



How to...

*develop quality housing and
health partnerships*



In partnership with



Foundations
THE NATIONAL BODY FOR
HOME IMPROVEMENT AGENCIES

Why are partnerships between housing and health important?

1 The UK has an increasingly ageing population, which includes more people living longer with disabilities or life limiting and chronic illnesses. Housing that is secure and accessible, set in pleasant and safe environments and well connected to facilities makes a significant contribution to helping people to live healthy and active lives, as independently as possible.

Housing and related support services provide valuable help to enable people to achieve independence at times of difficulty and can prevent difficulties becoming a crisis. These services have been demonstrated to provide effective solutions, not only for the individuals and households concerned, but also for wider public services, such as health and social care.

For many years the government has focused on providing opportunities for people to live independently and to exercise more control and choice over how they live and the services they receive. At the same time, there is also an increasing focus on the impacts of the ageing population, in terms of greater demand for social care and health services, and how this will be met. Housing and related support solutions are part of the answer, providing the opportunity for earlier intervention and prevention of increasing problems. [A national evaluation of Supporting People services](#) demonstrated that they create significant savings for other public services, with health as a particular beneficiary.

So across the health and housing sectors there is the same focus on delivering more for individuals whilst making public funding stretch further. The fact that this is happening in an environment of severe financial constraint could either make the sectors retreat into their silos, or it could drive innovation in how health and housing together deliver more personalised and cost effective services that give people the outcomes they want – greater health and the opportunity to live well and successfully.

Getting full value from health investment means professionals in hospitals, Primary Care Trusts (PCTs) and GP groups need to consider the housing environment in which people live, to make sure that it does not undo what they are trying to achieve. More can also be made of housing's role in the 're-ablement' agenda, to ensure that people do not return to hospital because their housing places them at risk of falls, or repeat episodes of ill health.

Why now?

Housing and related services have suffered from significant disinvestment at a local level as authorities face significant cuts to their settlement. These reductions are being accompanied by some social care providers having to raise the eligibility criteria for access to services in order to balance their books, excluding some vulnerable people with low level needs. This downward pressure on budgets will also increase in the health service as budgets are cut over the next three years.

The total impact is that access to services, that could prevent the need for acute care at high cost, is being made more difficult. The risk of greater numbers of vulnerable people being left without the valuable preventative and supportive services, which can help them to avoid crisis situations (and increased costs for health bodies in particular) means that effective partnerships between housing and health services are more important than ever.

How can partnerships be made?

Huge changes in the NHS are dominating the concerns of health professionals, making engagement very challenging. These are explored in more detail in CIH's publication, [Localism: delivering integration across housing health and care](#).

Where good working relationships currently exist between housing and PCTs, these are being disrupted by the changes within the NHS which will eventually lead to the replacement of PCTs with clinical commissioning groups. This is likely to occur at different rates across the country.

So what can housing professionals do to address this?

Know who is who in health

- Keep up to date with the changes that are happening in your local health landscape, including the members of the Health and Wellbeing Boards, the emerging clinical commissioning groups, local healthcare provider trusts and public health professionals
- Keep in touch with current contacts and make contact with potential new champions, including GPs and local patient groups
- Proactively invite health visitors, district nurses, GPs, social workers and other support and care agencies to be involved in your service planning, commissioning and delivery
- Consistently invite these people to attend events, comment on key policy and service areas and make use of your local facilities
- Get to know their priorities and targets.

Learning from others

Derbyshire PCT has a dedicated Health and Housing Strategy Manager, with the post holder coming from the housing field, to encourage greater understanding of housing amongst health workers and to broker relationships and services across the sectors. This post supports and builds on joint working by a group of housing leads in the district councils and public health professionals to demonstrate the value of housing and its contribution to peoples' health and wellbeing.

The group is proactive in aiming to increase awareness of housing interventions, and how to make the connections to housing, amongst the wider health profession including GPs. They produce a range of tools and initiatives to support this including a guide covering housing's contribution to:

- fuel poverty
- preventing accidents
- mobility and accessible housing.

The group are now looking to develop a framework to support and drive forward integrated working across health and housing in the county.

Learn the language

It may seem obvious but this is important to ensure that there is a clear understanding of what you all mean when you are in discussion. So beware of shared acronyms that mean different things. For example, HIAs - Home Improvement Agencies or Health Impact Assessments?

Look out for the use of the same language that has different nuances of meaning. For example, personalisation for health can mean choice of hospital for treatment, for care is likely to mean a direct payment and for housing can mean a number of ways in which outcomes are delivered for individuals depending on the nature of the service.

Help to develop local understanding

Housing providers' community networks and understanding of local issues can be a valuable additional source of information for Joint Strategic Needs Assessments (JSNAs). Likewise, housing professionals need to ensure that they engage with public health information specialists and others to enrich their assessments and understanding of local needs, to deliver better housing and related support services and to plan for future developments in both.

- in partnership with other local housing providers, agree the inclusion of comprehensive housing needs data in JSNAs
- know the timetable and mechanism for development of the JSNA
- proactively engage with the team responsible for its development
- monitor the impacts and outcomes from this, to inform future engagement.

Build an offer to meet health priorities and targets

Having learnt about the key targets and drivers for health, consider how your services might provide opportunities for early intervention or prevention of the need for later and more costly interventions. Look at how you can present the case, including the evidence of where this works, in health terms.

- **Consider one or two key areas where you can make an offer that will make a difference:** Be clear and focused on your offer and how it will help. For example, fuel poverty is a significant issue for health professionals, both public health in terms of prevention, and for GPs and health specialists dealing with issues like respiratory problems. Housing can contribute to solutions both in terms of improving housing conditions and by providing support, such as work to promote financial inclusion
- **Consider including a health and social care impact assessment:** This should be informed by your equality impact assessments, on all relevant strategy and service areas to highlight the housing contribution to achieving outcomes
- **Get contacts to visit your services:** Show them your housing schemes, talk about the services that can take place in communal areas, help them to understand your offer practically

- **Develop the evidence base:** Build locally on the national evidence that is provided. This includes contributions to JSNAs, but also evidence that can demonstrate benefits for providers of acute health services. For example how community facilities based in housing settings can provide outpatient support, mitigating the need for provision in hospital settings.

- **Pro-actively market your offer in the area:** It is then important to monitor responses and outcomes and use this to revise your approach.

Learning from others

Home Group were approached by **Public Health North East** to develop a 'roving aids' scheme for people who were terminally ill in Home Group's stock in the area. This has developed into the programme 'A Good Death' (a key agenda for Public Health North East) with the aim of facilitating whatever is necessary to help people remain at home:

- the pilot runs until June 2012 with public health funding
- interventions can be clearly linked to health but also more widely to what people want to achieve before they die – for example through the provision of laptops and skype to support contact with relatives.
- its aim is to improve both the statistics on people who are able to remain at home, and the individual's experience at end of life
- the provider has also developed a Home Achievement Programme of modules that help people to address key issues, such as making a will and putting their affairs in order.

Learning from others

Close working across health and social care in **Blackpool** was extended to incorporate housing as a result of evidence that the condition and nature of the housing stock, including numbers of larger, older houses converted into flats and Houses in Multiple Occupation, and the high proportion of older people in the local population, was having an impact on health.

The integration was developed through:

- regular meetings of CEOs of all statutory partners (local authority, PCT, police and others) at the strategic level
- regular shared training for frontline staff across all partners, focused around the issue of the environmental impacts on health. The training is delivered in-house by staff, encouraging a culture of open and shared knowledge and expertise across the sectors
- development of a shared referral process.

Following on from this, public health professionals have brokered the opportunity for the Home Improvement Agency (HIA) to trial a computer based system within a GP surgery. The system flags up housing related questions to be used when a patient presents with cold related illnesses, and provides a referral mechanism through to the HIA, where issues are identified.

Develop, deliver and monitor local protocols that meet local priorities

- Develop hospital discharge protocols with all the relevant hospitals and ensure that these are known and implemented with frontline staff
- Develop a common framework for the funding and delivery of aids and adaptations
- Agree a shared approach to adult and child safeguarding and work collaboratively to develop referral mechanisms, regular training and reporting outcomes
- Ensure delivery, training, monitoring and reporting at the front line on these, including shared training across housing and health.

Go beyond the boundaries

- **Consider how you can extend and embed a more supportive role across housing tenures:**

Going beyond the pure landlord role has always been part of social housing. However; it needs to extend beyond specialist and even general needs social housing provision to encompass support that will be required by people in new affordable tenures and owner occupation

- **Providing effective and accurate information and advice:** Including more people at different life stages will be an increasingly important service, as the housing, support and care landscapes becomes more complex to navigate. Work across local housing providers and with the local housing authority to develop these and include health and care – for example using the model and support of FirstStop

- **Continue to develop services that are person centred:** Housing organisations are often ahead of the game on this and can offer expertise to health on effective community networks and client based services.

Learning from others

Somer Community Housing Trust conducted a survey of its own tenants in sheltered and general needs to see what support services they might want in the future. The responses indicated that many wanted some support services now as well as in the future. This provided an evidence base which encouraged commissioners to undertake additional research, which supported the original findings, and Somer also conducted a small pilot offering services free of charge to explore how a wider service could be constructed.

The experience from the pilot put Somer in a strong position when the local authority sought to develop an Independent Living service, which Somer won. It offers a menu of services from which people can choose, including:

- an alarm service (the most popular element)
- befriending
- support to take part in social activities
- peer support for people accessing care/ support services for the first time
- falls assistance.

The service has proved successful with 25 of the original pilot group of 37 signing up even when the services incurred a charge. About 50% of subscribers are owner occupiers. The service runs with volunteers, who receive support and training, and which allows Somer to maximise the impact of the paid staff.



About Foundations

Foundations is commissioned by the Department for Communities & Local Government (DCLG) to provide national body services to Home Improvement Agencies (HIAs) in England. HIAs support older, disabled and vulnerable people to live independent lives in their own home.

Foundations works closely with government to set priorities according to prevailing policy direction. For example, by responding to strategies and positioning HIAs to help deliver them at a local level. Engagement with the health agenda is of growing importance for Foundations, and for housing in general. Indeed the links between housing condition, personal independence and their impacts on health and health budgets are increasingly being recognised by key opinion leaders in the field.

Foundations is currently positioning itself to offer solutions which will help contribute towards meeting the challenges health colleagues face. These include:

- the QIPP agenda – Affecting structural change in local healthcare provision to streamline provision
- chronic condition management – The effect of excess cold on chronic respiratory conditions
- fuel poverty – Ensuring the most vulnerable can afford to heat their homes
- hospital discharge – Facilitating rapid adaptations to the home
- engagement with Health & Wellbeing Boards to highlight housing/health links at a local level
- dementia – Assistive technology and low level interventions to maintain independence
- behavioural change – Using trusted networks to promote safe and healthy lifestyles
- mental Health – Safe home environments that promote mental wellbeing
- language – Working through the communication disconnects of housing, health & care

For further information on Foundations please visit www.foundations.uk.com/home

Learning from others

Project Duffy is a collaborative initiative between St Helens, Knowsley and Halton PCTs and St Helens Home Improvement Agency. The scheme will also service patients residing in Liverpool and St Helens, working across 3 local authorities. The PCT consortia approached the HIA to formally occupy a seat on their hospital discharge steering group. From this they were invited to lead on the project, which will provide intensive hospital discharge services using dedicated handyperson support.

The aspiration is that by the end of the 12 month pilot period, the scheme will have facilitated the complete removal of 60 non-elective beds. The consequences of which are three-fold:

- quicker patient discharge to a safe and warm home
- reduction in inappropriate occupancy of non-elective surgical beds
- greater access and throughput of non-elective surgical cases.

This partnership is significant in the development of integrated services linking housing, health and care as it is one of the first examples of a HIA being used as a tool to effect structural change within the confines of a hospital trust/secondary care. The objective of closing a ward clearly illustrates the direct cost savings that handyperson interventions can bring.

Funding for the initiative is relatively modest, with the only additional manpower resources being 2 full time equivalent (FTE) handypersons and 1 FTE Occupational Therapists for the period of the 12 month pilot.

One significant aspect of the initiative is that the Occupational Therapist used will be a housing-based OT (from the council) – operating in a non-clinical model. This OT will then reside within the clinical OT resource as part of the hospital trust's discharge scheme, and is responsible for directing the operational process and co-ordinating HIA response.

Useful resources and information

CIH practice hub – a free service for people working in the housing, health and care sectors. It includes links to the latest news, help and support from CIH and other organisations.

www.practicehub.cih.co.uk

CIH practice online – an in-depth tool covering all areas of housing strategy and management, and supported housing.

www.cih.org/PracticeOnline

CIH publications and free papers.

www.cih.org/booksandbriefings

Cap Gemini: Research into the financial benefits of the Supporting People programme (2009)

www.communities.gov.uk/documents/housing/pdf/1274439

Foundations

www.foundations.uk.com/home

NHC toolkit, health and housing

<http://www.northern-consortium.org.uk/Page/QualityOfLife/Afootinthedoorpublication.aspx>

Contact

CIH provides a wide range of services available to members, non-members, organisations, the housing sector and other sectors involved in the creation of communities. Our products and services include:

- Training
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