Section 6: Healthy people, homes and places

We set out our vision for transforming Bury's approach to health and care in our 2019 Locality Plan Refresh. Influenced further by GM level shifts in how we deliver public services and support our economy[11] as well as our own Bury 2030; **Let's do it!** place-based vision and strategy, we are starting to move beyond strategic planning and into the implementation phase to drive significant improvement in our population's health.

In this strategy, and particularly in this section, we set out how we will bring housing into these plans so that we are equipped to address health issues that are caused or exacerbated by unhealthy, unsuitable and unstable housing and unhealthy places.

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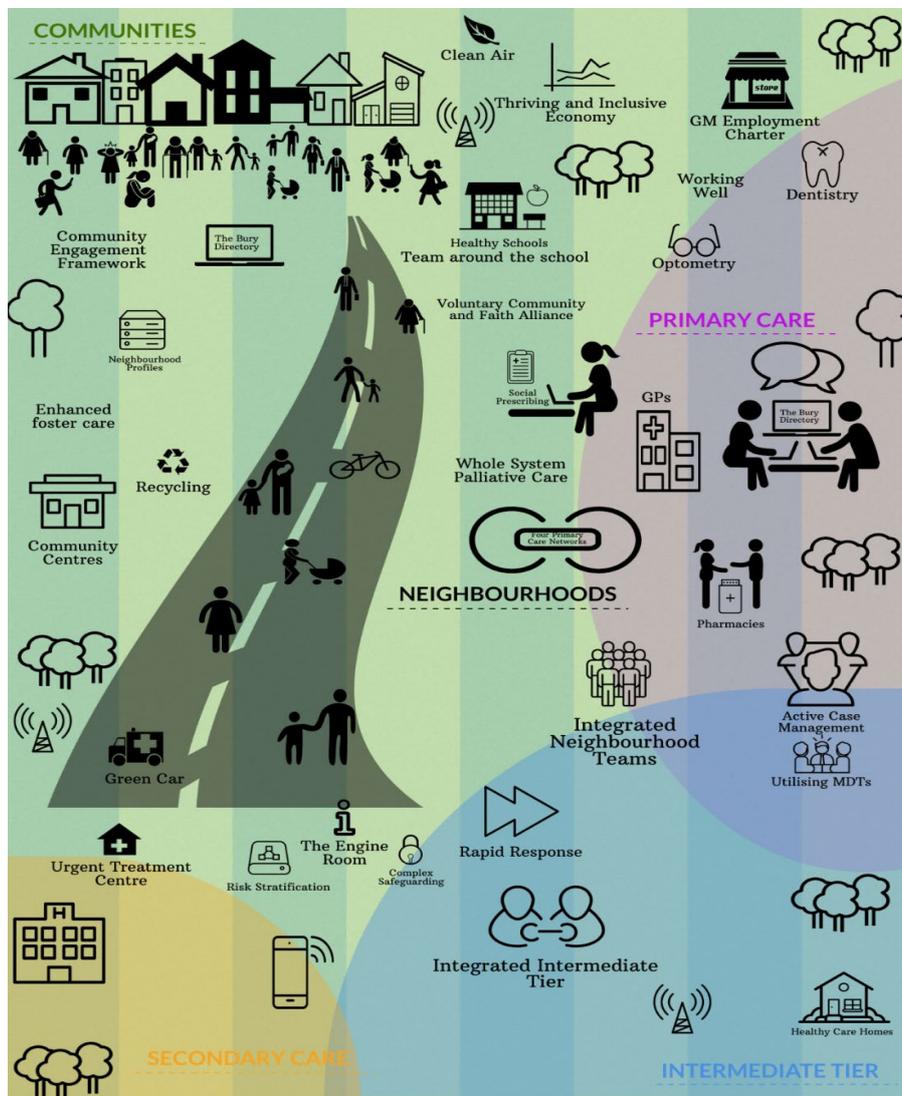
[11] GM White Paper: A Unified Model of Public Services and the GM Industrial Strategy and Transport Strategy

> **Our vision** is to improve health and well-being through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life. [This means that] people have good standards of living, a decent place to live and meaningful relationships with others as active members of society.
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> **Our intent** is for integrated care supporting the creation of a population health system which embraces housing, education, environment, and policing, with citizens in communities taking control and identifying local priorities which are going to make the biggest difference for them.
>
> **Locality Plan Refresh 2019**

6.1 Healthy homes and households

> **Improving health through the home: guidance from Public Health England**
> https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home
>
> The right home environment is essential to health and wellbeing, throughout life. It is a wider determinant of health. There are risks to an individual's physical and mental health associated with living in
> - **An unhealthy home**: one that is cold, damp, or otherwise hazardous home
> - **An unsuitable home**: one that doesn't meet the household's needs due to risks such as being overcrowded or inaccessible to a disabled or older person
> - **An unstable home**: one that does not provide a sense of safety and security including precarious living circumstances and/or homelessness
>
> 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 ill-health
> - move on successfully from homelessness or other traumatic life event
> - access and sustain education, training and employment
> - participate and contribute to society
>
> It can:
> - delay and reduce the need for primary care and social care
> - prevent hospital admissions
> - enable timely discharge from hospital, and prevent re-admissions
> - enable rapid recovery from periods of ill health or planned admissions
>
> It is also essential to ambitions for the economy.

6.1.1 Addressing fuel poverty, helping people to keep their homes warm

In 2017 there were 9,563 households in Bury that were considered to be living in fuel poverty. This represents nearly 12% of our households[12]. The most significant problems are in private housing.

Bury Council has taken action to reduce fuel poverty and help Bury residents to keep their homes warm over many years. We have facilitated the installation of energy efficiency measures in over 16,000 private sector homes attracting investment of over £12m, this has resulted in significant carbon savings and energy bill reductions.

We are now exploring how ECO-funds available can help our residents to stay warm. We are also engaged in a short Government-funded pilot programme to enforce the new minimum energy efficiency standards (MEES) in the private rented sector.

Bury One Commissioning Organisations wants to upgrade how we work with people who are living in cold homes and unable to afford to keep them warm.

In March 2015, the National Institute for Clinical Excellence (NICE) published guidance on Excess Winter Deaths and the health risks associated with cold homes[13]. It includes recommendations for Health and Wellbeing Boards, primary care, local authorities and others to take action to reduce the health risks associated with living in cold home. Also, the Domestic Minimum Energy Efficiency Standard (MEES) Regulations set a minimum energy efficiency level for domestic private rented properties.

Drawing on the NICE guidance, the MEES Regulations, the GM Private Housing Condition analysis and on best practice from other councils, we will review and upgrade our existing Fuel Poverty Action Plan.

We will also increase the revenue funding available from health partners to support this programme. We will fund an expert team to help private residents to access external ECO-funding, capital grants available to improve the warmth of their homes.

6.1.2 Integrating housing into the Bury Neighbourhood Model

There are many instances in which patients' or households' health problems are significantly exacerbated by their housing circumstances and where a change to their housing is needed to improve their health.

Our new neighbourhood arrangements are the place where we are bringing together statutory services to respond to residents' health and social care issues through case management. Two programmes are relevant here: our new All-age Early Help teams and our Integrated Health and Care teams, both of which will sit behind the Community Hubs.

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[12] Find reference
[13] NICE Guidance NG6: https://www.nice.org.uk/guidance/ng6

We will formalise key housing roles within these teams providing direct access to housing experts who can broker a range of housing solutions for resident – whether they are private renters, owner occupiers, housing association or Council tenants – on a case by case basis. The household's caseworker would help to broker the right solution for the household including by referring the case to the team with the relevant expertise and powers to solve the problem while remaining the household's caseworker.

We will monitor the sort of housing-related problems people present as well as solutions. This will feed into our data warehouse and engine room (see 6.1.3) and will inform future service design.

6.1.3 Targeting improvement of poor condition homes through neighbourhood profiles

Our resources are finite and we want to target them better, directing the right resources to the right places in a timely way to prevent people's health and wellbeing from worsening.

We are establishing a 'data warehouse and engine room' that will bring together and interpret data from a range of sources that shows where the biggest problems lie and the nature of those problems as well as capturing trends. By disaggregating the data at a neighbourhood level and supplementing it with local intelligence, we will be able to determine who are those at most risk of accessing expensive care services, with a view to targeting our resources at a sufficiently early stage so that demand on statutory services is reduced. Active case management through multi-disciplinary teams will continue to expand to enable those most at risk to be identified and supported by health and care working together with other public sector services.

Data on Bury's house conditions – including owner occupied and private rented housing – will be brought into this data warehouse so that we can identify where unhealthy, unsuitable and unstable housing may be contributing to poor health and wellbeing.

GMCA is undertaking an analysis of the condition of private housing across Greater Manchester. This will supply data on the condition of Bury's private housing stock. Both this and data on the condition of Six Town stock (see Section 3.1) will inform the neighbourhood profiles enabling us to see where inadequate housing across all sectors may be a factor in poor health. This will enable us to respond to existing housing issues and to predict where the biggest problems may lie going forward.

We will supplement this data by routinely collecting details of people's living circumstances and home condition whenever a health, care or housing staff member makes a visit to someone's home (through Making Every Contact Count). We will also bring information from casework detailing the nature and frequency of the problems people present, how they were addressed and any gaps in provision. This will help us to build a database of where the problems might lie, how well we're doing and what else we need to do enable people to find the right solutions.

6.1.4 Minimising hospital stays, safe and secure discharge

Much of this strategy is aimed at providing 'enabling support' that actively promotes wellbeing and prevents worsening of people's mental and physical health and enables them to live well within their own homes. We are also intending to take some specific actions at the interface with hospitals, both to avoid unnecessary and unplanned hospital admissions and to facilitate safe discharge.

Working with one or more expert RPs with specialisms in this area and building on our existing Hospital Discharge Protocol for people with no fixed abode, we will develop hospital discharge arrangements with Bury's main NHS Foundation/Hospital Trusts. This will include hospital-based casework to ascertain patients' housing circumstances and to work with those whose housing is prohibiting safe discharge to make their home safe. It will also include provision of 'Step-down' accommodation.

The GM Housing and Mental Health Strategy[14] contains some specific case studies of where RPs are doing hospital discharge work and supporting people with mental health problems to leave hospital and live well in the community. This interactive map shows a range of other case studies[15]

6.2 Healthy communities and places we can be proud of

6.2.1 Solving community problems through multi-agency working with Community Hubs
One of the ways we can improve our places is to understand where the complex, compound problems lie and to address them in a proactive way through coordinated multi-agency working.

We have a multi-agency Organised Crime Group comprising fire service, police and supported by the Council's environmental health team. This team has local knowledge on where some of the criminal activity lies and takes coordinated action on crime.

We want to develop this further and to work in partnership with our Community Hubs to identify problems, understand the nature of them and to provide lasting solutions. A range of actions might help, such as:
- Our database of private landlords in particular localities
- Visits to all households in defined streets/areas to identify problems
- Proactive use our legal enforcement powers to compel landlords to act to improve poor condition private rented homes
- Bespoke, asset-based support for households where needed and appropriate
- Purchase specific homes for refurbishment and sale to help to change the dynamics of the neighbourhood

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[14] GM Housing and Mental Health Strategy 2019-22:
https://www.gmmh.nhs.uk/download.cfm?doc=docm93jijm4n5026
[15] Housing LIN and Foundations Interactive Map of hospital to home schemes
https://www.housinglin.org.uk/home-from-hospital/

- Improvements to the public realm such as clearing fly-tipping, graffiti.

6.1.2 A Checklist for healthy place-shaping

We invite our residents, through our Community Hubs, to develop a 'Bury checklist' that we will use throughout our planning and place-shaping activity to make sure we consider all the important elements in developing good quality places and endeavour to make it happen. We will draw on existing resources such as NHS England's and Public Health England's Ten Healthy Place-shaping Principles[16] and MHCG's guidance for Lifetime Neighbourhoods[17]

A Bury checklist for great places

Such a checklist might include:
- **Infrastructure** – including GPs, schools, road traffic: How are the infrastructure requirements of the new development being considered? How is the local community being engaged in discussions? What will be done as a result?
- **Parks and green spaces**: How will the development minimise the impact on our green spaces and/or create new parks and green spaces?
- **Transport, active travel, air pollution**: How does the new development enable people to get around in a way that limits air pollution?
- **Connected, healthy people**: How will the development produce spaces where people like to meet and congregate? How will it support and enable community-led activity?
- **Asset-based approach:** Are we building on local community assets and creating resilient communities based on their strengths and local assets?
- **Healthy living**: How might the new environment enable free food growing opportunities? How might it support people to become more active?
- **Access to healthcare and schools**: How will the people living there access healthcare in their community? How will their children be enrolled in schools and educated in the event they are excluded? How will they get help with any non-medical issues they may face?

6.2.3 Village Hubs: where people can connect and live well

We have an ambition to create '15 minute neighbourhoods' where the main facilities can be reached within a 15 minute walk.

As we consider how to best remodel our sheltered schemes, and plan for new extra care schemes, over the coming years we will consider with our Community Hubs how these schemes might develop closer connections to a range of local facilities including health centres, shops, schools, leisure, community and faith centres. This will make is easier for

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[16] https://www.england.nhs.uk/publication/putting-health-into-place-executive-summary/
[17] https://www.gov.uk/government/publications/lifetime-neighbourhoods--2

older people living in the schemes and in the surrounding areas to connect with other local residents and access informal support, facilities and activities. We will also consider how these neighbourhoods might support intergenerational connections and recreational activity. We will learn from the COVID-19 experience to make sure these hubs can enable high levels of support while maintaining social distancing.