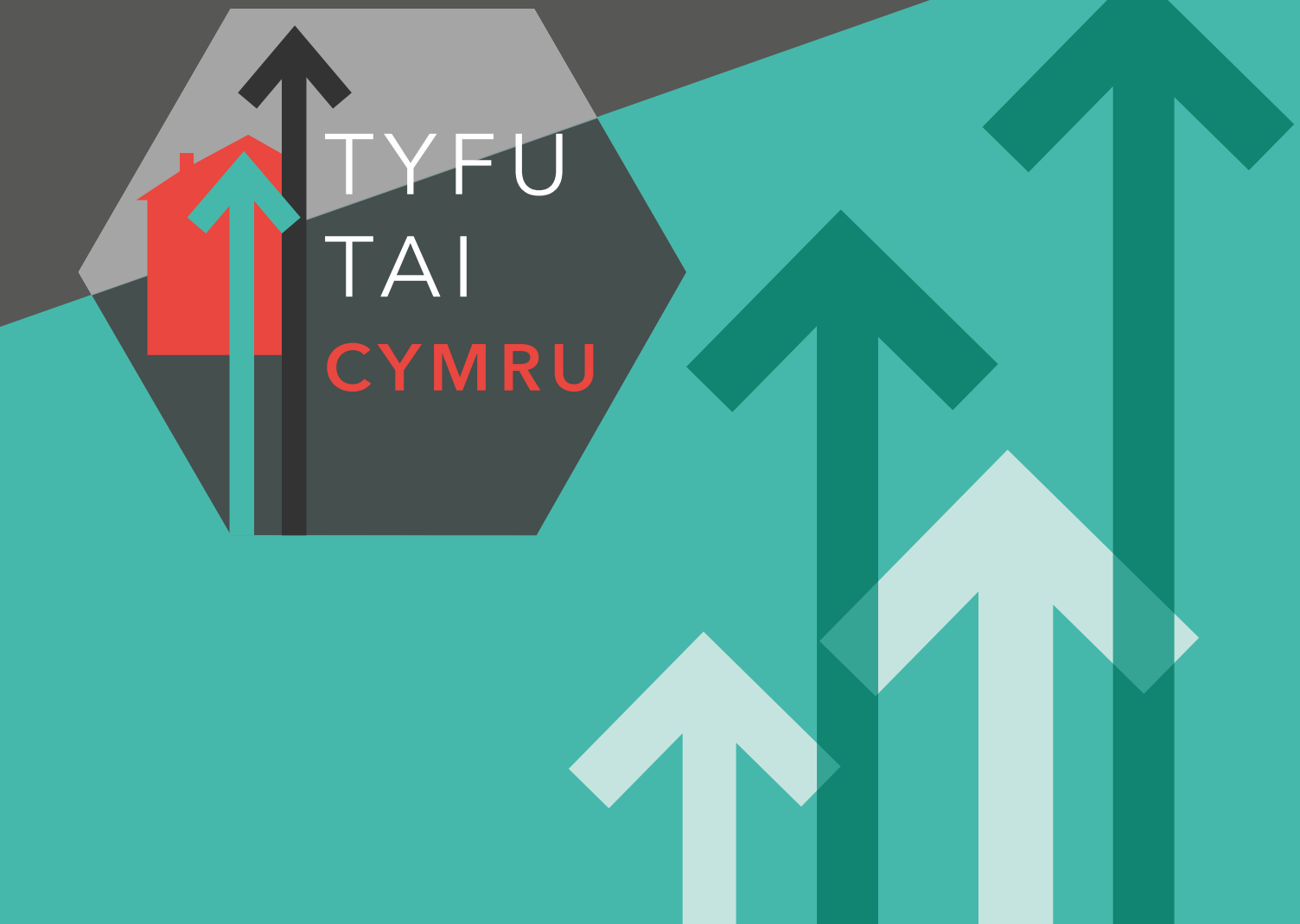
UK COLLABORATIVE CENTRE FOR HOUSING EVIDENCE

Chartered Institute of Housing Cymru

Good health brought home

What makes a good partnership between housing, health and social care?



Foreword

The need for improved interactions between health, housing and social care has been a consistent feature of discussions within the housing sector for well over a decade. It is difficult to quantify in full the savings if the sectors worked together but according to a recent report by Public Health Wales, Community Housing Cymru and Building Research Environment "Poor quality housing costs the NHS in Wales more than £95m per year in treatment costs – but action to mitigate poor housing could see a return on investment within six years… poor housing costs Welsh society over £1bn a year."

This report establishes how we can instill better working partnerships between housing, health and social care sectors based on the experience of successful initiatives across Wales.

When individuals and organisations collaborate in a way that combines resources it allows for significant savings to budgets, staff-time and efficiency. Partnership working avoids duplication and ensures services are shaped around the individual rather than being designed to fit the system. Working together also encourages creativity across all sectors, produces positive shifts in organisational cultures and better outcomes for individuals and communities. Embedding these ways of working will then lead to improved outcomes because of better quality partnerships between health, housing and social care.

We have identified six principles which encourage collaboration between health, housing and social care. These were selected as the ingredients which enabled effective collaboration after detailed interviews with staff in projects about how they have managed to develop flourishing working partnerships across sectors. Embedding these principles into partnerships would ensure successful and sustainable projects in Wales, and across the UK.

Acknowledgements

Many thanks to all the individuals who gave up their time to share their experiences and reflections on how good partnership works. Also to the UK Collaborative Centre for Housing Evidence for their funding and support.

Catherine May,
Tyfu Tai Cymru manager

https://www.itv.com/news/wales/2019-06-20/warning-poor-housing-costs-welsh-nhs-95m-every-year/

TYFU TAI CYMRU

Introduction

Tyfu Tai Cymru (TTC) is a 5 year housing policy project with a focus on providing analysis and filling evidence gaps to support housing policy progression in Wales. Funded by the Oak Foundation the project is managed by the Chartered Institute of Housing Cymru. TTC works across three key strands:

- Building the right homes to meet demand
- Making sure housing is always a priority for local government
- Demonstrating housing's role in keeping people well and healthy

The Tyfu Tai Cymru project has partnered with the UK Collaborative Centre for Housing Evidence (CaCHE) to find examples of services that have been designed and delivered jointly between health, housing and social care. Central to CaCHE are the Knowledge Exchange (KE) hubs which bring together academics, users of research, wider groups and communities to exchange ideas, evidence and expertise. In 2018, following prioritisation exercises in each of the KE Hubs, including the one made up of stakeholders from across Wales, CaCHE agreed a focus on ten priority areas one of which is the interaction between housing, health and social care.

We recognise that none of this is rocket science. People, organisations and communities have been working together to deliver benefits to peoples' lives for a very long time. Many of the people who work in housing, health and social care understand why they need to work together to ensure that homes support good health, and that people can access good healthcare and social support no matter where they live (including people who are homeless).

While our principles can be universally applied to partnership working, these examples demonstrated that an understanding of local context is crucial, of the different pressures in localities alongside diverse organisations, cultures, geographies however we believe the six principles in this report can and should travel.

https://housingevidence.ac.uk/ken-gibb-new-research-priorities-the-uk-collaborative-centre-for-housing-evidence/

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Methodology

We spoke to fifteen projects who provided the evidence for the principles outlined in this report. The projects deliver a range of services which alleviate the pressure on health and social care by working with people to improve their health and housing circumstances. These include projects working to avoid lengthy hospital stays, provide care at home or within the locality and those offering advocacy and advice to patients and professionals alike. We also looked at the role of regional and national formal and informal collaborations which bring structure, support and credibility to ways of working.

We visited projects across Wales where people have combined forces to support individuals being able to stay in their own homes, reducing hospital stays and having better access to specialist housing support. By talking to service providers we developed an understanding of what made them successful and how we can build a national model for successful collaboration between these sectors. This knowledge and good practice will now be able to inform the development of service delivery structures and foster an environment that is enthusiastic about collaboration underpinned by high quality evidence and information.

We met with projects who had been identified in the Chartered Institute of Housing Cymru's Good Practice Compendium and other well-established projects, including those funded through the Welsh Government Innovative Housing Programme. We were not able to speak to all the projects working in this way, and therefore cannot claim this is a complete picture of all collaborations between housing, health and social care organisations in Wales. However, the principles outlined here are transferable between most partnerships.

The case studies at the back of this report were chosen to reflect the variation in size and type of partnerships. The projects we met were undertaking eight different models of delivery; joint health and housing hubs, social prescribing (eg exercise, group activities), support officers, targeted prevention work, bringing people into local healthcare, hospital discharge, umbrella structures, and health services people can access easily. These are just some examples of how people are working in partnership between the three sectors across Wales

www.cih/cymru
https://gov.wales/innovative-housing-programme

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1. Shared analysis of issues and solutions

All of the projects we met originated from discussions between individuals from organisations working in housing, health and social care about the issues they were tackling in their work and what they felt needed to be done. They had a joint understanding of the need for a long-term, sustainable solution, and that individually services were not able to make that happen.

The projects we spoke to demonstrated how they had been able to work together and share ideas, budgets and activities that meant their services were able to respond in a way that matches the circumstances of the communities they work with.

The attitude of people is important, having a belief in the project and the difference it will make. Several people highlighted the importance of conversations that start with "what can we do?" instead of "how much will it cost?" Crucial to this analysis is the views of people with most direct experience – moving away from the "done-to" model of service delivery.

Reaching a shared analysis can be challenging as different organisations have contrasting agendas which may change over time. This analysis and vision need revisiting on a regular basis. It is important that everyone respects each other's priorities and the work that each partner is already undertaking in this area.

Key Considerations:

If key staff from a partner organisation leave, ensure replacement staff are on-board with analysis and vision.

It can also be helpful to consider how and why a partnership might end as objectives are met and projects move on.

Several projects reflected that they did not have everyone who needed to be around the table from the start, and that this impacted on the commitment of some organisations and individuals.

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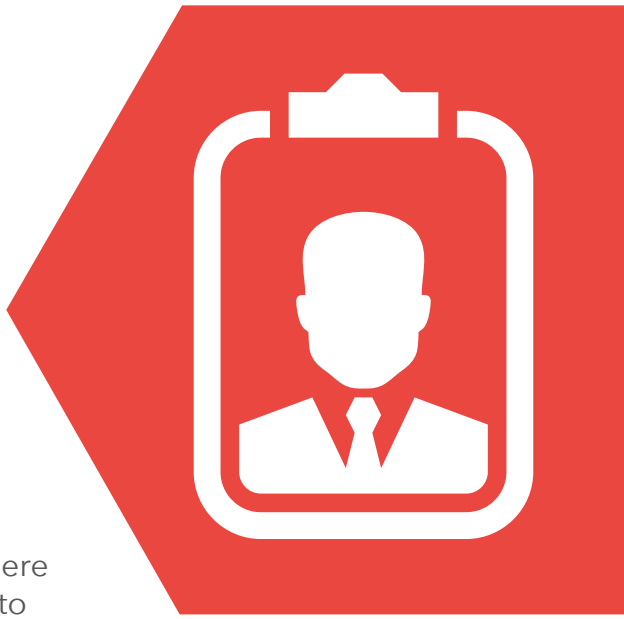
2. Person-centred



All the projects told us the importance of involving communities, of the need for services to be designed from the understanding of what people have and what needs are not currently being met. Having this approach means starting with the person and listening to their experiences of what works and what does not. This can mean some radical changes to how and when we deliver services but at times the shift is more minimal. An example is a hospital discharge project, when an individual with strong housing knowledge works within the hospital and acts as the "go-to" person for staff and patients to ensure people have somewhere safe and habitable to go to. The housing officer is then able to coordinate with other services such as occupational therapists and access budgets for adaptations.

A further examples of this are social prescribing projects, such as those who have staff based in primary care who can signpost and support those people with long term chronic conditions offering options that compliment medical treatment and could ultimately reduce reliance on NHS services.

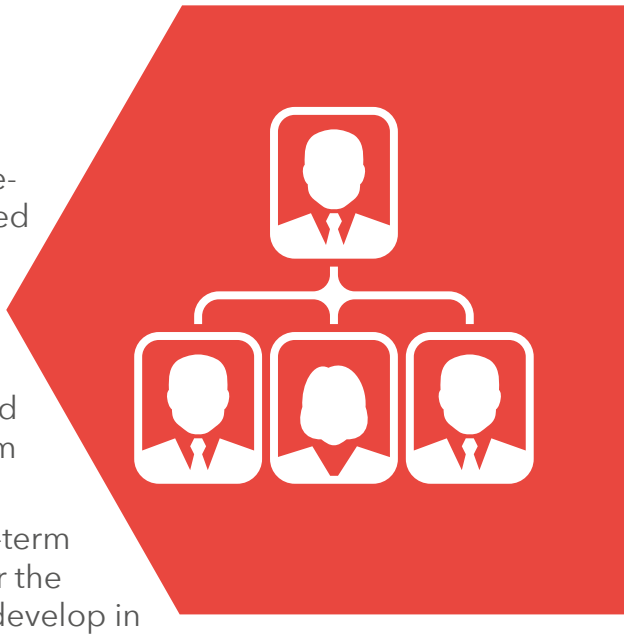
Other projects recognised the difficulty for some people to access the range of services and overcome people's low expectations of services. Some projects have been set up with a desire to have "everyone in the room" (including a range of health practitioners, social workers and staff from Job Centres to advise on benefits). This recognises the opportunity to start from where people are and build their trust to eventually access services themselves.

Key Considerations:

Think about who is, and who is not, around the table in the partnership

Regular feedback from participants in projects develops an understanding of what is going well and what needs to be improved.

3. Leadership



While acknowledging the creative strength of a group of like-minded individuals working together, people also highlighted the importance of a leader who is willing to take risks to drive through improvements. Some projects we met were spearheaded by senior staff but there are also examples of individuals in less senior positions maintaining the momentum. Reflecting on what those successful projects told us the buy-in of senior staff is also crucial to ensure long-term success of project.

A strong leader is often key to a successful project, but long-term effectiveness should not be dependent on one individual for the success of a project, so it is beneficial to encourage staff to develop in their roles to take on some of the attributes below.

The attributes for the leader were listed as

- Desire to challenge the services which are failing to improve peoples' lives
- Desire to learn about what works from all sources
- Willingness to take risks on the journey
- Ability to recognise what works, and who can lead in their own areas
- Understanding that habits such as conformity and apathy prevent people and teams from bringing about change

In several partnerships an additional factor that proved decisive was when a housing association adopted an enabling role, driving the project management and setting the timetable to then be followed by the statutory agencies.

Key Considerations:

We need to consider how we develop environments that nurture leadership skills, so people can flourish and feel able to take on the attributes of leadership.

It is important to acknowledge that turnover and attrition are normal part of project lifecycle and there should be regular secession planning.

4. Joint budgets

All partnerships reflected on the need for resources and finances to deliver the work. Many of the projects we met had one partner providing a larger proportion of the resources.

The benefit of each partner contributing financially is the significance this brings to the ambition of the project as each organisation will need to demonstrate good use of resources.

In many partnerships it would not be possible to make equal financial contributions but there may be other ways to provide resources. This could be staff time, physical space or facilitating agreements with partners.

Several projects told us they had put together joint funding bids, the projects who had done this noted it was a time-consuming and frustrating process because of the need to navigate the bureaucracy from several organisations. However those projects which had successfully accessed funding through joint bids talked of the benefit of having been compelled to develop a vision and strategy before having access to the money.

An example of possible joint funding is through the Welsh Government's Integrated Care Fund (ICF)[3] however the route to ICF being through the Health Board meant this was reliant on staff from the Health Board being able to prioritise the application process over other competing demands.

Key Considerations:

Developing a joint vision and strategy for the work will help guide the budget requirements for the project. Consider how to use resources held by partners to ensure a sense of shared ownership.

[3] https://gov.wales/sites/default/files/publications/2019-02/integrated-care-fund-revenue-capital-and-dementia-guidance-april-2019.pdf

5. Shared interpretation of legislation

The Social Services and Well-being (Wales) Act 2014 sets out the role of Regional Partnership Boards (RPBs) which are made up of representatives from health, social services, housing, the third sector and other partners to ensure integrated services in Wales. The Wellbeing of Future Generations (Wales) Act 2015 promotes the principles of long-term, prevention, integration, collaboration and involvement to help public bodies undertake better planning for the wellbeing of our population and future generations. The RPBs are a really good way to get everyone around the table, and the more formal structure may encourage all the key organisations to work together to provide a holistic service.

Some of the projects we met had also used the legislation in other ways to overcome blockages in the system, ensuring that the interpretation is used to create and cement partnerships.

As much as legislation allows for creativity, nurturing and initiative we also need to challenge the target-driven culture that can cause short-term box-ticking over delivering services that work for people at the time and place they need them.

Key Considerations:

To strengthen partnerships, we can use the legislation to encourage people to work collaboratively

The opportunity to feed back to the Future Generations Commissioner encourages staff to see their work as part of the national picture in Wales.

6. Recognition of power-imbalance

For successful partnerships, it is important to acknowledge the power differences even if this is a new discussion between partners. Frequently the difference in size, budget or credibility of one partner means there is an unwritten suggestion of authority held by that partner.

It can be useful to have formal arrangements to tackle the power-imbalance, such as a joint management board with regular meetings. Projects also told us partnerships benefit from recognising that individuals all bring different strengths to the project such as experience, links with communities or enthusiasm. As some organisations (such as Local Authorities) will be expected to become involved in a number of partnerships it is also important to highlight the intensity of effort expected of those sitting around the table.

Power imbalances can also play out through the use of jargon or terminology to exclude people (for example 'wellbeing', 'community connectors' mean different things to different people). Be sure people are not being excluded from conversations through your language.

Key Considerations:

It may be useful to include an experienced facilitator for these discussions

As individuals move on or resource allocation changed, the discussion about how the partnership works should be revisited.

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Activities which embed joint working

Hold joint training for staff from Housing Associations, Local Authorities, GPs, Health Visitors, Social Workers and Health Boards
Encourage collaboration throughout all levels of organisations
Challenge silo working where we see it
Nuture leadership and recognise the ability for individuals to develop the attributes
Longer- term, more sustainable funding for projects
Recognise preventative power of partnerships between health, housing and social care
Services need to be delivered where people are, recognising how problematic the current system is to navigate for many people
Having joint budgets and resources formalises a strategy for how partnerships will deliver real change where everyone has an interest in it's success.

Conclusion

This report has set out the six ingredients of successful partnerships between housing, health and social care. By instilling these principles, projects across Wales have shown the potential for services that actually deliver in a way that ensures more people can experience seamless housing, health and care services. The universality of these principles are such that they have wider applicability beyond Wales and could support partnership working across the UK

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Projects we met

2025 Movement

The 2025 Movement is a placed based partnership in North Wales with a mission to end avoidable health inequalities in the region by 2025. It was formed in 2015 in response to figures which showed that people living in areas of higher deprivation in North Wales are likely to live 11 years less than those in other areas. It is made up of senior leaders and practitioners from North Wale Local Authorities, Public Health Wales and the Fire and Police Services, Betsi Cadwaladr University Health Board.

Since its launch in 2015 its membership has grown to over 500 people and organisations, which all joined together to oversee projects working on:

- Healthy Homes – Healthy People – tackling energy poverty, particularly in the private rented sector
- Tackling Health Inequalities for Homeless Rough Sleepers
- Flint Regeneration (focusing on youth physical inactivity and food poverty)
- Mental Health & Hoarding
- Facilitating Improvements in Hospital Discharge
- 'Made in North Wales' Social Prescribing Network
- Public Services Leadership Programme

https://2025movement.org/

Brynteg Road
United Welsh Housing Association with Aneurin Bevan University Health Board

Brynteg Road supports patients in the transition from living in secure forensic psychiatric long-term hospital ward placements back to living in the community. This helps them to develop life skills and move toward resilient independent living, while also creating bed space on wards for those in need and creating significant cost savings for the health board.

Brynteg Road was established as part of the In One Place initiative – a collaboration between ABUHB, eight housing associations and the Gwent local authorities which aims to develop and provide accommodation and care for those with Continuing Heath Care (CHC) needs for individuals in ward placements that are no longer suitable.

https://www.unitedwelsh.com/

Clych Caron

Cylch Caron Integrated Resource Centre brings together a range of services in a focal point for the Tregaron and surrounding rural areas. The Cylch Caron project is building on the existing resilience and commitment to caring for people in the Cylch Caron community.

The scheme is being developed in a partnership between Ceredigion County Council, Hywel Dda University Health Board, Mid-Wales Housing Association and the Welsh Government. It will consist of a GP surgery, community pharmacy, outpatient clinics and community nursing and social care facilities, as well as extra care flats and integrated health and social care units.

https://www.ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/cylch-caron/

Closer to Home, First Choice Housing Association

Started in 2011 with a focus on reducing out of county and out of country placements through the model of providing an "ordinary house in an ordinary street" model and via an agreement between Abertawe Bro Morgannwg University Health Board, local councils and five support providers. The aim is to improve the lives of tenants with complex health needs and their families through the provision of quality, bespoke accommodation that enables tenants to achieve independence, fulfil their potential and optimise enjoyment of life.

http://www.fcha.org.uk/

Community Care Colloborative (CCC)

CCC developed and piloted the 'Everyone in the Room' model through the Wrexham Community Care Hub project. The Community Care Hub brings together agencies such as GP services, mental health and substance misuse services, DWP, housing and homelessness services across all sectors of the community, making best use of existing resources, good practice and community assets.

By working together, CCC provides a coordinated, holistic and resource efficient approach to supporting and caring for the homeless and rough sleeping community in Wrexham.

https://ccc-wales.org/

Erw Groes, Clwyd Alyn Housing Association

Erw Groes Family Centre is an eleven flat project in Holywell that provides high quality short term/emergency accommodation for homeless families. The Centre can accommodate vulnerable families in one of its 11 fully furnished self-contained flats that include a kitchen, lounge, bedrooms and a bathroom. Families can stay at Erw Groes for up to two years which gives them stability and time to develop independence that will help them move on to a more permanent home.

The family centre works with professionals from the health board and local authorities to bring services to the families staying in the centre recognising the need to work with people where they are.

www.clwydalyn.co.uk/mother-and-baby-and-family-centres/

Hafod Neighbourhood coaching

In 2018 Hafod housing associations began piloting a new approach to delivering frontline services, inspired by the Bromford and Wigan neighbourhood models.

Hafod housing officers are changing to neighbourhood coaches and will manage smaller numbers of properties, giving them the opportunity to get to know customers and communities better.

It is envisaged that taking a more preventative approach will help sustain tenancies, increase engagement and enable early signposting to other services, such as care and support. Equally, where people have ideas, common interests and goals, coaches will encourage communities to create the conditions for them to flourish and innovate.

www.hafod.org.uk/neighbourhoodcoaches/

Healthy Homes Healthy People North Wales

Set up to address fuel poverty in North Wales, HHHPNW also looks to reduce avoidable health inequality and improve the health and wellbeing of residents, many of whom live in the private rented sector. Partners include North Wales Energy Advice Centre, Flintshire County Council, Warm Wales, Care and Repair North East Wales and Wales and West Utilities.

www.warmwales.org.uk/healthy-homes-healthy -people/

Hospital Discharge – Part of the North Wales 2025 Movement

Established in December 2016, working across Conwy and Denbighshire in partnership with Betsi Cadwallader University Health Board (BCUHB), Conwy Housing Solutions and Denbighshire Housing Solutions and Conwy & Denbighshire Care and Repair. Working with patients in the acute hospital at Ysbyty Glan Clwyd Hospital to address any housing issues which enable timely discharge from hospital to home, or where necessary temporary accommodation. Cases are managed in compliance with Housing (Wales) Act 2014 legislation and within the clear guidance of the Supporting People initiative.

www.conwy.gov.uk/en/Resident/Housing/Homelessness/Homelessness.aspx

Hospital to Home Service, Care and Repair Cymru

Care and Repair Cymru is part of the collaborative commissioned initiatives between Welsh Government, local health boards and third sector organisations to have a positive impact in helping people get home (as part of preventative work ahead of the winter 2019/20).

Care and Repair agencies are working in six of the seven Local Health Board areas with services being delivered from eleven hospitals in Wales, as well as the existing service in Bridgend's Princess of Wales hospital.

Caseworkers work directly with patients and clinical teams on wards, having early conversations about improvements needed to a patient's home to enable them to be discharged safely and as quickly as possible, backed by Technical Officers and Home Improvement teams.

www.careandrepair.org.uk

Lighthouse Project, Taff Housing Association

In 2010, The Lighthouse Project started working with the Royal Gwent Hospital's Discharge Team to set up a service to help patients who had housing-related issues which caused delays to their safe discharge from hospital. The issues may range from the threat of homelessness, welfare benefits not being in place or present housing being unsuitable or not habitable.

One of the Lighthouse Project's Support Workers is now permanently based within the Hospital Discharge Team. They work closely with the patient, medical staff, family, and other key voluntary or statutory services in order to reduce 'bed blocking'.

www.taffhousing.co.uk/lighthouse-project/

"Made in North Wales" Social Prescribing project

Partnership between Betsi Cadwallader University Health Board, Glyndwr University, the six local authorities and third sector organisations in order to provide co-ordination to existing social prescribing programmes in North Wales, through:

- Providing a co-ordinating function for the whole regions, encompassing up to twenty different initiatives
- Creating a "Community of Practice" so that practitioners across the region can share best practice, identify education and training opportunities, and influence the research and evaluation agenda
- Participating in WISPR (The Welsh Institute for Social Prescribing Research)
- Commissioning additional social prescribing programmes to fill identified gaps

www.bcugetinvolved.wales/well-north-wales

Porth Gofal, Ceredigion County Council

Porth Gofal is a partnership between Ceredigion County Council, Hywel Dda University Health Board, and third sector organisations to support people to receive health and social care services in their homes. This includes Prevention Support Officers alongside a Senior Social Worker, Occupational Therapist, Physiotherapist, Districts Nurses, links with the third sector and a dedicated input from Families and Children Services.

The integrated team of professionals closely consider every new referral that comes through to ensure the most appropriate response. Dedicated support is then discussed with the individual and put in place to support their wellbeing.

The focus of assessments shifts from identifying problems and generating demand towards promoting the independence of residents.

www.ceredigion.gov.uk/resident/social-care-wellbeing/the-wellbeing-and-care-pathway/porth-gofal/

Sunnyside Wellness Village, Linc Housing Association

Sunnyside Wellness Village is a collaborative project between Linc-Cymru Housing Association and Abertawe Bro Morgannwg University Health Board. The development will comprise 70 dwellings, a village hall and a healthcare centre to house a variety of health services, including dental, community pharmacy and optomology. The site is in the western edge of Bridgend town centre on a previously occupied former council offices and Magistrates Court.

https://www.linc-cymru.co.uk/

Wellbeing 4U, United Welsh

Wellbeing 4U is a social prescribing service in Cardiff and the Vale of Glamorgan run by United Welsh housing associations in partnership with Cardiff and Vale University Health Board

The Wellbeing 4U team support people with:

- General wellbeing, including physical health such as healthy eating and exercise, and social issues such as housing, debit and benefits
- Help with harmful habits such as drug misuse, alcohol misuse and smoking cessation
- Immunisation and screening support
- Connecting to advice and support services i.e. financial services, family, carers

As well as offering one-to-one support and signposting, the team also provide health programmes and courses through The Healthful Network.

People can be referred to use the service through GP or other primary health care workers or can refer themselves.

www.unitedwelsh.com/forms/wellbeing-4u/

Notes

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Meet the team:

Catherine May
Tyfu Tai Cymru manager, CIH Cymru
E: catherine.may@cih.org **T:** 02920 741138

Matt Kennedy
policy and public affairs manager, CIH Cymru
E: matthew.kennedy@cih.org **T:** 02920 741137

Matt Dicks
director, CIH Cymru
E: matthew.dicks@cih.org **T:** 02920 741131

Sharon Dean
customer support coordinator, CIH Cymru
E: sharon.dean@cih.org **T:** 02920 741131

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