

Health and housing: first

Unlocking NHS land is an important route to delivering more capital projects – but it is just one aspect when forming a lasting partnership, **writes Chloe Stothart**

Many of the benefits of joint-working across health and housing appear to be well-publicised, and yet there remains a huge untapped potential – one that can help address housing need, ease pressures on health services, deliver efficiencies and improve the quality of life for patients and residents.

Social Housing, in partnership with law firm Capsticks, brought together senior housing and health professionals with cross-sector experience to debate how they can better work together on capital projects.

Communication

A logical starting point to closer working is better communication.

Several panellists spoke about the need to find the right point of contact, particularly in health, where there is a range of organisations.

Nicola Theron, local area director for London at Community Health Partnerships, describes the NHS as a 'multi-headed monster', while Bruce Moore, chief executive of Housing and Care 21, concedes that housing can be 'fragmented and insular'.

Ms Theron says: '[Housing] is an unknown territory for us in many ways from an NHS perspective; we don't in general know a lot about how it works, how to get conversations going and who to approach in most organisations – and that's probably the exact reverse about how HAs feel about health.'

However, she says there is a preparedness to talk and to see benefits, and points to health and wellbeing boards as being at the centre of how public sector bodies can work together, adding that the possibilities are 'huge'.

Mr Moore says relationships are being built locally – but as a national organisation it is hard to find the same commitment.

Understanding agendas

The discussion heard that health and housing need to better understand each other's agendas in order to communicate better.

Mark Gardner, chief executive at Melin Homes, says being an associate independent board member of Aneurin Bevan University Health Board had given him an insight into the priorities and problems of health organisations.

He says: 'Being around the health board's table made me realise a lot of the debate is about patient-flow, patient-management, clinical decisions and governance. Where people live is not on the agenda

and that is a big shift we need to make as a sector.'

Previously he had held discussions with health organisations by showing them how he could save them money, but he has since found that finding out what their specific problems are and offering solutions is more effective.

He adds that a programme approach, rather than project approach, is more beneficial for the longer-term, and can ensure housing providers are seen as 'relevant'.

Colin Plant, director of integrated care, Camden and Islington NHS Foundation Trust, agrees that housing providers need to recognise that the NHS is 'not a single animal'.

He says the overall context is that the health sector is 'looking over the edge of a precipice in terms of finances', but that it is also 'absolutely imperative' to look beyond the next six months.

He says the higher you go up in the organisation, the more you find people looking for solutions that are 'a few more years down the line'.

'[You need to] get into the psyche, and demands and needs of that foundation trust,' he adds.

'For some, the drivers will be about specialist heart operations and providing that better and cheaper and more efficiently. Others will be more about community focus and integrated care.'

However, he also says that cost savings were not the primary reason for forming a partnership that his trust has with One Housing Group to provide a 16-bed mental health substance-misuse unit.

'The driver was about bringing people based around the country back into the local area because we were concerned about very expensive placements running on for a long time with providers a long way away because of quality assurance.'

However the unit did help to deliver over £450,000 of savings per year.

Gwyn Owen, housing and public sector land project lead, Essex County Council, says a key challenge is arriving at a long-term strategy and discussion that shifts the focus around savings to longer-term health benefits, such as ensuring people have warm, dry housing.

Relationships

Relationships are important in building closer working between housing and health.

But, as Mr Plant points out, a good working relationship with a single person is vulnerable to staff turnover.

'It has to be across the board and at senior level,' he says.

His trust has a partnership board with One



HG, which he thinks will ensure the relationship between the organisations continues.

Mr Owen says it is important not to forget the role of social care, since it is increasingly integrated with health. He adds targeting a few people or organisations to build relationships can work.

'The best approach anyone could take is not to engage with all of the NHS but to pick off key organisations, key partners or key individuals and learn something in your area and use that as traction,' he says.

Mr Moore adds that for housing providers, a good relationship with social care can be a route to working with health.

'We find it is easier to do it through care and then care talk to health,' he says.

'Where there are strong connections between care and health, that is a really great partner for us to engage with.'

finding common ground



Benefits of working together

Describing the In One Place programme, Mr Gardner explains how housing and health has collaborated in Wales to provide accommodation to people who have continuing care needs.

As well as Melin, it brings together seven more social landlords, five local authorities and the Aneurin Bevan University Health Board.

Each tenancy offered through the scheme is saving the health board £50,000 a year, he says.

'If you scale that up across the country those numbers become very significant very quickly. It might become £20m,' he predicts.

He describes how the scheme helped one of its residents move to accommodation with a lower level of support.

Some of the key elements for his group was how to get planning processes aligned 'so we can do what we're best at', as well as finding ways to

eliminate waste or duplication from the process, and to ensure it is 'co-owned' by all the partners so 'everyone sees the win'.

Ms Theron adds that there is potential for collaboration especially on the management of the estate, and 'recognising that when you invest, whether its £1m, £10m or £100m, you still need to look after that estate and be customer-focused and patient-focused'.

'That operational focus perhaps does play to [housing's] strengths - and whether there's an interesting discussion to be had there, on a local level.'

Mr Plant says local authorities are 'really important' as they work more closely with Clinical Commissioning Groups (CCGs) and directors of public health.

'What should be happening is the directors of public health becoming increasingly

Attendees



Justin Alford
partner
Capsticks



Yvonne Arrowsmith
chief executive
East Thames



Paul Fakley
director of innovation and new business
Circle Housing



Mark Gardner
chief executive
Melin Homes



Pete Gladwell
head of public sector partnerships
Legal & General



Glenn Harris
director of finance and resources
Midland Heart



Bruce Moore
chief executive
Housing and Care 21



Gwyn Owen
housing and public sector land project lead
Essex County Council



Colin Plant
director of integrated care
Camden and Islington NHS Foundation Trust



Susie Rogers
partner
Capsticks



Nicola Theron
local area director, London
Community Health Partnerships

important,' he adds.

Yvonne Arrowsmith, chief executive of housing association East Thames, adds: 'My understanding of public health is that they really do 'get' housing.'

Contracts and funding

Funding and contracts are frequently a hurdle to getting any kind of project off the ground.

Some felt the contracts on offer were too short, but Mr Moore pointed out that housing providers did not necessarily need projects to be tied to long contracts.

‘When housing associations started building student housing they depended on academic institutions to underwrite the funding stream.

‘Now they do not need that; they know there will always be plenty of funding and they will be able to fill the accommodation. If we build the right services and commission those services in the right way we will have those people coming through.

‘We should have more confidence to offer the model to health, who will buy in when they need to – rather than demand before we build anything that we have a 30-year revenue stream, because that will never happen.’

“When you raise it, they do get it – but housing is not something people think of”

Glenn Harris, director of finance and resources at housing association Midland Heart, says: ‘[Investors] want safe, steady, long-term income streams, they want rent and service charges.

‘If we start talking about a [housing] sales portfolio they look at you and as soon as we mention care the oxygen disappears out of the room. The notion of borrowing off those type of investments to invest in a bespoke care facility is a real leap for them.’

He adds that he knows of ‘15 or 16’ housing investors, none of whom are keen to invest in the care market.

But Pete Gladwell, head of public sector partnerships at investor Legal and General, says there is a difference between what banks and bond investors want and what those investing directly in projects, like his organisation, would consider.

He says: ‘As long as this sector is funded by bank and bonds you will make it as vanilla as possible.

‘What I am talking about is not borrowing; it is directly investing to meet those needs, providing 100 per cent of the capital required.’

But the difficulty for direct investors is the

complexity around identifying the right people and the need – which means health is not getting the direct investment that it could, he says.

He adds that the challenge at the moment is in reducing the number of factors that sit between the investment and ‘hitting that need and infrastructure’.

However, L&G has invested £175m in care homes in the last year and has provided significant funding to housing associations, and is keen to invest in health, housing and care.

Mr Gladwell adds that scale also makes a potential sector more attractive.

Justin Alford, partner at Capsticks, predicted that foundation trust chief executives might be interested in this type of direct investment. He says they have tended to look to the Department of Health’s independent trust financing facility, which provides cheap loans for trusts.

Key contacts and the Better Care Fund

The £3.8bn Better Care Fund is intended to better integrate health and social care, although it is not new money, as Mr Plant points out.

The health and wellbeing boards could provide an entry point as they are custodians of the Better Care Fund, led by top tier or unitary authorities and have care, health and council representatives.

Ms Arrowsmith, who sat on Hackney’s health and wellbeing board, says very few of the boards have housing representatives on them.

‘When you raise it [housing], people get it, but it is not something that they normally think of,’ she says.

Other important people to know in health include directors of strategy at clinical commissioning groups, joint commissioners who support them and directors of public health, adds Mr Plant.

He says directors of public health should be pushing joint strategic needs assessments (JSNAs) – which are done by the health and wellbeing boards – to highlight importance of housing and health and issues within the assessments.

Ms Theron says health commissioners’ strategic plans will provide evidence of what the health needs are in an area.

However they are written from the point of



view of health outcomes rather than from a housing perspective.

‘It’s an output being worked through in health terms that will...start to set out the evidence, because health is absolutely driven by evidence,’ she says.

Mr Moore suggests that the Homes and Communities Agency or a health body might direct the funding for new health and care-related projects involving housing organisations so that they are in the right place.

Access to land

Unlocking access to land is essential for capital projects, but has proved difficult to date.

Paul Fakley, director of innovation and new business at housing association Circle Housing, asked whether the NHS, like a local authority, should take into account the value of a ‘social return’ when selling a site, rather than a purely financial one.

Susie Rogers, partner at Capsticks, says councils and the NHS are bound by different legislation.

‘If the NHS declared a site to be surplus then it goes to the highest bidder, so the key is to act before that. If you get in before it becomes surplus and come up with a proposal that has other benefits for the NHS organisation, that is something they will talk to you about,’ she says.

For example a housing provider could suggest a way of reconfiguring the site in order to save money or make better use of it.

She also suggests housing providers should be able to access the ePIN procurement network, which would enable them to bid with other public sector bodies for public land.

One way housing could sweeten the relationship with health is by offering up some of their sites.

Ms Arrowsmith says: ‘Health thinks we [housing] want their land and their money and what are we bringing to the party?’

She suggests that housing providers could remodel some of their own sites that are no longer fit for purpose and use them in partnership with health, to show that there is an ‘offer’ as well as an ‘ask’.

Mr Owen says unlocking potentially contaminated sites where there are interests of multiple health providers with different priorities can be a challenge.

‘I think the NHS do want those deals, but the real challenge they have got is immediate pressures which are yesterday, nevermind today – they have to balance the books every year, and then how do they take that longer view on estates.’

