Health (Housing) and Wellbeing – what are the opportunities?

ConsultCIH Roundtable Discussion 13th July 2011

Introduction

CIH/ ConsultCIH hosted a roundtable discussion with national leads on housing and health, health professionals, together with housing professionals who are leading work towards integrated services across housing and health. The objective was to consider the critical issues shaping opportunities for effective working across housing and health, to deliver better outcomes for individuals and communities, at a time when both sectors are facing huge challenges.

Summary

Domini Gunn, Director of Public Health and Vulnerable Communities (CIH/ConsultCIH) facilitated the discussion, and set out the critical challenges in terms of the needs of an ageing society, increased demand for low level support and preventative services at a time of huge restrictions in public funding, and in the light of years trying to work in a more integrated fashion that has still produced only pockets of successful practice.

Domini was followed by presentations from the national perspective. Lorraine Regan reinforced the message of localism that is central for DCLG – devolution of real power and choice to the lowest possible level – local authorities, communities and individuals. Lorraine’s presentation established the future direction of travel from Government, which hinges on three key elements – driving forward improvements through personalisation, exploring payment by results to improve services and create efficiencies, and bringing together a package of measures that will support older people to live well and safely at home.

Andrew van Doorn of hact, formerly seconded to DH (National Mental Health Development Unit) issued a challenge to the housing sector to improve its understanding of health. Currently, he argued, housing is failing to take the right messages to the right people at the right time, and warned that the next 2-3 years offer a window of opportunity that rarely happens with health. Housing needs to position itself properly before the health agenda moves on and the opportunities are lost.

The national leads were followed by locally based examples of work that was taking place to integrate housing with health:

Mick Sanders presented on the new locality based commissioning structures that are in place in Norfolk, combining the expertise of the former Supporting People
team, social care and out of hospital services commissioners. This is in the early stages but hopes to be well positioned to offer commissioning expertise to the emerging clinical commissioning groups.

Jane Horton from Derbyshire PCT spoke about her experience as a housing professional working within a PCT, and the work locally developing a housing and health forum and improving understanding across the organisations to support joint work (access the publication from Derbyshire Housing and Health Group here).

Judith Jones of St Leger Homes, Doncaster spoke about the work of her organisation to build relationships and make an attractive offer to health in her locality, particularly building on the work on safeguarding vulnerable adults and children, which emerged both as a key concern and an area for housing to support health in the discussion that followed.

Roy McNally of Foundations brought a different approach to the day’s agenda, by talking about work they had done on developing insight into the typologies of GPs (building on some of the research of the pharmaceutical industry) in order to communicate and target their messages more effectively, reflecting the challenge earlier posed by Andrew.

The key elements of the debates which followed the presentations are below

**The issues**

**Change**

Huge changes are happening in health and housing driven by the Government’s new policy framework and proposed legislation (Health and Social Care Bill, Localism Bill, both currently going through Parliament).

For the NHS the changes are profound and will lead to new structural arrangements as well as different ways of working. New national structures will be mirrored by changes locally in the Health and Wellbeing Boards, in the clinical commissioning consortia, in the local Healthwatch. But there will also be some consistent big players to engage, such as the NHS provider trusts.

The placing of public health into local (upper tier and unitary) authorities will provide new opportunities to embed social determinants of health, including housing conditions, neighbourhoods and the wider environment, firmly into the preventative agenda for public health.

All of these changes involve major upheaval for the professionals involved, and there are difficulties in maintaining internal health links and conversations let alone with external stakeholders like housing. There needs to be a clear benefit for them to engage at this time.

**Implications for housing,**

- Think about the offer that you can make to health and care partners – in view of the significant changes for the sector such as social housing reform, the affordable homes development programme and wider welfare reform. Housing professionals need to have a robust understanding of the implications of these for the way they work and impacts on partnerships.

- Consider how housing organisations can extend and embed a more supportive role across housing tenures. Going beyond the pure landlord role
has always been part of social housing in particular, 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.

- Providing effective and accurate information and advice to more people at different life stages will be an increasingly important service – as the housing, support and care landscapes become more complex to navigate. How can these services be built up in partnership?

**Understanding health – structures and language**

Although there are examples of practice where housing and health are managing to develop more integrated services (see for example CIH’s recent report: [Localism: Delivering integration across housing health and care](#)) the difficulty has always been how to make these examples more widespread and replicated in other areas. There has been a tendency over the last two decades to concentrate resources into pilot, time and funding limited projects that, regardless of their success fail to be adopted as part of mainstream service delivery. This has resulted in some very good integrated health, housing and social care services that have been allowed to wither on the vine due to the partner organisations inability to commit to sustained investment.

Andrew van Doorn challenged housing about its understanding of health. Significantly housing has an expectation that, in commissioning services, health will behave in the same way as local authorities have in commissioning care and housing related support. Although the changing structures may deliver more similarities in commissioning practices in the future, the housing sector should also look to developing partnerships with the NHS provider trusts, who manage huge contracts for health commissioners and who have far greater discretion in how those funds are used. These are potentially also the places where innovation and creativity will lie in how health services develop, in particular with the drive to deliver savings on a scale unknown before in health (£20bn by 2014/15) under the [QIPP](#) programme – Quality, Innovation, Productivity and Prevention). Crucially these are elements where housing can position some of its services and offers to health, providing it can offer savings on a significant scale.

But the requirement for health to make those savings by 2014-15 underlines the critical element of timing – timing is a critical factor.

The timing is now crucial for housing too – reductions in the funding received for housing related support have been significant, in spite of the level of protection it received nationally. Local authorities are tasked with finding reductions in budgets of 26% over four years, and housing related support has to make its case alongside universal services such as road maintenance and refuse collection. Where supported accommodation services are being reviewed, and alternative mechanisms of delivery being sought, the risk is that valuable schemes will be reconfigured, usage changed to more general needs, or assets sold to provide funding for alternative provision or to make up the shortfall in development funding.

Arguably this move to support provided in the wider housing stock fits with the drive for increased personalisation. But where assets are lost it will be increasingly difficult, in the constrained financial climate going forward, to replace them and to have those communal assets to offer health partners.

**The opportunities**
Both housing and health agendas are large and wide ranging. The housing sector needs to consider carefully what offers it can make to housing and to evidence the benefits clearly, in terms that health partners will understand and readily identify as of value.

Some examples from the discussions:

- **Joint strategic needs assessments** – housing’s community networks and understanding of local issues can be a valuable additional source of information for JSNAs. Likewise, housing needs to ensure that it engages 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.

- **Housing’s contribution to affordable warmth.** Fuel poverty is a significant issue for health professionals, both public health in terms of prevention, and for GPs and health specialist dealing with respiratory problems etc. Housing can contribute to better solutions both in terms of housing conditions, and support; such as the work addressing financial inclusion.

- **Housing solutions can provide lower cost community based solutions for people with enduring mental health, learning disabilities (particularly addressing expensive out of area placements). Extra care housing solutions have demonstrated effective support for older people, including those experiencing dementia. Floating support connected to housing schemes, and use of communal spaces in specialist housing can extend these support services into the wider community.**

The challenge remains for housing to ‘think big’ in terms of what its offer can be, in particular for acute health services—how can some of the housing and support solutions reach enough people to make it possible to close a hospital ward for older people, for example?

**CIH role**

**Influencing the agenda**

- Make sure that government at all levels, and the sector, maintain the focus on housing’s wider role in health and wellbeing. It is much more than ‘bricks and mortar’

The current approach in housing policy risks fragmenting the contribution that a strategic approach to housing in a local area can make to wider health and wellbeing. Many in the sector are concerned that it is reducing the focus to numbers (to achieve through the affordable homes development programme) and risks narrowing the focus to housing only in terms of bricks and mortar. The social reform proposals provide significant challenges to the sector and it could easily lose its engagement in the bigger picture as it seeks to deal with these challenges. Many health professionals struggle to see housing as more than that already.

- Make connections across the professions

To be involved in and with the relevant groups of other professions to encourage shared learning, develop shared training etc. CIH is currently represented on the interprofessional group for professions with an interest/ involvement in public health in the West Midlands (run by Learning for Public Health).
Supporting the sector

- Rough guide to health/ Learning the language of health

Providing support and guidance to the sector in terms of a rough guide to the emerging health landscape, who’s who, and how to speak the health language.

- Information and updates – and the application for housing

Keeping the sector informed about announcements, policies and reports that will impacts on the experiences of their tenants, and their ways of working. Signpost to relevant guides (e.g. the forthcoming guide by Northern Housing Consortium to support organisations building a stronger role for housing in health and wellbeing locally, due Autumn 2011).

- Make the links

At the moment the picture for professionals is very fluid and changing with all areas under pressure – CIH could usefully draw together summaries of policy changes and ensure that it makes the links – e.g. looking at developing a guide that draw out commonalities/ opportunities from the differing outcome frameworks across health, public health and social care.

- Champion the wider role – for housing organisations and officers

The challenge goes beyond the sub group of specialist housing providers. CIH to encourage the profession more widely to deliver a person centred approach to services.

Practical steps for housing

- Keep up to date with the changes that are happening in your local health landscape: the Health and Wellbeing Boards, emerging clinical commissioning groups, health provider trusts.

- Keep in touch with current contacts and make contact with potential new champions – including GPs.

- Consider one or two key areas where you can make an offer – that will make a difference – fuel poverty, safeguarding, support services for people with mental health issues, including dementia, community networks. Be clear and focused on your offer and how it will help them.

- 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 Joint Strategic Needs Assessments, but also evidence that can demonstrate benefits for providers of acute health services (how community facilities based in housing settings can provide outpatient support and mitigate need for provision in hospital settings, how supported housing can provide housing for people with learning difficulties currently placed out of area, etc.)
• 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.

Useful links

• CIH has a number of tools to help you keep up to date with developing policy and practice measures across housing and health. Our practice hub is available for all interested in the sector, not just members and provides links to key policy documents or useful tools – including the Dilnot report, the recent report from the APPG Inquiry Living well at home, and other key documents.

Other useful steps

Become a CIH member; help to shape the relationships and links being formed by CIH with key bodies across health and care; increase the chance to raise the housing profile and ‘voice’ in key partnerships; tell us what more help and support you need to make the connections.

http://www.cih.org/services/membership/

The Chartered Institute of Housing (CIH) is the professional body for people involved in housing and communities. We are a registered charity and not-for-profit organisation. We have a diverse and growing membership of over 22,000 people – both in the public and private sectors – living and working in over 20 countries on five continents across the world. We exist to maximise the contribution that housing professionals make to the wellbeing of communities.

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. Many of our services are only available to CIH Members, including discounts. Our products and services include:

• Training
• Conference and events
• Publications
• Enquiries and advice service
• Distance learning
• Organisational development

Services of particular relevance in addressing the issues raised at the round table include:

START team – The new Strategy and Research Team (START) provides unrivalled business improvement services to local authorities and housing organisations to support delivery of informed, locally driven approaches to housing provision. Find out more from CIH website.

Practice online: a key online and up to date tools that is available to CIH members and to subscribing organisations. Of particular relevance are the chapters on supported housing; strategic housing; homelessness; resident involvement. More information is available here.
Practice hub: FREE to everyone in the sector on CIH website, with links to key legislation and regulatory requirements, signposting to useful information, examples of what is happening, CIH tools, and a forum for your discussion and mutual support – a strategic housing hub and a new housing, health and support hub are now available. Follow the link to access it.

Free policy briefing papers and publications are available from the website.

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Our services are led by a team of directly employed Directors, supported by colleagues from across CIH, including the teams in CIH's national business units in Wales, Scotland and Northern Ireland. We also work in partnership with a small number of strategic partners and trusted associates.

By working with organisations from across the UK this strengthens the CIH's influence over the implementation of policy and good practice and, in turn, this helps to develop and improve organisations.

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CIH is keen to listen to you in the sector to see how we can improve our services for you, so please contact us:

Domini Gunn-Peim, Director of Public Health and Vulnerable People, ConsultCIH, domini.gunn@consultcih.co.uk, 0844 561 1758

Sarah Davis, Senior Policy and Practice Officer, CIH, sarah.davis@cih.org 024 7685 1793.

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1 Restrictions of funding are having significant impacts on supported housing, floating support services and Home Improvement Agencies. There is a risk of moving from specialised services to more generic support. These trends, coupled with the focus on localism, also pose problems for planning specialised services on a cross boundary basis. This all has implications of additional costs for health and social care where valuable preventative housing related services are lost.