More than 80% of the homes that will be needed in 2050 exist today (Boardman et al, 2005). Concentrating on new build homes is not the answer to the problems outlined above. If we can instead support individual owners to invest in their homes, landlords to look after the homes they rent out and government to provide long-term strategy and financial support, we can ensure that our homes become the asset they should be rather than the liability that so many are.

The prize is great. Individually, we will be happier and healthier if our homes are good. We will be more comfortable if they are energy efficient. We can reduce some of the pressure on our health service. We can help to stimulate economic growth by creating new apprenticeships, new skills, and new jobs. And we can make a significant contribution towards meeting our international climate change obligations.

Doing nothing is no longer an option. We hope this report is the starting gun for lasting change.

Introduction

The scourge of low-quality housing is an injustice that nobody should be forced to suffer and yet it is the norm for millions of people in England. It damages people's life chances and hurts us as a nation. On a purely economic basis, the annual cost to the NHS attributed to low-quality housing is estimated at £1.4 billion for first-year treatment costs (Nicol et al, 2015).

That this problem has never been properly addressed should be a source of national embarrassment. The issues that contribute to poor housing can feel so endemic and far-reaching that they seem impossible to deal with. In fact, they are not insurmountable. But they cannot be tackled with short-term, narrow policy solutions focused only on building more homes or helping middle-class first-time buyers. They require a step-change in how we think about our housing.

The intention of the Good Home Inquiry is, above all else, to make this change a reality. Bringing this about need not be a daunting task. Much of the infrastructure and levers already exist, and many improvements are low cost and high impact. What we need is a coordinated national and local effort so that these existing tools can be used effectively.

This Inquiry is concerned with addressing the problem of unsuitable and low-quality housing in England's existing housing stock. In doing so, we are not denying the need for a significant increase in new-build supply and for ensuring that supply is the right type, accessible, adaptable and built to high standards. Without this we risk storing up similar problems for the future. However, there have been numerous reports already written about the need for more and better housing, and government policy over the past decade has overwhelmingly focused on this.

The fact that four out of every five residential buildings that will exist in 2050 already exist today shows that this overemphasis has been misguided. What has too often been neglected is the case for radically improving our existing stock of homes and treating them as the valuable national asset they are. The Grenfell Tower fire and subsequent scandal of flammable cladding still being in place on high-rises four years after that tragedy further demonstrates the urgent need to ensure that existing residential buildings are in good condition and properly improved, maintained and managed.

Poor-quality housing has a negative impact on individuals and can blight whole communities. Tackling the problem as a problem for place, not just individuals, aligns with the current government's stated goal of boosting communities in regions that have suffered from underinvestment in the past. Building new transport links, hospitals and schools and investing in communities will have little effect if a large number of the homes people live in remain a barrier to fulfilling their potential. There is an economic incentive to focus on improving our existing homes as well. If we deal with unsuitable, low-quality housing simply by replacing it, we will waste billions of pounds trying and failing to do so while doing little to help meet our climate change obligations.

There are three key reasons why we believe this is a unique time to bring about this transformation in how we engage with our homes: the COVID-19 pandemic, climate change, and our ageing population.

- 1.** The pandemic has added a new layer of understanding of the profound effect that unsafe, low-quality or unsuitable housing can have on our physical and mental wellbeing – on our ability to live healthily, to work effectively and to look after our families. Older people, those on low incomes, people with disabilities and pre-existing health conditions, and those from minority ethnic communities have been particularly hard hit by COVID-19. And that impact has been much worse for anyone living in an overcrowded, damp or cold home. Put simply, when our homes became our refuge of last resort we discovered that for millions of us they were not only unsafe but could even harm our prospects of survival.
- 2.** We have known for decades that a high proportion of greenhouse gas emissions come from our homes, with recent data suggesting 15% of UK emissions come from the residential sector (BEIS, 2021). As a nation we have made a commitment to eliminate harmful emissions within a generation. This commitment cannot be met without decarbonising our homes. The upcoming COP-26 conference provides an international stage on which we can begin to make good on this promise. We know that the UK government’s net zero carbon emissions target cannot be achieved without transforming the country’s housing stock by making it more energy efficient and initiating a transformative retrofit programme to improve the thermal efficiency of our homes: for example, through replacing old heating systems with green technology and improved insulation. This represents an opportunity that we can’t afford to waste.
- 3.** Finally, we must prepare for the reality of an ageing population. According to recently published data from the Office of National Statistics (ONS), by 2041, one in four people in England will be aged 65 or over. The fastest increase will be in the 85 years and over age group, with the number of people aged 85 and over expected to double to 3.2 million by 2041. We know that the vast majority of us would prefer to remain living independently in our own homes and communities as we age. That means we need a transformation of our housing stock to ensure that as many homes as possible are suitable for people whose needs are likely to change as they get older – and to avoid placing additional strain on our NHS and social care. We need to be able to adapt them easily and appropriately, as well as ensure they are safe and easy to keep warm or cool. They also need to be connected to the internet both to make the most of the growing availability of home care tech innovations and to keep residents connected to their support networks.

These three interconnected factors demonstrate why it is both essential that we address the issue of poor housing and why now represents perhaps our best chance for decades. The fact that demographic pressures mean that larger numbers of people are living in – or will live in – unsuitable housing, combined with the urgency of the net zero commitment, has already created a moment in time for action to improve our homes. The emergence of COVID-19 has only served to reinforce this urgency.

This Inquiry considers all homes, though recognises that each type of tenure has unique circumstances and challenges. A ‘one size fits all’ approach cannot deal with the problems outlined in this report.

In the social housing sector, a robust regulatory regime has broadly kept the quality of homes at a good level and we do not propose sweeping structural changes. Nevertheless, there are plenty of examples of poor-quality housing even here, and these examples often affect those least able to deal with the consequences.

The private rented sector (PRS) is a trickier proposition. In this sector, a scandalous one in four homes is deemed to be substandard. Greater regulation backed up by better enforcement is required, especially given that the PRS is the fastest growing tenure, and one in which many more of us are growing older.

Despite the often acute problems in the PRS, it is the owner-occupier sector which accounts for the greatest number of England’s poorest homes, with just over 2.5 million owner-occupied homes failing to meet the Decent Homes Standard (MHCLG, 2020). Whatever the challenge may be in other sectors, this tenure may well be the hardest nut to crack when it comes to bringing about real change in the quality of our homes. There are two reasons for this: first, as already stated, this is where the majority of our poorest housing sits; and second, creating that change will require action from homeowners themselves.



2.5 million owner-occupied homes fail to meet the Decent Homes Standard

According to the Joseph Rowntree Foundation (2018), the largest rise in those living in poverty is among homeowners. Homeowners on low incomes may lack the means to make the improvements needed to their homes while also being the group put most at risk by living in poor-quality housing. Direct government intervention is critical but can only go so far. Instead, our solutions must be holistic and not driven purely by Whitehall policy. They will require collaboration between business (including social enterprises), homeowners, local government and the voluntary and community sectors.

Taken in the round, the challenge of how to create better homes is one that cuts across many diverse policy areas. The Good Home Inquiry chose to tackle the challenge in a unique way. At the heart of our work has been a commitment to ensuring our recommendations are backed not only by data and evidence, but also by people's real-life experience so that we can create an action plan with the potential to drive genuine, lasting change.

The Inquiry's work has centred on real people dealing with real housing problems. Over the course of the Inquiry, we have directly engaged with over 1,000 members of the public. We commissioned research from BritainThinks, which involved discussion over eight hours with 89 people, all on low incomes, exploring their experiences of living in poor-quality housing and examining the barriers to improving their situation. We commissioned Ipsos MORI to carry out 20 in-depth qualitative studies of people living in poor-quality homes, which included asking questions that haven't been asked in other national surveys. Additionally, Ipsos MORI conducted a survey with over 1,000 people to understand their views on addressing the problem of poor-quality homes.

We combined this approach with a comprehensive policy and evidence review, brought in specific topic experts and held a series of roundtables and webinars with leading industry figures to come up with potential solutions for how to manage and finance the work needed to make our homes fit for the 21st century. As part of our work, we partnered with the University of Sheffield, University of Glasgow, and the UK Collaborative Centre for Housing Evidence (CaCHE) to examine the impact and effectiveness of past housing policy as it has been applied to improving the condition of homes. This evidence helped inform our thinking around potential policy solutions and our final recommendations. We have also held roundtables with senior figures within local authorities to begin to test out and implement the findings of the Inquiry and to begin to deliver action at a local level.



The Inquiry is specifically concerned with homes in England. Where possible we have used statistics that apply only to England but at times relevant statistics are available only on a UK-wide basis.

Our approach has produced a report that looks at the problem from the bottom up. It takes the real experience of people on low incomes living in unsuitable housing to create actionable, practical solutions that have the power to bring about far-reaching changes.

Good Home Inquiry source documents

This report is a distillation of a number of critical source documents and activities undertaken as part of the Good Home Inquiry. For more detailed evidence and discussion of specific themes, published resources include:

Commissioned evidence

Past, present and future: Housing policy and poor-quality homes (CaCHE)

Homes, health and COVID-19 (The King's Fund)

No place like home: Findings from the NatCen panel Homes and Communities Study 2020 (NatCen)

Getting our homes in order: How England's homes are failing us (Ipsos MORI)

The Good Home Dialogue (BritainThinks)

Quantitative research

Home Improvement Survey (Ipsos MORI)

Technical briefings

Energy efficiency and decarbonising our homes

Financing home improvements

Enhancing our homes through digital connectivity

Public webinars

Homes, health and coronavirus

The great, green homes challenge: Retrofitting for warmer, safer homes

Good homes for all – who pays?

How does digital connectivity support and enhance a good home?



We believe our recommendations have the potential to make this change happen. But we also recognise that this report is far from the final word on the subject. The problem of poor housing will not go away because of any one policy solution. The problem will evolve and morph and so the way we think about it must remain flexible. Getting and keeping our housing stock in good condition must be an ongoing process, not a one-off task. What we have done is capture a moment in time and, we hope, start a conversation about the action needed now that will result in better housing and better lives for millions.

Summary recommendations

National government action

- Set out a cross-government housing strategy with a ministerial champion to implement it
- Empower Homes England with a clear mission to improve existing homes
- Direct and fund local government to deliver a holistic ‘Good Home Agency’, delivering a range of home improvement and energy retrofit services
- Create an enhanced Decent Homes Standard that is enforceable in all tenures and includes digital connectivity
- Provide low-cost government-backed lending and grants to improve homes and work in partnership with the consumer finance sector to develop products to encourage and incentivise homeowners and landlords to improve their homes
- Provide long-term flexible funding to local government for local delivery, including enforcement

Local government action

- Local authorities must ensure there is a local delivery mechanism (a ‘Good Home Agency’) providing access to information and advice, finance, home repairs, adaptations, and energy retrofit services
- Councils and other local agencies should enforce existing and enhanced standards, including through developing local landlord registers

Health systems

- NHS England, local authorities and Integrated Care Systems (ICS) must include housing as a key part of preventative strategies to improve population health and address health inequalities
- Integrated Care Systems should have a named lead on housing to identify the local drivers of health inequalities due to poor housing and allocate funding to address them.

The state of our housing

What is a ‘good home’?

A crucial part of dealing with the crisis of poor housing is to understand what a good home is and how we can bring more of our existing homes up to this level. That is also one of the challenges that this Inquiry has taken on.

A good home is one that is suitable for those who live in and visit it, both now and in the future. It must be safe, secure, easy to warm and cool, and be affordable. It must not damage the life chances of its inhabitants, either through its design, location or connectedness.

Our deliberative dialogue sessions, carried out in collaboration with BritainThinks, included more than 100 hours of discussion with 89 people across all age ranges and living in a variety of tenures, all of whom had experienced problems with their homes and had lower than average incomes. Participants said a good home needed to have the following features: safety, warmth, accessibility, cleanliness, space, good aesthetics, connectivity, and be well maintained. But these sessions also brought out another aspect of what makes a good home: they are places of family, friendship, and love. That is why we must work hard to raise the quality of homes that do not meet the criteria outlined here: they may be unsuitable but they are also often treasured by those who live in them.

The Good Home Dialogue

As part of the Good Home Inquiry, the Centre for Ageing Better and UK Research and Innovation’s Sciencewise programme commissioned BritainThinks to deliver the Good Home Dialogue, which focused on dialogues with people living in poor-quality homes to test and refine possible solutions to large-scale home improvements.

All participants felt that poor-quality housing was a significant problem that needed to be addressed. There was a strong feeling that national and local governments, landlords and housing associations should be responsible for the quality of homes in England.

While homeowners acknowledged their day-to-day responsibility to maintain their homes, they still looked to external bodies for support - especially for any improvements seen as being more beneficial to society than to individuals, such as green initiatives.

Despite everyone having experienced problems, half of the participants told us they were satisfied with their homes. While many people could identify issues, few saw them as serious: they had got used to work-arounds and felt they were normal, or simply couldn't see where to start, so preferred not to think about it. This echoed our findings from the Ipsos MORI research, along with many of the motivational and opportunity barriers to making home improvements.

To help participants consider changes that might overcome these barriers we asked housing experts to introduce five examples of interventions, policies or schemes for improving homes. These tested appetite and interest in several key areas such as regulation, funding, financial products, access to information and advice, and home assessment. This process helped inform our policy options and final recommendations.

1. Safe Homes Regulation

People in all tenures strongly focused on the need to drive improvements in the private rented sector through regulation, despite the largest number of poor-quality homes existing in the owner-occupied sector.

2. Housing Quality Investment Fund

While generally supportive of investment, particularly for those least financially or physically able, there were significant concerns about the fairness of any funding allocation. These concerns focused in particular on the prospect of private landlords accessing these funds to upgrade their homes for free or to misuse funding.

3. Green Loan

People were sceptical and even mistrustful of the idea of a low interest loan to fund improvements with environmental benefits. There was strong resistance from homeowners to taking on debt associated with a property. Few were motivated primarily by the green agenda with many seeing environmental improvements as a luxury rather than a necessity.

4. Local Good Home Hub

There was strong support for impartial information and proactive advice on how to deal with issues. Access to information on its own was unlikely to be sufficient, with people feeling they would need further support in implementing and financing the solutions they were informed about.

5. Home MOT

This was seen as an opportunity to prompt action from landlords and to support homeowners who weren't sure where to start with improvements. There were some concerns that the MOT would flag issues that they would be unable to resolve, pointing to the need to have assessments accompanied by impartial information and practical advice.

Are England's homes 'good'?

The basic premise at the heart of what the Good Home Inquiry is trying to achieve is: the quality of housing in England is a long way short of an acceptable standard. What this means in practice is that, in one of the richest nations on Earth, millions of people live in homes that do not provide for their most basic needs: homes that are too cold or too hot; homes that have health and safety hazards; homes that are too expensive to heat; homes that are overcrowded; homes that have poor or unaffordable digital connections. These homes are occupied disproportionately by older people, those with existing health conditions, people on lower incomes and those from ethnic minority groups (Ageing Better, 2020).

The age of the UK's housing stock is one of the key drivers. The vast majority (81%) of the country's housing stock was built before 1990, according to the latest English Housing Survey (MHCLG, 2020) data, with more than a third (35%) built before 1945 and one in five homes more than a century old. At the current annual replacement rate of around 0.5%, it is expected that more than 80% of current residential dwellings will still be in use by 2050 (Boardman et al, 2005).

81% of the country's housing stock was built before



Decent Homes Standard

The Decent Homes Standard was first introduced at the turn of the century as a yardstick to measure housing quality. Although applicable to all tenures, it was used by government to set targets for housing comfort and safety in the social housing sector, with large-scale investment linked to the programme. Under the Standard, a decent home must fulfil the following conditions:

- it must meet the statutory minimum standard for housing as defined by the Housing Health and Safety Rating System (HHSRS)
- it must be in a reasonable state of repair
- it must have modern facilities and services
- it must provide a reasonable degree of thermal comfort

It needs to be stressed that the government considers the Decent Homes Standard to be the minimum to facilitate a decent quality of life. However, it is currently under review, with many in the housing sector claiming it neither provides a comprehensive account of what makes a ‘decent’ home nor is enforceable. For instance, the Standard does not factor in accessibility, something which would likely lead to many more homes falling short. Notwithstanding these criticisms, in England, an estimated 10 million people live in the 4.1 million homes classified as ‘non-decent’, according to the latest data from the English Housing Survey (MHCLG, 2020). That figure – which could well be an underestimation – represents 17% of the total housing stock.

The worst performing type of housing in terms of the proportion of non-decent homes is in the private rented sector (PRS), where a quarter of homes are below the standard (1.1 million out of 4.5 million homes). Conversely, it is estimated that between 2001 and 2011 local authorities and housing associations spent £37 billion making their housing decent as part of the Decent Homes Programme and have only 480,000 non-decent homes out of 4 million (12%). By far the highest number of homes classified as non-decent, however, are in the owner-occupier sector. There are 15 million owner-occupied homes in England, of which 2.6 million (17%) do not fulfil the Standard.

Having a universally understood benchmark for housing quality is an important tool in creating better homes. This is why one of the Good Home Inquiry’s recommendations is for an enhanced Decent Homes Standard that can be enforced across all tenures and includes factors such as accessibility and digital connectivity.

What is the impact of poor housing?

Poor-quality or inappropriate housing affects all generations. Children who begin their lives in poor-quality housing will certainly have their life chances adversely impacted. It is also a very serious issue for older people. Nearly three quarters of people aged over 55 years old in England live in owner-occupied homes, while almost half of all non-decent homes are occupied by at least one person over the age of 55. And while the overall figure of 17% of the nation's homes being non-decent marks an improvement since 2008, the number of people aged over 75 living in inadequate accommodation increased by a third between 2012 and 2017.

This means that growing numbers of older people are now living in homes that don't meet their needs, and they often don't have the resources, confidence or financing to make the necessary changes.

Those who do have the financial muscle, whether in the form of high levels of equity in their home or a good income, will still need to be supported, encouraged and incentivised to invest in improving those homes. However, many other people who own their homes are financially constrained, particularly in areas with lower property values. For this group of people, there are currently few options to help them invest in improvements or adaptations. This is why a single point of contact offering financing, advice and support could reach many homeowners who are currently unable to do anything to improve their housing situation due to affordability or lack of know-how.

The findings from our Good Home Dialogue research with BritainThinks also suggested that the older a homeowner is, the less likely they are to make long-term investments in their home.

The number of people aged over 75 living in inadequate accommodation increased by a third between 2012 and 2017.



Health and housing

Our research carried out in collaboration with The King's Fund, 'Homes, health and COVID-19', focused on how poor-quality homes affected outcomes associated with the pandemic and shone a light on the connection between housing and health.

As Public Health England found, the higher risk of transmission, morbidity and mortality from COVID-19 in minority ethnic communities was exacerbated by housing conditions, whether that be poor-quality homes or overcrowding. The simple truth is that, if you lived in inadequate housing, you had a higher chance of contracting the virus and of becoming more seriously ill. If COVID-19 remains a factor in our lives for years to come, inequalities of outcome may widen unless we bring our poor homes up to standard. While this conclusion applies specifically to the pandemic, it illustrates the wider health impacts associated with low-quality housing.

Poorly heated housing has always had a major impact on health. Homes that are too cold or too hot killed 17,000 people in the UK in 2018, with deaths more likely to occur among older groups (E3G, 2018). Many deaths are linked to fuel poverty – an inability to heat or cool a home because it is too expensive to do so. An estimated 28,300 excess winter deaths occurred in England and Wales in winter 2019 to 2020, which was 19.6% higher than winter 2018 to 2019. Overall, one in five excess winter deaths can be attributed to cold homes. Extended periods of time exposed to damp and mould can also exacerbate or even induce respiratory and cardiovascular conditions.

Meanwhile, inadequate adaptation and poor maintenance can easily result in falls and trips in the home – one of the major causes of death or serious injury, particularly among older adults.

Falls and trips, excessive cold or overheating, and respiratory and other illnesses that are caused or exacerbated by poor housing are also a substantial public health cost.

Conversely, interventions to improve housing quality can be one of the most cost-effective ways available of improving health outcomes. The King's Fund (2020) reported that every £1 spent on improving warmth in homes occupied by vulnerable households yielded £4 in health benefits, while every £1 spent on home improvements to reduce falls lead to £7.50 worth of savings for the health and care sector.

Making small changes through home adaptations and aids such as grab rails and walk-in showers, alongside repairs could also help to avoid or delay the use of NHS and social care services (Ageing Better, 2017). The same report made the case that installing home adaptations and undertaking home repairs in order to reduce falls on stairs, could lead to savings of £1.62 for every £1 spent, and a payback period of less than eight months. In addition to improving people's ability to carry out daily tasks, installing minor home adaptations and making improvements to housing could lead to savings of at least £500 million each year to the NHS and social care services in the UK through a 26% reduction in falls, which account for over four million hospital bed days each year in England. Health professionals such as occupational therapists have an essential role in ensuring that the right adaptations are made, and in offering timely information and advice.

Derby City Council Healthy Housing Hub – making homes healthier and safer for all

The Healthy Housing Hub is part of Derby City Council's Better Care Fund Plan. It has been crucial in supporting Derby City's Joint Strategic Needs Assessment and Health and Wellbeing Strategy by helping to tackle some of the city's poor housing conditions and housing related health inequalities.

The Hub team identifies and works with vulnerable residents whose homes are putting them at risk of poor health. By making residents' homes healthier and safer, they are addressing the growing challenge of avoidable hospital admissions alongside improving quality of life for people of all ages. The Hub is helping delay, reduce and prevent poor health outcomes, enabling people to recover from illness and to remain living in their own homes independently.

An evaluation by the Council's Public Health Directorate found that 91% of clients remained in their own homes one year after the team's intervention and 86.3% of clients felt benefits in terms of health and wellbeing. The added value for Derby's health and care system has also been significant and includes: 20% fewer hospital admissions, a 39.5% reduction in A&E use and a 74% reduction in out-of-hours services.

The Healthy Housing Hub is built on a successful city-wide partnership involving hospital discharge teams, East Midlands Ambulance Service, occupational therapists, GPs and community matrons, the fire service, the police, and community groups. This partnership is instrumental in ensuring that interventions reduce, delay and lessen poor health outcomes. It also enables increased access to vulnerable individuals who do not engage with health and council services.

The added value for Derby's health and care system has also been significant and includes: 20% fewer hospital admissions, a 39.5% reduction in A&E use and a 74% reduction in out-of-hours services.



Referrals are primarily made from practitioners and community organisations rather than through self-referral. Once the team receives a referral, a Hub officer visits the person and helps to identify home-related issues, which could include a cold home and fuel poverty, mould, damp, electricity faults, trip hazards and accessibility issues. Rather than provide information and advice alone, the officer will provide hands-on support, including obtaining quotes for the improvements from contractors procured by the Council and assessing the quality of completed work. The team can award healthy housing financial support for those who are unable to pay for their improvements and are on means-tested benefits. They will also support clients who can self-fund home improvement work yet lack trust in tradespeople or the know-how to contract and manage the work.

Despite its successes, the reliance on the Better Care Fund and year-on-year allocations have made it difficult to expand the Hub to its full potential. Nonetheless, the team continues to create opportunities to develop the service. For example, they are developing new partnerships with hospital respiratory clinics and an associated single access point is being established – making it easier for clinicians to refer in and for the team to report back on the outcome of referrals.

Working with Public Health England, the Hub team is also analysing housing stock, health and wider data (including socioeconomic, crime and neighbourhood data) to help to identify the places or areas of the city that are impacted most by health and housing-related health (and other) inequalities. The evidence base will help to support a more preventative and targeted approach to tackling inequalities across the city.

Martin Brown, Housing Strategy and Initiatives Manager, Strategic Housing, Derby City Council, said:

‘What we're hoping is that the evidence base will allow us to go forward through place and through the integrated care system to targeting genuinely integrated multi-agency prevention work in those areas to tackle wider inequality as well as housing-related health inequalities. I would really like to see Healthy Housing as an integral part of the integrated care system to actually have it built into that as a core, wider determinant for people's health.’

Quality of Life

The impact of poor-quality housing is far from purely an economic one. The cost to people's quality of life is harder to quantify but is no less real. Our report with Ipsos MORI, 'Getting our homes in order: How England's homes are failing us', found that inadequate homes can lead to a loss of confidence or independence. For example, Moira, who lives in a housing association-rented bungalow with her granddaughter, described how difficulty moving around the home has created a feeling of anxiety.

'[My home] can have both positive and negative impacts on my daily wellbeing and mental health... the kitchen can be difficult to manoeuvre [around] due to uneven flooring so cooking can be and feel somewhat precarious. Even the act of making a cup of tea and taking it to my living room can feel like an obstacle course... If it's not completely flat, it's almost like being on hyper alert.'

Moira's is just one of many stories we heard and one of countless similar situations around the country. Making sure our homes are suitable for their occupants to grow old in is without doubt a desirable economic outcome. But it can only be achieved if we understand the human cost of sub-standard housing in the first place.

Our research shows that issues with problems such as excessive cold, damp or mould cause people just as much, if not more, emotional as immediate physical damage. Cold and damp make people feel miserable, embarrassed or helpless in their own homes. Furthermore, in a 2020 survey carried out by the National Housing Federation, 31% of British adults reported experiencing physical or mental health problems because of the condition of their homes during lockdown.

Despite these alarming statistics, our qualitative research with BritainThinks, which specifically focused on those on low incomes, also found that people had a strong attachment to their homes, which held true across tenure. This is despite some of our participants simultaneously expressing shame or embarrassment about the appearance of their home.

One 58-year-old renter in the private sector expresses this ambiguity perfectly:

'Nobody wants to say "my home's mouldy..." As much as I try to clean it and take care of it, I still have this serious black mould problem and I guess it's not doing our health any good either... But my home is my haven, it's my castle.'

What this means is that the best solution for people living in homes that pose a danger to their health and wellbeing isn't necessarily to uproot them to a new home but to adapt or improve the home they already have.

All of this evidence points to one thing: it is imperative that housing policy focuses on our existing stock, rather than just new build. Most people want to stay in the homes they love but are unable to bring those homes up to an acceptable standard. Others may want to move but are constrained by a lack of suitable options.

Lockdown and COVID-19

Spending more time at home made clear to many people, across all tenures, the level of disrepair in or unsuitability of their homes. We found that 70% of adults said they were more aware of problems in their homes or improvements they needed to make since the pandemic began, with half of those aged between 50 and 69 saying they had a strong desire to make changes (Ageing Better, 2021).

Even before COVID-19 hit, the state of our homes was such that action was required. Research from Public Health England (PHE) in 2018 found that one in three adults aged over 65 has at least one fall every year. The Office for National Statistics (ONS) found in the same year that falls were the most common cause of injury related deaths (2018). According to the 2017 English Housing Survey, there were more than 650,000 falls recorded among households headed by someone aged over 55, either on stairs or on or between levels in homes.

The pandemic will have done little to improve these statistics, especially since lockdown meant that landlords in both the PRS and social housing sectors have been less likely to carry out what are deemed to be minor repairs. Social distancing measures may also have seen a worsening of conditions in many instances, as home visits by councils or housing associations to assess conditions, fix problems or install adaptations have been delayed or cancelled. As with many aspects of the pandemic, the effect on physical and mental wellbeing is likely to be far greater for vulnerable residents.

Homeowners needing to make adaptations have also been impacted by COVID-19, with the work needed to improve their homes often delayed by the lack of availability of or trust in tradespeople. The economic uncertainty brought about by the pandemic means that owner-occupiers who might already have been struggling to pay for adaptations or repairs would be less likely to invest to improve their homes. Homeowners are also most likely to mention affordability as a barrier to maintaining and improving their home. In fact, 50% of homeowners who state they won't be making home improvements in the next two years say its due to affordability (Ageing Better, 2021).

Who is most affected by poor-quality housing?

Substandard housing does not impact everyone, or everywhere, equally. Often, those less able to absorb the cost – financial, physical and mental – of poor housing are those most likely to experience it. Some areas of the country have higher levels of poor housing than others, just as some typically have homeowners with higher levels of equity in their homes, and therefore more capacity to make improvements.

As previously explored, the COVID-19 pandemic has further exposed and in some instances exacerbated, the link between housing inequalities and health inequalities. Poor housing in some communities led to increased transmission of the virus, particularly in the first wave in spring 2020; meanwhile, lockdown measures taken to control the virus led to those living in poor housing facing increased exposure to conditions that created worsening mental and physical health as more people spent more time at home.

The connection between poor housing and COVID-19 can be most clearly seen when one looks at the issue of overcrowding. The 2018/19 English Housing Survey found that 3.4% of all households are defined as overcrowded. However, this proportion balloons to 16% for Black African households, 18% for Pakistani households and 30% for Bangladeshi households. These are all communities that also suffered higher mortality rates for COVID-19.

The entrenched nature of poor housing in the PRS has been a blight on the wellbeing of many. And because Black, Asian and minority ethnic communities are over-represented in this sector and often live in some the poorest quality housing, there is a real and material racial inequality. The demise of local enforcement activity for maintaining housing conditions and quality since 2010 has further delayed any action to address this inequality.

Age, ethnicity and other demographic factors also have a bearing on how likely any one person is to be living in poor-quality housing. Single-person households (22%), for example, are more likely to live in a non-decent home than multi-person households (17%), according to English Housing Survey (2017) figures.

When it forced people to spend more time at home and – often – in more isolation from communities and support networks, the pandemic also exposed the challenges and inequalities faced by older residents.

It is estimated that more than two million people in England aged 55 and over are living in a home that endangers their health or wellbeing (Ageing Better, 2020). As the age of our population rises and the problem of poor housing remains unaddressed, the situation can only get worse.

In 2041, one in four people in England will be 65 or older. The vast majority (over 90%) of older people live in mainstream housing, which is very often not suitable or adapted for their long-term needs. As the lower-income middle-aged workers of today age and face a world of insecure work, higher house prices and shrinking pensions, the inequalities between those who can and cannot access good homes are likely to increase.

As noted above, there are also geographical inequalities, with local and regional differences and challenges such as the proportion and impact of non-decent homes, and political footprints. For example, in the West and East Midlands, and Yorkshire and the Humber, more than one in five homes fails to meet the Decent Homes Standard compared to the south-east (16%) (MHCLG, 2019). And in the north nearly half of all non-decent homes have at least one person living in them with a long-term illness or disability compared to the England average of just under one in five (18%) (MHCLG, 2019).

In addition, people living in poverty have a higher risk of living with worse housing than their higher earning counterparts, while COVID-19 has shown some of the impacts of high levels of deprivation and concentrations of poor housing coming together in a place. Rural areas often have added complexity with budgets and decision-making split across county and district local authorities, leading to more intensive collaboration across political footprints.

These are some of the reasons that solutions need to be locally targeted and delivered, with funding and strategies that recognise and address these differences, starting with a detailed analysis of the local housing stock alongside who is living in this housing. Examples of where place-based approaches may be needed include low house values specific to particular locations, such as whole streets or estates where individuals will find it hard to act alone. This also recognises the role of good homes in thriving communities and in building pride of place.

What needs to be done: Challenges, barriers, opportunities

This chapter looks at what needs to be done to bring England's housing stock up to a liveable standard and beyond, and at the challenges and opportunities that this work brings with it.

The right to a good home is a universal one and has been enshrined as such by the UN (2012), and yet poor-quality housing is still a fact of life for millions in this country. The goal of providing everyone with a safe, warm and comfortable home cannot be achieved through even the most ambitious of new build programmes, and so the work must focus on a truly transformative approach to our existing stock.



If the vast majority of the homes of the future are those that exist today, then even some of those homes that might be classed as ‘decent’ today will need to be maintained, improved and adapted to the changing needs of the people who live in them now and will live in them in the future. As these homes get older, they will be used by different generations and need to fulfil different requirements. Adapting and modernising homes so they are safe throughout the life of those who live in and visit them can only have a positive impact. There need to be mechanisms that allow for a continual programme of investment, repair and improvement. If improving homes is seen as a one-off event, the problems of today will only be repeated into the future. Instead, people must be enabled to find ways to make their homes fit for purpose on a continuing basis.

Most people want to stay in their homes as they get older, but the state of our housing stock as it is today often makes this either difficult or impossible. That is a situation that must change. In this section we examine the following challenges and look at some ways we can begin to think about meeting them: climate change and ‘net zero’; the problem of adaptation, repairs and maintenance of our homes; the gap in trust and confidence that many homeowners feel when looking to improve their homes; the digital connectivity divide; how to finance adaptations and retrofit; enforcement; and the question of where responsibility lies.



Climate crisis and fuel poverty

Despite repeated government attempts to address the issue, there are still about 2.4 million English households living in fuel poverty according to a 2020 study (BEIS, 2020). Fuel poverty is very often a direct consequence of an energy-inefficient home, whether because of poor insulation or an old and failing heating system.

Around two million households headed by someone aged 65 or over find it difficult to heat their homes, with an estimated £300 million spent every year on the health consequences of living in cold homes (Ageing Better, 2020).

Our research with Ipsos MORI found that some participants' homes remained cold even during the summer months, due to poor insulation, draughty windows and inefficient or expensive appliances. They described how the trade-off between household finances and heating their homes made them feel 'miserable' and 'overwhelmed'.

One participant – Richard, aged 65-69 – described the experience of living with an old boiler that he couldn't afford to replace:

'The biggest issue we have in the winter is the archaic oil boiler that supplies our heating. It has no timer clock, so that necessitates one of us to manually switch the heating on and off. It can be problematic on really cold mornings when the duvet is our best friend.'

'It does blow out exhaust fumes, which are very harmful to the environment. I'm just absolutely gobsmacked that there is nothing anywhere to support us to remove something that is helping to destroy the atmosphere, but we can't find anybody to help us replace it with something green and clean.'

The age and state of our housing stock is a major barrier to creating energy-efficient homes and to raising the overall quality of our homes. However, there is a huge opportunity in the political landscape: the UK has committed to achieving net zero greenhouse gas emissions by 2050. Given that most of the homes that will exist in 2050 already exist today, and that those homes account for around 20% of current carbon emissions it is clear that the net zero ambition is one that simply won't be achieved without decarbonising our housing stock (IET, 2020). Indeed, the Climate Change Committee (CCC) said in its 2020 progress report on the journey to net zero that the first investment priority for the UK government should be 'low-carbon retrofits and buildings that are fit for the future'.

Overall, 26 million homes across the UK will need to be retrofitted in one way or another between now and 2050 to achieve net zero emissions (IET, 2020). To put that into context, this equates to 1.6 homes every minute for the next 30 years. This is not an unrealistic target, established to reveal the scale of the problem; rather it is what is necessary to facilitate the energy transition to which this country – and much of the world – is committed.

Clearly this will require huge levels of public and private investment as well as coordinated government action and motivating and supporting homeowners to make the changes we need to make.

Despite the obvious urgency, the adoption of energy efficiency measures to bring homes up to scratch has stalled. Brian Berry, Chief Executive of the Federation of Master Builders highlighted a 95% decline in the installation of domestic energy efficiency measures in the UK since 2012. He told a Good Home Inquiry webinar:

‘The emphasis has got to be on existing homes if we are to meet our climate change obligation [but] there isn’t a story people are buying into. There isn’t the confidence from the industry to invest in the skills to tackle energy efficiency.’

The CCC forecasts that 42% of the average UK home’s carbon footprint in 2030 will be due to heating. Given that three-quarters of domestic energy demand is for heating, it seems clear that better insulating our homes and using less carbon-intensive technologies (such as heat pumps) should be a priority. The challenge is to engage homeowners, especially given that nearly two-thirds (64%) of residential properties are owner-occupied. These owners are less likely to be convinced to invest in low-carbon technologies than a social landlord or local authority, as they are not necessarily driven by a long-term strategy or the wider ‘public good’ agenda.

But the low-carbon energy transition is a huge opportunity to improve the quality of our homes in general, not just by making them better insulated and cheaper to heat or cool. Any retrofit programme must be seen as an integral part of any national strategy and local delivery mechanism for ongoing repair, maintenance, improvements and adaptations to our homes. It will be vital to engage with homeowners on the benefits of installing low-carbon technologies and to devise policy solutions that work to support and incentivise them to do so.

1.6 homes every minute for the next 30 years will need to be retrofitted in one way or another



Parity Projects – improving energy performance through understanding housing condition

Parity Projects uses data science, software and analysis to build an in-depth understanding of housing stock condition. Through the use of data such as EPC ratings, fuel bills and/or carbon emissions Parity Projects support local authorities, landlords and private homeowners to develop cost-effective interventions to address the issue of poor-quality homes. Their data analytics services have been used to assess the potential for improved energy efficiency in over 12 million homes across the UK and to date has identified the potential for £10 billion of annual savings.

The software was launched in 2016 with an initial focus on meeting social housing providers' needs. Parity Projects' mission is that every house, whether private or rented, should have a realistic and achievable plan to decarbonise. Since then the service has extended to meet the needs of private landlords, local authorities and owner-occupiers. They recognize the different needs and values across these home-owners and that decisions may be driven by differing desires for a warm home, reasonably priced bills, and reduced environmental impact. The software reflects these differing, but not necessarily competing, needs, and the tool and wider engagement by Parity Projects aims to communicate that the objectives of Net Zero and a comfy home are not mutually exclusive and can be achieved by the same means.

Parity Projects have already successfully worked with a number of local authorities to address energy efficiency within their residential housing stock, including projects such as Ecofurb, across Greater London, and Cosy Homes Oxfordshire. For local authorities there are three specific opportunities in which collection and analysis of such data can help:

1. Meeting net zero targets
2. Addressing and decreasing fuel poverty
3. Readily available data to apply to government grants and funding

“Improving housing is vital to acting on the climate emergency, and it can also reduce fuel poverty and support a healthy society”

Liz Laine, Business Development Manager, Parity Projects

Their data analytics services have been used to assess the potential for improved energy efficiency in over 12 million homes across the UK and to date has identified the potential for £10 billion of annual savings.



Skills shortages

There are challenges across the construction sector in terms of capacity, with skills shortages across several trades. The proposed retrofit programme in particular is one that could be affected by a lack of appropriate skills. But the decarbonisation agenda is one that also represents a major opportunity to develop a newly skilled workforce.

The Construction Leadership Council (CLC) has identified retrofitting homes to decarbonise as having the potential to grow and extend a workforce in the repairs, maintenance and improvement (RMI) sector – a sector which accounts for around a third of all construction output. The CLC estimates that around 500,000 new professionals will be needed to tackle the challenge of decarbonisation, with a whole cohort of retrofit coordinators and installers required to carry out work on 23 million homes across the UK as a whole.

The CLC's National Retrofit Strategy from May 2021 makes a compelling economic, social and environmental case for major investment in the industry not only to train the workers needed to carry out the work, but also to develop new training standards and joined up programmes for training, accreditation and quality assurance.

Any shortage of trained professionals will clearly stall any improvement or energy efficiency programme, so training courses will need to be ramped up from now to meet the demand that will only grow between now and 2050. However, the government's commitment to regional growth gives the construction industry the perfect opportunity to call for a major investment in retraining.

The construction industry has a role to play here. Industry could develop a training offering that brings together various elements of a 'whole home' approach to home improvements, incorporating retrofit and adaptation skills. This would also help create the new generation of skilled workers needed to face the decarbonisation challenge of the next 20 years and beyond.

Finance

Upgrading England's 23.8 million homes to make them safe, comfortable and more environmentally friendly will require huge levels of investment. Funding at this level must come from both public and private sources.

As a starting point, an investment of £32 billion would be required to bring every non-decent home in England up to the existing Decent Home Standard (MHCLG, 2019). The vast majority of this funding (£29 billion) would be required in the private sector, because of the relatively high number of homes that meet the Standard in the social housing sector. That £29 billion is made up of £9bn in the PRS and £20 billion in the owner-occupied sector. It would be naïve to suggest that financing at this scale and directed largely at privately owned and rented homes should come direct from government.

However, our homes are a national asset that underpin our very health and wellbeing and should be seen at least on an equal footing with other infrastructure investment priorities. And some public funding – whether in the form of loans or grants – should be used to leverage in significant financing from the private sector, from those individual homeowners who do have the income or equity for the benefit of those who do not have means and are most at risk of the consequences.

There is a huge opportunity here. That £20 billion of investment could come in the form of private funding, guaranteed by government, leaving limited risk for investors. The government has expressed its desire to support local enterprises that create social, environmental, and economic value. Underwriting loans for home improvement would help to fulfil this aim.

The work required to bring the 4.1 million English homes rated as non-decent up to scratch would focus on repairs and maintenance work to eradicate hazards, improve thermal comfort and install modern facilities. And while our research found that one third of all non-decent homes across tenures could be repaired for under £1,000 (Ageing Better, 2020), there are nevertheless large variations in the average cost across tenures. While the average cost for social renters in housing association owned homes is around £4,200, for owner occupiers this increases to nearly £8,000 (MHCLG, 2019). The problem in this group is threefold: improvements cost more; homeowners may not be able to afford the necessary repairs or adaptations or may be reluctant to pay for them if the benefits are not obvious; or they lack the confidence and capability to carry them out even if they have the means.

Our set of Good Home Dialogue sessions found that there was little agreement over who held ultimate responsibility for dealing with repairs and adaptations.

While renters understandably felt that landlords were responsible for improvement work and repairs, homeowners often felt they had been abandoned by government when it came to bringing their homes up to standard. It was felt that homeowners on low incomes in particular should have a lesser degree of responsibility and that despite the prevailing narrative, owning a home does not mean that the owner can afford to pay for improvements. The situation is also variable across the country, with many low-income homeowners living in parts of the country with low land values.

Many homeowners might own a valuable asset, but that does not necessarily mean they have access to funds to make improvements. As one participant explained:

‘Your home could be worth £2 million but you don’t have access to those funds. I am paying to maintain it and keep it up to a standard and I’m doing it on a low income. I could get homeowner loans and the interest is astronomical but that’s another bill to pay and it’s not always that easy and that simple. It’s just not always viable. We’re treated the same way as landlords. Landlords own their home to make a profit. We just own our homes to keep a roof over our head.’

Many participants across all tenures in the Good Home Dialogue research carried out for the Inquiry by BritainThinks also felt that there was a lack of reward or ‘pay-off’ for investing in home improvements. Among homeowners in particular, there was a feeling that beneficiaries of improvements would tend to be future owners, with increases in a home’s value only realised later down the line. There was also some scepticism among older people that they would be able to recoup their initial investment in their lifetimes, given the length of time needed to repay upfront costs. When asked to weigh up the costs and benefits of action, participants rarely ascribed much value to a potential improvement when assessing the experience they had of their home, even when they were experiencing objectively serious problems.

Addressing more immediate problems or hazards in the home were generally viewed as more urgent than longer-term and less personal issues, such as environmental sustainability, particularly where people felt the case for savings hadn't been made. As one participant noted:

'I would have solar panels if they made economic sense. At the moment, they don't make sense. I [wouldn't] mind outlaying to put the solar panels in if I could see a profit as the installer.'

There is clearly scope for broadening the pool of funders, from both the public and private sectors, to offer affordable loan products to homeowners. These loans will have to overcome some reluctance from homeowners to borrow money to make improvements to their homes. One way to achieve this is to develop a stronger business case and market loans as tools that could ultimately save residents money by reducing energy bills in the long term or mitigating the need to move home later in life. Currently, lenders such as Lendology and the Ecology Building Society offer separate financing products for repair and renovation work and energy efficiency work. One of the issues identified in our roundtable was the lack of access to large-scale funds, which impacts on small lenders' ability to extend their reach and scale up. However, there is a far bigger potential market than one that can be covered by so few relatively small lenders. More work is needed as a follow-on from this Inquiry to develop scalable models that appeal to more homeowners to borrow money to improve their homes.



Lendology – building access to affordable finance

Lendology Community Interest Company's vision is for all homeowners across the UK to have access to affordable finance to enable them to live in a home that is safe, warm and secure.

Over the past 18 years Lendology has established a local loans scheme, working in partnership with 18 local authorities across the southwest of England. The scheme involves recycling council funds by providing low-interest loans to eligible homeowners, landlords, and empty property owners to make their homes safer, warmer and healthier. It now supports over 1,000 homeowners, has lent over £15.7 million and recycled over £11 million of council funds.

As well as investing funds in the local loans schemes, councils are involved in the loan application process to ensure eligibility. Every council has its own policy on who is eligible and which works are supported. Lendology advisers work closely with each individual council to understand their needs and objectives. It is the partnership with the council that adds value over securing investment from other routes. In cases where Lendology is unable to offer a loan due to affordability, advisers can refer back to the council for means-tested grants and any other additional support needed. This means that vulnerable clients are not left high and dry without any support.

A recent social impact analysis commissioned by the Financial Inclusion Centre reported significant benefits:

- over 50% of Lendology applicants had nowhere else to borrow from and 85% of applicants said that the issue caused them stress, anxiety or depression
- 91% reported that improvements made possible through the Lendology loan had a positive effect on their health and wellbeing and 70% felt more in control of their situation after the work was completed
- over 60% said the improvements had a positive effect on their financial wellbeing
- 53% of councils said their Lendology partnership contributed significantly towards reducing the number of local households living in a non-decent home
- £1.96 million of total investment during 2020/21 generated £5.17 million worth of social impact (associated with energy efficiency improvement, physical/property improvements, financial health, and health and wellbeing benefits)

Emma Lower, CEO, Lendology, said:

‘Scaling up means everything to us. We already know the impact a loan can make on a person, a couple or family, and we are driven as we want others across the rest of the UK to be able to access something similar. In five years’ time, we aim to be providing our services to an additional 18 council partners, from across the UK. We are also increasing our customer-facing roles, so that we can talk to our clients to support them as they start to investigate making changes to their homes.’

There are some easy wins available for policy-makers when it comes to providing financing to create better homes. For example, the Disabled Facilities Grant (DFG) already finances low-cost work to improve accessibility (over 50% of grants are under £5,000, with the vast majority under £15,000). Currently means-tested, the grant could be potentially widened to capture more homeowners who currently are deemed capable of paying at least in part for their own work.

However, the scale of financing required to pay for repairs, maintenance, and adaptations to reduce the level of non-decency in our housing stock is dwarfed by that required to retrofit homes to achieve the UK's decarbonisation targets. As direct emissions from residential buildings are primarily a result of fossil fuel use, we will need to improve homes' energy efficiency and introduce low-carbon heating technologies. This requires a transformative nationwide retrofit programme. An interim step towards the 2050 target of net zero greenhouse gas emissions would be to reduce household energy consumption by a quarter. Even this step would need an investment of £85.2 billion, according to a 2018 report from the Centre on Innovation and Energy Demand (CIED).

Of course, this kind of enormous outlay would also reap significant returns. It is estimated that the investment would deliver direct and indirect benefits totalling £92.7 billion through reduced energy use, reduced emissions and improved air quality. That gives the investment a net present value of £7.5 billion, while the resulting economic activity could sustain up to 86,000 new jobs.

That suggests the investment, while significant, is nonetheless viable. The barrier to bringing about this level of investment is that there is an unequal distribution of costs at a micro-level, with most sitting with individual homeowners despite the benefits being felt by the economy as a whole. Homeowners must be given the advice, tools, confidence and access to finance to allow them to make the changes necessary to improve their homes.

Digital connectivity

A ‘good home’ has always meant one that is safe, warm, comfortable and affordable. But in this century, it has also come to mean one that is well connected to the online world as much as to the physical one. Even before the pandemic, we were spending an increasing amount of our time online and becoming ever more reliant on digital tools to live our lives. As a result digital connectivity has become an important minimum requirement for our homes and yet is still neither consistently available nor affordable to all.

While for many people digital connectivity is a great enabler of a better life, for others on the wrong side of the digital divide, it represents a huge barrier. The pandemic saw an increase in internet adoption for some as lockdowns kept people at home, with work, social activities and essential services such as grocery shopping and healthcare appointments moving online. Anyone unable to access the internet was at risk of disadvantage.

In our Good Home Dialogue sessions, some respondents were initially surprised by the inclusion of internet connection in the concept of a healthy home, not intuitively making the link to health at first. However, once the connection was made most agreed it was important to be able to keep in touch with people digitally, especially in light of the pandemic. Several explicitly made the link to their mental health:

‘Wi-Fi as well with keeping in touch. That’s all been proven in this pandemic. Especially living on my own. If it wasn’t for my friends and family, I would’ve gone mad.’

Other technology trends relying on digital connectivity may also have the potential to directly improve housing quality and support more people to stay living independently in their homes for longer. These include: telecare and telehealth services, which allow health and care professionals to monitor and communicate with people in their own homes and for people to manage their own health conditions using remote technology; smart technology and meters that allow individuals to review or control energy consumption, heating and security; and home sensors to monitor and provide information about the condition of homes, such as damp or carbon monoxide, that might cause health issues.

What needs to be done

While a lack of digital skills for some people, particularly in older age groups, may continue to be a barrier, this is exacerbated if the home itself cannot access a fast, affordable connection. According to Ofcom (2021), the proportion of homes in the UK without internet access was 11% before the first COVID-19 lockdown of March 2020, and that fell to 6% of homes by March 2021. But that improvement still leaves around 1.5 million homes without access to the internet. The numbers are significantly higher among more vulnerable groups. In households headed by someone aged over 65, 18% have no home internet access, with 11% of lower-income households without access, and 10% among those defined as the most financially vulnerable. Though many people may have access through mobile networks, this is insufficient in the long term, and issues of connectivity remain, including uneven coverage and cost.

The affordability of communications services was also reported as a problem by nearly one in five households (19%), according to Ofcom's latest figures. Again, certain groups are more likely to suffer from affordability issues. Households with someone currently unemployed or looking for work have been most affected, with 38% experiencing affordability issues, while 29% of those aged 18-24 reported issues, and the same proportion (29%) among those with an impacting or limiting condition.

Not all places have the same access to reliable digital connectivity. The National Audit Office (2020) reported that despite better higher-speed broadband coverage many people still experience poor broadband speeds, and this varied across areas and property types. For example, only 80% of rural premises were able to access superfast broadband, compared to 97% of urban premises.



**1.5 million
homes are
without access
to the internet**

Leeds City Council – improving health outcomes with smart monitoring

As part of round 3 of the GovTech Catalyst programme, Leeds City Council is working with two SMEs to develop and test the use of smart technology to manage the City's housing stock, which could lead to improved health outcomes for tenants.

Sensors that measure temperature and humidity have been developed and installed in about 100 social rented homes throughout Leeds. These sensors are capturing data that can identify problems such as damp and mould, and heating and energy efficiency, and provide the council with a more detailed picture of housing stock quality and if any improvements are needed. In the longer term, these insights will enable a shift towards a proactive approach to identifying and responding to problems at an early stage before they have a significant impact on residents' health and wellbeing, while helping the council to improve the efficiency and effective management of its housing stock.

And the anticipated benefits don't stop there. Access to data that enables a more granular understanding of whether and how housing quality changes over time (and with different residents) will help to separate structural causes of damp for example, from lifestyle caused condensation (such as using a tumble dryer without ventilation). Tenants will also be able to access the data through an app to get real-time information about their home. In doing so, Leeds City Council hopes that the insights from the sensor data will help to influence residents' behaviour towards making small changes they have control over that will improve the quality of their homes for their own benefit and for future residents.

The programme will run until December 2021 after which the council will review its success and consider whether to undertake a full procurement exercise to purchase a technical solution alongside developing an implementation plan.

Stephen Blackburn, Data and Innovation Manager, Leeds City Council, said:

'We want our tenants to live in the best possible accommodation that we can provide. And, if we can, be proactive at fixing problems that can reduce the costs. If you fix a leak rather than a flood it's going to cost less than further down the line, less upheaval for tenants and they can live in a better environment. It's about improved outcomes for our tenants ultimately.'

Trust, confidence and access to information

While financing improvements, enforcing standards and training our tradespeople to carry out the work will all be important elements in improving the quality of our housing stock, none of these will have sufficient force in the owner-occupied sector in particular without buy-in from homeowners. The Inquiry's research outlines that there is a clear need for timely access to support and information, not only financial support but also advice in identifying problems within homes and how to physically address and carry out adaptations and repairs.

The need for support for people in identifying problems with their homes was mirrored by a lack of awareness of the impact certain problems could have on their health. Many told stories of issues getting progressively worse before they identified something wasn't right. This lack of awareness, combined with a tendency to be optimistic about their health, often resulted in delays and inaction. Irrespective of tenure, participants in both the Ipsos MORI research and the Good Home Dialogue events shared the view that support involving an expert 'looking at the problem with you' would give them the motivation to make changes and prevent problems from escalating.

The Inquiry's research with the public also found that for many people living in homes with long-term problems one of the biggest barriers to change was knowing who they could trust to carry out repairs and adaptations. As a result of this lack of trust, there was a widespread reluctance to commission professional help unless absolutely required. While participants did acknowledge that information about tradespeople was often available online, they mistrusted review websites. The lack of trust in tradespeople was exemplified in the Ipsos MORI survey (2021), in which three in ten participants said they did not trust tradespeople, with half of those (49%) citing the reason as being worried tradespeople wouldn't provide a fair price or wouldn't do a good job.

In addition to this lack of trust in tradespeople, participants in our Good Home Dialogue events regularly reported feeling overwhelmed by the scale of the issues they faced and said a lack of reliable information meant they often did not know where to start when it came to tackling them. As a way of addressing this, there was support in these sessions for the introduction of local good homes hubs that would provide information on how to carry out home improvement or find professionals to take on some of this work.

One participant commented:

'If they had recommended providers and installers, and that's checked out and approved, that would make me feel safer in my choices.'

Enforcement

There are widely recognised problems with the enforcement of legally defined housing standards. In England, local authorities are responsible for the regulation and enforcement of housing conditions and quality, irrespective of tenure. However, the application of these responsibilities is inconsistent and piecemeal. Even while legislation enshrines the right to warm, safe homes in some instances, the very existence of more than four million non-decent homes in England speaks to the fact that enforcement has either not been consistently sustained or has ultimately proved insufficiently effective.

Recent years have seen the introduction of new tools to help councils enforce standards, particularly when it comes to landlords. This includes primary legislation in the form of the Homes (Fitness for Human Habitation) Act 2018, which requires that landlords ensure rented homes meet a minimum standard of safety and comfort, and the Housing and Planning Act of 2016, which gives local authorities additional powers to tackle rogue landlords. In addition, several councils have brought in landlord licencing schemes to offer further protection for tenants from having to live in substandard homes.

But these tools have been given against a backdrop of dwindling resources after a decade of cuts to local authority budgets and uneven levels of activity. As one stakeholder explained:

‘Resourcing in [private sector] housing teams tends to vary quite a lot. It just depends on which authority it is and some of them are quite well-resourced... and others are really badly resourced and that seems to depend on local political leadership.’

What is needed is both reliable, long-term funding for enforcement measures and leadership from central government so that local authorities operate on a level playing field when it comes to ensuring that all England’s homes are of an acceptable standard.

Our Good Home Dialogue research found broad support for both stronger regulation and better enforcement when it came to private landlords. Regardless of tenure, many participants also held negative views of private landlords, who they felt – rightly or wrongly - were responsible for many if not most poor-quality homes. There was general acknowledgment among private renters that an unregulated market allowed landlords to rent out poor-quality homes. As one described their situation:

‘When I got my house, I needed somewhere to go, and you take what’s on offer. There’s so much stuff [wrong]. There’s been hazard after hazard, so to get somebody to come out and actually do stuff and check that it’s been done is a big one for me.’

Some participants also acknowledged a link between tighter regulation and an increased opportunity to realise environmental and sustainability targets.

One prospective answer to the problem of enforcement could be selective landlord licensing. Selective licensing schemes have been trialled by a number of councils since the government brought in the option to do so as part of the 2014 Housing Act. As of 2019, 44 local authorities were operating at least one scheme.

Councils have used these schemes to bring a degree of regulation to the private rented sector through a regime of inspections. Applicants for licences must meet certain conditions before they are granted, although there is significant variation in the terms of these conditions across different local housing markets.

Broadly, councils have seen selective licensing schemes as a success, in that they give a level of accountability to private landlords. However, there is a problem of enforcement, with legislation precluding authorities from taking direct action where property condition issues, such as significant hazards, are discovered during inspections. An independent review of selective licensing, published by the government in 2019, recommended amending legislation to plug this gap, pointing out that schemes were ‘often introduced specifically to tackle such issues’.

Responsibility

Related to the issue of enforcement is that of responsibility. Across different tenures, there are inevitably different levels of understanding in terms of who is ultimately responsible for the upkeep or improvement of homes. Local authorities have an array of statutory responsibilities but there are different levels of regulation for social housing, the PRS and owner-occupied homes.

There is no cohesive national framework for what could broadly be described as ‘housing improvement work’ – that is to say the nexus of interventions required to make our homes safe, warm, free of hazards and ready for a decarbonised future. For homeowners in particular, this situation fails to provide a compelling offer when it comes to planning and paying for renovations or energy efficiency improvements.

An agency exists in England to act on the housing challenges: Homes England. Yet, due to the direction given to it by government, it has been silent on maintaining and securing our existing housing infrastructure. Despite having the statutory basis to act to improve existing homes, the mission and strategic objectives Homes England has been given by the Ministry of Communities, Housing & Local Government (MHCLG) all relate to house building and promoting home ownership.

Our findings from the Good Home Dialogue sessions led by BritainThinks suggested that the public feels the ultimate responsibility for improving and maintaining homes lies with government, regardless of tenure. As one participant put it, in relation to paying for energy efficiency work:

‘There doesn’t seem to be any help in sorting these problems out. I have an oil burner and would want support to replace it. I don’t mind making a contribution but this spins both ways. The government want us to go green urgently, there are all of the agreements out there, but how will it happen unless they support people in taking advantage of it?’

This attitude may be understandable, but if we are to bring about a sea change in the overall quality and durability in our homes, it also shows that there is a role for local and national government to promote and fund programmes that take some burden off homeowners.

National policy with local delivery

One of the most significant barriers to improving our housing stock is the gap between national policy and local delivery. Central government has – with varying degrees of success – developed legislation and guidance on housing standards. But there is an absence of national leadership and lack of investment in local infrastructure, not helped by funding cuts to local authorities over the last decade. In turn, this has meant that many local areas of the country lack a coherent local strategy and have been unable to offer a coordinated response, which is supported by reliable long-term funding.

Any potential national delivery mechanism for home improvements would break down because the issues that affect people are very different in different parts of the country. For instance, a homeowner or landlord in the south-east of England may be able to leverage more housing equity than in the north-east, and so the route to making improvements in their respective homes is likely to be different.

At the same time, many local people often do not know who to approach for the help they need tackling problems of quality and condition (Ageing Better, 2019).

Our policy review, 'Past, present and future: Housing policy and poor-quality homes', points to the importance of a local hub through which a range of partner organisations and agencies, funding mechanisms, specialist schemes, and wider services can be organised. This represents a real opportunity to bridge the gap between national policy and local delivery and could take in existing efforts to deliver 'one stop shop' approaches to housing quality such as Housing Improvement Agencies (HIAs).

Adaptations, accessibility, repairs and maintenance

With a housing stock that was built decades or even centuries ago, it is no surprise that many of England's homes are in desperate need of modification to make them safe and navigable or are in states of chronic disrepair.

The frequency of incidents of trips or falls (noted above) should be no surprise when one considers the availability in homes for older people with the four 'accessibility features' identified by the English Housing Survey: level access, flush thresholds, WCs at entrance level, and sufficiently wide doors and circulation space. According to a 2015 Building Research Establishment (BRE) report, around a fifth of homes headed by an older person contain none of these features, while only between 4 and 7% of homes headed by anyone over 55 include all four. ONS statistics from 2020 found that only 9% of all homes meet the minimum standard of accessibility.

Despite the evidence that England's homes are often unsuitable or even dangerous for people to live in, it does not mean they are unloved. Our own research has found that 83% of people aged between 50 and 70 are very satisfied or fairly satisfied with the homes they live in, while only 10% are not satisfied. That satisfaction rate is slightly higher than it is for all adults in England, 76% of whom said they were satisfied (Ageing Better, 2021).

In our research, many people raised concerns that elements of their homes, such as stairs and bathrooms, would become less suitable as they grew older. This was a particular problem for those with pre-existing mobility issues, though it is also a concern for anyone looking to stay in their home as they age. The issue does not just affect residents' immediate physical wellbeing; our research also suggests it is a source of mental health problems, with anxiety about moving around the home frequently reported.

Home adaptations are a highly effective way of adapting our existing housing stock to better meet the needs of older people – and research has highlighted the positive and life-changing impact that even minor home adaptations can have (Ageing Better, 2018). Home adaptations can play a key role in supporting people to live independently for longer and, conversely, in preventing escalation of care needs, as a result of falls and accidents in the home, for example.

It is hard to gauge the scale or cost of adaptations for accessibility and comfort needed to make our homes suitable for people to stay in as they age, especially given that a larger proportion of older people are homeowners. However, it is clear that there is a huge and urgent need to adapt our homes. Currently only 9% of homes meet the basic standard of accessibility set by government and over one million households in England state they do not have the adaptations they need to improve accessibility (MHCLG, 2021). Unsurprisingly, for those who state a need for adaptations, 18% say they cannot make said adaptations because it would cost more than they can afford (MHCLG, 2021).

Aside from making modifications and adaptations, there is a pressing need to address a growing repairs backlog, exacerbated by the COVID-19 lockdowns. According to the English Housing Survey (2021), around 820,000 homes have problems with damp or mould. Our research found that, for many people, dealing with problems such as these was a far more immediate concern than adapting their homes for future use or making them more energy efficient.

People may recognise the need for changes, but our research suggests that many don't believe they will be able to take on necessary repairs and improvements over the next two years, with cost and confidence in finding tradespeople to advise or carry out the work being the most frequently cited reasons.

As one contributor to our Good Home Dialogue sessions said:

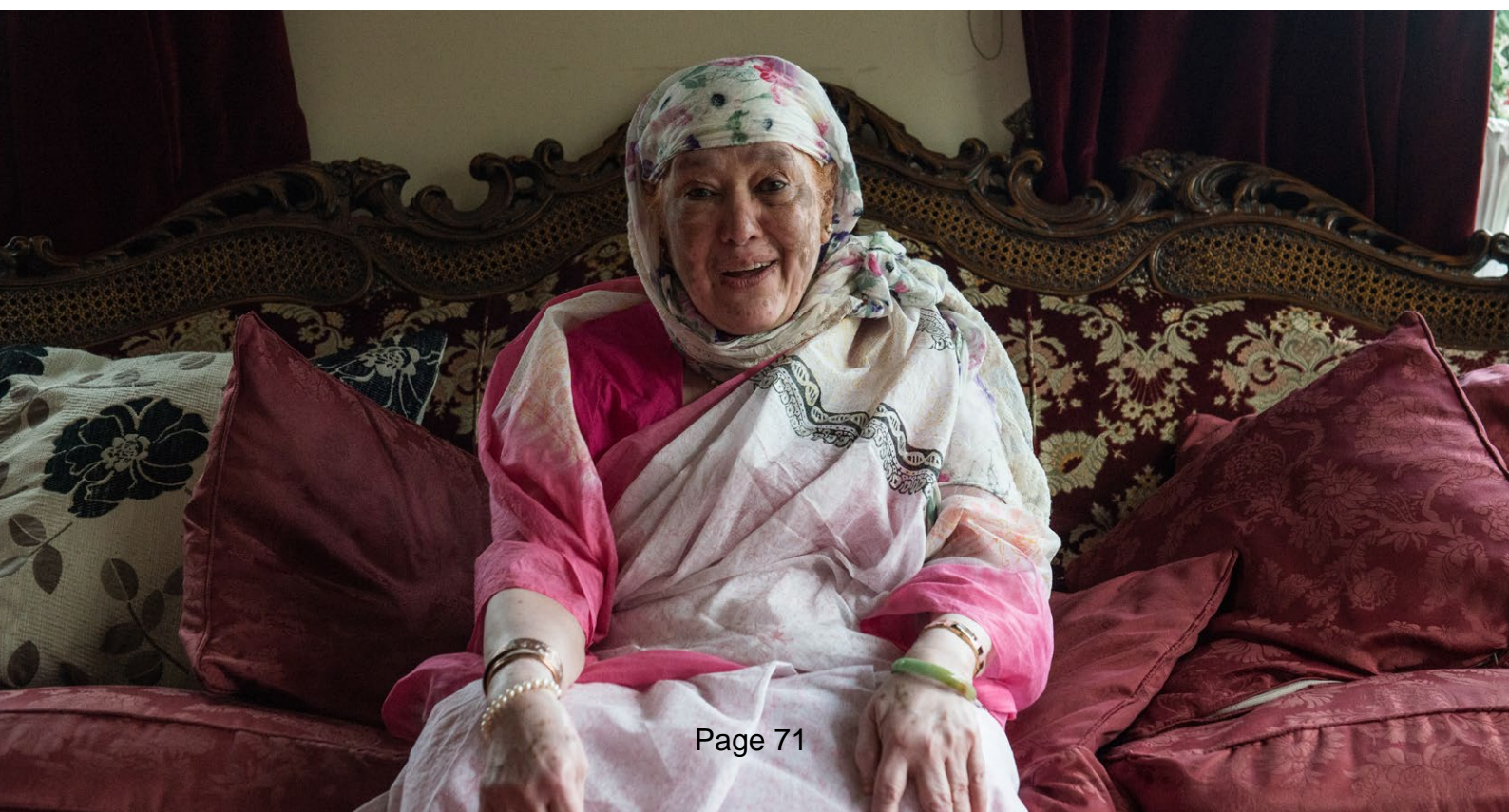
'Generally speaking, I think damp issues are beyond most of our capabilities. That's where you'd need to get good advice, especially with mould and damp. It comes down to the financial issue as well as finding the right tradespeople.'

Policy options

In this section we explore a range of potential policies that could help improve the state of housing in England. These options are based on analysis across the spectrum of themes focused on by the Inquiry. Underpinning this analysis has been extensive engagement with residents across tenures about the barriers they face to improving their homes, cross-sector engagement, and an in-depth study of what has worked successfully in the past. The following section is a summary of these options, which are explored in more detail in the research papers referenced later on.

Underpinning all potential policy for creating better homes is the idea that national government has a key role to play when it comes to housing, even where the responsibility for improvements falls on homeowners or landlords. As pointed out in the study from the UK Collaborative Centre for Housing Excellence (CaCHE), in the past, government has provided a legal and financial framework for delivering improvements. Delivery within this framework then came from local actors such as councils and home improvement agencies (HIAs).

This approach has broken down in recent years, in particular in the wake of cuts to local government funding after 2010. Local authorities, HIAs and others have diminished capacity to provide financial help or advice to homeowners looking to improve their homes.



Climate crisis and fuel poverty

National retrofit programme

To date, more than 250 English councils have declared a climate emergency. This acknowledgment of the urgency of the need to decarbonise represents a huge opportunity when it comes to creating better, more energy-efficient homes.

Similar to the idea of a network of ‘Good Home Agencies’, there is the opportunity to combine a national retrofit programme with targeted local delivery, potentially offering encouragement and incentives, in particular to homeowners to retrofit their homes to become more efficient.

The recently launched Social Decarbonisation Fund has the potential to make an important contribution to making social housing warmer and more energy efficient. Commitment to continued long-term funding of the Fund will give certainty to social housing providers and increase the impact of the Fund. Successful bidders to the scheme should be taking a holistic approach to improving the safety of the homes and making adaptations to future-proof them. This could be made clearer in the requirements for applicants.

Our research shows that we need to appeal to individuals to make the necessary changes to reach net zero. Local authorities, supported by a national retrofit strategy, are best placed to demonstrate that making changes to a home to decarbonise it can also have huge benefits for the individual.

This also closes the gap that many participants noted in our Good Home Dialogue sessions between the cost and benefit of energy efficiency upgrades. Many homeowners felt that they would pay for upgrades but would not see the benefit. Local campaigns and – potentially – incentive schemes could solve this problem. Marketing will play an important role here too. It is key that retrofit upgrades around energy efficiency, for example, are understood not just as being good for the environment but can also have huge financial and quality of life advantages for the individual homeowner.

Finance

The sheer scale of the programmes proposed in this report to improve, decarbonise and future-proof England's housing stock means that the economic outlay is significant. Paying for adaptations, repairs and energy efficiency work will require a mixture of government funding and private sector finance. With the majority of work required in the owner-occupier sector, there is a need for financing models that motivate owners to make those improvements to their own homes.

One potential solution would be to offer subsidised loans based on the German KfW (Kreditanstalt für Wiederaufbau) model.

The ownership model has recently changed so that the loan book is now owned by the German government itself, rather than KfW. (see case study of the new remodeled BeG scheme).

A similar model to this – marketed as a 'Green Investment Bank 2.0' - could create a sea change in the availability of finance for energy efficiency work, with funds safeguarded by the link to performance.

Participants in our Good Home Dialogue expressed scepticism about the idea of taking loans out for home improvement, with many viewing the kind of alterations that such loans could fund as a luxury. This demonstrates that a government-backed loan scheme would only work if it came alongside the wider provision of expertise, advice and financial support, emphasising the necessity for such work within the decarbonisation agenda and the benefits of lower costs and increased thermal comfort.

BeG (Bundesförderung für effiziente Gebäude) – subsidised loans and grants for energy efficiency upgrades

BeG (Bundesförderung für effiziente Gebäude – “Federal promotional support for energy efficiency in buildings”) is the new German national support programme for buildings, that started in July 2021. Subsidised loans and grants cover a) the energy efficient construction or refurbishment of residential buildings, b) the energy efficient construction or refurbishment of non-residential buildings, c) individual efficiency measures for all building types and d) technical support / advice for all building types.

The new programme replaces a number of former support programmes, notably the CO₂ renovation programme for buildings, which was translated into the well known KfW programmes for energy efficient construction and refurbishment, and brings them under one roof.

KfW was set up shortly after the Second World War (following a British initiative) to help fund Germany’s rebuilding project by providing subsidised loans to SMEs and supporting the construction of housing. A major source of funding at the time were the Marshall Funds made available to Germany and used as a revolving financial instrument. Today KfW refinances itself on the capital markets. Public funding is used for grant elements of specific programmes and/or additional interest rate subsidies.

In 2006 KfW introduced a dedicated programme supporting the energy efficient construction or refurbishment of buildings, linking the level of ambition to the level of support given in the form of a subsidised loan combined with a grant component and introducing its own efficiency standards that went beyond the legal minimum requirements for new construction. Since its inception in 2006, KfW have invested nearly €180 billion through either grants or loans, which has in turn triggered roughly €500 billion in total investments in improving the energy efficiency of residential and non-residential buildings in Germany. This in turn has led to a reduction of nearly 11.5 million CO_{2e} t. p. a. by July 2021 and helped secure hundreds of thousands of jobs over the years, primarily with SMEs.

The main elements of the new programme set-up are based on the former well-known and successful KfW-scheme. The key elements and basic principles of the model remain unchanged: the higher the level of energy efficiency reached, the higher the level of promotional incentive. The main promotional incentive consists of a repayment grant of up to €54,000 per home for a comprehensive and ambitious residential building refurbishment project. Simply put, the more your renovation leads to reaching or surpassing the new build standards of energy efficiency, the higher the monetary support is. The availability of access to loans or grants is not based upon household income, even though for the loan the on-lending bank might ask for the usual securities, and private customers have the choice to either take a larger loan with partial debt relief or take the equivalent as a grant without the additional loan to carry out bigger refurbishments.

In addition to providing funding either through a loan or grant, this model requires customers to take advantage of independent experts a) for prior advice and b) for quality assurance during and after the works. A dedicated database comprises over 8,000 experts within Germany – including architects and engineers. As part of the expert's role in the refurbishment, they apply a whole house approach by measuring the efficiency of the entire building and developing a set of options for refurbishment based upon the technical requirements of the loans and grants application. Following the refurbishment or single measure, said experts will also then return to the property and confirm that all the works have been carried out accordingly and the level of energy efficiency has been reached – it is only when they receive the green light from the experts that the partial debt relief is given. This model not only encourages refurbishment of the home, but also supports the growth of jobs in the sector and ensures high quality work.

Wider financing for home improvement loans

Currently, homeowners looking to access small loans for home improvements can choose from a relatively limited group of lenders, including Lendology and the Ecology Building Society. Encouraging larger lenders could not only bring the cost of finance down, but also move these types of loans into the mainstream, raising awareness of them among homeowners.

Equity release products are available from more mainstream lenders, but these often involve higher levels of borrowing and might be available only to the minority of homeowners in high-value areas or with large amounts of equity in their homes.

Our research found that existing grant and loan schemes were not well known and that there was a reluctance from people to burden themselves with extra debt. In its research for the Good Home Inquiry, Ipsos MORI found that ‘many participants... didn't understand the detail of such schemes. Grants rather than loans were sought by homeowners which could reflect the scale of the financial barriers they faced.’

Digital connectivity

The pandemic has made clear that the digital divide can have a genuine impact on the relative quality of people's lives. Those households without affordable, reliable digital connection or lacking the skills and confidence to go online have been less able to access essential services, connect with activities or communicate with family and friends. With digital transformation accelerating and innovation in home, health and care technology providing opportunities for more people to live in their homes safely and independently for longer, policies need to be developed to ensure that our homes are as connected to the internet as they are to the electricity grid.

We believe that data standards and broadband connectivity should be incorporated into a more robust Decent Homes Standard, the Good Home Standard, that is applied to all tenures. Providers should be encouraged to provide and promote affordable tariffs.

Trust, confidence and access to information

Our research strongly suggests that many people are keen to make improvements to their homes but may not know where to turn for advice and support on what to do or how to do it. There are potential solutions, however, such as ‘Home MOTs’ or a ‘Good Home Agency’ network, both of which could be delivered locally while relying on a national framework.

Home MOT

The introduction of a ‘Home MOT’, potentially offered locally through our recommended network of ‘Good Home Agencies’, could act as a reliable way for residents of all types of tenure to undertake assessments and improve their understanding of the specific needs of their homes. As with other policy interventions posited in this report, it is important that this is a national model with local delivery.

These assessments could be organised locally to a national model, and carried out by accredited professionals, potentially dealing with the problem outlined previously of a lack of trust in tradespeople or understanding of how to carry out improvement work. An MOT could also involve a referral scheme involving GPs or other local health professionals, so that necessary improvements are carried out after assessment.

The proposal was one that received strong support among contributors to our Good Home Dialogue sessions, with renters in particular feeling it could be beneficial. One participant commented:

‘I think if there can be something like that in place it will definitely help especially with housing association homes and the homes being rented out by landlords. They’d be able to keep them up to standard through that.’

The ‘Good Home Agency’

One solution to the challenge of identifying, coordinating, and financing the improvements that we need to make to our housing stock would be the creation of local delivery bodies with responsibility for creating better homes.

Delivered locally but part of a national network, what we’re calling a ‘Good Home Agency’ could operate across both the public and private sector to bring together investment with expertise on a national level, while coordinating with smaller, local delivery agencies. The national agency would act as a hub or single point of contact, providing access to information, advice and support for people looking to implement improvements.

Given the local and regional variation in both scale and type of solutions, as well as in types and value of asset and level of provision, this network would work best by bringing together new and existing local delivery models. Each local agency would be able to build on evidence of what works locally but be supported by a national pool of resources and mandated by government at a national level.

The Good Home Agency: delivered locally and part of a national network operating across the public, private and voluntary and community sector to ensure an holistic and sustainable approach to improving our existing homes

At a national level



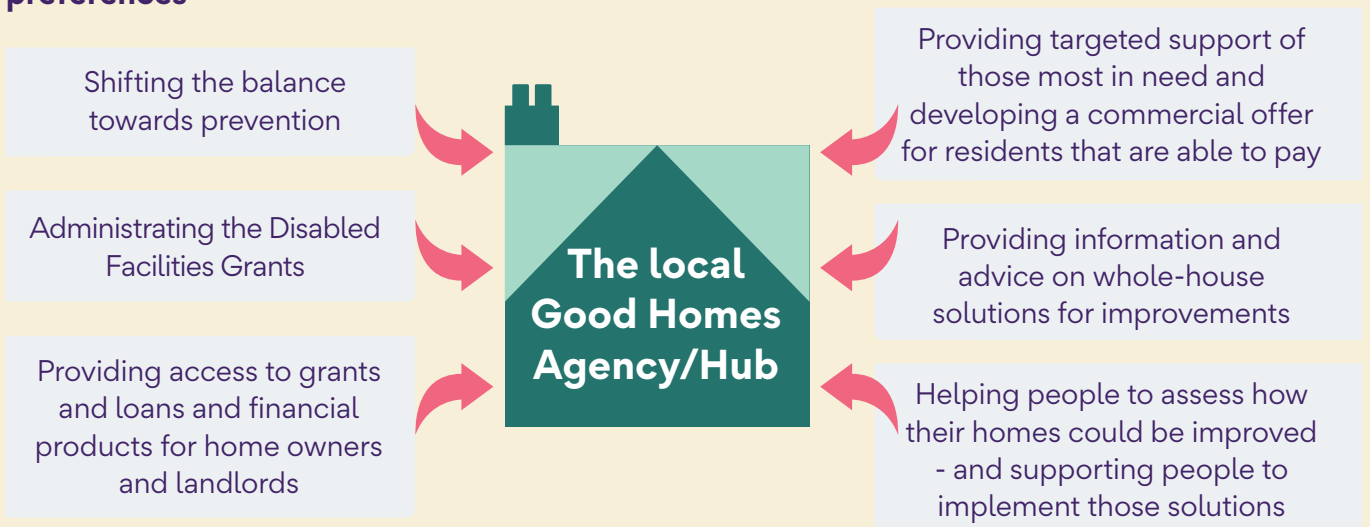
At a local level

1 Building on existing yet often fragmented infrastructure, effective practice and services:

- Home Improvement Agencies and Care and repair programmes
- Hospital discharge services
- Social prescribing services
- Fire Service Safe and Well Checks

And those in the pipeline, such as retrofit hubs

2 Joining up and extending the reach of local infrastructure and services, and over time developing a holistic offer for improving existing homes that meets local needs and preferences



3 Creating a one-stop-shop allowing access to diverse housing-related support for residents, health and care practitioners, and the people they support

Enforcement and standards

Our evidence from CaCHE highlights the need for better enforcement of existing powers and legislation by local authorities. This includes a more proactive approach to identifying poor conditions and addressing remedial works, focused activities to tackle problems in the PRS, and fulfilment of responsibilities under the Care Act 2014. Enforcement of housing standards is currently piecemeal and can lead to something of a postcode lottery, especially in the PRS. However, the main barrier is the lack of reliable, longer-term funding streams that support local strategies to address the condition of homes. The main policy solution is for the provision of better funding for local authority enforcement teams and increasing skills and capacity to both assess housing condition and enforce regulation.

An enhanced Decent Home Standard needs to be developed and enforced across tenures, although such a move would have to be complemented by new enforcement protocols in the PRS and owner-occupied sectors. The government is currently undertaking a review of the Decent Homes Standard for homes in the social rented sector. This represents an opportunity for us to reimagine what actually makes a home suitable and should be a catalyst that fundamentally changes the criteria we use to evaluate the quality of a home, regardless of tenure.

This new Standard should also include criteria around digital connectivity, accessibility and thermal comfort requirements. If these criteria are enshrined in legislation, they could provide the necessary mechanism for government to begin to work with landlords and homeowners to invest in a substantial home improvement programme.

The government's forthcoming consultation on energy efficiency standards for owner-occupied homes is a further opportunity to address the wider conditions of all homes and could be used to ensure they are adaptable for future needs.

Housing and health inequalities

The significant links between housing quality and health outcomes emphasises the need for poor-quality housing to be treated as a public health issue and dealt with locally and nationally as part of population health and prevention approaches.

Housing must be part of regional and national health strategies from the earliest possible stage, with local housing and health agencies working together from the outset and with integrated care systems having a lead on housing to identify local drivers of health inequalities due to poor housing and allocate funding to address these. It should also include building the capability of the wider health workforce to assess and provide information about housing as part of their conversations with people in and approaching later life (Ageing Better, 2019).

This approach is already in place in some local authority areas such as Derby (see case study). The Derby City scheme brings together health, housing, social care, fire, policing, and community groups in partnership to decide on individual interventions in people's homes to reduce poor health outcomes. The difference in emphasis of this approach is that housing condition and suitability comes at the start of the process, so that interventions are preventative rather than reactive.

Recommendations

From the broader spectrum of policy options identified in the previous section, the Inquiry has developed a series of recommendations. These have been developed in collaboration with cross-industry and cross-sector stakeholders and tested with people living in homes that require significant improvements. The Inquiry panel is clear that this report represents the beginning, rather than the end, of the process and these recommendations represent a call for action to all those who have responsibility for the state of our homes.

Recommendation 1

To make the changes we need to see we are calling on national government to show leadership by:

- developing a new cross departmental national strategy to improve England's existing housing stock led by a ministerial Good Home Champion, recognising our housing stock as a critical national asset and part of our essential infrastructure
- replacing the current Decent Homes Standard with an enhanced Good Home Standard that is applicable and enforceable across all housing tenures and for the government to direct Homes England to make improving the quality of existing homes a strategic objective
- placing a duty on local authorities to ensure every authority has a local 'Good Home Agency', a public-facing hub providing access to information and advice, finance schemes, and a range of home improvement services including maintenance and repair, accessibility adaptations and energy retrofit
- leading the development - alongside local government and industry - of a national model for a home improvement check or 'Home MOT' that provides an assessment of the condition of a home and where action is needed. Home MOTs should be available to everyone, regardless of housing tenure
- investing in the improvement of our homes, in a way that directs subsidy towards those most in need and unable to pay themselves, tackles inequalities and improves conditions for those living in the poorest quality homes, including:
 - providing long-term and flexible funding for home improvement services, enforcement of standards and mapping of local housing conditions
 - supporting the development of public private investment partnerships to target areas where widescale improvement is needed and to include decarbonisation

- providing public subsidy or guarantees for low interest loans for homeowners along the lines of the German KfW/BeG model and funding grants for those unable to pay for retrofit and home renovations
- making the public aware of the benefits of improving their homes and how to access quality information and services to make changes to their homes
- bringing forward stronger regulation of the private rented sector with appropriately resourced enforcement to ensure landlords meet and maintain minimum standards of decency, or a ‘good home’

Recommendation 2

To deliver the changes we need to see, we call on local government to ensure the local provision of a Good Home Agency:

Building on existing structures these need to be properly funded and marketed to provide some or all of the following, both onsite and online:

- information and advice on a full range of home improvement services from repairs, adaptations, digital connectivity and energy retrofit to the various financial incentives and products available
- access to home improvement audits or ‘Home MOTs’ to support people in identifying what could be improved in their homes
- information and advice on alternative housing options
- schemes and support to target those most at risk from poor housing, including vulnerable and low-income individuals
- information about trusted providers including handyperson services
- a means to facilitate low-cost finance for homeowners and landlords
- grants for homeowners unable to meet the cost of home improvement
- administration of Disabled Facilities Grants (DFGs)
- information about innovative products and smart home solutions to support wellbeing and social connections

Local leadership also needs to prioritise:

- enforcement of standards, including developing local landlord registers
- carrying out detailed mapping of the condition of housing stock in each local / regional authority to target improvement measures and investment

Recommendation 3

To reap the benefits of net zero now and in the future, we need:

- continued investment in the Social Decarbonisation Fund and for applicants to show a holistic approach to improving homes that goes beyond energy efficiency measures to improve the condition of homes and makes them fit for an ageing population
- new public-private finance mechanisms developed to deliver on net zero also required to improve the condition of homes and make them accessible and adaptable for future needs

Recommendation 4

To address the health inequalities writ large by COVID-19, we need:

- housing to be a clear focus of local and regional health strategies, with integrated care systems having a lead on housing to identify the local drivers of health inequalities due to poor housing and allocate funding to address these
- national strategies and funds for increased regional investment and building back better after COVID-19, such as the UK Shared Prosperity Fund, to address the role of poor-quality housing on local and regional health inequalities

Recommendation 5

To be connected to services and our communities, we need:

- broadband connection to be included in revised an enhanced Good Home Standard and applied to all tenures
- reliable broadband made affordable for all. Government should work with providers holding them to account to provide and promote affordable tariffs and agree a more generous Universal Service Obligation to support people to get connected

Recommendation 6

To enable homeowners and landlords to take action to improve their properties and contribute to achieving net zero, we need:

- A range of innovative financial products and fiscal incentives to support consumers with the means to pay to make improvements to their homes. While there are examples of innovative products and models, some of which are featured in this report, more needs to be done to scale these up. We must also overcome consumer resistance to borrowing for this purpose, provide confidence that investment in their homes will create long-term benefits for health and wellbeing, and tackle fears that loans will affect their financial security
- Government, the financial services sector and others with an interest in solving this problem should come together to help make this happen by developing scalable, consumer-facing products which encourage and incentivise homeowners and landlords to improve their homes

The Good Home Inquiry is very grateful to the Centre for Ageing Better for its vision and leadership in setting up the Inquiry. We call on Ageing Better to continue to carry out research, engagement and influencing activity to realise the Inquiry recommendations, specifically to establish a Finance Working Group and to continue to support Lincolnshire County Council and other localities and regions as test beds for the development of a local Good Home Agency.

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Let's take action today for all our tomorrows.
Let's make ageing better.



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Report of: #TeamLeeds Health and Care People’s Voices Group (PVG)

Report to: Leeds Health and Wellbeing Board

Date: 22nd February 2022

Subject: A listening city... moving to collective action

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Health and Wellbeing Board (HWB) has made a firm commitment to being led by the people of Leeds, acknowledging that people should be at the centre of health and care decision making. Under the leadership of the HWB, the People’s Voice Group (PVG) was established to bring together listening teams across the Leeds health and care partnership, so they could better collaborate on improving the engagement ‘experience’ of local people, work together to improve insight, to champion the voices of local people in decision making, and to ensure that the voices of those living with inequalities are better heard.

As a city we now have significant insight around what matters to people in terms of wider health and wellbeing and what people feel keeps them well. This insight has come through the citywide Big Leeds Chat, but also through significant work around listening to people’s experiences of health and care services. The ask from citizens is to not keep coming to people with the same questions, but to act together and with them on what has been consistently shared.

This paper shares key themes from the insight and describes some of the emerging governance which will ensure the partnership moves from insight to action.

Recommendations

1. HWB is asked to support the workstreams recommended by PVG and to help shape our citywide involvement culture by:

- Receiving regular updates on the PVG's work
- Support and endorse progress within its various workstreams
- Note and support the progress in embedding people's voices into future system governance

2. HWB is asked to take action on the insight gathered through the Big Leeds Chat by:

- Using the insight to directly inform and influence the refresh of the Leeds Health and Wellbeing Strategy (LHWS) and the developing Best City Ambition
- Provide the public with direct feedback around the actions and work taken on each of the insight's themes
- For each theme, allocate a lead forum and ask it to report back to the HWB on a regular basis on progress

3. Organisations represented at the HWB are asked to:

- Take the commitment made at the HWB into organisations
- To support and champion Board actions within represented organisations and in partnership on a citywide basis.

1 Purpose of this report

1.1 The purpose of this report is threefold:

1. To ask the Board to ensure the new collaborative involvement culture that our PVG has fostered through its workstreams is core to our developing local integrated arrangements; mandated under forthcoming legislation. This approach is rooted in listening to people and hearing the voices of those facing the greatest health inequalities.
2. To set out key themes which have emerged from the recent Big Leeds Chat and other people's voices work; and to invite the Board to agree how the governance to ensure that action is taken against each of the themes.
3. Paper notes system commitments made on two areas where we have heard consistent feedback from people: communication and inequalities.

2 Background information

2.1 PVG and our partnership principles

2.2 The PVG leads by example in embodying the city's partnership principles throughout its work.



People's Voices Group

2.3 **We start with people...** but more than that, we have people at the centre of everything we do. Together we promote a model that says that people, patients and service users should be involved and seen as integral co-partners at all stages of the health and care decision-making process. It is exemplified in our five core principles that shape the way we work together listed in the diagram above.

2.4 **We are Team Leeds...** The PVG brings together the involvement leads from across health and care partners to work together in a #Team Leeds approach. It has an ambition to put people's voices at the centre of health and care decision making in Leeds, but particularly the voices of those facing the greatest health inequalities. By working together, it has reduced duplication, shared insight,

shared best practice, ensured that we feed back to the people of Leeds and strategically led the delivery of our ambition that people's voices be central to decision making in the Leeds health and care system.

- 2.5 **We deliver...** In February 2020, we agreed an ambitious action plan, aimed at integrating our engagement and involvement work, strengthening the voice of local people, better informing decision-making, and strengthening our city culture of putting people first, whilst also making best use of the city's resources.

3 Main Issues

3.1 Section 1: PVG Workstreams and people's voices in the proposed Health and Social Care Bill governance

- 3.2 The following are the agreed workstreams of our PVG action plan.

3.3 People's voices intelligence data hub

- 3.4 Decision making needs to be informed by ready access to collated partnership insight from engagement activity. We want to make it easier for decision makers to have access to this and maximise the value and impact of our engagement work. We want to develop an online central hub/repository that brings together all the people's voices intelligence gathered across Leeds, drawing together the rich information gained from specific engagement activity alongside all the different ways that people feedback about services. For the first time drawing together data from sources such as the NHS "Friends and Family Test", system complaints and compliments, Patient Advice and Liaison Service information (PALS), focused surveys, thematic studies and more. Our local system has plans to draw together clinical and needs data in a more collaborative and real-time way to understand demand and plan services (the Leeds Data Repository). The proposal is to provide a partnering data resource to this to enable decision makers to have key elements of people's voices data to support them with their decision making. As part of this project, we will also look at how we can make available the outcomes of all of our engagement on a public-facing, easy-to-use platform – potentially hosted on a partnership website.

- 3.5 The development of this is in early stages and is currently being discussed within the CCG, supported by PVG members, and there is also considerable interest in this from the West Yorkshire Health and Care Partnership (our "Integrated Care System") to see this replicated across the different West Yorkshire areas.

3.6 Network of engaged people

- 3.7 Many of the health and care organisations in Leeds have 'virtual networks' of patients, carers and members of the public. These networks enable us to communicate important information to local people and consult their views when we consider making changes to services. Across the city we use various "platforms" which hold people's information and facilitate communications with the networks (e.g. through email, text, letters etc). As we move towards a more integrated approach in Leeds, we want to explore options of a more citywide shared virtual network of patients, carers and members of the public. A Citywide

Network Working Group (subgroup of PVG) has been convened to explore options to progress a joint approach. The workstream is currently understanding the different virtual networks being used in the city and focusing on shared requirements from partners to form a Citywide Network, including the infrastructure requirements. An options appraisal will be presented to Accountable Officers in spring 2022.

3.8 **Mechanism to hear the voice of inequalities**

3.9 Traditional engagement and feedback gathering mechanisms have often not worked in terms of hearing the essential voices of inequality and placed these at the centre of our decision making. The Big Leeds Chat (see 2.20) has been effective in bringing real people and decision making closer together. The PVG has been keen to find a more systematic way of enabling a better link directly into our health and care decision making structures. Covid 19 has expedited this need and, supported by the Leeds City Council Communities Team working with Forum Central, Voluntary Action Leeds (VAL) and Healthwatch Leeds, a Communities of Interest (Col) network has developed. The Col network brings together 22 Third Sector organisations who are working with some of the people who experience the greatest health inequalities such as Gypsies and Travellers, carers, care leavers, sex workers, refugees and asylum seekers and more. The Col network has already capitalised on the opportunities to bring voices into the heart of health and care decision (see the allyship programme below for example). It is a priority for the Col network to make recommendations about how the HWB, Partnership Executive Group (PEG – group of Leeds health and care chief executives and senior accountable officers), commissioning plans and the CCG could gain further insight from the network and its approach.

3.10 **The HWB Allyship Programme**

3.11 The Allyship Programme is at the heart of our ethos that the closer you bring decision making to people's lives, the better the decision making. The Leeds HWB Allyship Programme was developed to focus primarily on HWB members through giving them direct partnership relationships with organisations representing our Col (see above). The proposition is that through Allies meeting regularly with their partnership organisations that this helps improve Board capacity, learning and decision making.

3.12 To enhance and expedite this work, the Leeds Solidarity Network (Leeds GATE, Basis, LASSN and MESMAC) has applied for resourcing via the Kings Fund. If successful it would mean Leeds is part of a "national voice of inequalities programme". Leeds has progressed to the second stage of application.

3.13 **Supporting the voice of people to be heard in LCPs**

3.14 Historically, consultation and representation in health and care has been around services, organisations, or the whole city. The diversity of our communities, the differences in health equity between our neighbourhoods and the federal nature of Leeds as a city means it is essential that we develop a way to bring the voice of geographic communities into the heart of local decision making. The Local Care Partnership (LCP) Development Team are working closely with all LCPs and with

the PVG to develop an approach. The “Big Leeds Chat On Tour” approach in 2021 had the ambition was to host a Big Leeds Chat in each LCP. Because of this, each LCP now has been equipped with a baseline insight into the issues that are important to people within each community. The LCP Development Team are also developing a plan to strengthen the work. PVG members volunteer to act as links to advise on voice work within each LCP.

3.15 **Mechanism to hear the voice of frontline staff**

3.16 We know that many of the answers around health and care transformation, integrated working, where the gaps are and how we could improve services are known and understood by frontline staff. The PVG has supported the Team Leeds Hearts and Minds programme which is currently being rolled out across health and care is part of this commitment to listening to and empowering frontline staff to have their voices heard.

3.17 **Big Leeds Chat (BLC)**

3.18 The PVG are the host team which organise the BLC. This has been the one-system engagement mechanism for listening to the people of Leeds together as a health and care system. It provides a unified brand for health and care partners to hear the voices of local people.

3.19 **“Impact of Covid” real-time reporting and maintaining momentum**

3.20 The strength, flexibility and drive of the PVG partnership has been perhaps best demonstrated by the rapid development of collective insight reporting during Covid. This synthesised emergent learning on people’s and staff experience of COVID via “Weekly Check-in Reports”. These went into the heart of Covid planning proving how people’s voice can be rapidly actioned to improve and target the service offer across communications, location and process.

3.21 Despite covid we have still pushed forward on many of these developments; we have seen the ‘How Does It Feel for Me?’ work going from strength to strength, undertaken the biggest Big Leeds Chat yet, pulled together all our insight during Covid to deliver the Weekly Check In reports which went into the heart of Covid planning, developed and launched the Allyship HWBB programme and ensured that the voice of inequalities was strengthened by the work of the Communities of Interest network. Much of this is thanks to the strength of the PVG partnership and the commitment and drive of PVG partners.

3.22 **People’s voices in the new governance (the Health and Social Care Bill)**

3.23 The introduction of the Health and Social Care Bill (2022) has prompted work to ensure that the voice of people is central to the development of the new ‘place’ (Leeds) based and West Yorkshire Integrated Care System (ICS) governance.

3.24 Locally, the new, proposed governance includes a new “Leeds Committee of the West Yorkshire Integrated Care Board” (WY ICB). This is supported in turn by three sub-committees: “Quality and People’s Experience”, “Finance” and, “Delivery”.

3.25 Leeds has developed in line with its population health ambition Population Boards, which plan services against agreed outcomes, developing more preventative approaches and more integrated services. The approach is set out in the Healthy Leeds Plan agreed by partners. Areas of care are also supported by Care Delivery Boards which focus on critical operational services or transitions. Work is now underway to develop each of the Population and Care Boards/Groups and Committee and sub-committees. The following are recommendations for the operation of these meetings

- That the development of population health outcomes pays full regard to what people say “a good life looks like”. That is centrally focused on outcomes defined as positive by people
- That assurance mechanisms are put into the governance of the meetings structures, so that all papers and services that come for decisions ask for evidence that people with lived experience have been at the centre of the proposed service development
- That the Committees (where relevant) and Population Boards should receive an insight report detailing summary learning of what has been heard around this group of people, as per the PVG principle of building on what we know
- That it is a core expectation of membership of these structure that members should link in with a relevant community, building on the Big Leeds Chat and Allyship programme. Based on the principle that the closer you build links to people, the better and more informed the decision making
- That, as a default, senior meetings in our governance structures should start with a story/experience from someone with lived experience (this may be for example a short video, vignette or presentation)
- That there should be a representative from Healthwatch Leeds on each of: the Leeds Committee, Quality and Population and Experience Committee and Population Boards
- That there should be a representative on the Leeds Committee, Population Board and Care Delivery Boards from organisations that represent communities of interest or communities of geography (typically a Third Sector organisation) to act as a critical friend
- That someone with lived experience should be on each Board as appropriate (an alternative mechanism to be established where this is not appropriate).

3.26 The ask of the Health and Wellbeing Board is to:

- Accelerate the #TeamLeeds PVG approach through supporting the integrated workstreams highlighted above and the culture of an integrated approach to people’s voices
- Endorse the proposals regarding new Place based governance required by The Health and Care Bill.

3.27 **Section 2: Acting on what people have told us (through the Big Leeds Chat) and importantly feeding back to people around the actions that are taking place**

3.28 As a city we have collated significant insight around what matters to people, both in terms of wider health and wellbeing issues and through listening to people's experiences of health and care services.

3.29 **What do people tell us is fundamental to a happy and healthy Leeds?**

3.30 The BLC is unique, by going to community venues, talking to the public outside of health and care settings and having open conversations not vested in direct service consultation. It has provided a rich tapestry of information on what are the wider issues that matter to people. The Big Leeds Chat has taken place three times since 2018 and there have been consistent themes around what people have told us creates good health and wellbeing. Unsurprisingly, there is much work in place to create improvement around the issues people identify. It is however less clear how the Board has clear named links and an agreed approach to reporting of progress in these areas.. There is the opportunity to develop therefore new governance links based around the insight from the Big Leeds Chat 2021 tour.

3.31 The final report for the BLC 2021 is currently in development and will include two elements: citywide themes that were heard across Leeds and individual summaries of the 40 chats that took place in each LCP and with numerous Communities of Interest. The draft citywide themes for 2021 are:

- When thinking about a healthy city people very often wanted family, children and young people's lives that are filled with active, exciting and "connecting" things to do.
- For people of all ages, there was an ask for affordable community activities, mediated by good local organisations, venues, green space and effective enablement of volunteering.
- Digital access was raised, people were concerned where there was felt to be an "assumed digital default". People wanted a personalised offer which gave choice and was tailored across individual differences and different needs/situations.
- People feel GP appointments are harder to book than before and were offered further appointments quite some time away (variations occurred across BLC areas).
- Variations in BLC responses from people are significant by the area they live or the community of which they are part of. Our local working approach needs to be informed by this and actions planned to meet local (neighbourhood/community) issues.

- Crime and antisocial behaviour are raised by people as impactful on health and wellbeing. This includes perceived crime risks in public spaces such as parks and linked to perceived anti-social behaviour by young people.
- To tackle the mental health effects of the pandemic, we need to work proactively and creatively with communities and people who are isolated from them.
- People commented about having to make tough choices on their cost of living and health. Costs associated with staying healthy through exercise were raised often (more often than access to good food, reducing smoking or drinking).
- People treasured green spaces as a health asset but this was mediated by condition, safety and cleanliness.
- People raised public transport as closely linked to their health and wellbeing. Issues raised were access, frequency, cost and routing.

3.32 These themes have strong correlation with what the people of Leeds have told us in the previous two Big Leeds Chats in 2018 and 2019 about what will make Leeds the best city for health and wellbeing.

3.33 We would like to strengthen the governance around the above themes and what people tell us matters to them. As well as directly influencing the refresh of the LHWS and the upcoming Best City Ambition, we propose that the public receive direct feedback around the actions and work taken on each of these themes. The proposed governance is that for each theme, a lead forum is allocated and asked to report back to the HWB on a regular basis the following:

- Is there a plan/strategy to ensure that as a city Leeds is working on this?
- Is there an implementation plan that is tracked and measured to ensure progress on each of these themes?
- Does it understand the variance and gaps in terms of ensuring that the themes are being addressed in all communities in Leeds?
- Updates on what progress is being made in each of the communities against each of these themes.
- It is suggested that the HWB annual plan report is used to report back to people around the progress on each of these themes.

3.34 **Section 3: Transforming voice to action: Communication, coordination and compassion in services and tackling inequalities**

3.35 PVG is supporting our system to act on what we have consistently heard. This is driven by all our engagement work and in particular the “How Does It Feel For Me?” Programme (HDIFFM).

- 3.36 HDIFFM was instigated by the HWB as a response to the Care Quality Commission (CQC) Local System Review, 2018, which challenged Leeds as to a mechanism to collate feedback and therefore gain assurance of positive experience of journeys of care across our system. A systematic approach has collated a balanced scorecard of data comprising video blogs/diaries of people's experiences, case note review, complaints/compliments analysis and trialling new metrics of experience. Work has fed into periodic 'Assurance Balanced Scorecard' report to system executives.
- 3.37 Across the work to date, three priority areas for the health and care system have been identified. They are better: communication with people; better co-ordination of health and care services; and the need for compassion in all delivery of health and care services (a "Leeds 3 x Cs"). These ambitions are aligned to and supportive of existing improvement work to create a person centred health and care approach across Leeds. Above all, ineffective communication to people has been the number one theme that cuts across insight, complaints and feedback to teams across all health and care partners. For this reason, further work has been undertaken to qualify and develop what is meant by 'good' or effective communication. Additionally, research evidence has been used to quantify the financial and outcome benefits that could be realised if Leeds chose to focus on communication as an investment for improvement.
- 3.38 The options for immediate and medium-term improvement have been summarised for discussion via PEG (February 2022). The proposal is for significant transformational change around the issue of non-effective communication with people who receive services aligned to specific action plans. The paper proposes to introduce shared decision making across services. Shared decision making is a joint process in which a healthcare professional works together with a person to reach a decision about care. It involves choosing tests and treatments based both on evidence and on the person's individual preferences, beliefs and values. It makes sure the person understands the risks, benefits and possible consequences of different options through discussion and information sharing. The paper also proposes specific actions are identified by all partners to meet the Accessible Information Standard (AIS). The AIS sets out, a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. It is a legal requirement.
- 3.39 Throughout people's voices work there has been acute awareness of how tangible inequalities are evident in what has been heard. In hearing from communities of interest the same inequalities are recognised, and the same themes expressed. A clear message was heard from those community organisations, to not keep asking "what the issues are?" because for many communities they are well understood, but to act on what has been said, in partnership with those communities.
- 3.40 The Healthwatch Leeds "Health Inequalities Report" (Healthwatch Leeds, 2021) identified ten themes. Some echo the themes from the Big Leeds Chat above and the HDIFFM work:

- The key role that GP practices play in a person's health and care
- The importance of a welcoming front-of-house experience
- The importance of accessible health and care services
- Joined up health and care services lead to better health outcomes
- The impact of poverty on accessing health and care
- Digital inclusion
- The importance of having an inclusive workforce trained in person-centred working practices
- Communities facing inequalities need tailored responses to meet service gaps in current service offer.
- Developing services needs to be in partnership with trusted community organisations.
- The overall approach needs to embody co-production with communities

3.41 In responding to these there has been significant developments through the Tackling Health Inequalities Group (THIG) which has been set up to support the HWB in its ambition to tackle inequalities.

3.42 The Health Inequalities Toolkit, which has been endorsed by the HWB, aims to provide a solid plan of action to all health and care partners around the actions that need to take place.

3.43 Ongoing conversations with the evolving local health and care partnership governance, described above, around how that may integrate the Toolkit actions into its structures, in particular Population Health Boards and Care Delivery Boards.

3.44 The Board is asked to continue to in its commitment to placing people at the centre of health and care decision making by supporting the above initiatives, both through the work within individual organisations and in our city partnerships.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.2 The focus of this report is to bring the experiences of the people of Leeds into the heart of heart and health and care decision making Leeds and that of the Health and Wellbeing Board. The insight is driven from all health and care partners across Leeds and from thousands of people living in all communities in Leeds.

4.3 Equality and diversity / cohesion and integration

4.4 The activities from this report all support equality and diversity as well as building trust within communities as people can see that services are working together on the things that matter to them.

4.5 **Resources and value for money**

4.6 There is no specific new ask for resource as part of this paper but an acknowledgement that to fulfil the ambition of the Health and Wellbeing Strategy and the PVG that resources will need to be allocated. There is a risk to some of the PVG workstreams that they are currently supported through short term Covid response funds facilitated by Public Health. A proposal to the partnership for appropriate resourcing is in development.

4.7 **Legal Implications, access to information and call In**

4.8 There are no legal implications.

4.9 **Risk management**

4.10 There are no new risks that require management.

5 **Conclusions**

5.1 Under the leadership of the Health and Wellbeing Board and the Health and Wellbeing Strategy, much importance has been placed on people's voices being at the centre of how we work in Leeds. The People's Voices Group (PVG) has developed a strong one-team approach to this, and involvement activities across all health and care organisations in Leeds have consistently been working together to deliver our shared ambition, with identified developments to enable us as a health and care system to do that. As we move towards coming out of covid, it is an opportune time to consolidate that body of insight. and focus as a health and care system on the issues that people consistently raise, as well as areas for development. We want to do this in terms of the wider health and wellbeing asks of creating happy and healthy communities across Leeds, but also as regards health and care services and the issues that need a system response to tackle poor experience and outcomes and to address inequalities.

6 **Recommendations**

6.1 HWB is asked to support the workstreams recommended by PVG and to help shape our citywide involvement culture by:

- Receiving regular updates on the PVG's work
- Support and endorse progress within its various workstreams
- Note and support the progress in embedding people's voices into future system governance

6.2 HWB is asked to take action on the insight gathered through the Big Leeds Chat by:

- Using the insight to directly inform and influence the refresh of the Leeds Health and Wellbeing Strategy (LHWS) and the developing Best City Ambition
- Provide the public with direct feedback around the actions and work taken on each of the insight's themes
- For each theme, allocate a lead forum and ask it to report back to the HWB on a regular basis on progress

6.3 Organisations represented at the HWB are asked to:

- Take the commitment made at the HWB into organisations
- To support and champion Board actions within represented organisations and in partnership on a citywide basis.

7 Background documents

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How does this help reduce health inequalities in Leeds?

The focus of this report is to act on what people have consistently told us doesn't work for them in terms of health and care services and in particular the report outlines the consistent issues that people experiencing the greatest health inequalities have identified.

How does this help create a high quality health and care system?

This report focuses on the elements of health and care which in some cases are not meeting peoples' needs in terms of quality of services. By understanding and acting on these issues as a health and care system the quality of care in Leeds will improve.

How does this help to have a financially sustainable health and care system?

The costs of not delivering effective communication, coordination and compassion within health and care services has been evidenced to cost the health and care system millions of pounds. The cost of not meeting the health and care needs of those people experiencing the greatest health inequalities again is significant in terms of needing more costly treatment at later points in people's health and care, additional cost of medication as well as the wider financial impacts to wider support services.

Future challenges or opportunities

There are significant opportunities for the Leeds health and care system by focusing on the identified themes, in terms of quality, people experience, inequalities, and ultimately in terms of achieving the health and wellbeing strategy ambition of being the best city for health and wellbeing where the poorest improve their health the fastest.

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21
(please tick all that apply to this report)**

A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X



Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 22nd February 2022

Subject: Leeds Health and Care Financial Reporting at end of December 2021 (M9 2021/22)

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

This report provides the Health and Wellbeing Board with an overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide financial report (Appendix 1)

NHS organisations continue to operate under a revised financial regime due to the covid pandemic, with the year split into 2 financial periods, H1 (April to September 2021) and H2 (October 2021 to March 2022)

Financial plans for October to March 2022 (H2) for NHS organisations across the region were submitted to NHSEI, via the West Yorkshire and Harrogate Integrated Care System (WY &H ICS), on 22nd November 2021.

At the end of December 2021, the position across the three Leeds NHS providers was a small surplus of £3.55m. The CCG reported an overspend of £1m, prior to anticipated retrospective reimbursements for covid out of envelope items such as the Hospital Discharge Programme (HDP) of £1.67m. This funding is subject to validation by NHSEI and given quarterly in arrears. Reimbursement in full would bring the year to date position for the CCG to a small surplus of £0.7m.

Leeds City Council (LCC) is reporting a projected year to date overspend of £9.4m, mainly due to pressures in Children Looked After (CLA) and non-CLA placements within Children's and Families budgets. Adult Social Care have a balanced position at M9 but with pressures going into winter which will impact both the NHS and Social Care workforce.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the M9 2021/22 partner financial positions

1 Purpose of this report

- 1.1 This report provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide financial report (Appendix 1). This report is for the period ending December 2021.
- 1.2 Together, this financial information and associated narrative aims to provide a greater understanding of the collective and individual financial performance of the health and care organisations in Leeds. This provides the Health and Wellbeing Board with an opportunity to direct action which will support an appropriate and effective response.
- 1.3 This paper supports the Board's role in having strategic oversight of both the financial sustainability of the Leeds health and care system and of the executive function carried out by the Partnership Executive Group (PEG).

2 Background information

- 2.1 The financial information contained within this report has been contributed by Directors of Finance from Leeds City Council (LCC), Leeds Community Healthcare Trust (LCH), Leeds Teaching Hospital Trust (LTHT), Leeds and York Partnership Trust (LYPFT) and NHS Leeds Clinical Commissioning Group (CCG).

3 Main issues

- 3.1 NHS organisations continue to operate under a revised financial regime due to the covid pandemic
- 3.2 This includes planning and funding arrangements covering 2 separate financial periods within the year, H1 (April to September 2021) and H2 (October 2021 to March 2022). H2 plans were submitted to NHSEI, via the West Yorkshire and Harrogate Integrated Care System (WY &H ICS), on 22nd November 2021.
- 3.3 At the end of M9 2021/22 there was a small surplus of £3.55m across the 3 NHS providers in Leeds, and an overspend of £1m shown at the CCG, before retrospective reimbursement of covid out of envelope items such as the Hospital Discharge Programme, of £1.67m, which would then result in a small surplus of £0.7m year to date for the CCG.
- 3.4 Leeds City Council (LCC) is reporting a projected year to date overspend of £9.4m, mainly due to pressures in Children Looked After (CLA) and non-CLA placements within Children's and Families budgets. Adult Social Care have a balanced position at M9 but with pressures going into winter which will impact both the NHS and Social Care workforce.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement, and hearing citizen voice

4.1.1 Development of the Leeds health & care quarterly financial report is overseen by the Directors of Finance and equivalents from Leeds City Council, Leeds Community Healthcare Trust, Leeds Teaching Hospital Trust, Leeds and York Partnership Trust and the Leeds Clinical Commissioning Group.

4.1.2 Individual organisations engage with citizens through their own internal process and spending priorities are aligned to the Leeds Health and Wellbeing Strategy 2016-2021, which was developed through significant engagement activity.

4.2 Equality and diversity / cohesion and integration

4.2.1 Through the Leeds health & care quarterly financial report we are better able to understand a citywide position and identify challenges and opportunities across the health and care system to contribute to the delivery of the vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest', which underpins the Leeds Health and Wellbeing Strategy 2016-2021.

4.3 Resources and value for money

4.3.1 The Health and Wellbeing Board has oversight of the financial stability of the Leeds system with PEG committed to using the 'Leeds £', our money and other resources, wisely for the good of the people we serve in a way in which also balances the books for the city. Bringing together financial updates from health and care organisations in a single place has multiple benefits; we are better able to understand a citywide position, identify challenges and opportunities across the health and care system and ensure that people of Leeds are getting good value for the collective Leeds £.

4.4 Legal Implications, access to information and call In

4.4.1 There is no access to information and call-in implications arising from this report.

4.5 Risk management

4.5.1 The Leeds health & care quarterly financial report outlines the extent of the financial challenge facing the Leeds health and care system. These risks are actively monitored and mitigated against, through regular partnership meetings including the Citywide Director of Finance group and reporting to the PEG and other partnership groups as needed. Furthermore, each individual organisation has financial risk management processes and reporting mechanisms in place.

5 Conclusions

5.1 There continues to be significant challenges and risks across the system, with recurrent and non recurrent additional costs related to the covid pandemic. But

also, significant non recurrent funding available in this period. Demand as always remains a key risk however workforce capacity is an issue.

- 5.2 At the end of December 2021 the NHS organisations across Leeds are showing a surplus of £4m (after retrospective reimbursement of £1.67m for the CCG), whilst Leeds City Council are reporting a £9m at Month 9.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the M9 2021/22 partner financial positions

7 Background documents

- 7.1 None

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How does this help reduce health inequalities in Leeds?

An efficient health and care system in financial balance enables us to use resources more effectively and target these in areas of greatest need

How does this help create a high quality health and care system?

Driving up quality depends on having the resources to meet the health and care needs of the people of Leeds. Spending every penny wisely on evidence-based interventions and ensuring we have an appropriate workforce and can manage our workforce effectively promotes system-wide sustainability

How does this help to have a financially sustainable health and care system?

It maintains visibility of the financial position of the statutory partners in the city

Future challenges or opportunities

Future updates will be brought to the Health and Wellbeing Board as requested and should be factored into the work plan of the Board

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Appendix 1 - Finance Report to the Leeds Health and Wellbeing Board as at end of December 2021

Outturn for 9 months ended 31st December 2021	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Leeds City Council - Adult Social Care	173.21	203.07	29.86	58.01	58.36	(0.35)	310.28	339.80	(29.52)	368.29	398.16	(29.87)	(195.08)	(195.09)	(0.01)
Leeds City Council - Childrens and Families	188.60	186.10	(2.50)	97.60	97.97	(0.37)	208.00	214.46	(6.46)	305.60	312.43	(6.83)	(117.00)	(126.33)	(9.33)
Leeds Community Healthcare NHS Trust	143.80	141.90	(1.90)	98.70	97.40	1.30	45.10	44.10	1.00	143.80	141.50	2.30	0.00	0.40	0.40
Leeds Teaching Hospitals NHS Trust	1,189.89	1,226.00	36.11	705.58	707.50	(1.92)	487.91	520.00	(32.09)	1,193.49	1,227.50	(34.01)	(3.60)	(1.50)	2.10
Leeds & York Partnership NHS Foundation Trust	157.41	159.73	2.32	107.49	108.90	(1.41)	49.89	49.74	0.15	157.38	158.64	(1.26)	0.03	1.09	1.06
NHS Leeds CCG	1,044.25	1,044.25	0.00	11.54	10.81	0.73	1,032.71	1,034.44	(1.73)	1,044.25	1,045.25	(1.00)	0.00	(1.00)	(1.00)

Sign convention - (negative numbers) = ADVERSE variances

Narrative on YTD Position

Leeds City Council - Adult Social Care

At month 9 A&H reporting a balanced budget for 2021-22 financial year. There remain challenges / uncertainties going into Winter 2021-22 around impact of pressures on the NHS and Social Care workforce. Extension of the Infection Control Fund (ICF3 2021-22), £4.65m and the new Winter COVID funding including Workforce Development & Recruitment Grant Round 1 & 2 and Omicron Grant for £7.2m will provide financial support for the market. Demand as always continues to be a key risk, however labour capacity is restricting the ability to deliver all required social care. Conversations on-going regarding circa £4m Health contributions to support the care provider market and increase capacity via bringing forward the increase in April's National Living Wage uplift from £8.91 to £9.50 as a minimum.

Leeds City Council - Childrens and Families

At month 9 C&F are reporting a projected overspend of £9.33m. The key pressure relates to the budget for Children Looked After (CLA) and non-CLA placements, which is currently forecast to overspend by £7.9m. This is in part due to increased CLA placement numbers. The CLA service also has increased staffing costs which have resulted in a projected pressure of £819k. In addition to the CLA pressure the directorate is also projecting a net loss of £1.4m across its Nursery settings.

Leeds Community Healthcare NHS Trust

At the end of December the Trust is running a small surplus of £0.4m and forecasting breakeven; this is in respect of slower than anticipated backlog waiting list initiative costs being incurred due to current service pressures.

Leeds and York Partnership NHS Foundation Trust

At month 9 the Trust reported an income and expenditure surplus of £1.1m against a £34k surplus plan position. The reported position at month 9 reflects a general improvement compared to previous expenditure run rates for out of area placements. The release of mental health funding and additional non-recurrent income from commercial activities is also contributing to the increased surplus position.

Leeds Teaching Hospitals NHS Trust

In December the Trust reported a year to date deficit of £1.5m which was £2.1m favourable to plan. Income includes pay award funding, increased income to offset high cost drugs and devices spend and £16.4m ERF/TIF. Expenditure to date includes £33.4m of costs associated with COVID-19.

NHS Leeds CCG

The year to date position at the end of December shows an overspend of £1m, prior to anticipated reimbursements for covid out of envelope items such as the Hospital Discharge Programme (HDP). These anticipated allocations are subject to validation by NHSEI. Confirmed amounts will be awarded retrospectively on a quarterly basis. Reimbursement for Quarters 1&2 spend has now been received in full. The retrospective allocations anticipated for Quarter 3 is £1.67m, which would bring the year to date position to an underspend of £0.7m.