

Improving Housing for Better Health: progress update for Leeds's Health and Housing Programme

Date: 20th November 2024

Report of: Director of Public Health and Director of Communities, Housing and Environment

Report to: Executive Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

This report gives an annual update on the Leeds Health and Housing Programme, which is overseen by the Health and Housing Steering Group, chaired by the Executive Member for Equality, Health and Wellbeing. The Health and Housing programme has delivered some innovative projects through working in partnership across the NHS, LCC, the third sector and housing associations. These projects, mostly delivered at no, or very little cost, make a significant contribution to citywide ambitions to improve health through better housing in line with the Health and Wellbeing Strategy and the Housing Strategy.

The report provides a brief background to the programme and a summary of six projects which have been successfully launched since the programme's inception in late 2022, including a Hospital Discharge Workers scheme based which has been nominated for a Healthy Homes Award.

It also briefly considers forthcoming project delivery and more strategic next steps, in the context of the recent recommendations for Housing made by the Institute of Health Equity through the Fairer, Healthier Leeds (Marmot City) programme.

Recommendations

- a) The Executive Board is asked to note the progress of the Health and Housing Programme as set out in this annual update report.
- b) The Executive Board is asked to note the potential direction of travel for the Health and Housing programme, in response to the Fairer, Healthier Leeds (Marmot City): Housing recommendations.

What is this report about?

Purpose

1. This report sets out progress towards the priorities of the Health and Housing Programme. These are delivered through the Health and Housing Steering group. It is important to note that the programme does not include all projects and areas of focus under 'health and housing' many of which are the mainstream business of the Council, third sector and other partner agencies. To date the programme has delivered six projects, agreed annually through the Steering Group which is chaired by the Executive Member for Equality, Health and Wellbeing.

Background to the Health and Housing Programme

2. Health and Housing was one of the 'breakthrough priorities' identified in 2022 to contribute to delivering the City Ambition. A common feature of the priorities is that partners would come together to maximise improved health outcomes for Leeds residents at little or no cost through innovative and creative ways of working. The health and housing programme was developed in consultation with key partners and in consideration of where greatest value can be added through a partnership approach i.e. in cross system, collaborative working.
3. The Health and Housing work is a key plank of the Leeds City Ambition and sits in that 'sweet spot' between the health and wellbeing, inclusive growth and net-zero strategies. Better homes improve health in a multitude of ways, from tackling respiratory disease by addressing damp and mould through to influencing mental health by promoting security and safety. Secure health promoting energy efficient homes also provide a platform for wider economic growth by providing a longer-term address, lower energy bills and reducing the stresses and strains associated with regular moving such as changing schools and GPs.
4. Initially, the programme was framed across three areas of focus:
 - Health and Housing
 - Health and Homelessness
 - Health and Planning.
5. Projects across these areas were identified through ongoing engagement with partners and taking on board insight from people's voices exercises (e.g. the Big Leeds Chat), seeking opportunities to build on existing good practice and ensuring alignment with relevant strategies and work programmes. Nine potential projects were identified under these focus areas, reflecting opportunities to work together in partnership to maximise improved health outcomes for Leeds residents. Flexibility was built into the programme so that emerging priorities could be picked up; for example, a new project focusing on the role of housing in supporting children's respiratory health, in line with a priority area of the Healthy Leeds Plan, was added to the programme in mid-2023.
6. Housing was subsequently identified as a key priority for the Marmot city programme, reflecting the importance of housing issues in elected members casework and mounting evidence of need described in the Joint Strategic Assessment. These strategic issues include access to social housing and 'starter' owner occupation and challenges related to the growing number of people living in private rented accommodation. Led by Public Health, work to understand how best to maximise opportunities to address health inequalities through housing began in 2023 and has run in parallel to delivery of the health and housing programme. In particular, the Marmot programme has supported work around the Selective Licencing programme and a short evaluation was carried out to support understanding of the impact of selective licencing

on health and to inform a business case for further developments. Further examples of projects in this space include:

- Energy Performance Certificate data linkage work: Work is ongoing, led by Public Health, to link regional housing data to locally held health data to enable better targeting of funding in this area.
- Winter Warmth (Heating on Prescription) preventing cold related exacerbation of illness amongst low-income families, older people, people with living respiratory and cardiac conditions by offering a home assessment and a holistic package of care which included energy advice and equipment (such as radiator panels, and draft proofing) and a £50 fuel voucher.

7. It is worth noting that to date, some work on health and planning (focus area 3) has happened outside of but linked to this programme:

- A major piece of work to embed provision of health and care services in the planning process in relation to new housing developments sits under the Health and Care Citywide Estates programme coordinated by the Health Partnerships Team and involving colleagues from across the Council and NHS.
- A Health Improvement Specialist has been appointed, working across Planning and Public Health. This role provides a public health perspective on planning applications including implementing Health Impact Assessments for all major planning applications, be they housing development or commercial.

Health and Housing Programme project delivery so far

8. Most of the six projects which have been successfully taken forward sit under the broader Health and Housing focus; the Hospital Discharge Workers project also works to support people at risk of homelessness, as per focus area 2. The current programme “plan on a page” for these six live projects can be found at Appendix A.

9. **Hospital Discharge Workers:** Two new posts employed by Health & Housing Service in LCC. Crucially the staff are located within the Transfer of Care (TOC) hub at St James Hospital and around the wards of the Leeds Teaching Hospital Trust’s (LTHT) hospitals.

- The team have received a total of 376 referrals for case worker support. As the majority of the patient cohort (63%) are those who are homeless/threatened with homelessness, the officers have developed strong partnerships working with Leeds Housing Options and other partners in supporting the timely discharge of patients.
- A joined-up working and person-centred approach has been the key to success and whilst re-housing is not always the only discharge option, they have managed to rehouse a total of 31 cases into more suitable accommodation.
- The speed and effectiveness of two discharge workers has been much welcomed and recognised by patients and colleagues within the hospital setting and LCC, for example: a healthcare professional states:
 - *“The housing caseworkers have been very valuable I feel. They are really helpful for enabling discharges quicker and also enabling someone to get rehoused quicker after discharge sometimes. Without them, it would be a massive amount of work for case managers/ social workers just to find out basic information about tenants and liaise with housing about housing related issues. Without them, I feel*

there could be an increased number of referrals for complex discharges/ social work that are really about housing issues. There would also be a lot less scope to do joint working as we do really well with L and J on cases where there are entwined social care and housing issues”.

- The following feedback was provided by a family to one of the housing workers:
 - *“You are a star – Thank you from the bottom of our hearts! I personally can't think of anything you could improve on. You have been amazing from our first contact and bent over backwards, you go above and beyond. You showed empathy and professionalism all at the same time, and we as a family can't thank you enough”*
- The team has also done some initial modelling around potential savings on hospital bed days since the service has been in place. Please see the case study at Appendix B for more details.

10. Embedding Health in Selective Licencing: Since January 2020, Beeston and Harehills have been designated as selective licensing areas. The Health and Housing Steering Group explored ways to embed health into selective licencing in late 2023; the following actions have been taken forward in conjunction with the Marmot City programme:

- Colleagues in Housing and Public Health commissioned a qualitative evaluation of ‘stakeholder perceptions of the impact of Leeds’s existing selective licensing scheme’ which was published in March 2024, which found “some case study evidence regarding the positive impact of the scheme on tenants’ health”. Currently the Council is consulting on the potential for further areas and the findings of the evaluation is supporting a business case to Leeds City Council Executive Board which will be considered in early 2025.
- Public Health and Housing are also working in partnership to embed questions about health and health inequalities into the selective licensing survey completed by housing workers.
- An operational health and selective licensing group has also been established to co-ordinate better relationships on the ground. Actions include sharing information about selective listening with relevant Primary Care networks and supporting better relationships between health staff and housing workers.
- Selective Licensing schemes seek to benefit those living in some of the city’s lowest income communities with generally poorer quality housing stock and health outcomes. Closer working between health and housing in the context of selective licensing can amplify these benefits and is informing the business case for rolling out the scheme into other parts of Leeds.
- Selective licensing is potentially a hugely significant intervention for residents of private rented accommodation in IMD Decile One, the poorest areas of the city. Over a quarter of adults (26%) and a third of children (33%) live in this decile, many in private rented accommodation. More stable, better-quality accommodation will encourage people to put down roots and feel more safe and secure at home and in their community. This stability for adults and children alike could in turn exert a positive influence on health, educational and children’s social care outcomes because regular moving is highly stressful and usually requires a change of schooling, new GP registration and loss of previous local friendships with neighbours.

11. **Joint Health and Housing Workforce Training:** This involves a series of locality-based networking and learning sessions which bring together housing and health staff to improve knowledge and understanding of health and housing issues and build relationships between front line and management staff on the ground.
- First session held in Beeston, LS11 with over 70 professionals from NHS, LCC and third sector organisations based in the south of the city.
 - Sessions are designed to provide networking opportunities and a general overview of both health services and housing services followed by six individual focus areas (three from Housing, three from Health), based on a training needs analysis.
 - The session received great feedback, with 88% of delegates stating their knowledge of Health and Housing had improved a lot or a bit. Delegates told us that they valued the networking opportunities, and would be able to signpost people to relevant services more effectively after attending the training.
 - A second session will be held in November 2024 for the health and care workforce based in the east and northeast areas of the city. This is being co-produced with the HATCH Local Care Partnership. It is anticipated further sessions will run in the north and west of the city in 2025/26.
12. **Weatherproofing Scheme:** Project ensures the homes of vulnerable people (e.g. living with a disability or long-term health condition or frail elderly) are wind and weatherproofed. This includes upgrades/repairs to heating systems and insulation works, when necessary.
- The scheme is funded by LCC's Health & Housing Service and delivered by Care and Repair Leeds. This scheme will continue to be funded into 2025/26 and is now seen as "business as usual".
 - In the first year (2023/24), the scheme provided repairs / improvements to 45 properties. It is projected the scheme will have repaired or improved 55 properties by March 2025.
 - Positive feedback received from homeowners in receipt of the service, including self-reported improvement in low mood and reduction in children's coughs during winter as damp and mould had been reduced.
13. **Children's Respiratory and Housing pathways:** A new partnership to support children who are under the care of LTHT's paediatric respiratory service and who have known housing issues which exacerbate their condition. Clinicians have fed back that the pathway is "working brilliantly" and they are able to get the help and information they need quickly.
- RAG rated pathways in place to ensure timely responses to clinicians - cases of all tenures referred to LCC for action of works to improve the physical environment and improve air quality within the dwelling to reduce hospital admissions.
 - This project is also part of the Children's Respiratory System Flow response under the ICB's Children's Physical Health Programme.
 - Since the pathways were put in place, one family has been rehomed – the family lived in a high rise flat near the city centre next to a bin chute, the fumes of which exacerbated her asthma. The family are now based in a property on the outskirts of the

city. Prior to moving, the child would be regularly admitted to hospital for several days at a time. The child has had one admission for respiratory complications since moving with a reduced length of stay of only 8 hours.

14. **Breathe Easy Homes:** a new service which is effectively the “Green” route of the children’s respiratory and housing pathway, for health professionals in community and primary care settings who see children with persistent respiratory issues linked to poor indoor air quality.
- Delivered by Care and Repair, funded by the Health and Housing Service and developed by the ICB in Leeds, Health Partnerships and Public Health within LCC. Assessment carried out to offer personalised interventions to improve air quality. Packages include items such as hypoallergenic duvets/pillows, hepa-filter vacuums, dehumidifiers, air quality indicators, ventilation fans etc.
 - Over 30 families have been referred to the scheme since it launched in May 2024 and funding should be available throughout 2025. The immediate next steps for this project are a robust evaluation which will then be used to inform future direction and a focus on proactive identification of children who would benefit from the service through GPs / asthma nurse specialists based in Primary Care.
 - Signposting and self-help information is also included in the pathway, e.g. Top Ten Tips for Indoor Air Quality produced by colleagues in Public Health.
 - Whilst the project is still at an early stage, families are reporting an improvement to the air in their homes and that they are learning new techniques to manage this, e.g. getting rid of plug-in air fresheners. Two case studies are included at appendix B.

Sharing our successes

15. Programme leads are active in looking for opportunities to show case good practice regionally and nationally. For example, the Hospital Discharge Workers and Weatherproofing Scheme have both been entered into Healthy Homes Awards. We have also presented at West Yorkshire Health and Care Partnership Health and Housing Network, as there is interest in adopting Leeds’s Children’s Asthma and Housing Pathway regionally. Further, we are in conversation with the national Good Homes Network hosted by the Centre for Ageing Better to find opportunities to share the good work happening in Leeds.

Future direction for the Health and Housing Programme

16. Health and Housing Programme project delivery: The Health and Housing Programme has flexibility to identify and scope potential new projects, bringing in additional partners to the Health and Housing Steering Group.
- In response to one of the operational Marmot recommendations, we are working with Leeds GATE to scope a health and housing project in relation to Gypsy and Traveller Communities. This will be based on relevant insight and evidence, national policy direction and learning from other areas.
 - Following on from the success of the Hospital Discharge Workers project, early conversations are taking place with Leeds and York Partnership Foundation NHS Trust around expanding this project into Mental Health settings and/or building on the existing initiatives in this space.

17. Alignment with the Fairer, Healthier Leeds (Marmot City) programme: As noted above, Housing is a priority workstream of the Fairer, Healthier Leeds (Marmot City) programme. The Institute of Health Equity (IHE) has worked closely with local stakeholders to understand the Leeds system and produce a set of recommendations for action (Appendix C). Central to these is a suggestion that the city adopts a more strategic approach to housing and health. This could include: a joint health and housing needs analysis; closer working between public health and housing; identification of shared priorities/outcomes, and joint budgets/commissioning. The Health and Housing steering group will be considering the recommendations during October - December 2024. There are also some actions around specific population groups who experience health inequity; these recommendations are included in the future project delivery section set out below.
18. Alignment with wider City Planning & Regeneration Strategy: In line with focus area 3 of the initial areas of the Health and Housing programme, a wider dialogue has commenced with City Development services to consider how Marmot City principles and ambition can be more deeply embedded in our collective thinking about long term sustainable place change and housing growth. There is a shared recognition of the common ground and outcomes to be achieved by a more integrated approach between public health, planning and regeneration in the delivery of new housing growth and choice in the city, to meet the needs of all our communities. It is an opportune moment to develop this cross-service engagement and consider how Marmot can truly influence the long-term plans for spatial change and the way the city develops, harnessing the important role of neighbourhoods, place-making and how we ensure housing is available, secure and affordable to underpin long term beneficial health outcomes:
- The Council is working on an update and review of the statutory Local Plan, which sets our long-term ambitions and requirements for spatial development and land use.
 - Last year the Council published its refreshed Inclusive Growth Strategy, which states the important relationship between People, Place and Productivity, and set out nine 'big ideas' including connecting and strengthening communities, and the need to grow the success of the city centre in ways that will regenerate adjoining neighbourhoods - the need to address the underlying causes of deprivation, including poor health outcomes, is implicit in these.
 - In keeping with those principles, in May the government working with the Council, published the Leeds Transformational Regeneration vision, setting out a 10-year prospectus for city centre growth and regeneration focusing on housing, economy and infrastructure. Partnership work is underway to scope and test the regeneration plan that will support this intent.
 - Early next year the Council will refresh its Affordable Housing Partnership Action Plan to guide the approach to securing the affordable housing need in the city for the next five years, ensuring that housing availability, affordability and choice is woven into growth plans.

What impact will this proposal have?

19. This report provides the annual update on the Health and Housing programme and the work undertaken by the Health and Housing Steering Group, with no decision required by Executive Board. Therefore an equality impact assessment is not required.
20. However, it is worth noting the key role that housing plays in addressing health inequalities. Leeds, as a Marmot city, has set out its commitment to addressing health inequalities and putting wider determinants of health at the centre of what we do. Housing is a key determinant of health and as such the housing sector makes a critical contribution towards the reduction of

health inequalities in Leeds. The Health and Housing Steering Group will play a role in implementing some of the recommendations from the recent Marmot City recommendations for Housing.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing Inclusive Growth Zero Carbon

21. The Health and Housing Programme directly contributes to the following focus area of the Health and Wellbeing pillar: “Working with housing providers, landlords, tenants and communities to provide more affordable and better quality housing, so everyone can have a home which supports good health, wellbeing and educational outcomes”. To date, the projects within the programme have focused on the quality homes angle. However, one of the intended outcomes of the Breathe Easy Homes and Asthma and Housing Pathway is that children have fewer days away from school which will support broader educational outcomes.
22. The programme also contributes to Priority 3 of the Leeds Health and Wellbeing Strategy: Improving Housing for Better Health, which is also one of the priorities of the Leeds Housing Strategy. The programme has particularly contributed towards activity to:
- Ensure all people in Leeds can remain independent in their homes as much as it is safe to do so, including through adaptations.
 - Develop housing options tailored to individual needs, especially for people with complex needs.
 - Make housing inclusive, sustainable, and safe, especially in the most deprived parts of the city. This will include... addressing issues of damp and mould in properties

What consultation and engagement has taken place?

Wards affected: All
Have ward members been consulted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

23. This update has been prepared in consultation with the Executive Member for Equality, Health & Wellbeing and the Executive Member for Housing, and with the wider Health and Housing Steering Group.

What are the resource implications?

24. There are no direct resource implications arising from this update report. Health Partnerships Team and the Health and Housing Service provide dedicated resource to the programme, which is matrix managed.
25. Most projects are delivered at no or low cost; the Health and Housing Service provides funding from the Disabled Facilities Grant for Weatherproofing and Breathe Easy Homes.

What are the key risks and how are they being managed?

26. Three of the projects (Breathe Easy Homes, Weatherproofing and the rapid response element of the RAG Children's Asthma and Housing Pathway) are funded through the Disabled Facilities Grant, which comes from central government. Should this grant be no longer awarded to local authorities, it is highly unlikely partners in Leeds would have funding available to cover the shortfall. The three projects are being evaluated; the intention is to identify savings made through interventions to inform a business case for future funding.
27. Ongoing financial challenges mean Leeds City Council may experience issues with its planned programme of improvements to housing stock and in responding to growing demand for repairs.

What are the legal implications?

28. None

Options, timescales and measuring success

What other options were considered?

29. This is in an update report rather than a specific proposal so no other options have been considered.

How will success be measured?

30. Improving Health Through Housing is one of the twelve priorities of the Leeds Health and Wellbeing Strategy. The Health and Housing Programme is making a significant contribution towards delivering this priority. Success of the contributing individual projects within the Health and Housing Programme is set out in the first section of this report.
31. Success in the context of our city ambition to improve health and wellbeing and reduce health inequalities, for which good housing is a factor more broadly, is measured through two city dashboards:
 - a. The Leeds Social Progress Index which comprises three main parts: Basic Human Needs, Foundations of Wellbeing, and Opportunity. Shelter sits within the Basic Human Needs section: "Do people have adequate housing with basic utilities?" and measures include the number of empty properties, housing affordability, HMO licences and fuel poverty.
 - b. The Fairer, Healthier Leeds: Marmot City programme also has a set of 15 indicators. There is a measure in relation to the number of Households in temporary accommodation. A measure for households in fuel poverty is also in development.

What is the timetable and who will be responsible for implementation?

32. Work to progress the current ongoing priorities will continue through 2025/26.
33. The overall programme is overseen by the Health and Housing Steering Group, chaired by the Executive Member for Equality, Health and Wellbeing. The Health and Housing Steering Group reports to the Health and Wellbeing Board.
34. The Health Partnerships Team and LCC's Health and Housing Service provide dedicated resource to the programme, which is matrix managed.

35. Work will progress over the next few months to respond to the Marmot recommendations for Housing. An initial workshop took place with members of the Health and Housing Steering group on 22nd October.

Appendices

- Plan on a page (A)
- Case studies (B)
- Marmot Housing Recommendations (C)

Background papers

None