

**HEALTH AND WELL- BEING BOARD  
27 FEBRUARY 2018****HOUSING MOU TASK AND FINISH GROUP PROGRESS  
REPORT**

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**Board Sponsor**

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**Priorities**

Older people & long term conditions	Yes
Mental health & well-being	Yes
Being Active	No
Alcohol	No
Other (specify below)	

**Groups of particular interest**

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

**Safeguarding**

Impact on Safeguarding Children	Yes
Impact upon some children in terms of meeting their physical disability	

Impact on Safeguarding Adults	Yes
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Impact upon some vulnerable adults in terms of their physical disabilities and wellbeing.

**Item for Decision, Consideration or Information**

Consideration

**Recommendation**

1. The Health and Well-being Board is asked to:
  - a) Note the contents of the report and the progress made to date on joint agency work on the housing and health Memorandum of Understanding (MoU)
  - b) Review current and future commissioning arrangements and opportunities to support the ambition of the MoU.
  - c) Formally incorporate Local Housing Authorities into relevant BCF planning.

- d) Ensure that housing is embedded to the development work relating to the new CCG Neighbourhood teams and the Adult Social Care Three Conversation model.
- e) To hold a Board development session on housing and embedding the MoU principles and practise, specifically relating to 3-5 above, following which the Board agrees the next steps for the MoU Task and Finish group and/or project managed groups to progress this work.

## Background

2. Further to the report to the Health and Wellbeing Board on 10/10/17, this report summarises progress across the partnership in embedding the principles of the MoU and proposes recommendations for the Board to consider and action as necessary.

3. The Board is reminded of the key objectives of the MoU, namely **"to enable improved collaboration and integration of healthcare and housing in planning, commissioning and delivery of homes and services"** and **"developing the workforce across sectors so that they are confident and skilled in understanding the relationships between where people live and their health and well-being and are able to identify suitable outcomes to improve outcomes"**. The Government wishes to see enhanced co-operation with housing and is refreshing and relaunching the MoU nationally in 2018.

4. There have been three half day workshops in June and October 2017 with the most recent workshop in January 2018, which included a contribution from the national strategic lead for Foundations, a Government sponsored organisation that supports Care and Repair agencies. There has been attendance at these workshops by the key statutory agencies. Much of the focus has been on setting out and understanding the roles and responsibilities of housing and other agencies and how in the interim, practical progress on joint working can be made.

5. What is apparent from the cross agency discussions on the MoU principles is that the system is more complex than had been anticipated, with variable understanding of the current systems and in particular the roles and responsibilities of District Local Housing Authorities (LHA's) and opportunities that closer co-operation would bring, particularly in supporting people's independence at home. It is clear that strategic planning and commissioning is historically fragmented and although there is some effective co-operation between agencies, this is not consistent and led strategically from the MoU perspective.

6. There are some specific developments taking place as a result of the work by the MoU T&F group. A short review has been started by Public Health to explore the whole system to better understand challenges and inefficiencies relating to adaptations and repairs to people's own homes. This has already begun to identify some key reoccurring themes which, if addressed could improve the cost effectiveness and quality of services in place to help keep people independent at home. Aligned to this work is the current review of community Occupational Therapy (OT) by the Health and Care Trust in conjunction with partners, including LHA's. This should ensure a more collaborative approach to improvement and innovation and assist the OT service, which has been struggling with capacity and resulting in delays to parts of the housing system, notably around DFG's. A response to these problems has been for the employment of additional OT capacity

by the LHA's, which while resolving the immediate problem of delays, further fragments an already complex system.

7. A further example of progress is the CCG's looking at how they can integrate the work of the LHA's into the wider operational pathways of the new Neighbourhood Teams and formalising into the clinical co-ordination hubs (known as Single Points of Access). This would enable a GP, where they identify a patient with housing need or housing issues, to direct that person via the clinical team, who would then liaise with the housing teams to help resolve their particular issue. This would be significant progress and exactly what the MoU is aiming to achieve.

8. To illustrate this, Worcester City Council housing team is working closely with the St John's Neighbourhood team and formalising the housing input as part of the single point of access for information, advice and support. It is clear that both health and housing have been supporting the same residents for different purposes and closer co-operation will support more targeted support going forward. From a strategic planning perspective, housing is able to provide data on housing conditions, homelessness and affordable warmth, to enhance data that has been mapped in Neighbourhood Team areas.

9. The CCG's will be working with the other LHA's through the Worcestershire Strategic Housing Officers Group, to consider how this approach can be developed across the other Neighbourhood Team areas in the County.

10. The CCG's are keen to ensure that the learning from the MoU T&F Group is disseminated through the Alliance Boards and there have now been presentations from DC LHAs in South Worcestershire and Wyre Forest.

11. . There is also scope to improve cross professional understanding, provide joint targeted briefings and training in multi-disciplinary teams.

12. Improved strategic governance is required to ensure the MoU principles are embedded and close co-operation with the Worcestershire Strategic Housing Partnership will be required. Positive developments have recently included the chair of the Strategic Housing Partnership joining the Board as the representative of the LHA's and a senior CCG representative now attending the Strategic Housing Partnership. A key priority for the Worcestershire Housing Partnership Plan is to "create a partnership approach to enable people to live as independently as possible (prevention/early intervention)". The MoU is a bridge to meeting that ambition and offers an opportunity to enhance the system to support Worcestershire residents live more independent and healthy lives. This improvement to governance is essential to cement strategic co-operation on housing matters.

13. The Better Care Fund guidance requires co-operation with the LHA's in the planning of the use of DFG's and the Government is requiring innovation and co-operation to support and relieve the pressures on health and social care. The statutory DFG programme significantly contributes to prevention of those pressures and keeping people independent and this is recognised by Government with significant increases in DFG budgets. The scope and impact of the DFG funding is highlighted in the BCF evaluation returns to the Board for 2016/17, with over 6,100 people estimated to have been supported to remain in their own homes. But there

are, by agreement with LHA's, opportunities to be more flexible in the use of grants and join up systems and other services more effectively.

14. The LHA's are already innovating, with the use of DFG funding for dementia dwelling grants (the first such approach nationally and being evaluated by Worcester University), fast track hospital discharge grant funding and direct funding of additional Occupational Therapists for housing grant work to reduce delays in the system. But there is more potential to co-operate and jointly plan through the BCF.

15. The MoU T&F Group are also clear that there are opportunities to better join up commissioned services to further improve health and social care outcomes. It is suggested that the Board and its constituent members will need to consider a more formal approach to strategic commissioning opportunities and to including the LHA's if the ambition of the MoU is to be met.

16. In scope for instance would be the recommissioning the Care and Repair agency which is about to commence. This is currently commissioned by the DC's and WCC and has a significant impact upon the prevention of hospital admissions and maintaining people in their own homes, through delivery of the DFG and minor works programmes and the provision of a range of advice and information. There is an opportunity to consider how this could be scoped in line with other commissioned services whose outcomes are related to preventing hospital admissions, effective hospital discharge and securing independent living. It is also an opportunity to review the current systems in light of the new Neighbourhood Teams and Three Conversation model.

17. Housing and its prevention focus will also be a major consideration for the STP and moving to the Accountable Care system will require Worcestershire to be effective in its systems understanding and co-operation, as required by the MoU. Unlike Herefordshire there are six LHA's which inevitably adds to the complexity and makes it all the more important for strong and clear strategic leadership to provide a clear direction of travel.

18. There are excellent strategic and operational working arrangements with housing organisations and voluntary sector organisations across Worcestershire, who provide a wide range of housing options, support and advice to enable people to remain independently at home. They have a very significant impact upon improving the health and wellbeing of local residents and they are key partners in ensuring that the approaches required by the MoU and STP are fully realised.

## **Conclusion**

19. The T&F group has focused upon the contribution that housing has made, and can increasingly make, to improving health and social care outcomes. Some practical developments are taking place as a result and should enhance cross agency co-operation, thus demonstrating progress against the MoU objectives (see 8 above). But there is a need to embed a stronger strategic governance and commissioning approach to make full use of resources and assets that are available across the Worcestershire system. There is a strong commitment by agencies to build on the good partnership relationships and a history of collaboration across the County. With a commitment to incorporate housing in the STP, it would be timely for the Board members to consider how to embed MoU approaches at a senior

leadership level. It is proposed that a Board development session on housing is held, to include a joint agency briefing and consideration of future working options, including what opportunities there are for closer commissioning arrangements, in particular with the LHA's.

### **Legal, Financial and HR Implications**

20. N/A

### **Privacy Impact Assessment**

21. N/A

### **Equality and Diversity Implications**

N/A at present.

### **Contact Points**

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