

# Quality and Productivity: Proven Case Study

## Liverpool Healthy Homes: Delivering sustainable health and housing improvements

Provided by: Liverpool City Council

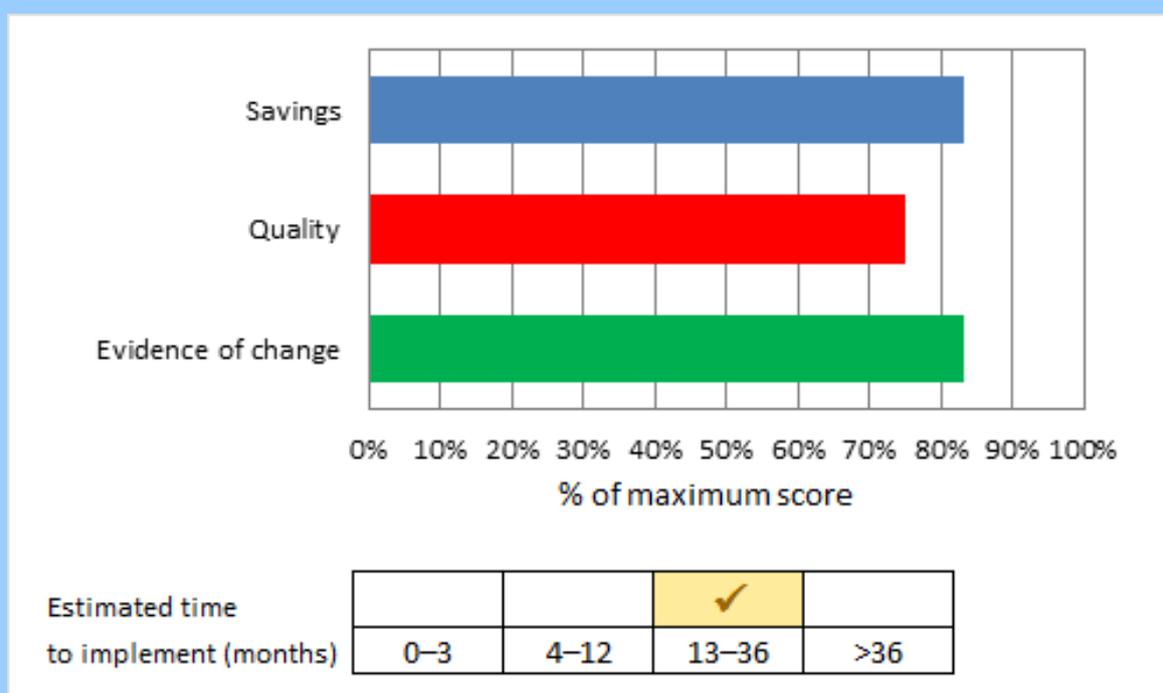
Publication type: Quality and productivity example

### Sharing good practice: What are 'Proven Quality and Productivity' case studies?

The NICE Quality and Productivity collection provides users with practical case studies that address the quality and productivity challenge in health and social care. All examples submitted are evaluated by NICE. This evaluation is based on the degree to which the initiative meets the Quality and Productivity criteria: savings, quality, evidence and implementability. The assessment of the degree to which this particular case study meets the criteria is represented in the summary graphic below.

Proven Quality and Productivity examples are case studies that show evidence of implementation and can demonstrate efficiency savings and improvements in quality.

#### Evidence summary



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## Details of initiative

<b>Purpose</b>	The Liverpool Healthy Homes Programme (LHHP) aims to deliver sustainable health and housing improvements and reduce the burden on NHS care by targeting housing problems that cause or worsen chronic disease and early death. LHHP aims to prevent 100 deaths in homes across Liverpool, and to prevent 1,000 GP referrals.
<b>Description (including scope)</b>	<p>Liverpool is the sixth largest city in England and has some of the highest mortality rates and greatest health inequalities in England. Liverpool City Council (LCC) and the former Liverpool Primary Care Trust (PCT) joined forces to form the partnership known as the LHHP.</p> <p>LHHP acts as a central hub. It addresses wellbeing, some of the causes of health inequalities by addressing poor housing conditions. This is primarily through surveys carried out by advocates in area-based schemes (door to door and within primary care settings), and environmental health practitioners using the housing health and safety rating system (HHSRS) combined with a network of referral partners.</p> <p>LHHP is aimed principally at the private rented sector (including registered social landlords) and the programme targets some of the most vulnerable residents in Liverpool. People who are homeless are referred to Shelter or the Citizens Advice Bureau.</p> <p>It does not monitor social housing because this is covered by the Decent Homes Standard.</p>
<b>Topic</b>	Public health, social care.
<b>Other information</b>	<p>The programme serves a population of around 470,000, focusing in one of the most deprived local authorities in the UK. In the Indices of Multiple Deprivation 2015 its 'extent' summary measure of deprivation was 2 (1 being the most deprived and 32,844 being the least deprived). All wards are served by the initiative.</p> <p>All types of tenures can be enforced – the LHHP can issue notices to all private landlords, from improvement to prohibition for occupation.</p>

## Savings delivered

<b>Amount of savings delivered</b>	A net saving of £238,000 per year for a population of 470,000 people. This equates to £50,600 per 100,000 population.
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Type of saving	The project aims to prevent 100 deaths and 1000 GP referrals in homes across Liverpool. This may reduce the burden on NHS secondary care from preventable chronic disease.
Any costs required to achieve the savings	<p>There were no one-off set up costs indicated.</p> <p>The initial budget for the programme (drawn from the Public Health budget now in the Local Authority) was £1.3 million per year. This was reduced by half following an efficiency saving review in 2015/16 to approximately £0.65 million per year until April 2018. Discussions continue to try to obtain a contribution from the NHS. The programme was refocused on addressing the most commonly identified hazards of excess cold and fuel poverty.</p> <p>The funding enabled development of a Healthy Homes team of advocates, environmental health practitioners, case support workers and some administrative support. The Programme also became accredited by <a href="#">Foundations</a>, the national body for Home Improvement Agencies.</p>
Programme budget	Public Health, social care needs.
Supporting evidence	<p>The British Research Establishment (BRE) carried out a retrospective health impact assessment on the LHHP in 2011. It analysed the 3 most commonly identified category 1 hazards found under the HHSRS inspections up to January 2011. Using average savings estimates from national literature (including BRE's briefing paper on <i>The cost of poor housing to the NHS 2015</i>) and details of the hazards found in the first year of the programme, estimates suggested that the work carried out during the first year of the programme could save the NHS approximately £440,000 every year. Over a 10-year period these could be extrapolated to an approximate saving of £4.4 million. They are likely to be higher than this as the worst housing conditions were tackled first.</p> <p>As well as the savings the programme makes to the NHS and the wider community, there are other effects on the local economy. The improvement work done to properties made as a result of a healthy homes intervention is estimated to support at least 30 construction jobs in the city.</p> <p>Appointments are made jointly from various organisations to reduce the number of visits.</p>

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## Quality outcomes delivered

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Impact on quality of care or population health	LHHP reduces the burden on NHS secondary care by targeting housing deficiencies that cause or exacerbate preventable chronic disease and premature death. The aim is to reduce
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	<p>health inequalities and deprivation, and to keep people in a safe home.</p> <p>Various unexpected results arose, ranging from the level of direct investment into the improvements of properties; to the BRE-estimated cost savings from the removal of excess cold; to health promotion outcomes that included a greater number of dental registrations than all the other public health campaigns and sources combined.</p>
<b>Impact on patients, people who use services and/or population safety</b>	LHHP environmental health practitioners use the housing health and safety rating system (HHSRS) to remove category 1 and 2 hazards from the private sector. CLASS sets out minimum safety, contractual and service delivery standards that tenants can expect when they rent accommodation. These standards are clear, understandable and readily achievable.
<b>Impact on patients, people who use services, carers, public and/or population experience</b>	The programme engages residents on their doorstep and in their own homes to identify and support those most in need. It also provides advice, and promotes health and awareness of the health impacts of poor housing conditions and accidents in the home.
<b>Supporting evidence</b>	None

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## Evidence of effectiveness

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<b>Evidence base for case study</b>	<p>The LHHP draws on public health outcomes frameworks, the Housing Act 2004; Local Government Association papers and evidence of the Chartered Institute of Environmental Health in its design.</p> <p>A briefing informs local authorities about NICE guidelines: <a href="#">Health inequalities and population health</a></p> <p>In addition, the project aligns with a number of NICE guidelines including:</p> <ul style="list-style-type: none"><li>• <a href="#">Behaviour change: general approaches</a></li><li>• <a href="#">Community engagement</a></li><li>• <a href="#">Drug misuse in over 16s: opioid detoxification</a></li><li>• <a href="#">Drug misuse in over 16s: psychosocial interventions</a></li><li>• <a href="#">Obesity</a></li><li>• <a href="#">Smoking cessation: brief interventions and referrals</a></li><li>• <a href="#">Stop smoking services</a></li></ul>
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- [Substance misuse interventions for vulnerable under 25s.](#)

The LHHP is adaptive and able to move in the direction of public health and primary care priorities, and it also aligns with the following guidelines released since the start of the programme:

- [Oral health: local authorities and partners](#)
- [Preventing excess weight gain](#)
- [Weight management: lifestyle services for overweight or obese adults](#)
- [Weight management: lifestyle services for overweight or obese children and young people.](#)

The LHHP also delivers the recommendations in NICE's guideline on [excess winter deaths and illness and the health risks associated with cold homes](#), a keystone piece of evidenced-based guidance that links housing and health outcomes.

Evidence is not retained from individual clients.

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## Evidence of deliverables from implementation

Progress is measured through quality assurance with residents, post-survey analysis and evaluation, programme activity and health data statistics.

Outcomes are logged on an electronic system (Northgate) which can be interrogated and various reports and statistical analyses performed.

Over 6,000 housing health and safety rating system (HHSRS) inspections have been undertaken as a direct result of referrals from LHHP healthy homes advocates and from health professionals. These inspections have resulted in over 4,400 category 1 hazards being identified and removed. This includes over 1,400 cases of excess cold; with over £5.45 million in investment by private sector landlords generated as a result of enforcement action taken. Over 56,000 properties have been visited, resulting in 29,000 referrals and 47,000 occupants benefitting from these referrals.

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## Where implemented

The team has been to all wards in the city (290 Lower Layer Super Output Areas [LSOAs]).

The programme concentrates on private sector housing and is therefore limited to owner occupiers and private renters.

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## Degree to which the actual benefits matched assumptions

The programme underestimated the actual benefits the programme would have and some benefits were not measured and became apparent after the fact.

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<b>If initiative has been replicated how frequently/widely has it been replicated</b>	Replicated by local authorities in: Knowsley, Blackpool, Bournemouth and Wirral. Furthermore, LHHP heads up the Healthy Homes Best Practice Group while travelling around the country delivering presentations on best practice and securing health funds by disseminating business case learning.
<b>Supporting evidence</b>	LHHP is nationally and internationally recognised and has previously won awards relating to fuel poverty and the Municipal Journal (MJ) award.

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## Details of implementation

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### Implementation details

The programme targeted those most in need first. A prioritisation matrix was devised to select the areas of the city to visit. This used 3 key indicators: years of potential life lost, health deprivation and housing density (rented sector). It also looked at several sub categories including the latest stock condition survey and indices of multiple deprivation.

In line with the overall target to reduce health inequalities, and to make most effective use of resources, a 'healthy homes index' was created from 14 data sets. When set against the Office of National Statistics lower super output areas (LSOAs) the index was able to show which of Liverpool's 291 LSOAs were the highest priority.

A pilot undertaken in the Kensington area of the city inspected 41 buildings. In these, 82 category 1 hazards were discovered and removed through enforcement action. These included 59% fire, 33% excess cold and 4% domestic hygiene, pests and refuse.

LHHP help with many aspects of health including referrals to occupational health, substance misuse services, diet, physical activity, NHS dentist referrals and GP registrations, stop smoking campaigns, housing conditions related to disrepair and the 29 hazards in the Housing Health and Safety Rating System. It also organises winter survival campaigns and falls prevention, child safety campaigns, physical activity and other health promotion initiatives. It refers people to income maximisation organisations such as benefits max, and has a debt officer who will make debt plans with service users and make applications to have these debts wiped.

### **Summary of the Programme:**

The LHHP saves the NHS and wider society money by tackling health inequalities and improving the wider determinants of health through several methods:

1. Referring to dedicated programme funded Environmental Health practitioners, who utilise the housing health and safety

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	<p>rating system (HHSRS) and enforcement powers under The Housing Act (2004).</p> <ol style="list-style-type: none"><li>2. A city-wide landlord accreditation safety scheme (CLASS) that recognizes good quality, well-managed private sector accommodation and is free for private landlords. Accredited landlords are published on a register and properties have to exceed legislative standards in order to be published</li><li>3. A single assessment process (SAP) form containing housing and health questions that is filled in by a programme advocate within the home or primary care centre. This advocacy service works by area, targeting deprived areas (identifying lower super output areas, using a 'most deprived first' matrix). This matrix is the key to engaging with the most vulnerable groups of people, with the greatest health inequalities, in the most deprived households across the city.</li><li>4. The health promotion team who deliver campaigns on: falls prevention; child safety; winter survival and keeping warm; dental health; and other public health topics.</li><li>5. A dedicated case support worker for the most vulnerable customers and those with more difficult problems. They help people gain access to the many facilities and services available, helping with such diverse needs as: medical appointments; adaptations; care support; rehousing; home disrepair and heating; benefits tribunals; and resettlement.</li><li>6. Programme partners referrals. They deliver numerous interventions and preventive measures, thus reducing demand on primary and secondary care budgets.</li></ol>
<b>Time taken to implement</b>	Can be achieved in around 12 months.
<b>Ease of implementation</b>	<p>Affects multiple organisations including housing, social care and the NHS.</p> <p>To achieve best outcomes for the resources available, organisations elsewhere thinking about implementing a similar programme would do best to concentrate on cold and falls. The social care benefits or mental health benefits have not been formally evaluated. People can get in contact by a freephone number or email. Partners can also refer people.</p>
<b>Level of support and commitment</b>	Regular stakeholder events with partners are held to discuss better working practices and future available support. This reflects the steps suggested in recommendation 2 of the NICE guideline on <a href="#">excess winter deaths and illnesses</a> on developing links between local services within an effective referral service. Community engagement is undertaken by the healthy homes and

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	health promotion team and has proven to be essential before going in to survey an area.
<b>Barriers to implementation</b>	<p>To enable programmes to be a success it is essential to engage with the community before arriving in a survey area. This enables LHH to advise the relevant people, community groups and organisations that the area is about to be surveyed and raise awareness locally, and enables people to contact LHH with known issues. This helps LHH to provide a more effective service.</p> <p>Trying to get GPs to refer to the LHHP did not work, even though the programme worked directly with them to code those that need help. Having officers in GP waiting rooms had greater success because GPs and their staff did not have to do anything. Some GPs indicated they felt uncomfortable asking patients if their home was cold.</p>
<b>Risks</b>	Increased demand on the range of partners through additional referrals. It cannot be assumed that those partners can cope or have the resources to fund the additional activity that is generated by the referral. For instance the home adaptations team deal with disabled facilities grant claims – the more claims the greater the over spend.
<b>Supporting evidence</b>	None.

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## Further evidence

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<b>Dependencies</b>	None.
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## Contacts and resources

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<b>Contacts and resources</b>	<p>If you would like any further information please email: <a href="mailto:qualityandproductivity@nice.org.uk">qualityandproductivity@nice.org.uk</a> and we will forward your enquiry and contact details to the provider of this case study. Please quote reference 16/0002 in your email.</p> <p>BRE Trust (2015) The cost of poor housing to the NHS – briefing paper</p> <p>Housing Act (2004) Housing Health and Safety Rating System: operating guidance: guidance about inspections and assessment of hazards</p> <p>Liverpool's sustainable communities' strategy, 2024 (2008) 'A thriving international City'</p> <p>National Institute for Health and Clinical Excellence (2006) Smoking: brief interventions and referrals (PH1)</p>
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National Institute for Health and Clinical Excellence (2007)  
Behaviour change: general approaches (PH6)

National Institute for Health and Clinical Excellence (2007) Drug  
misuse in over 16s: opioid detoxification (CG52)

National Institute for Health and Clinical Excellence (2007) Drug  
misuse in over 16s: psychosocial interventions (CG51)

National Institute for Health and Clinical Excellence (2007)  
Substance misuse interventions for vulnerable under 25s (PH4)

National Institute for Health and Clinical Excellence (2008) Stop  
smoking services (PH10)

National Institute for Health and Clinical Excellence (2009)  
Community engagement (PH9)

National Institute for Health and Clinical Excellence (2012) Health  
inequalities and population health: NICE local government briefing  
(LGB4)

National Institute for Health and Care Excellence (2013) Weight  
management: lifestyle services for overweight or obese children  
and young people (PH47)

National Institute for Health and Care Excellence (2014) Weight  
management: lifestyle services for overweight or obese adults  
(PH53)

National Institute for Health and Care Excellence (2014) Oral  
health: local authorities and partners (PH55)

National Institute for Health and Care Excellence (2015) Obesity  
prevention (CG43)

National Institute for Health and Care Excellence (2015) Excess  
winter deaths and illness and the health risks associated with cold  
homes (NG6)

National Institute for Health and Care Excellence (2015) Preventing  
excess weight gain (NG7)

National Institute for Health and Care Excellence (2016)  
Community engagement: improving health and wellbeing and  
reducing health inequalities (NG44)

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