

HEALTH AND WELL-BEING BOARD
13 NOVEMBER 2018**HOUSING AND HEALTH MEMORANDUM OF
UNDERSTANDING (MoU) PROGRESS REPORT**

Board Sponsor

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Author

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Priorities(Please click below
then on down arrow)

Older people & long term conditions

Yes

Mental health & well-being

Yes

Being Active

Yes

Alcohol

Yes

Other:

Housing health and social care

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

Meeting the needs of some children with physical disabilities

Impact on Safeguarding Adults

Yes

Meeting the needs of some vulnerable adults in terms of their physical disabilities and health and wellbeing

Item for Decision, Consideration or Information

Information and assurance

Recommendation**The Health and Well-being Board is asked to:**

- a) **Note the progress across the system on embedding the principles of the MoU in Worcestershire and to practically support and co-ordinate as required;**
- b) **Agree that a system review meeting is jointly convened with senior officers in the NHS, WCC and housing agencies to demonstrate best practise options and system change opportunities.**

Background

1. Further to the report to the Board on 22 May 2018, at which the Board confirmed its commitment to the Memorandum of Understanding - "Improving health through the home" (MoU), this is the first update on progress against the MoU objectives within the Worcestershire system.
2. Embedding the MoU approach across the county is a longer term objective, but there are some initial actions and specific workstreams where progress can and is being made. Two of the main areas of focus are for the Director of Public Health (DPH) to scope Joint Strategic Needs Assessment (JSNA) and other housing and related needs assessments, to better understand future service demand and for the Director of Adult Services (DAS) to review commissioned and other services that relate to the MoU. Other examples demonstrating progress are also set out below.

Housing and related needs assessments

3. An initial meeting in June, chaired by a Public Health consultant, brought together officers from WCC Public Health (PH), WCC Research and Intelligence, the Adult Services commissioning manager, the CCG research manager and District Council strategic housing managers, to consider what housing needs assessments, data and analysis are currently available across Worcestershire. An initial review has highlighted some statutory housing assessments that are carried out by partner organisations and other strategic documents, including housing research into the housing needs of older people in 2009 and a subsequent extra care housing strategy 2012-2026. It is clear that there are a range of sources of information and data collected in health and social care, DC's, in commissioned services and by other non-statutory agencies such as Housing Associations. Understanding what is collected and how this could be best utilised to assist planning services is a core objective of the MoU. Further mapping and understanding what data is available will assist in deciding how to best collate that information to understand trends and needs and to develop policy and services going forward. This work will be managed through the usual JSNA process. A further meeting will have taken place prior to this Board meeting, at which the detailed scope and contents of a JSNA report will be considered.

Resources and Commissioning

4. The DAS held an initial meeting of WCC commissioners, DC officers (including the CEO of Redditch and Bromsgrove Councils) and the CCG, in August, focusing on understanding what services and functions help to keep people living healthily and independently at home and reduce pressures on health and social care. It was recognised that there is an ideal opportunity to co-produce approaches and services, with a focus on prevention and supporting self-help in the community. Further partner meetings are planned to maintain co-ordination and oversight of this workstream. Specifically, the DAS is leading on a review on demand management of re-ablement services, including a focus on the various access points into the system, improving the customer pathway, a stronger focus on prevention and self-help and better use of new technology. Key stakeholders, including housing agencies, will be involved in contributing to solutions to improve the efficiency and effectiveness of services in Worcestershire and the customer experience.

5. A review and subsequent recommissioning of the Home Improvement Agency (HIA) service is underway and this is central to the countywide approach to supporting people remaining independent at home. The HIA also delivers the Disabled Facilities Grant programme on behalf of the District Councils. The Worcester City Dementia Grant scheme, operated by the HIA, has recently received a national innovation award and is an excellent example of a flexible use of DFG resources to facilitate people being able to live more independently at home.

6. A wider policy objective is to ensure that there is a good quality housing stock locally which meets future needs and will have a positive impact upon people's health and wellbeing. Much of the work to achieve this is carried out at district level through housing services and planning policy and as part of the work to secure an effective housing market, the County "One Public Estate" Partnership, is focusing on the objective of a "homes for life" approach, to make houses accessible and easily adaptable to meet peoples changing life course needs.

7. Many services already contribute directly to assisting independent living and improving people's health and wellbeing. Approaches such as Making Every Contact Count (MECC), preventing social isolation and loneliness, social prescribing, falls prevention work and warmer homes activities, all contribute to achieving those objectives.

8. There are a number of system changes taking place locally that all have the opportunity to support the MoU ambition and include the STP, the development of Neighbourhood Teams, the 3 conversation model and a review of the community Occupational Therapy (OT) service. A number of Government plans which are awaited, including the forthcoming Social Care green paper, a review of Disabled Facilities Grants, a national review of OT services and the older persons housing plan, should all present opportunities to develop a more joined up systems approach.

9. Housing colleagues are supporting a number of Neighbourhood Team Multi-Disciplinary Team (MDT) meetings across the county. This has this been successful in terms of shared learning, support for specific cases, raising the profile of housing as a partner in the Neighbourhood Teams and given the MDT's a greater awareness of services available for service users within the housing sector. This is an excellent example of how effective collaboration is taking place.

10. Following a report and discussion at the September STP Prevention Board about the current lack of focus on housing and the MoU in the STP plans, it was agreed that a further report is taken to the main STP Board to recommend a stronger embedding of the role of housing in meeting its prevention ambitions going forward.

11. Other key groups are contributing to supporting the MoU and in particular the Strategic Housing Partnership has comprehensive countywide plans and is working to create the right partnership environment to deliver effective joint working. Local Housing Association and DC Chief Executives, have sponsored a review by the national Housing Association Charitable Trust, to develop an understanding of how they can support the NHS better deliver some its key pathways and flows, by focusing on the critical points where housing can help patients live more independently, prevent hospital admissions and avoid readmissions.

12. The main challenges are to ensure that the various local reviews as outlined are co-ordinated, that new national legislation and guidance is effectively embedded and that the opportunity to join up across the system isn't missed. This requires a clear understanding of the problems and issues faced across Worcestershire in all sectors and the leadership to take decisions beyond normal boundaries and system cultures. Whether it is winter hospital pressures or "stranded patients" in the NHS, growing demand on adult services and some children's services, or inadequate and insufficient suitable housing to enable independence at home, it is the often same local people that can be "handed off" between health, social care and housing systems in an unplanned and uncoordinated way. There is now the opportunity to develop a stronger and more effective approaches, building on what currently exists and learning from successful schemes elsewhere.

13. While good progress is being made, it would be timely to consider holding a focused meeting for senior systems leaders in the NHS and Worcestershire Local Authorities/housing providers to demonstrate the practical ways and examples of how housing can make a significant difference across the health and social care system and to embed the MoU principles. The intention would be for this to encourage co-production of services particularly at present, when reviews and recommissioning are being undertaken.

14. The MoU now includes a focus on homelessness and this work is reported to the Health Improvement Group (HIG), with the bi-annual HIG report being available as part of the Board's current agenda, noting this work.

Conclusion

15. The MoU recognises that the indicators of success will be achieved over a number of years through securing positive momentum at national policy level and locally. There is no single initiative that can achieve these outcomes, but Worcestershire is taking a positive approach and is cited in the national MoU as an area that is progressing collaborative work. As set out above, new working arrangements and service redesign are constantly taking place within the system and this requires them to be managed in an agreed and co-ordinated manner.

Legal, Financial and HR Implications

16. N/A

Privacy Impact Assessment

17. N/A

Equality and Diversity Implications

An EIA is not applicable.

Contact Points

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Supporting Information

N/A

Background Papers

N/A