



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

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Report to: Leeds Health and Wellbeing Board

Date: 22nd February 2022

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

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|---|---|--|
| 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

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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)**

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|--|---|
| 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 |