

**AGMA**  
ASSOCIATION OF  
GREATER MANCHESTER  
AUTHORITIES

## **GM PLANNING AND HOUSING COMMISSION**

Date: **15<sup>th</sup> January 2024**

Subject: GM Healthy Homes Services

Report of: Mary Gogarty, Principal Housing Strategy, GMCA

---

### **Purpose of Report**

To share the background to the GM Healthy Homes services development work, the outcomes of the recent review into healthy homes services, and the resourcing plans to implement the recommendations of that work.

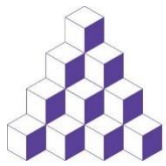
### **Recommendations:**

Members are requested to:

1. Note the contents of the report.

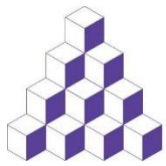
### **Contact Officers**

- Mary Gogarty: [mary.gogarty@greatermanchester-ca.gov.uk](mailto:mary.gogarty@greatermanchester-ca.gov.uk)



## **1. Introduction and strategic context**

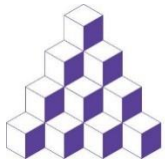
- 1.1 Development of coherent Healthy Homes services is a longstanding strategic commitment for Greater Manchester, being a desired outcome of the GM Housing Strategy, GM Population Health Plan, GM Tripartite Agreement and the Framework for Creating Age Friendly Homes produced by the GM Housing, Planning and Ageing Group.
- 1.2 The 2017 Greater Manchester Strategy, Our People Our Place outlined a key commitment to provide Safe, Decent and Affordable homes for everyone in Greater Manchester. The co-produced GM Housing Strategy presents the development of a GM Healthy Homes service as key to aligning our housing and health priorities at a strategic level and therefore delivering the strategic priority of a safe, decent and accessible home for all.
- 1.3 There is evidence that interventions to improve the quality and suitability of the home environment can be effective in preventing, delaying and reducing demand for social care and health care; enable people to manage their health and care needs; and allow people to remain at home for as long as they choose. It is important, as we start to care for more people in their home that services are able to respond to increasing complexity.
- 1.4 Adaptations, repairs and removal of hazards are an effective and cost-effective intervention for preventing falls and injuries, improving performance of everyday activities and improving mental health. Adaptations can help to reduce hospital admissions and speed up discharges, cut domiciliary care costs, and delay the necessity to move into residential care. Research has found that people who have had grant-funded adaptations and subsequently move into care do so some four years later than those who have not had adaptations carried out.
- 1.5 Yet older and disabled people who could be eligible are still often unaware of the existence of Disabled Facilities Grants (DFG) and home assistance and take up can be 'patchy'.



- 1.6 In Greater Manchester, current provision of adaptations, repairs and removal of hazards varies by locality, ranging from comprehensive, branded agencies delivering a range of collectively commissioned services, to localities where provision may be limited to statutory delivery of adaptations.
- 1.7 This reflects the withdrawal of national investment in Home Improvement Agency (HIA) services, private sector housing interventions and renewal programmes from Local Authorities by central government since 2010. The ability to deliver a response to poor quality housing at scale has dramatically reduced since this time and consequently, expertise and capacity in local authorities and providers has reduced as a direct result of this. That means additional costs are being incurred for health, social care and other public services, because of lack of preventative interventions in the home, also leading to a worse quality of life for GM residents.
- 1.8 Those LAs who have continued to provide these services have done so through their own investment, acknowledging the important role that these services have from a preventative perspective, but also in immediate improvements in quality of life.

## **2. arc4 commission**

- 2.1 arc4 was commissioned in March 2022 to support the development of consistent Healthy Homes services across Greater Manchester (GM). The GM Tripartite Agreement partners (Greater Manchester Combined Authority, NHS GM Integrated Care, and GM Housing Providers) jointly commissioned this work and are working together to share resources to operationalise this as a priority workstream across housing, health, and social care.
- 2.2 A summary of the proposed baseline healthy homes offer is as follows:
- Consistent advice and information- consistency across locality websites and offline resources to provide information on preventative support, supplemented with individual locality information.



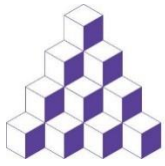
- Aligned healthy homes grant products and support across localities- using flexibilities in the Disabled Facilities Grant to create an offer with consistent language that encourages more take up such as Hospital Discharge Grant and Dementia Grant
- Providing an affordable warmth service across localities- consistent service that provides physical interventions in the home to help people live well, and advice and support to maximise income
- Aligned Disabled Facilities Grant criteria and delivery - bringing a consistent approach to the mandatory grant regime

2.3 There are also policy recommendations, including;

- Aligning Private Sector Housing Assistance Policies- setting out a consistent and coherent offer regardless of location, and creating user friendly published documents
- Development of a GM Housing Providers adaptations protocol, setting out standard principles on approach and contributions to adaptations for GMHP tenants. The protocol would provide a minimum common standard, but would not prevent Providers from augmenting services to meet their tenants' needs.

2.4 The consultation recognised the potential opportunity and benefits of the Tripartite Partner organisations' involvement in the development of Healthy Homes services. There was positive support for the Tripartite Partners to engage in activity that would create economies of scale for localities and reflect the financial and capacity constraints in each locality, including:

- Data and research
- Resourcing
- Workforce development
- Strategic oversight and system Engagement

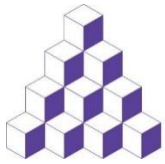


- Consistent policy and resource development

2.5 The scale of ambition of these recommendations is accompanied by ambitious timescales, in order to maintain momentum with this project, and to begin delivery in this vital area as soon as possible.

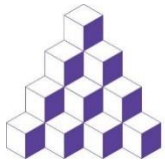
2.6 The proposed timescales for the implementation of this activity is shown in the table below:

<b>Activity</b>	<b>Proposed timescale for delivery</b>
Scoping an improved and consistent offer for tenants living in the Private Rented Sector	Within 12 months
GMHP Adaptations protocol	2024
Advice and information	Within 18 months
Creating a GM evidence base	Within 18 months
Aligned Housing Assistance policies	Within 36 months
Aligned first stage Healthy Homes products	Within 36 months
Aligned Disabled Facilities Grant delivery	Within 5 years



### **3. Resourcing plan**

- 3.1 This commission included the development of detailed Transition Plans that recognise the additional support and resources required by localities and where economies of scale can be achieved. These transition plans detail a significant resource need for some localities to be able to deliver these services sustainably over the long-term.
- 3.2 There is more work to be done at a locality level to understand local requirements including what resource would be needed to deliver the baseline service level and necessary supporting policy recommendations, building on engagement that is already underway with the Practitioners' Group.
- 3.3 Part of the identified role for GMCA and NHS GM is to explore routes to sustainably fund and resource services, including any potential to lever resources via devolved mechanisms such as the future Single Settlement, and to present the underlying case for change to senior decision makers, including leaders via the GMCA.
- 3.4 A Project Manager at the GM level will coordinate this engagement with local authorities, as well as delivering the aspects of the project identified by arc4 as best being delivered across GM. The post holder will develop the GM healthy homes workplan in more detail, including delivery timescales.
- 3.5 This role will be a two-year fixed term post to sit in the GMCA Housing Strategy team, and will be jointly funded with NHS GM, recognising the importance of delivering healthy homes services to a range of health and housing priorities.
- 3.6 The post holder will be matrix managed by the GMCA Housing team and Tripartite Agreement Director, to ensure accountability to NHS GM. The Healthy Homes Practitioner Group will oversee the workplan and delivery to ensure it is adequately supporting localities.



## 4. Workplan

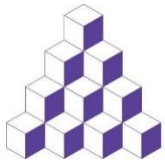
4.1 An initial workplan to be delivered by the postholder is outlined in the tables below:

4.2 Data and research

<b>Activity</b>
<ul style="list-style-type: none"><li>• Coordinating a GM-wide evidence base on need for support and adaptations</li><li>• Improving Information systems to improve ability to move information between housing and ASC systems (this could enhance qualitative data flows).</li><li>• Greater Manchester-wide research. Suggestions included: best practice and innovation to increase take up in the Private Rented Sector and the potential and benefits of creating an owners/PRS adapted property list and correct terminology that people recognise and understand.</li><li>• Promoting good practice across Greater Manchester from within localities and from elsewhere.</li></ul>
<b>Required partnerships</b>
GMCA Research Team

4.3 Resourcing

<b>Activity</b>
<ul style="list-style-type: none"><li>• Establishing how funding streams can complement one another. For example, combining LA funding with other funding streams at a GM level.</li><li>• Scoping alternative financial products and models (self-financing, charging models, equity products, loans)</li><li>• Engagement with system to lobby for resources Facilitation of GM-wide legal advice</li><li>• Supporting Practitioners' Group</li></ul>
<b>Required partnerships</b>
GMCA Core Investment Team



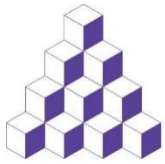
#### 4.4 Workforce development

<b>Activity</b>
<ul style="list-style-type: none"><li>• Supporting SME contractors to deliver in this arena by supporting them to access contracts, potentially linking SME contractors to work together.</li><li>• Supporting the recruitment and training to access more LA Private sector housing professionals, occupational therapists, social workers, and surveyors.</li><li>• Procuring joint training across Greater Manchester where needed</li></ul>
<b>Required partnerships</b>
<ul style="list-style-type: none"><li>• NHS GM Adult Social Care</li><li>• GMCA Public Service Reform team</li></ul>

#### 4.5 Strategic oversight and system engagement

<b>Activity</b>
<ul style="list-style-type: none"><li>• Political engagement</li><li>• Project management and assurance</li><li>• Regular and consistent partner engagement and updates</li></ul>
<b>Required partnerships</b>
<ul style="list-style-type: none"><li>• GMCA</li><li>• NHS GM</li><li>• GM Housing Providers</li></ul>





## 4.6 Development of healthy homes services framework

<b>Activity</b>
<ul style="list-style-type: none"><li>• Advice and information: Healthy Homes services- review current advice and information offer and work with Practitioners' Group and Ageing Hub to develop and update offer</li><li>• Scoping the Private Rented Sector (PRS) offer with colleagues in enforcement teams, utilising opportunities through the devolution trailblazer to reduce barriers to delivering adaptations in PRS homes</li><li>• Alignment of Private Sector Housing Assistance Policies: working with Practitioners Group to share best practice in PSHAPs</li></ul>
<b>Required Partnerships</b>
<ul style="list-style-type: none"><li>• Healthy Homes Practitioners Group</li><li>• GM Local Authorities</li><li>• GM Housing, Planning and Ageing Group</li></ul>