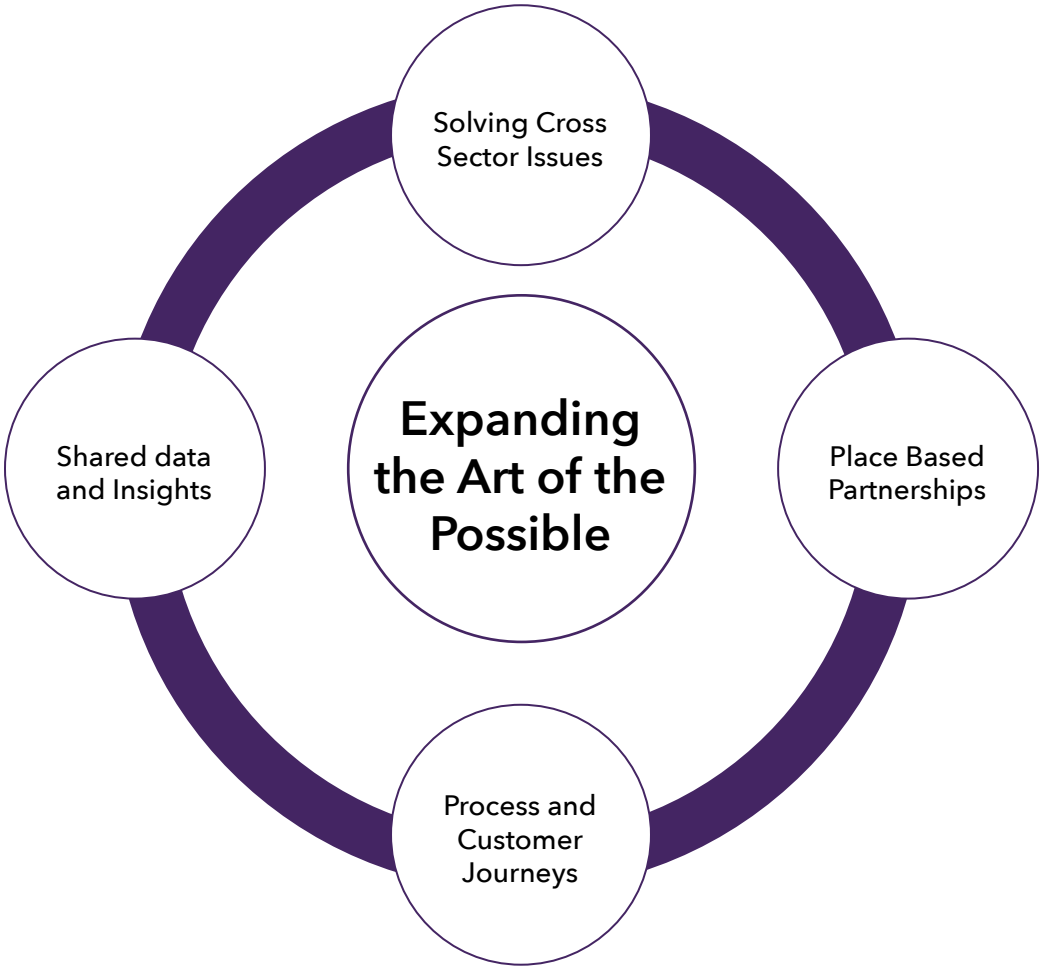
Expanding the art of the possible: the role for health, care and housing partnerships in the developing local framework

Welcome to the second paper tracking the development of successful health, housing, and care partnerships from the Chartered Institute of Housing (CIH) and Grand Union Housing Group.

This edition builds on the first paper, Sharing the art of the possible: developing health and housing partnerships, expanding the discussion and lessons. Both papers explore how housing, health and care partnerships are tackling barriers to develop and expand services that provide positive impacts for individuals and local communities. Whilst creating positive change, the partnerships also help to achieve key targets and ambitions for the partners involved.

Here we capture the discussion of a second roundtable held in October 2022, with housing, public health, and care leaders, looking at how to sustain and grow the scope of the partnerships, and how these will fit within a wider local and subregional framework with the establishment of Integrated Care Boards (ICBs) and Partnerships (ICPs). These statutory bodies have a remit to drive greater integration and joint working between health structures and local authorities to tackle health inequalities, improve population health, support people with long term conditions, and help people live well into older age, including those with multiple health conditions.

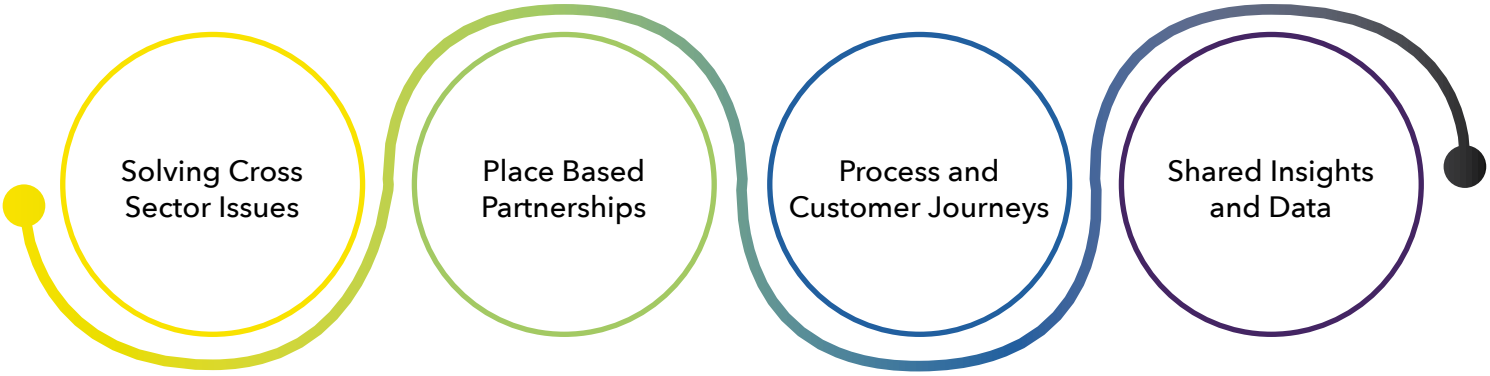
Discussions also explored the opportunities arising from the drive to integrate housing with social care and health strategies, identifying and including opportunities for more tailored housing options for older and disabled people - a central plank of the government's vision for social care reform (People at the heart of care).



The discussions centred around the key questions:

- What factors help to make partnerships work well, and how can we ensure these partnerships and services become sustainable?
- What are the best levels at which these partnerships should operate?
- How do we connect partners into ICPs and ensure integration between hyperlocal, local and larger (ICB) geographies?
- What gaps in support exist and what tools are still needed to drive forward real integration that involves and benefits local people?
- How should these be developed and by whom (where do the sectors look for support)?

Through the discussions four broad themes or success factors were identified:



The Public Health / Social Housing Pilot has shown that by removing traditional barriers cross sector issues can be solved and more effective delivery achieved

Placed based partnership approaches enable more direct engagement and could have positive implications for future funding

Embedding Public Health interventions into housing processes and customer journeys will be critical to driving whole systems change and sustainability

Building and sharing common data sets, insights and analytics will help direct resources and drive value. It will enable work to be scaled up and replicated

What makes the partnerships work?

Solving cross sector issues - Finding a translator

Giving time and resources to understand the priorities of each partner, and how they articulate these, is essential for success. Many of the partnerships represented benefitted from having direct access to experts in the partners' language and priorities. They also began with contacts with those professionals and bodies that had similar objectives (wellbeing of people and places) and customers (tenants, clients and populations) so that the process of learning a shared language was less of a stretch.

The role of public health as that translator and mediator in these partnerships indicates these might be valuable allies for housing associations looking to link with health and to expand the support they can provide to tenants (given the focus of both on people and places, and the historical origins of social housing stemming from public health concerns). From this fundamental relationship, opportunities to broaden the partnership to include acute health services in future are likely to be easier, with public health brokering and mediating the relationships. For example:

- Bedford, Central Bedfordshire, and Milton Keynes shared public health service employed a housing professional to broker conversations and identify where there were shared places, customers and issues that could be tackled together. This led to the original schemes being developed – such as Bilberry Road in Sharing the art of the possible. The demonstrable success for all partners involved has encouraged two housing organisations to provide joint funding for three years for a small team of three people sited within public health, focused on the built environment and social housing.
- A housing professional has been employed as head of housing and health partnerships sitting in Herefordshire and Worcestershire health and care NHS trust. This is a two year post funded by the local authority and health. The housing partners have invested funding into research of the outcomes from the partnership approaches.
- Gloucester's partnership has a strong lead from a housing chief executive with previous health experience and a health lead who understood the value and impact of housing, a useful combination in a two-tier locality, requiring additional connections with districts as well as the county authority. The disabled facilities grant (DFG) system was one of the early areas of shared concern that brought together housing, social care (county) and district authorities to build partnership working.
- Within Central Bedfordshire, initial cross sector working had begun prior to this, with social care and housing brought together under a unitary authority, and an early priority around providing more housing and care options for older people; this provided an early example of the greater outcomes that joined up service development could bring.

Sustaining partnerships

Placed based approaches - Quick wins and strategic development

With inflationary pressures impacting the finances of housing organisations and public services, there is a challenge to achieve early successes that demonstrate the value of the partnership approach both in outcomes for tenants/customers, and for the partner organisations. The early schemes provide a 'proof of concept' and in Bedfordshire and Milton Keynes they are providing a blueprint for other schemes with new partners. The development of new schemes continues, whilst the partners are now starting to explore developing a shared local strategy, shared key performance indicators, and work to embed the partnership working into the normal operations of both housing and public health. For example:

- Grand Union Housing Group have undertaken psychographic segmentation research to understand their residents better and to provide more tailored support. The survey included key health questions from public health partners which provided additional valuable insight for both landlord and public health, to shape services. For example, Grand Union has identified a significant minority of residents (seven per cent) who are reluctant to seek any help and support, whether for health needs or tenancy issues. The partners together can look at how they develop strategies to reach this cohort, where normal mechanisms of communication are unlikely to work and may cause additional stress.
- Catalyst and public health have begun their working partnership looking at key shared themes, starting with smoking cessation. They have worked together to train and educate housing officers and staff working in financial inclusion to support tenants wanting help to stop smoking. A lot of work was done initially to help housing staff to understand the benefits for the residents (health, increasing income) and the organisations (reduced arrears, reduced void work, meeting a key public health target), and to give them confidence to raise a potentially sensitive subject in a positive and supportive way.

- Grand Union and Catalyst have invested funds into the public health housing team on the back of the success to date on shared approaches to help residents. In addition to the benefits directly achieved through the schemes detailed above, they have also received local grants accessed through public health to start and extend other services, such as physical activity groups within retirement housing schemes. ('We have already received back more than the funds we have invested and expect that we will continue the partnership beyond the three years of the initial investment' - Aileen Evans, CEO Grand Union Housing Group.)
- There is now the opportunity for Grand Union, Catalyst, and the other housing partners to share the learning from their different health and wellbeing schemes, to enable the lessons and adoption of different ways of working to spread quickly amongst housing partners. Embedding some of the public health interventions more systematically into housing processes and customer journeys will be critical to sustaining the model and driving forward whole systems change.
- Public health partners can demonstrate the additional impact of key messages and support extended through 100 frontline staff trained in smoking cessation support; over 400 residents have been engaged through community hub events; 200 health-related messages and campaigns featured in community newsletters and communications from landlords.
- Worcestershire's partners began by mapping out who was doing what (both statutory duties and other initiatives) and identifying gaps and areas of shared concern. They have agreed to work together pooling DFGs and improving the system to get timely adaptations to residents. They are also working on joint events, and within communities to support mental wellbeing. The research funded by the housing organisations will provide evidence of the impacts for residents and for partners in terms of savings, reduced arrears etc.
- In Gloucester, an early scheme looked at additional support for several homeless people who were regular attendees at the local accident and emergency department. The employment of a specialist nurse with expertise in homelessness provided tailored support, including longer initial stays in hospital whilst housing and other support was organised. It has led to a significant reduction in repeat visits to A&E, and fewer days in hospital overall, and recently won a Health Service journal award.
- Developing a shared strategy, looking at shared KPIs to measure performance and direct resources, finding a new way of working together as part of the normal operations, can all be done alongside the work on the ground and be shaped by the lessons learnt in practice. ('We need doers, on the ground in a place – neighbourhood' Boris Worrall, CEO Rooftop housing group.)

Do structures matter and if so, which?

The Public Health and Social Housing pilot partnership has shown that by removing some of the traditional barriers we can start to solve cross sector issues (which is fundamental to more effective cross sector delivery)

The work on the ground in local neighbourhoods has revealed both barriers in the system, but also the resources that are available across partners that were previously unknown and under-utilised. Opening these resources to a wider professional network (such as public health training for housing staff and agreed referral routes into health services) has enabled more support to be effectively targeted at those residents and communities who need it.

The aim of the partnership working in Bedfordshire and Milton Keynes is to provide a template for how partners can work, with principles applied to different communities and their priorities, informed by shared data and evidence. The assessment of needs currently is driven by landlord and public health objectives and identification of issues in local places. However, in the long term this will be part of the local health needs assessments that can inform local investment decisions of all partners involved, sitting under the framework of the Health and Wellbeing boards, and the local health and wellbeing strategy. It was recognised that the drivers and levers to develop services and housing schemes lay at the local level.

Integrated Care Partnerships are intended to support these existing partnerships and schemes occurring at the local, place-based level. ICPs will look to complement and work with these through its wider spatial reach and system leadership. This could include establishing overarching principles for cross sector working, that help to address barriers. The work of Dr Claire Fuller for NHS England/ NHS Improvement, exploring the role for primary care and within the Integrated Care Boards was referenced as providing useful ideas around how to operate across 'teams of teams' to support people with intersecting needs (Next steps for integrating primary care: Fuller stocktake report, May 2022)

Putting residents at the heart

The partnerships to date have worked around issues for people living in neighbourhoods. In addressing these, priorities are often set with the involvement of residents. However, a gap remains on how best to involve residents/ customers/ patients, more widely in setting the wider strategic plans of partnerships as these develop.

Identifying the how and when of involvement, co-designing services, and sharing power (around investment and decision-making processes) is still something that all around the table recognised as a big gap. Work is beginning to map customer journeys and contact with housing and health partners to understand how the 'touch points' might also enable partners to identify the appropriate times and ways to involve customers in the development and design of services that would best meet their own aims and needs. The example of a recent publication by social care on co-production on new housing was recommended as a valuable tool from which to begin considering best ways to co-design and produce services with customers more broadly. (ADASS East, Putting people at the heart of new development: co-producing the place we call home, 2022.)

There are further challenges also for local authority partners in how to replicate some of the valuable services for local residents in the private rented and home ownership sector.

Data

Building and sharing common data sets, insights and analytics will help us learn and scales up the model for the future.

'What do we collect, what do we use it for, and how can we use it better' Kirsty Pepper managing director (North Counties – Operations),, Catalyst.

The partnerships are at the early stages of plotting out what each knows about the places and people with whom they work, and how that might be used effectively to shape shared services, as well as the bigger question of needs assessments and strategy development. There is scope to develop a broad protocol on information sharing - a role potentially for CIH to support the partners so that this might be utilised in other areas, alongside potential performance indicators and evidence of the social value of investment to encourage the expansion of this approach into other areas.

What next:

The group identified several areas for wider work to support the existing partnerships, that would be of value to others developing across the country:

- Customer journey mapping and identification of touch points for joint work and effective interventions
- A toolkit to support resident involvement and co-production of services
- A protocol to support data and information sharing

It will be looking to develop these with the support of CIH in the year ahead.

Annex: Roundtable participants:

Aileen Evans, CEO, Grand Union Housing Group

Rachael Williamson, head of policy and external affairs, CIH

Cllr Tracey Stock, chair of Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Julie Ogley, director of social care, health and housing, Central Bedfordshire Council

Vicky Head, director of public health, Bedford, Central Bedfordshire and Milton Keynes

Celia Shohet, assistant director of public health, Central Bedfordshire Council

Liz Parsons, head of public health for built environment and social housing, Bedford, Central Bedfordshire and Milton Keynes

Boris Worrall, CEO Rooftop Housing Group

Kirsty Pepper, managing director (North Counties – Operations), Catalyst Housing Group

Joe Armer, department of health and social care

Mark Browne, department of health and social care

Rachael Byrne, executive director, New models of care, Home Group

Mary Morgan, senior commissioning manager, NHS Gloucestershire

Mark Fowler, corporate director, population wellbeing, Luton Council

Ruth Jennings, executive director – care, emh group

Lisabel Miles, policy and research manager, Age UK

Sarah Davis, senior policy and practice officer, CIH

Niki Walton, senior knowledge management and research coordinator, CIH

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Feb 2023 0239