DEVELOPING THE ROLE OF SOCIAL AND PRIVATE LANDLORDS IN HEALTH AND WELLBEING WORKSHOP

Workshop Findings

Director of Public Health Presentation

Dr Heather Grimbaldeston, DoPH for Cheshire East, gave a presentation about Health and Wellbeing in Cheshire East. Heather's Public Health Annual Report in 2013 was focussed on Early/Premature Deaths in CE. The report suggested that CE has a low number of early deaths when compared with all local authorities but said overall CE performs less well when compared with similar LAs (11th of 15). Crewe has been identified as having a major issue with early deaths but there are are problems with early deaths across CE. In particular, women in Crewe have significantly higher rates of premature mortality than any other LAP area.

Heather's latest Annual Report was about Children and Young People and how we impact on our long term health and life expectancy in our early years. The top 5 lifestyle factors which caused long term illness were: Tabacco smoking; High blood pressure; Hody body-mass index; Physical inactivity; Alcohol use. Mental health issues was also one for the worst issues for causing premature deaths in England and CE had one of the highest excess death rathes for adults under 75 with serious mental illness.

The Marmot Review Report from 2010 suggested health differences result from social differences hence action on health differences requires action across all social determinents of health. One of Marmot's six policy objectives for reducing health inequalities is "Create and develop healthy and sustainable places and communities". Housing is one of several determinents of health and is something that health and care services can work on with housing assocaitions and landlords.

Cold houses is a big issue. Excess seasonal deaths affect all areas, but are higher in people who live in the coldest homes. Improving the energy efficiency of housing across all homes with reduce deaths, although maximum impact will be in the coldest homes. Fuel Poverty affects 9.5% of households in CE, it affects many rural areas; Crewe is the only urban area with significantly higher levels of fuel poverty.

Poor housing can have an affect on children's health. Damp and mould can cause respiratory illness, poor quality housing can lead to social isolation, anxiety and embarrassment which impact on mental health, children who live in poor quality unsafe housing are five times more likely to die as a

result of an accident, overcrowding is associated with an increas risk of accidents, hygiene risks and communicable diseases. Landlords can play a role in reducing home injuries in all age groups (including children, disabled and elderly). Heather's Annual Report 2014 includes an eight point plan for reducing home injuries.

Discussion Findings

Below is a summary of the points raised in the groups during their discussion. The disucssions on each table were guided by five suggested questions:

(1) How do landlords currently support the health and wellbeing of their tenants?
(2) How do landlords and health and care commissioners currently work together?
(3) What are the key areas where more work is needed to reduce health inequalities, keep people in there homes for longer and reduce the pressure on health and care services?
(4) What, if any, factors obstruct landlords and commissioners from doing more?
(5) What can be done to remive barriers to developing services/partnerships?
(6) How can local communities support landlords and commissioners to improve services?

Q1 – HOW DO LANDLORDS CURRENTLY SUPPORT THE HEALTH AND WELLBEING OF OUR TENANTS

1.1 The impact of landlords on health and wellbeing can be split into two key areas: (1) the Bricks and Mortor – providing quality houses that are energy efficient and safe with required facilities on a well maintained estate. (2) Services and assistance for tenants to support healthy and happy lifestyles.

1.2 A Landlord's ultimate aim is to have longterm and sustainable tenancies which ensures stable income in rent and protects their assets (i.e. homes are well looked after). If Landlord's provide the services that support people to be good tenants with happy and healthy lives then they are more likely to achieve their ultimate aim. Tenants who are able to maintain their tenancies is also beneficial to the Council as it reduces the demand for their Housing Services.

1.3 Issues with the quality of housing that can affect tenants health include coldness and development of mould which can lead to illness (e.g. colds/flu, bacterial and respiratory issues). Nationally the quality of housing provided by Housing Associations is good. HAs regularly conduct stock condition surveys with specific quality standards and regularly maintain and replace old stock, fixtures and fittings. When a tenant vacates a property houses are usually upgraded if needed before a new tenant moves in.

1.4 The Private Rented Sector can be an issue when it comes to the quality and maintainance of properties. The Council employs two Private Sector Liaison Officers and operates a number of forums to support private landlords to provide good quality housing and build good relationships with tenants. Only the proactive and high quality Landlords seemed to attend forums; it was difficult to engage those lower quality Landlords that were the ones that the Council needed to influence in order to improve living standards and health outcomes for the tenants.

1.5 Additionally it was difficult to identify landlords whose housing conditions were poor because tenants were often reluctant to complain about a property for fear of being evicted. Sometimes former tenants will make complaints once they have left a property but this is too late for them in terms of impact of poor housing on their health. Cheshire East employs 3.4 full time staff to cover the whole Borough so it's difficult to monitor and chase rouge landlords but some have been taken to court when necessary.

1.6 Some Housing Assosications run their own support services for tenants but not all. Muir Group were currently reactive to issues arising with their tenants rather than being proactive about helping tenants to ensure issues don't arise. Regenda was currently runnign a scheme in Rochdale were they encouraged and supported their tenants to become community leaders, linking their communities thereby improving socialisation, sharing skills and helping each other to live well.

1.7 Need to help people sustain their tenancy and ensure they are matched to their tenancy for what they can afford and personal suitability. This helps keep the community alive as continually changing tenancies doesn't do that.

1.8 Every body, including contractors, must feed back on problems observed during their visit. Tenants are everybody's responsibility. (In some agencies) frontline staff are trained on domestic abuse and how to recognise it. Reference to appropriate agencies needs to be made before it is too late.

1.9 Tenants need to be encouraged to raise the alarm sooner rather than later if they are in difficulties.

1.10 Properties need to be maintained to a good/30 year standard.

1.11 In Wilmslow a housing agency has worked with NHS staff on designing properties to suite specific individuals – but this is rare – the tenant will then be able to stay there forever.

1.12 In CE there are 1200 'hits' every week on the property index. There is an acute shortage of properties and people tend to want to stay in their own areas in order to keep their support networks.

1.13 L/L training has been instigated by CE and there are 2 board meetings each year. Also, there is training for tenants who have got into difficulties so that they can avoid it happening again. Landlords are advised to keep in touch with their tenants but not all L/L want to work to assist tenants in difficulties.

1.14 Tenants being put on Universal Credit are advised of all the ways in which they can get assistance including access to computers, email advice, prepayment of monthly bills.

1.15 New tenants receive an information pack on local services, medical care etc and most L/L have that info on their websites. They are also advised about the Credit Union 'Jam Jar' account.

1.16 There are approx. 600 interventions pa to prevent tenants becoming homeless.

1.17 The Private Landlord in the group often felt like she was a social worker for some of her tenants, particularly when dealing with families on benefits. Good landlords keep their houses in good order however they are sometimes too small for some families. Families with 5+ kids have limited options and often end up in houses which are too small. Although there was a willingness to help her tenants she did not know where to signpost them when they required support. The Council has early help services available to families but it is sometimes difficult to engage them. Council needs to ensure information is publicised about services that are out there for families.

1.18 Wulvern Housing currently runs healthy eating projects and provides access to fitness. Great Places run healthy food courses and are working with women with mental health issues. Your Housing Group runs Silver Talk; it provides training for volunteers who speak to tenants who have requested the service on the phone to chat with them and signpost them to other services. All registered providers use frontline staff who visit tenants to help them access service which are available.

1.19 There is sometimes a difficulty in getting people to engage with services and it often takes a long time to get them to engage. Great Places have some champions on some of their estates who people may be happier to talk to.

1.20 Some RPs help tenants with employment skills and put on tai chi classes which are good for elderly people.

Q2 – HOW DO LANDLORDS AND HEALTH AND CARE COMMISSIOINERS CURRENTLY WORK TOGETHER?

2.1 Public Health currently commissions durg and alcohol service providers but does not require them to link with Housing Associations, who often have connection to people with drug and alcohol issues. It was suggested that the Council could be more rigorous in ensuring its providers make links and relationships with other bodies to carry out contracts more effectively. There is a great deal of monitor in relation to the way commissioned providers deliver services.

2.2 Health services tended to be reactive, rather than proactive, in linking with housing. Some GPs may have an idea what housing stock their patients currently live in but may not link this to their health issues. GPs don't carry out house visits as much as they used to so they don't tend to notice the quality of housing.

2.3 The Fire and Rescue Service did good work in the community to assess houses for fire safety and installed smoke alarms were needed.

2.4 Most Housing Associations provide assitive technology and monitoring services which help people to maintain their independence which supports health and social care to provide services and avoid need for residential care. Peaks and Plains Trust currently provides the Council's telecare services but commissioning could be expanded to other HAs as well and private customers can purchase services from them.

2.5 Currently very good at times of crisis. Now trying to get that moving at an earlier stage e.g. by finding/creating properties for young people to live in supported accommodation. It is excellent practice but rare.

2.6 Each case needs to be looked at individually. At present we do a lot of little things but need to look at how they can be built into the commissioning process – and the work of the HW Board.

2.7 The Housing Strategy is very good, clear and well laid out and does drill down to what is needed by way of types of schemes in specific areas. In some areas the LA assists by telling the developer what is needed and identifying the tenants for it. Elected Members can assist a great deal with this.

2.8 House swapping is being encouraged for tenants who want to upsize/downsize; it is a quick and easy way of dealing with the request, especially with the introduction of new housing benefit rules which reduce housing benefit for people with spare rooms.

2.9 There needs to be better connection between commissioners in order to connect initiatives. Commissioning should not be carried out in isolation and RSLs and private landlords need to be given more information about contracts and funding that is available to enable them to compete for more commissioning.

2.10 It was felt that between health and care staff and housing was lacking. Adult Services have new delivery mechanisms through integrated teams but this also needs to involve housing colleagues more.

2.11 Extra Care schemes are a good resource for contacting large numbers of people.

Q3 - WHAT ARE THE KEY AREAS WHERE MORE WORK IS NEEDED TO REDUCE HEALTH INEQUALITIES, KEEP PEOPLE IN THEIR HOMES FOR LONGER AND REDUCE THE PRESSURE ON HEALTH AND CARE SERVICES?

3.1 Education and Communication of key message about health and wellbeing is important to help people to take responsibility for their own health. Community Champions can help in this respect but the Council and CCGs also need to play a role.

3.2 Crewe is an area needs to be targeted because of the relative poor health of residents and apparent health inequalities comapred with other parts of the Borough.

3.3 Occupational Therapists can advise on works required to houses to ensure people can continue to live there. There is a willingness from HAs to carry out works but there are limited budgets. Housing officers are currently promoting “life time homes”; the Council has maintained a healthy budget for adaptions and it continuing to promote and expand the handperson service.

3.4 Older people underoccupying large homes that they can’t afford to heat should be encouraged to consider downsizing however apprehension about leaving their home and their community can be a barrier.

3.5 Through the Local Plan we need to ensure that the right homes are avialable in the right places and that the surrounding infrastsructure is appropraite. There is a need to ensure mixed community cohesion. Devleopers appear to be reluctant to build bungalows and exta care housing however HAs are good at building a mix of properities.

3.6 Mental health issues are often not highlighted until it is too late, Also there is difficulty in rehousing a tenant who has lost their tenancy due to arrears caused by their mental health difficulties.

3.7 Mental health reablement could be developed into the social prescribing model and include input from GPs, L/Ls etc.

3.8 Housing need and requests for change can be assisted by support from relevant people, such as medical practioners, especially with regard to mental health. This could include the provision of housing for ex-offenders, and ex military personnel with mental health issues. It is very important that these people are integrated back into the community rather than being isolated and grouped together. The charities do the reablement work and identify tenants and the LA or HA provides the property.

3.9 The Police are good at identifying low level mental health issues and can liaise with the Housing Manager to ask for a visit to be made to see if there are underlying difficulties. The ‘Smart Team’ can visit to investigate further.

3.10 Reablement is a key area to improving recovery time from illness and reducing the length of hospital stays. Part of reablement is ensuring that a person’s home is suitable and safe for them to return to or that adaptations are put in place following deterioration as a result of illness.

3.11 Landlords would like to ensure there is support for tenants in relation to debt and avoiding debt therefore reducing the negative impacts of being in debt such as stress, disruption to families as a result of eviction etc.

3.12 Assistive Technology is key to helping people stay safe and live independently in their own homes. Cost reallocation rather than creating savings would help to manage budgets more effectively. Increasing access to information and advice and enabling people to take responsibility for their own health and wellbeing is also key.

3.13 Mental Health is an issue nationally. Attitude towards mental health in America was mentioned; apparently mental health is seen in the same way as other illnesses and counselling is prevalent.

3.14 There are some gaps in responsibility which need to be addressed. For example, an old person who's driveway is hazardous due to slippery moss may be in danger of injury however it is neither a housing association nor adult social care's responsibility to deal with. How could this be resolved and who would fund preventative measures such as these?

3.15 Links between Housing Strategies and the Health and Wellbeing Strategy are needed. Funding should be found to carry out research into how links and contacts between organisations can be improved including a mapping exercise is needed to establish which organisations are operating in the Borough and where.

3.16 **An example of good practice to investigate further**
Based on the known turnover of properties an Agency can commit to providing a suitable property, within a period of time e.g. 12 months, for a particular group of tenants with special needs. A specific example was given where this has happened for Women's Aid. They then provided the tenants. This worked well as an example of reciprocal help.

Q4 – WHAT IF ANY FACTORS OBSTRUCT LANDLORDS AND COMMISSIONERS FROM DOING MORE?

4.1 Budgets and resourcing are a barrier and often their ins't enough funding to put in place initiatives that HAs, Council and Health would like to implement.

4.2 A lack of communication between organisations can also be a barrier. Education and communication are key to removing bariers; officers need to know who they need to speak to and have links with partners. There are some issues which fall between the gaps between health and housing. Health and Wellbeing Strategy outcomes and the Council's Strategic Outcome 5 need to be linked to agendas in other organisations.

4.3 The Systems Resilience Group – SRG has funding to consider where plans can be developed around ugent and emergency care and discharge to ensure health services are being used effectively. There is an opportunity here to consdier ways of funding adaptations to homes to ensure discharges from hosptials can take place therefore reducing overall costs of patients care.

4.4 The group did not agree that this came down to simply attitude, culture or money.

4.5 It would always be possible to spend more money, but it could be challenged that it is always spent in the most efficient way as all the partners work separately.

4.6 Teams need to be better integrated and there is a lack of free flowing information around the table.

4.7 The needs of people with complex needs should be dealt with differently. An e.g. was given of a housing unit being established for 3 people, with 2 full time carers, which was still considerably cheaper than those 3 people being cared for in a large centre such as David Lewis.

4.8 Health and Care services don't seem to engage with the private sector in the same way that they do with community and voluntary sectors.

4.9 Lack of time and resource to investigate potential initiatives/improvement to service is a barrier. Other barriers identified include; understanding of legislation, bureaucracy and changes to the benefits system.

4.10 One of the major obstacles to doing more is knowing who to contact across organisations. Another major obstacle is a lack of resources to put initiatives we would like to do in place.

4.11 Landlords do not currently work with CCGs as problems in getting the right contacts. RPs have no links with health commissioners at the moment. RPs need an individual person with responsibility in CCGs who they can contact.

4.12 **An example of good practice to investigate further**
Outside London/Kent a 'Health Travel Lodge' has been established and is run by a consortium of Health Authorities. It works with 4/5 A & E departments and takes people on discharge from A & E and keeps an eye on them for 24 hours rather than them having to stay in hospital. This enables suitable arrangements to be made for their home care.

4.13 **An example of good practice to investigate further**
In Manchester a GP surgery is rented at the weekend, filled with camp beds and used to look after young drunks so they do not need to go to A & E. They have to speak to an advisor before they leave and if they end up there a 2nd time they have to pay.

Q5 – WHAT CAN BE DONE TO REMOVE BARRIERS TO DEVELOPING SERVICE/PARTNERSHIPS?

5.1 Devolve services to local level and partnerships.

5.2 Improving communication between partners to ensure opportunities to work together to improve services are not being missed.

5.3 It was suggested that commissioning managers should attend strategic housing groups and also operational groups should be established.

Q6 – HOW CAN LOCAL COMMUNITIES SUPPORT LANDLORDS AND COMMISSIONERS TO IMPROVE SERVICES?

6.1 Suggestion was made that social workers could be more involved in communities, perhaps spending half days at sheltered schemes perhaps to sign post people to the appropriate services.

6.2 Communities need to be motivated to access services. Communities should be given a voice about services provided and where to inform decision making. Local Authority needs to be involved at the local level.

6.3 Within the local communities many different agencies and groups, such as churches and drop in centres, do a great deal of good work but better connection is needed between them.

6.4 POYNTON was given as a good example of using the LAP as a forum where all the partners can meet together and to provide an opportunity for dialogue.

6.5 Transformation Groups are being set up and these will provide strategic direction. Beneath this there will be Community Partnerships for the discussion of local matters. These will feed back up to the Transformation Groups but, in order to do so, it was suggested that some form of skilled support needed to be structured in.

FEEDBACK FROM POSTIT NOTES

Commissioning within the Council needs to be joined up i.e. Housing, Adult Social Care; along with health e.g. CCGs to join up commissioning for people's needs as a whole rather than in separate parts.

Private sector needs to be assisted to become involved in the good practice currently provided by social landlords. Understanding that many landlords only have one or two properties and do not have the economies of scale that RSLs do.
Improve/Invest and recognise importance of private sector as many tenants with mental health issues have failed in social tenancies and end up in private properties due to not being able to function previously.

Many on Band E on Cheshire Homechoice have debt/social issues/mental health issues and have no access to support required.