

Liverpool

Building better lives case study

Liverpool City Council recognise the link between poor quality housing and occupants' health, and have put a project in place that addresses both.

Situation

Liverpool is in the north-west of England and has a population of 436,100 making it the sixth largest city in the United Kingdom. Liverpool is the most deprived local authority in England, with high levels of unemployment. Forty-five per cent of children and 29 per cent of people over the age of 60 live in income-deprived households.

The city also has some of the worst health inequalities in the country. Life expectancy for males (73.4 years) is the third lowest in the country and life expectancy for females is the lowest in the country (78.1 years). Even within Liverpool, there is a difference of ten years between life expectancies in the richest and poorest wards. Twelve areas within Liverpool have been identified as having the worst health measured by several key diseases. Alcohol abuse, smoking and childhood obesity are also higher than average in Liverpool and are priorities for improvement in the area.

The population has declined from 800,000 to 436,100 since 1945, but the city retains a level of infrastructure and housing appropriate to the larger population. In 2003, Liverpool, with Sefton and the Wirral became one of the government's nine housing market renewal pathfinder areas (NewHeartlands). The programme is expected to last 10 to 15 years. It aims to restructure the housing market, providing a greater choice of tenures and property types, reduce the number of empty homes and regenerate neighbourhoods that are in decline.

The percentage of Liverpool's houses that fail the Decent Homes Standard or are classed as unfit is higher than the national average. Forty per cent of all homes fail the Decent Homes Standard while 5.7 per cent are classed as unfit (compared to the national average of 4.2 per cent). Private sector homes are the most likely to be unfit, with 15.6 per cent classed as unfit, compared to the national average of 10.9 per cent. The Council no longer holds any housing stock having transferred its last 16,000 properties in 2008. 4.4 per cent of social sector homes are classed as unfit, slightly above the national average of 4.2 per cent. The Council estimates that one in four houses in Liverpool is 'poor' and one in four households are at risk of fuel poverty.

Task

Improving housing standards, choice and affordability and improving health, well-being and health inequalities are objectives within Liverpool's sustainable community strategy. The sustainable community strategy and the local strategic partnership's health subgroup (which includes the primary care trust, the City Council, Environmental Health and the pathfinder's Health Improvement Team) recognise that these objectives are linked and that poor quality housing and living conditions can have an adverse effect on people's health. Based on national estimates, poor housing conditions are believed to be a significant contributor in up to 500 deaths and around 5,000 illnesses needing medical attention in Liverpool each year.

Approach

Because of this link between poor quality housing and occupants' health, the Council wanted to target unhealthy and unsafe housing conditions to reduce preventable deaths and illness. The Council ran a pilot project as part of the housing market renewal programme inspecting 230 properties and identifying the most serious hazards across numerous properties. The Council judged the approach taken in the pilot a success, because of the high number of properties accessed and the hazards removed. The Council decided a larger project could help improve housing standards and health and well-being across Liverpool. The primary care trust was also interested in a project that aimed to achieve health benefits by improving housing conditions. It encouraged the Council to prepare a funding bid to the primary care trust for such a project. The Council prepared a bid that outlined how it would assess the health needs of households. It looked particularly at privately rented properties in the most deprived areas, and in cases of high need, used the Housing Health and Safety Rating System (HHSRS) to assess the condition of homes. The funding bid was successful and the Healthy Homes Programme began.

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Over an 18-month period, the Healthy Homes Programme aims to assess the individual health needs of the occupants of 15,000 properties. Subject to resources and evaluation, the programme could be extended by another 18 months where a further 15,000 properties will be visited. Where there are health needs (for example smokers who want to give up or inadequately heated homes) referrals are made to correct partner agencies. The worst 2,750 properties are also identified for HHSRS inspection, which Environmental Health officers, funded by the programme, carry out. Other partners involved in the Healthy Homes Programme include:

- Citizens Advice Bureau – advice on debt, legal issues and immigration.
- Merseyside Fire and Rescue service – provides free home fire safety checks.
- Nextstep – free careers advice for over 18s.
- English Churches Housing Group – provides a homelessness prevention support service.
- Liverpool City Council Energy Efficiency Team – helps people make their homes warmer, safer and more energy efficient.

The areas to target were identified using many data sources. The Land Asset Management Programme provided by the regeneration team maps deprivation indices, distribution of private rented properties, health inequalities and accident statistics by neighbourhood to pinpoint the areas in greatest need of intervention. Once the areas are identified, neighbourhood managers, community leaders and local resident groups are contacted to identify needs and potential barriers in the area. This includes the needs of hard-to-reach groups, vulnerable people or people with disabilities while barriers could include non-English speaking households, nuisance residents or health and safety issues. Neighbourhood managers, community leaders and local resident groups also promote the visits so residents know in advance what is happening.

Trained Healthy Homes advocates conduct the first visits. The Advocates act as outreach workers who engage with residents to identify any needs and how to remove barriers to accessing services. Advocates use a face-to-face single assessment process (SAP), to collect information on the property's condition and health and well-being needs. This includes information on excess cold, damp or mould in the property, any accidents in the home, the level of physical activity and current participation in employment, education or training. On completion of the assessment, advocates forward advice and guidance to the landlord and make suitable referrals to partner agencies. For example, the advocate may refer someone who wants to give up smoking to a smoking cessation specialist or an owner-occupier whose home has inadequate heating to Warm Front. When an advocate makes a referral to a partner agency the advocate will contact the resident four weeks later to ensure the partner agency has responded. If the partner hasn't responded, or if the referral

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hasn't progressed the Healthy Homes Advocate coordinator, who manages the advocates, takes up the case and tries to remove any barriers to the referral. For example, if a person can't leave the house to access a service, a home visit is arranged.

When advocates identify unsafe conditions that have an adverse effect on the health and safety of the occupant, Environmental Health officers conduct an HHSRS inspection. The Environmental Health officers tell the landlord what they must do to correct the hazard to avoid further action. Most landlords act when initially contacted but the programme has systems in place to take action against those who do not comply. This could be issuing an enforcement notice, using money from the work in the default budget to correct the hazard or prosecution of the landlord (or a combination of these). During the visits, advocates may also identify vacant properties and pass the details on to the empty property team to follow up.

The Healthy Homes Programme does not work alone. The programme aligns to and complements other programmes such as the Housing Market Renewal programme in Liverpool, which is working to address housing market failure. Information is consistently shared and activities are aligned. For example when an activity, such as a Respect week (tackling anti-social behaviour and associated environmental problems within communities) or the energy efficiency programme is taking place in an area, the Healthy Homes Programme will, where possible, align their work with the activity. This allows joint promotion of the activities, sharing of information on resident's needs and a high visibility that activities are taking place. The programme is consistent with the Council and primary care trust's corporate strategies as well as the Council's housing strategy and is acting on the shared objectives of improving health, and tackling health inequalities through improvements to homes.

While the programme focuses on the private rented sector, it also works with registered social landlords (RSLs). The Council is producing a Healthy Homes Charter in liaison with the largest RSLs, which are encouraged to sign up to the principles underpinning the Healthy Homes Programme. The charter outlines expectations of standards of accommodation, ensuring properties are free from unsafe conditions. The charter will also allow the healthy homes team to train RSL staff to conduct the SAP. This will allow RSLs to use their knowledge and relationships with residents to carry out the SAP and signpost them to available services. The team has already spoken to several of the city's largest RSLs who are showing an interest in signing up and conducting the SAP.

Results

Up to July 2009, 1,105 homes had been visited and 223 vacant properties had been identified in the target areas. Surveys have been conducted at 523 of these properties and 919 referrals to partner agencies have been

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made (including 178 to Environmental Health officers). Including the pilot exercise, 598 properties have received an HHSRS inspection and hazards are either being, or have been, removed. In one case an elderly resident suffering from emphysema was living in an inadequately heated home which was contributing to his condition worsening. With the help of the Healthy Homes team, Environmental Health and the Council's energy efficiency team an application for central heating through Warm Front was fast tracked. The occupants were entitled to a Warm Front grant and the central heating was installed.

So far the programme has been recognised in the Rugg report and the Municipal Journal awards has shortlisted it in the 'reducing health inequalities achievement' category.

The team is due to double in size over the coming months to achieve its aim of visiting 15,000 homes by September 2010. The programme will appoint six further Healthy Homes advocates to increase the number of properties it can visit. It will also appoint five further Environmental Health officers in the coming months to carry out HHSRS inspections.

The Council and primary care trust recognise the difference between outputs and outcomes. While outputs, such as number of homes visited and improvements made, are fairly straightforward to measure, the drop in the number of hospital admissions and deaths due to the programme is more difficult to measure. The Council and primary care trust are confident the approach will deliver positive outcomes as the HHSRS is based on the premise that hazards in the home have a negative effect on health and well-being. By understanding people's health and well-being needs and signposting to suitable services the programme can also tackle health and well-being needs that do not relate to the quality of the home. The Council and primary care trust have commissioned John Moores University to conduct an evaluation of the Healthy Homes Programme, as part of wider evaluation of health programmes taking place in the area over the coming years.

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