

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 31 October 2018

Subject: Health and Housing

Report of: Director of Population Health and Wellbeing

Summary

This report provides an overview on some of the initiatives and programmes currently underway in Manchester related to housing and health that will contribute to better outcomes for local residents. The intention of the report is to stimulate a discussion on the challenges and opportunities for a stronger collaborative approach between organisations represented on the Health and Wellbeing Board, Registered Providers and other key stakeholders. The Board will receive a brief presentation on the report.

Recommendations

The Board is asked to note the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Marmot Review highlighted the importance of housing to all of the strategic priority areas of the Health and Wellbeing Board
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

Name: David Regan
Position: Director of Population Health and Wellbeing
Telephone: 0161 234 5595
E-mail: d.regan@manchester.gov.uk

Name: Jon Sawyer
Position: Director of Housing
Telephone: 0161 234 4811
E-mail: jon.sawyer@manchester.gov.uk

Name: Manchester Housing Providers Partnership
Key contact: Sean Duffy
Position: Partnership Officer
Tel: 0161 448 4253
E-mail: s.duffy@southwayhousing.co.uk
Web: www.mhpp.org.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1. Introduction

1.1 The State of the City Report 2018, published on 1st October 2018, provides an update on progress on the implementation of the Our Manchester Strategy (2016-2025). The five themes of the Strategy are:

- A thriving and sustainable city
- A highly skilled city
- A progressive and equitable city
- A liveable and low-carbon city
- A connected city

1.2 Progress towards the goals under each of these five themes will address the wider determinants of health and contribute to better health outcomes.

1.3 For the purpose of this report the themes of a liveable and low-carbon city and a progressive and equitable city highlight the interdependencies between housing and health and the relevant sections of the State of the City Report are Chapter 4 and Chapter 5. These can be accessed via www.manchester.gov.uk/stateofthecity, however, Chapter 5 (A liveable and low carbon city) is attached as annex 1 to this report and pages 101 to 114 are particularly relevant.

2. Health and Housing Overview

2.1 The right home environment is essential to health and wellbeing, throughout life. Evidence suggests that there are risks to an individual's physical and mental health associated with living in:

- a cold, damp, or otherwise hazardous home (an unhealthy home)
- a home that does not meet the household's needs due to risks such as being overcrowded or inaccessible to a disabled or older person (an unsuitable home)
- a home that does not provide a sense of safety and security for people experiencing precarious living circumstances and/or homelessness (an unstable home)

2.2 The right home environment protects and improves health and wellbeing, and prevents physical and mental ill health. It also enables people to:

- manage their own health and care needs, including long term conditions
- live independently, safely and well in their own home for as long as they choose
- complete treatment and recover from substance misuse, tuberculosis or other forms of ill-health
- move on successfully from homelessness or other traumatic life events
- access and sustain education, training and employment
- participate and contribute to society

2.3 A life course approach is essential as the risks to health, home environment and housing circumstances look different for different populations. The home or housing circumstances present a particular risk to the health and wellbeing of a number of vulnerable groups in society, including:

- children and their families
- people with long-term conditions
- people with mental health issues
- people with learning disabilities
- people recovering from ill health
- older people
- people who spend a lot of time at home, such as carers
- low income households
- people who experience multiple inequalities (inclusion health groups)

2.4 Estimates suggest that the total cost of poor housing on health is similar to that of smoking or alcohol. The Building Research Establishment (BRE) has calculated that, based on the 2011 English Housing Survey and 2011 indicative NHS costs, the annual cost of poor and sub-standard housing to the NHS is at least £1.4bn. Cold homes and falls have been identified as the hazards which have the greatest impact on NHS costs. Reducing falls hazards has the fastest payback because of the relatively low remedial cost.

Risk factor	Total cost burden to the NHS
Physical inactivity	£0.9 - £1.0 billion
Housing	£1.4 - £2.5 billion
Smoking	£2.3 - £3.3 billion
Alcohol intake	£3.2 - £3.2 billion
Overweight and obesity	£5.1 - £5.2 billion

Source: Building Research Establishment (BRE). The cost of poor housing to the NHS. 2015 <https://www.housinglin.org.uk/Topics/type/The-cost-of-poor-housing-to-the-NHS/>

2.5 Fuel poverty is experienced by households which are unable to maintain an adequately heated home at prices that they can afford. The links between fuel poverty and poor health outcomes were documented by the Marmot Review Team in 2011. They showed that low temperatures are strongly linked to a range of negative health outcomes, in particular, higher levels of excess winter deaths stemming from colder and less energy efficient housing. Exacerbation of chronic conditions by living in cold conditions can also lead to an increase in hospital admissions, and related pressure on health and social care services during winter months.

In 2015, research on the cost of poor housing to the NHS showed £848m savings to the NHS per annum if the hazard of excess cold is addressed. NICE have estimated that the financial impact to the NHS of winter related disease linked to cold housing in the private sector is in the region of £859m. More information on the impact of fuel poverty on population health is available

in the Joint Strategic Needs Assessment (JSNA) topic paper on this subject which is available at :

[https://www.manchester.gov.uk/downloads/download/6747/adults_and_older_peoples_jsna - fuel poverty](https://www.manchester.gov.uk/downloads/download/6747/adults_and_older_peoples_jsna_-_fuel_poverty)

3. Current Manchester Context

- 3.1 In each of the sections below some of the key strategies, programmes and initiatives relevant to this theme have been summarised with additional information provided in the appendices. They will hopefully give the Board an overview of the breadth and depth of work in the city.

4. Manchester Homelessness Strategy

Background

- 4.1 Addressing homelessness has become a regional and national priority. Nationally reported figures show an increase of 169% of the people who are sleeping rough since 2010. Alongside this, there has been a 48% increase in homelessness acceptances over the same period, with just over 59,000 households accepted as homeless in England in 2016/17. Losing a home can be the consequence of both structural and individual factors, approaches to reducing homelessness need to look at both of these factors.
- 4.2 Statutory homelessness is now far more closely associated with eviction from the private rented sector than from either of the other two major tenures; social rented and owner occupied. Nationally, there has been a 32% increase in acceptances for loss of an assured shorthold tenancy since 2010. Overtaking more personal reasons such as relationship breakdown. This is also the case in Manchester where loss of private rented sector accommodation has now become the most frequent reason for being accepted as homeless.
- 4.3 Welfare Reforms, including the capping or freezing of Local Housing Allowance (LHA) rates, has been a major driver of the loss of private tenancies and homelessness. These reforms have also demonstrably restricted lower income households' access into the private rented sector. The number of Housing Benefit/Universal Credit claimants who are private tenants is now some 5% lower than when the Local Housing Allowance reforms began in 2011, despite the continuing strong growth of the private rented sector overall. The private rented sector has doubled in size nationally in the last ten years, and rents have increased three times faster than wages nationally, homes in this tenure are increasingly unaffordable, particularly to households in receipt of LHA.
- 4.4 During the past 10 years the Council and Registered Providers (RPs) have improved the quality of social rented properties across Manchester bringing all homes up to the Decent Homes Standard and more. Rents for social housing properties have also been reduced making them relatively more affordable than private rented properties. Along with the increasing quality and lower

rents, tenants in social housing have much greater security of tenure than those in the private rented sector. Together these factors have increased the demand for social housing across the city.

- 4.5 The Homelessness Reduction Act 2017 (“the Act”) came into force on 3rd April 2018. The Act is the most radical change to the homelessness legislation in over 20 years, and has demanded that all local authority homelessness services in England significantly adapt and amend their practice to meet the aims and requirements of this new piece of legislation.

Development and delivery of the Strategy

- 4.6 Manchester’s Homelessness Strategy for 2018-23 has been co-produced with partners and people who have had personal insight into homelessness.

- 4.7 The homelessness strategy is a statutory document for the Council. An Our Manchester approach has been taken to develop this document in collaboration with the Manchester Homelessness Partnership (MHP). Inviting a more collective approach, this has produced a strategy that acknowledges the contributions that organisations across the city can make towards reducing homelessness.

- 4.8 The main features of the refreshed Homelessness Strategy are that it:

- Takes a positive, strength based approach that focuses on the assets and potential of people; indivisible from an Our Manchester approach.
- Recognises that preventing homelessness means tackling the root causes of homelessness, addressing poverty and increasing equitable access to work, skills, employment, cultural, leisure and health services across the city.
- Inspires a city wide and collective response to homelessness in the city. Public services, voluntary organisations, faith groups, businesses, housing providers, cultural institutions all have a contribution to make to the strategies aims.
- It is a concise, accessible document written in language that is understood by people not just services.
- Is co-produced and involves the perspective and voice of people who have experienced homelessness, alongside front line staff and people that support people affected by homelessness.
- Includes action plans from organisations and services that articulate the practical contributions that they will make to the aims of the strategy.

- 4.9 The strategy focuses on three key aims, based on the evidence and engagement undertaken to date. These are:

- Making homelessness a rare occurrence: increasing prevention.
- Making any experience of homelessness as brief as possible: improving temporary and supported accommodation.
- Making sure homelessness a non-recurring experience: increasing access to settled homes.

4.10 Accompanying these three aims a set of 'We Will' statements have been drafted based on the previous engagement of the Partnership, data analysis and new engagement from front line staff. These statements support the definition of what each aim will achieve. A full version of the strategy can be found at:

www.manchester.gov.uk/downloads/download/5665/homelessness_strategy

Delivering the strategy: A citywide approach

4.11 Members of the MHP were invited to support this strategy through writing an action plan that contributed to the achievement of the three main aims of the strategy. This is a key feature of the strategy refresh, representing an expansion of the previous Charter commitments, demonstrating the wider partnership approach that is being taken in Manchester.

4.12 Engagement with different sectors is being led by the Manchester Homelessness Strategy Scrutiny Group. Once each sector has completed their action plan the city will have one plan that outlines the contributions different organisations will make to tackling homelessness. Action plans are being gathered from:

- Manchester City Council
- Greater Manchester Police
- Greater Manchester Fire and Rescue Services
- Health and Homelessness Task Group(*)
- Universities
- Voluntary Sector
- Housing Alliance
- Reducing Reoffending Strategic Group
- Faith Sector
- Strategic Housing Board
- Advice Providers.

4.13 (*) The Health and Homelessness Task Group has met monthly since September 2017 and brings together key partners from Urban Village Medical practice, Change Grow Live (CGL) the alcohol and drugs treatment service provider, Greater Manchester Mental Health Foundation Trust, Manchester University Hospitals NHS Foundation Trust as well as the VCSE and people with experience of homelessness. It is chaired by the Director of Population Health and Wellbeing and has submitted the Action Plan referred to in 4.12.

4.14 The Manchester JSNA also provides detailed information on health and homelessness (www.manchester.gov.uk/jsna) and informed the development of the Strategy.

4.15 The Strategy was successfully launched on the 10th October, World Homeless Day. However, the local challenges are significant and Health and Wellbeing Board members are requested to give their full support to the implementation of the Strategy as signatories to the Homelessness Charter.

5. Housing Options for Older People (HOOP)

- 5.1 The Housing Options for Older People service (HOOP) has now completed three years of operation in north Manchester. The service continues to go from strength to strength and is now seen as an invaluable asset for many health and social care professionals.
- 5.2 The service was established in 2015 as a point of professional support for health and social care staff who may have a client where a housing issue was exacerbating a medical condition. The service aims to assist in giving timely, professional and practical housing options advice at the point of need. Many professionals see this service as having filled a much needed gap and assists them and their clients in navigating what can be at times a complex system.
- 5.3 Based on the success of the service in north Manchester, the service has recently expanded across the City and now has complementary roles in the central and south area. This service is currently funded by Registered Providers however work on a collaborative funding approach with NHS partners is underway. HOOP officers in central and south Manchester are now spending a day a week in hospital working more closely with discharge teams where it may be difficult for a patient to return to their own home.
- 5.4 The service aims to deal with approximately 250 referrals a year per officer. A referral may simply need a conversation with a HOOP officer to give straight forward advice and assistance or may result in a significant intervention, including help to move to a new home.
- 5.5 The cost of the current service per year is £40k and whilst savings benefits from this type of work are difficult to quantify, work is now underway to do this. We know that Extra Care and Sheltered settings can delay the need for residential care and the savings this work brings are far more likely to outweigh the cost of providing the service.
- 5.6 The support to health and social care professionals that the officers bring is also invaluable and hard to measure in terms of cashable savings. The feedback from health and social care staff reports that the service makes a real difference to both them and clients. A client case study is provided at Appendix 1.

6. Manchester Service for Independent Living (MSIL) and Adapted Homes Service (AHS)

- 6.1 Social landlords have worked with Adult Services and Strategic Housing at Manchester City Council to redesign the funding and delivery of adaptations to social housing tenants across the city. MSIL undertakes the initial assessment of need for adaptations and equipment which is then referred with recommendations to four landlords, who design and deliver the necessary works in the person's home.

- 6.2 MSIL works with the three housing association delivery partners One Manchester, Southway and Wythenshawe Community Housing (WCH). Each delivery partner manages the service on behalf of all social landlords in their segment of the city. All RPs makes a 40% contribution towards the cost of works to their properties enabling the Disabled Facilities Grant (DFG) to go further. The RP Delivery Partners work closely with MSIL and the landlord where works are carried out with the objectives of speeding up delivery of adaptations and improving value for money. Satisfaction of residents receiving the adaptations is monitored and reported to the MSIL Board.
- 6.3 Council tenants are not eligible for DFG funding for adaptations to their homes. The Council makes annual provision of £1M from the Housing Revenue Account to fund works to the homes it owns. Northwards is the Delivery Partner for all council-owned homes in the city. The process mirrors that for housing association tenants with assessments of need and recommendations by MSIL. In 2017/8 Northwards delivered 114 adaptations to council-owned homes.
- 6.4 The assessment of housing needs was delegated to Northwards in April 2017. The Adapted Homes Service (AHS) work alongside the Manchester Move and HOOP services (see section 5). During their first 10 months, the team re-let 142 already adapted homes across the city and reused £750K of existing adaptations which could otherwise have been ripped out.
- 6.5 The family of Charley Ryan are an example of the work undertaken to enable people to live independently. Northwards converted and adapted the former Riverdale housing and social services office to a large adapted family home to enable Charley to get around the house in her wheelchair, providing a through-floor lift and full wet room shower. A short video clip which has been used across social media with the agreement of Charley's family will be shown to the Board.
- 6.6 The Adapted Homes Service (AHS) is now a City Wide service that supports residents who are applying for rehousing due to medical reasons and need properties that have adaptations.
- 6.7 Within the Manchester area, there are many people and families who need a home that has been purpose built or adapted to meet their needs. This relates to wheelchair accessible housing and properties that are suitable for people who have mobility difficulties and who have may have specific needs which may mean their home should have particular features such as a level access shower, stair-lift and through-floor lift.
- 6.8 The AHS helps customers who wish to move from their current property into a property that suits their needs and helps registered providers in making best use of available stock. In the last year the service that is based within Manchester Move has identified better working practices that has that assisted applicants and Registered Provider's. This has included:

- Reducing the time a property is vacant meaning that people who need to move can move in more quickly, which improves health and independence.
- More effective matching process which has increased the number of lets to applicants and helps better meet health needs.
- Reduction in spend on installing adaptations due to improved management of empty adapted stock.

7. Extra Care provision in Manchester

7.1 Extra Care Housing (ECH) is a key strategic priority for adult social care, providing independent accommodation for people aged 55 plus to enjoy retirement housing with all the benefits of onsite care surrounded by additional facilities – such as a Bistro, Spa and Hairdressers plus communal space – to promote health and wellbeing. Manchester currently has 7 schemes:

1. The Byrons – North Manchester (40 units)
2. Whitebeck Court – North Manchester (91 units)
3. Butler Court – North Manchester (82 units)
4. Hibiscus Court – Central Manchester (36 units)
5. Westfields – South Manchester (49 units)
6. Village 135 – South Manchester (135 units)

7.2 The onsite care is commissioned by MHCC and there is a dedicated Lead Commissioner/Commissioning Officer for Extra Care who are responsible for:

- Managing and procuring the onsite Registered Care Provider (all CQC ratings for Extra Care are rated 'Good')
- Supporting the Registered Housing Provider (RP) and agreeing allocations off the waiting list
- Full involvement in planning and designing any new-build extra care schemes alongside Strategic Housing and the relevant RP
- Acting as a central co-ordination point for the RP and care provider to deal with any issues relating to residents' needs as necessary

7.3 As a core new delivery model of care for Adult Social Care, work has previously taken place to expand and grow the provision of Extra Care schemes in the city; accordingly a Housing Strategy (Housing for an Age-friendly Manchester) alongside a population and housing needs analysis have been completed. This identified where there were high numbers of older people and no Extra Care scheme to inform a future growth plan. Currently there are 7 new schemes in the pipeline with future growth anticipated, including the provision of a LGBT-friendly scheme, with building completions envisaged in 2019 (1 scheme), 2020 (5 schemes) and 2021/22 (1 scheme). Further work is taking place to explore how growth can be accelerated.

7.4 The growth of Extra Care as a model of choice is to significantly reduce the reliance on residential care for older people. In residential care, residents occupy a 'bed' and can take few belongings with them, there is no space for relatives to stay overnight and the quality of residential care providers is

generally poor in Manchester with approximately 50% rated as CQC 'inadequate' or 'requires improvement'. There is also significant care home fragility with a number of providers being forced to close on quality grounds due to poor ratings or business closures; this requires adult social care to respond often at short notice to relocate residents to alternative homes. Extra Care, in contrast, provides a secure tenancy and is a 'home for life' where people can live until end of life – if they choose – surrounded by their family and friends as they wish.

- 7.5 Manchester's work around Extra Care has recently been recognised as good practice across GM; a new Extra Care Commissioning Group has been formed to scale up Extra Care across GM with Manchester leading this work. There is now GM-wide recognition that Extra Care is the preferred model for older people instead of residential care, although it will take a number of years for this to be a reality as new-build is lengthy with land acquisition and design/build taking several years.
- 7.6 Recent work has also been developed in Extra Care and Sheltered Housing to offer short stay 'Neighbourhood Apartments' through GM Transformation Funding. This work is led by MHCC and there are now 20 apartments across the city – fully furnished as a home-from-home and free of charge – to enable older people who need a bit more support for 6 to 8 weeks to benefit from a high quality environment whilst they recover from leaving hospital or need some help in the community. The provision of Neighbourhood Apartments also provides a real alternative to residential care. During the past 12 months as the model has developed, approximately 90 older people have benefited from a short stay. Referrals can be made by any health and social care professional and additional support is available to residents as required. This includes the services of the HOOP workers (as described in section 5) who help citizens with their current accommodation so they can go home safely or offer support with the rehousing process. It has been recognised that many older people are anxious about their housing choices as they age and potentially become less able and frailer. By being able to experience a short stay in either sheltered housing or Extra Care, more than 60% of stayers choose to stay in the same scheme permanently. This is having a beneficial effect on demand and void rates for retirement housing.
- 7.7 Without the support of RPs to provide these apartments (commissioners pay the cost of rent plus utility and furniture charges) this work would not be possible. We are currently working in partnership with: Northwards Housing, Anchor Housing, Wythenshawe Community Housing, Johnnie Johnson Housing and Adactus.
- 7.8 A further innovation has just commenced as a pilot around short stay TB (tuberculosis) neighbourhood apartment to improve outcomes for people who have a TB diagnosis and require 'settled accommodation' in order to comply with their long-term drug therapy. This work has been developed locally with the Director of Population Health and Wellbeing and Public Health England. It should be noted that there is no infection risk once the person is discharged from hospital care. The provision of settled accommodation for six months will

ensure that those who are destitute through asylum or No Recourse to Public Funds can benefit from a domestic setting and recover well.

7.9 Savings are now being realised through a reduction in expenditure on Residential Care placements. Furthermore the latest activity numbers highlight that placements are at a 3-year low with 70 less people in residential care than in 2017. This demonstrates that the increased provision of Extra Care, notably at Village 135, and the provision of short stay apartments are achieving tangible improvements for Manchester's older residents. This work is subject to significant scrutiny to inform a future commissioning strategy from 2019 onwards.

8. Wythenshawe Integrated Neighbourhood Service (WINS)

8.1 Wythenshawe Community Hospital Group (WCHG) has a holistic approach to the way it delivers its services based on the 'Our Manchester' model of an asset based approach to core agencies and local communities. WCHG were one of four early adopter pilots to trial this method of engagement which saw the 'Real Benchill' launch in July 2017.

8.2 The objectives of the pilot were for a range of partners to reduce the dependency of the Benchill community through upskilling and engaging local residents to tackle issues at a grass roots level and empowering local community members to identify the issues that affected them day to day to forge change.

8.3 This one team, one assessment, one plan approach led to the creation of the Benchill 'Wythenshawe Integrated Neighbourhood Service' (WINS) team. This team specifically focuses on high demand service users regularly presenting themselves to the Greater Manchester Police, WCHG, NHS, Manchester City Council and Greater Manchester Fire and Rescue Service.

8.4 The successes of the Benchill WINS team has resulted in a new partnership agreement involving 13 service providers working in line with the Our Manchester approach and this includes: .

- Drugs and Alcohol services (MCC Drugs and Alcohol social workers);
- Mental Health co-ordinator social worker and repeat hospital presentation worker;
- Community Paramedic – dealing with repeat Ambulance callers;
- NHS care navigator – dealing with repeat NHS / GP presenters;
- GMP Police Sergeant, officers and Police Community Support Officers (PCSOs);
- Adult safeguarding social worker (MCC central team);
- Early Help for Children and families (Locality team leader);
- WCHG Anti-Social Behaviour (ASB) co-ordinators;
- WCHG tenancy support co-ordinators;
- MCC ASB officers (as required);
- MCC environmental officers (as required);

- MCC social workers from both adult and children services as required if open to service;
 - Greater Manchester Fire Service (as required).
- 8.5 The team is made up of a WCHG team leader, with a full time GMP Police Constable, GMP apprentice, WCHG Tenancy Support Worker and ASB Co-ordinator. The objectives for the team are to look at multiple calls in an area to GMP, WCHG, and Mental Health services Ambulance service and other service providers to determine the high impact service users.
- 8.6 The WINS team investigates the reasons behind the repeat presentations to enable partners to work creatively around a client's complex needs. Once effective engagement takes place the WINS team agree an action plan with its partners to reduce dependency and increase stability for the user. Each service shares the information it holds within data sharing protocols.
- 8.7 The WINS team has a collaborative work ethic with a range of partners to provide a first time fix, one stop approach to support residents with particular need to help them harmonise back into community. This approach has enabled the team to target service users most in need and often furthest removed from key services.
- 8.8 WINS is an exemplar of integrated working and the "WINS WAY" works and provides partners with:
- Immediate access to partnership data to develop relevant action plans.
 - The ability to investigate the reasons behind the repeat presentations and calls for service.
 - A data sharing protocol that allows each service to share the information it holds (within data sharing protocols).
 - A commitment to thinking creatively around their client's complex needs and not to readily accept non engagement.
 - An opportunity to target and support high impact service users.
 - An agreed support plan that helps reduces dependency and increase stability for individuals and local communities.
- 8.9 The WINS team review cases of mental health, safeguarding issues, crime, ASB, domestic violence, alcohol misuse and investigate the reasons behind repeat presentations identifying high users of emergency services, to provide a bespoke and tailor made support package.
- 8.10 Since the formation of the WINS team 103 cases were opened with 67 closed of which 48 have now been evaluated using the GMCA Place Based Tool Kit. Of the 48 closed cases which have now been evaluated, the main reduction areas have been;
- Crime/ASB;
 - Domestic abuse;
 - Hospital admissions;

- A & E attendance;
- GMP call outs.

So far only 3 clients have represented, albeit with different presenting factors.

8.11 Since the implementation of the WINS team there has also been significant costs savings across the board for different partners. For example:

- A typical 999 call to service, costs the public purse around £35, since the implementation of the team 110 calls have been saved with a saving of £3,850.
- A typical GMP response to an incident costs around £295 with 61 cases being diverted this provided a saving of £17,995.
- A North West ambulance call out costs around £271 with 41 cases being diverted this provided a saving of £11,111.
- The typical cost to mental health inpatients is based around £3,003 per week with four cases being effectively handled by the team this has provided a saving of £12,012.

8.12 These cost savings are the tip of the iceberg compared to the overall cost savings since WINS formation. A further £51k has been saved due to reduced incidences of children being taken into care due to effective safeguarding processes and approximately £73k has been saved due to a reduction in the number of repeat incidents of Domestic Abuse.

8.13 Overall, based on the GMAC evaluation tool, the costs savings on the integration of these services since WINS formed in July 2017 has been a £290,000 reduction in expenditure - a significant reduction in the public purse.

8.14 WCHG has always been at the forefront of a Neighbourhood Management approach that promotes good health, wellbeing and aspiration for residents to take up and make the most of opportunities that exist and in times when we see need and complexity increasing we will continue to try and find innovative and cost effective methods.

8.15 A number of cases studies highlighting the work of Benchill WINS are attached as Appendix 2.

9. Manchester Housing Provider Partnership: Hoarding Framework

9.1 Manchester Housing Providers Partnership (MHPP) have developed a framework to identify and tackle hoarding within the Social Housing stock in Manchester. The partnership agrees to:

- A common definition of hoarding;
- Have internal supportive procedures;
- Adopt a multi-agency approach;
- Provide peer support and share good practice.

9.2 Hoarding behaviour can cause property damage and create a serious fire, health and safety risk to the occupants, neighbouring properties and the emergency services. Housing Providers can choose to deal with hoarding as a breach of tenancy conditions and take enforcement action. However, doing so can have a substantial cost and reputational impact. This framework proposes a supportive approach to tackling hoarding by working alongside the occupants to downsize the hoard, identifying and seeking assistance to treat the underlying reasons that cause the hoarding behaviour.

9.3 Hoarding is classed as a medical disorder by the World Health Organisation. The NHS defines Hoarding as:

“Excessively acquiring items that appear of little or no value and not being able to throw them away, resulting in unmanageable amounts of clutter”. Compulsive hoarding can be a distressing and debilitating psychological condition. Hoarding disorder is diagnosed by a Clinical Mental Health Practitioner.

9.4 The Care Act 2014 introduced self-neglect as a category of abuse. Section 14.10 of the Care Act 2014 states that local authorities must:

- Make enquires if it believes an adult is at risk of abuse or self-neglect;
- Work in partnership with other agencies in order to protect the adult, including Housing.

Self-Neglect covers a wide range of behaviours including neglecting to care for hygiene, health or surroundings such as housing.

9.5 MHPP members agree to a common definition of hoarding behaviour:

- The excessive collection and retention of any materials to the point where rooms cannot be used for the purpose intended
- Where moving through the property is difficult, and
- Exits are blocked.
- Where the state of the property is having an impact on the wellbeing of the occupants and their self-care (e.g. hygiene, appearance, cleanliness, sleeping arrangements).

9.6 MHPP members agree to have an internal hoarding procedure, which will include:

- A support offer (person centred approach) alongside enforcement of tenancy conditions;
- Using the clutter scale to assess the property and a needs assessment of the occupant;
- A partnership arrangement to make referrals to Greater Manchester Fire and Rescue Service for a risk assessment;
- Making referrals to specialist services, including Safeguarding referrals (with or without consent);

- What follow up actions will be taken, using a working agreement for who is doing what and by when.

10. Age Friendly Housing Strategy

- 10.1 The Council has engaged social landlords to develop an Age Friendly Housing Strategy which outlines the current supported housing offer to older people in the city and looks ahead at the demographic challenge facing the city in terms of an ageing population. This strategy is informed by an audit of existing retirement housing schemes across Manchester. It led to the development of the HOOP initiative and the Extra Care Housing Strategy (see sections 5 and 7).
- 10.2 The Age Friendly Housing Strategy contributes towards an Age Friendly Manchester by supporting people to live independently for as long as possible and avoid unnecessary care home admissions. The links to health and care strategies enables appropriate housing and support to be available to older people.
- 10.3 Southway has led on the development of the Age Friendly Neighbourhood concept in Old Moat. This seeks to develop plans for more accessible streets and services and to tackle the problem of loneliness and isolation amongst older people who become trapped in their homes.
- 10.4 The Age Friendly work in Old Moat has been recognised by the World Health Organisation as an exemplar of good practice and more detail is provided in Appendix 3. In addition Southway have also provided information on their innovative LINKages scheme (Appendix 4) focused on connecting people over 50 with activities and support. The scheme is delivered in partnership with three GP providers.

11. Manchester Support Services

- 11.1 Manchester Support Services is the collective name for a group of distinct services delivered to mainly older, vulnerable people across Manchester. Working to meet the needs of this group is a high priority for Manchester Health and Care Commissioning (MHCC) and Manchester City Council.
- 11.2 MHCC and MCC have worked jointly to commission services which are delivered by Manchester Care and Repair – Home Improvement Agency. The services are linked by common objectives and a holistic approach, namely:
- To prevent or reduce hospitalisation and avoid discharge delays;
 - To support vulnerable people to maintain independence within their own home, with a specific focus on overcoming practical barriers to independence such as home maintenance & safety issues, falls prevention and the reduction of social isolation.
- 11.3 The services are accessed via a holistic assessment model which captures service–users social, emotional, financial and practical home maintenance

and safety needs. The services also respond to seasonal campaigns such as “Keeping warm and well in winter” and dealing with summer heat-waves.

11.4 The services are:

- Home from Hospital Service;
- Handyperson’s Service;
- Home Improvement Agency;
- Boiler and Welfare Support service;
 - Boiler scheme;
 - Dementia Scheme;
 - Child Accident Prevention scheme;
 - Welfare Scheme;
- Enhanced Home from Hospital (North);
- Independent Living Caseworker (North).

11.5 There are some support services funded only in the north of the city following investment by the predecessor organisation North Manchester CCG (e.g. Enhanced Home from Hospital and Independent Living Caseworker). An Enhanced Home from Hospital service is now in place for Manchester Royal Infirmary and provision in the south of the city is being reviewed.

12. Employment & Training Schemes

12.1 There is a body of evidence which demonstrates that being in secure employment is good for people’s health and well-being. In response to this, and the challenges of Welfare Reform, a number of social landlords have developed employment and training support for their tenants and other residents by operating neighbourhood-based support services. Examples of this work are Wythenshawe Community Housing’s enterprise support, One Manchester’s The Works in Moss Side and Northwards’ Your Employment Service (YES).

12.2 YES is a wholly owned subsidiary of Northwards which was set up in Newton Heath in 2013 to deliver locally based employment and training support to local residents, many of whom are Northwards’ tenants. YES supports hundreds of people a year to access the support and training to enable them to secure employment. Many of the people helped to get a job have been out of work for over two years. YES now operates from three bases in North Manchester- Briscoe Lane, The Hive in partnership with Co-op Academy in Plant Hill and most recently Southchurch Parade in Collyhurst.

12.3 YES has an effective partnership with G4S in North Manchester General Hospital by referring people ready for work to vacancies for cleaning, security, portering and other services on the hospital site. YES has tracked the social value it delivers and estimates that for every £1 it spends more than £42 worth of social value is achieved.

13. Other examples

- 13.1 To highlight the fact that a wide network of Registered Providers are involved in this work, a case study from Johnnie Johnson Housing is provided as Appendix 5 and Mosscafe St Vincent's Housing Group have provided a summary of the projects they are involved in (see Appendix 6).

14. Recent Developments

Strengthening the interface between Registered Providers and Primary Care

- 14.1 The city's GP Federations have been leading the development of neighbourhood partnerships on behalf of the Manchester Local Care Organisation. As well as health and social care providers, the partnerships bring together organisations and community assets with an interest in the wider social determinants of health to work on local issues of common interest. One of the key relationships that has grown over time is between General Practice and social housing providers, leading to a number of projects and ideas.
- 14.2 Following a meeting with the Chief Executives of some of Manchester's main RPs, initiated by Primary Care Manchester (the central Manchester GP Federation), a citywide event was held on 24th September to cement and further develop the working relationship. It was recognised that a lot of good work exists already but the potential is enormous, especially given that between them, the partners involved probably have daily contact with thousands of Manchester residents. It was agreed to focus the event explicitly on concrete, practical, low or no-cost ways in which General Practice and Registered Providers could work together to make a difference to Manchester residents, as well as identifying ideas that may need further development and investment.
- 14.3 The jointly hosted event was professionally facilitated by One Manchester and was well-attended and very successful. It generated a large number of ideas that a working group will be working up into a realistic delivery plan to include quick-wins as well as longer term developments. At the time of writing this report, this was still work in progress and an update will be presented to the Board at the meeting.
- 14.4 However, some headlines from the event are:
- Working with the new and existing Be Well social prescribing (see below) and 1-2-1 coaching service to ensure we make the best of the opportunity this provides for cross-referral and preventative work;
 - Where space in GP practices allows, housing providers to provide drop-ins to enable access to the casework and other support they offer;
 - Use existing links between housing providers and community grocers to help increase the take-up of health checks and screening;

- Make better use of the local knowledge and networks that both housing practice staff have to signpost people;
- Engage sheltered housing scheme managers more closely in the hospital discharge process to avoid failed discharges;
- Provide detailed advice and information to GP's about Manchester Move and how it works;
- Link practice-based Patient Participation and Advisory Groups to the wider engagement of residents led within the housing sector;
- Offer new tenants information about local services, health checks and ensure they are registered with a GP.

The Be Well (Social Prescribing Service)

- 14.5 A coherent citywide model for social prescribing is being developed to give people who access health and care services, a link to social and non-medical support within their community. The service is universal, but offers increasing levels of support depending on the persons, needs, goals and social circumstances. One clear referral system will allow health and care practitioners (starting with GPs) to connect people with various sources of support that address the social determinants of health. This could be direct support with housing, employment, debt management and lifestyle changes, or connection to a range of activities and opportunities in their local community that can support their health and wellbeing.
- 14.6 The Be Well service in north launched at the beginning of this year and is provided by Greater Manchester Mental Health Trust (GMMH) in partnership with Northwards Housing, Pathways CIC and Northern Health GP Provider Organisation (GPPO). The service for rest of the city is launching this autumn and will be provided by the BigLife Group in partnership with Southway, One Manchester, Wythenshawe Community Housing Group, Pathways Community Interest Company (CIC) and Citizens Advice Manchester.
- 14.7 As the programme develops, the aim is to strengthen the links with offers across the public and voluntary sector that can support people who access Be Well. In this way it will act as a "One Stop Shop" for health and social care to connect their services users to a range of support. It will also act as a single point of contact for services who want to connect their offer with services users of Manchester's Local Care Organisation.
- 14.8 The potential for Be Well to 'knit together' all services that address the wider determinants of health is enormous and a detailed annual report will be provided to the Board after the service has been operational for a year.

15. Summary and Next Steps

- 15.1 The aim of this report is to give the Board an overview of current initiatives in Manchester and stimulate further discussion on the theme of health and housing.

- 15.2 The State of the City Report does provide an excellent analysis of future demographic changes and population growth in Manchester. Manchester Health and Care Commissioning, Manchester City Council, the Manchester Local Care Organisation and NHS Trusts in the city will work collaboratively to ensure that future plans are based on the same set of demographic assumptions. MHCC have agreed that they will work to the Manchester City Council Forecasting Model (MCCFM) which offers a much more sophisticated analysis compared to the Office of National Statistics (ONS) Sub National Population Projections.
- 15.3 Following the presentation to the Board and discussion at the meeting, the Director of Population Health and Wellbeing will work with the Director of Housing at Manchester City Council, representatives of the Manchester Housing Providers Partnership, VCSE organisations and the Manchester Local Care Organisation to develop a joint work programme that focuses on a small number of priority areas which will be reported back to the Board.

16. Recommendation

- 16.1 The Board is asked to note the report

State of the City Report 2018, Chapter 5: A liveable and low carbon city
See attached - Appendix 7.