

Helping to build Better Health

Opportunities to improve the contribution of housing associations to the health of the population.





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Introduction

The new health structures are changing the landscape of the NHS, public health provision and health commissioning. The new system is still emerging, and we are unsure of how the processes and networks will take shape. In place of Primary Care Trusts we now have Clinical Commissioning Groups and Health and Wellbeing Boards alongside an array of new bodies operating at a national, regional and local level. What is already clear is that the localisation of clinical commissioning, a focus on outcomes, and important responsibilities for local authorities to co-ordinate and integrate services, are intended to deliver big changes to the design, commissioning and delivery of health and care in England.

In many areas there are long-standing and positive relationships between healthcare and housing providers. There is a great deal of good practice and a broad range of case studies available to illustrate it. However, it has not always been the case across the board and it has not always been easy to broker these partnerships. Today, with new and more complex structures to work with, how can housing make its contribution to the local health agenda clear?

How can our sector make a timely and meaningful offer to partners in different parts of the health agenda?

Recent research and service pilots have highlighted a number of areas where housing-based interventions have been shown to be successful, such as improving quality of life, and also extending life. The use of telehealth and telecare is a tried and tested approach to improving the lives of those with long term

conditions, bringing services closer to the customer in their home and community. Other interventions include supporting people with dementia and their carers (pre and post-diagnosis), and integrating services for people with multiple needs or those with chaotic lifestyles, whose needs are often not met or resolved by traditional services.

The housing sector must now take a practical approach to demonstrating the real impact on outcomes we have had. Our new partners and stakeholders will be looking for measurable proof of success.

So what are these new structures and why is it important to get involved? Some of you will have already started to make inroads in your locality, talking to existing contacts and persevering with local stakeholders. Others will be new to this agenda and are just beginning to navigate their way through the new structures.



“The contribution housing associations make is clear – better health outcomes, fewer demands on NHS services and lower costs.”

Andrew Lansley
Former Secretary
of State for Health.



Understanding the new architecture of the health and care system

Putting patients and the public first, improving health outcomes and making efficiencies are the Government's long term aims for the health service. New structures include a NHS Commissioning Board (NCB) to provide national leadership for improving outcomes and driving up the quality of care through Clinical Commissioning Groups (CCGs). The NCB will also directly commission specialist and primary care services through a regional and local area structure, and will also be responsible for the performance management of CCG's.

The CCGs are groups of clinicians responsible for planning, designing and paying for NHS services including: planned and emergency hospital care; rehabilitation; most community services; mental health, and learning disability services. The use of CCGs means that decisions for NHS services are made closer to the patients. They are due to take on statutory responsibilities by April 2013.

In terms of Public Health, local responsibility will transfer to local government on 1 April 2013, though most areas already have interim arrangements in place.

In addition, all upper tier local authorities (county/unitary) are responsible for establishing a Health and Wellbeing board and establishing a local HealthWatch organisation.

Health and Wellbeing Boards are Local Government's route into partnership working with CCGs,

tasked with developing robust joint health and wellbeing strategies. These strategies will set the local framework for commissioning of health care, social care and public health.

Local HealthWatch bodies will replace the current Local Involvement Networks (LINks). They will promote public engagement in the NHS, comment on changes to local services, act as advocates for complaints, and deliver advice across health and social care.

In addition there will be a national body, 'Public Health England', which will invest in prevention and health promotion. It will also provide a wide range of health protection services and commission and deliver healthcare services and public health programmes across care pathways.

Each upper tier local authority area will continue to have a statutory Director of Public Health.

Whether or not you are already involved with health or are new to this agenda, how can your organisation make a recognised contribution to the health of your tenants and the local community? We hope that the case studies within this publication will help you and your organisation to find a way of engaging with these new structures and developing your own health strategies.

If you want to know more about the new structures created by the Health and Social Care Act, read the National Housing Federation's briefing, available on our website, www.housing.org.uk/health



The health and care system from April 2013, Department of Health, <http://healthandcare.dh.gov.uk/system-overview-diagram/>

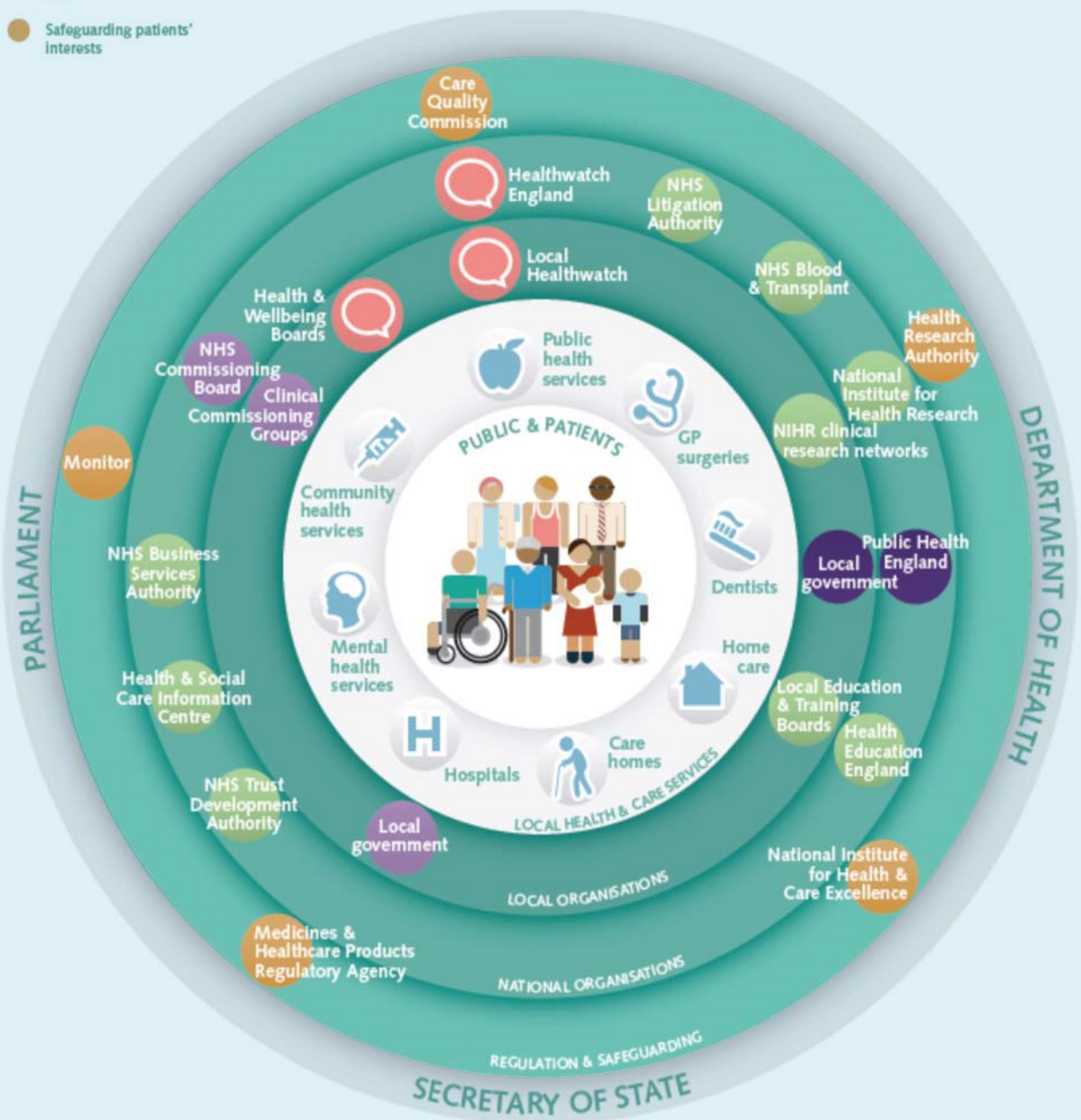
Health and care system:

April 2013

KEY

- Providing care
- Commissioning care
- Improving public health
- Empowering patients and local communities
- Supporting providers of care
- Safeguarding patients' interests

Putting patients and the public first, improving health outcomes and making efficiencies are the Government's long term aims for the health service.





Dr Kate Ardern

Executive Director of Public Health for the Borough of Wigan

Dr Kate Ardern has a wealth of experience in delivering better public health for the communities she operates in and has worked with local authorities and the NHS at a local, sub-regional and regional level. Most recently, Dr Ardern has acted as a Special Professional Advisor to the Department of Health Public Health Development Unit.

Dr Ardern believes that housing providers play a crucial role in delivering better health outcomes for the residents they serve and sets out here a number of ways in which providers can become involved in the new agenda.

Health and Wellbeing Boards

'Getting involved with your local health and wellbeing board is not just about sitting on the board - as this board does not operate as a partnership board but offers a strategic overview for the locality in which they operate' says Dr Ardern.

Dr Ardern believes that getting involved in subgroups of the board and contributing to the Joint Strategic Needs Assessment (JSNA) is equally useful and gives housing a real voice. A great way of linking into the JSNA is to share data with the health sector in order to pick up trends around housing and health inequality.

Change your organisation's culture

'If your organisation is serious about changing the lives of their tenants



then a cultural shift might be necessary within your organisation. How are you leading on this agenda? Work with your local Director of Public Health (DPH). Build a relationship with them and find out ways you can work together. Staff exchange is one way to understand each other's worlds - offer the DPH an office to use within your premises, bring in members of the public health team - and send housing officers out with the health team.

'Other options are to base housing officers in a GP's surgery - particularly where you have a large amount of housing stock located in the area. There are many buildings that are underutilised, so make an offer to your local Clinical Commissioning Group to use some of this space. Ensure that tenants participate in the culture change and become key drivers within this agenda, offering peer-to-peer support.' - Doctor Kate Ardern

Providers take the lead

There are a number of ways in which housing providers can take the lead in providing better health outcomes and supporting the new health structures:



Set up a referral system - A number of your tenants may be on the long term conditions register at your local GP surgery. Work with your local GPs to set up a referral system, so that you can offer your tenants the help they need (e.g. adaptations, benefits advice, support for carers). This will improve their lives and help them cope with the condition.



Talk to your tenants - When you talk to them about other issues ask them about what you can do to keep them well. Help them ensure they are accessing the right services to keep them happy and healthy.



Help keep your staff healthy - Your own staff will have health issues. What are you doing internally to support staff with health problems and how are you keeping them healthy?



Train up your staff - The National Health Service Future Forum makes a recommendation that all healthcare professionals should 'make every contact count,' using every contact with patients to maintain or improve their wellbeing, mental and/or physical health. Work with your local public health team to develop the skills and confidence of your staff to make every contact with your tenants count.



Link existing services to public health outcomes - Many of you have handyman services for example. What is their involvement in health and wellbeing?



Tweak existing services to maximise your health gain



Measure the impact of these services - how are they saving the health sector money?

Grass roots public health in action

Wigan's major local social housing provider, Wigan & Leigh Housing, has 23,000 properties across the most deprived areas of the borough. Smoking prevalence is high within the tenant population, reaching a peak at 47% on Marsh Green; an estate of around 3,000 properties.

Smoking was identified as a joint priority for Wigan & Leigh Housing (WALH) for a number of reasons. The major factor related to the payment of rent arrears, as staff had noticed a large proportion of regular outgoing were set aside for smoking when they were negotiating repayment plans with residents.

In the initial stages key members of staff were trained to advise and signpost people to smoking cessation services and support. The Health Improvement

Team maintained contact with the staff, and continues to support them with updates and resources.



'In the initial stages key members of staff were trained to advise and signpost people to smoking cessation services and support.'

Engaging with Health and Wellbeing Boards



In a more disparate and complex health care system the Health and Wellbeing Board is the one place all the major public health and social care players come together. The board's oversight and scrutiny role for the Joint Strategic Needs Assessment, and its role in strategic planning, makes it an excellent point of contact and a real 'one stop shop' for information and intelligence concerning health, and health plans, in their area. But how can your organisation get involved?

Bringing health and housing together in Herefordshire

Peter Brown, Chief Executive of Herefordshire Housing, is a member of Herefordshire's Health and Wellbeing Board. Peter joined rather uniquely through his role as a member of the Local Enterprise Partnership's business board.

As a member of the board Peter has a role in shaping the strategic leadership for health priorities in the county, making sure housing is seen as an important part of the solution to tackling health inequalities. He said: 'Being part of the board means that I am able to help shape our local health agenda and make sure that housing is an integral part of that debate. It is important that housing associations familiarise themselves with the new structures and get involved however they can.'

Councillor Patricia Morgan, Cabinet Member for Health and Wellbeing for Herefordshire Council commented: 'The Herefordshire Health and Wellbeing Board has made good progress since its inception over a year ago. Getting the right balance of skills and knowledge on the board is critical to its success and the inclusion of a housing provider has helped

us understand the breadth of need in the county. The board now understands the needs of the county, and how the services provided by many organisations all fit together.'

Based on Peter's experience, he offers the following advice:

- 1. Understand local needs.** The Integrated Needs Assessment outlines the greatest pressures. In what areas can you make a difference?
- 2. Be clear on what you can offer.** Health and social care is under unprecedented financial pressure and needs positive creative partnerships to help it deliver.
- 3. Communicate and promote.** It's a crowded place with many competing voices. Make sure your potential contribution is seen and recognised.

Herefordshire Health and Wellbeing Board is currently developing its health and wellbeing strategy. Peter advises on how housing associations can contribute to this process:

'Health and Wellbeing Boards will have finished their Integrated Needs Assessment. This will include some key observations around both health and social care. It is unlikely to contain new information as it will have been developed from existing

available data, so if you know your area you will broadly know what is in the assessment.

'Health and Wellbeing Boards need to have a Health and Wellbeing Strategy in place by 1 April 2013. There is an opportunity to influence the contents of the strategy by demonstrating what's possible. Nobody wants to prepare a strategy that isn't going to be delivered, so practical projects and proposals that match the needs assessment are going to be welcomed and are more likely to find their way into the strategy. The key influencers are the Director of Public Health and the Director of People or Social Services. They are the individuals who will need to hear your ideas if you want to increase your chance of affecting the contents of the strategy.'



Councillor Patricia Morgan

Build on what you know already



How do you get the most out of existing contacts and opportunities? It doesn't have to mean starting afresh or changing your organisation's focus - you can build on what you know already and engage with health as part of that wider agenda.

New opportunities for social housing in Plymouth

'I was asked to join Plymouth's Health and Wellbeing Board because Plymouth Community Homes (PCH) is such a major landlord in the city. The Chair was also one of our ex board members which was handy, so I would recommend looking at your existing contacts who might already be involved in the health agenda.'

At PCH we have done a lot to promote healthy living including co-sponsoring a major public health campaign called Lovelife that was promoted by the local newspaper. We have also run healthy eating campaigns and are involved with a local growing project in the city that runs an allotment.

Moving forward PCH will be promoting the health and housing links. We seem to be pushing at an open door on this. Most members of the board recognise the links between good housing and health. I also intend to help broker discussions with landlords in the private rented sector which is actually where the real issues arise.

I am not on the board to represent housing associations or other landlords but to ensure the housing perspective is not lost.

We are undertaking a major 10 year regeneration project in Plymouth and it's vital that this, while housing led, should not be housing only. So getting other stakeholders, including health, on board is essential when planning future services.

I would recommend that housing associations have an understanding of the health issues in a particular area. For large regional or national organisations this is harder but still essential if they are truly interested in building communities and not just houses. So getting a copy of the local Joint Strategic Needs Assessments sounds a bit dull but is really important. Any organisation like PCH with a strong presence in an area should contact the local authority and find out about representation on the boards.

The benefits are huge. There is a lot of talk about Local Enterprise Partnerships and that's important, but Health and Wellbeing Boards have so much potential to ensure that housing is a key area of activity. Health inequalities should be a big thing for us as a sector and as a result of joining the board I will be able to influence the design and distribution of services. For example I am aware that there are barriers for families in the city's Family

intervention Project accessing certain health services. The Health and Wellbeing Board should be able to address this. Similarly in Plymouth there is a lot of money spent on drugs work but very little on issues relating to alcohol. We also need better access to local mental health support for our housing officers. All these things I expect to be able to discuss in a forum where we can get things changed.

Every Chief Executive should read the executive summary of the Marmot Review, Fair Society, Healthy Lives. This report focuses on health inequalities and recognises the contribution of housing within the wider interpretation of health and wellbeing.' **See: <http://bit.ly/tGfjBH>**



Clive Turner
Plymouth Community Homes

Get involved locally



Do you participate in a local forum that could feed into and support your local Health and Wellbeing board? Using the existing local strategic partnership structures, Northamptonshire Health and Wellbeing board is working with its districts to ensure priorities are filtered down to the local level.

Ciara McMillan, Community and Partnership Manager for Daventry and District Housing, is Vice Chair of the Daventry and District Health and Wellbeing Partnership Board. This board has made the transition from the Local Strategic Partnership's Healthy Safe and Strong theme group.

The role of the board will be to feed into the countywide Health and Wellbeing board in Northamptonshire, and to make sure that the health and wellbeing strategy is played out in Daventry. This board focuses on key themes

such as reducing health inequality, integrating services and ensuring that every child is safe and has the best start in life.

Ciara said: 'Being Vice-Chair of the locality board ensures that housing has a voice in the new health structures in the county. Housing is key to reducing health inequalities and has an excellent track record in developing preventative services. I would encourage housing associations to get involved in this agenda as we are key partners in delivering better health outcomes for our residents and the wider

community.'

The County Board anticipates that each of the locality forums will link closely with the Board and considers that it is important that localities participate in setting local targets, decision-making and delivery in their area.

'Housing is key to reducing health inequalities and has an excellent track record in developing preventative services.'

It is also important to look at what your organisation is already doing and what offer you can make to the board - how does the work of your organisation fit into their priorities?

Bringing an offer to the table

Katy Sagoe, Director of Housing Services at Spire Homes, is a board member on Rutland's Health and Wellbeing Board. Katy approached the board directly and has already become heavily involved in the new structures.

Katy believes that housing associations have a genuine role to play in preventative services and already has exciting plans to work with the health sector. By being

involved in the board Katy has a say in the direction of the joint strategic needs assessment for the area and a number of the priorities link directly with housing. For example, Spire Homes runs a Stepping Stones project which enables hospitals to discharge patients from their care and offer them temporary accommodation in a void property where they receive interim care before returning to their own homes. This project saves the NHS approximately £3,000 per week.

Katy said: 'By linking housing and health we can provide a better service for the community and save money. Good housing is essential to health and wellbeing, and the relationships we have with our tenants means that we can identify their health needs a long time before they would present at a GP surgery. By identifying their needs earlier we can work with GPs to ensure that they don't develop long term conditions and have to stay in hospital for long periods of time.'

Katy Sagoe has some advice for associations hoping to follow in her footsteps:

- 1 Find out exactly how the structures are working in your area. In addition to the main Board some areas have district or thematic Boards and it might be easier to get representation on these
- 2 Keep up to date with the agendas of the CCG as they progress towards authorisation – they may

be quite focused on this at the moment but it is a good source of information about their priorities and how they will work

- 3 Take solutions to the table – initiatives, data, budgets – whatever will make it easy for Health and Wellbeing Board partners, who are currently extremely caught up in process
- 4 Look at existing parts of your service to see if they fit better

within the new arrangements – e.g. our Home Improvement Agency service probably fits better as part of the new Health and Wellbeing Board monitoring rather than the traditional Supporting People commissioner approach, so we hope to get that recognised and agreed. It will meet the HWB priorities and give some certainty to the service (we hope).

- 5 Above all – persevere. It is very complex, and may take time too

Healthy Neighbourhoods

Castle Vale is setting up its own local Health and Wellbeing Board, even though it is part of the wider Birmingham board. It will provide a governance structure for the commissioning, bidding and implementation of initiatives, responding to a community needs assessment.

The Castle Vale Neighbourhood Partnership Board is in the process of adapting the local model for health improvement to reflect the changes to the health system. A working party comprising senior health officers from the Birmingham and Solihull cluster and Birmingham Public Health/ Birmingham Shadow Health and Wellbeing Board has been working to develop a 10 year health action plan. The Castle Vale Health Improvement Forum (HIF) is to be restructured to resemble a local Health and Wellbeing Board with local commissioners, including local GPs. It will be involved in the decision making process and have a direct link to the Birmingham citywide Health and Wellbeing Board.

The business planning cycle for the Castle Vale Neighbourhood Health and Wellbeing Board will also mirror the wider model, and board

members will meet once an annual Strategic Health Needs Assessment has been completed (updating the research of 2011) to prioritise annual implementation plans and initiatives. It will also ensure there is full collaboration and coordination across the range of service providers including GPs, health promotion and community-based services.



Resident involvement will continue to be the centrepiece for the Castle Vale approach to health improvement. The role of residents will be upgraded and enhanced by creating a Castle Vale Healthwatch, 'health voice' – acting as a health and overview scrutiny committee and an independent champion for patients and the public.

The Castle Vale Health and Wellbeing Board sees itself as the main body with the power to affect the health outcomes of Castle Vale residents. Aligning commissioning, through all partners with the needs identified in previous work, it will be able to achieve real outcomes. The project has been accepted as one of the government neighbourhood community budget pilots, looking at local control or influencing of budgets to help achieve better outcomes, aligned to community needs.

The Castle Vale example shows the value in building the new structures and new opportunities on top of work underway already. Ask yourself, what is your organisation already doing that you could build on or add an explicitly health focus to? There are now outcomes frameworks for the NHS, social care and public health. You can access these from the department of health website: <http://bit.ly/T0nIF6>. The National Housing Federation's briefing on the Act, provides a summary of the outcomes frameworks: www.housing.org.uk/health. For more detailed analysis of how housing can deliver some of the NHS and social care outcomes, see the Federation's publication 'On the Pulse' at: <http://bit.ly/WcNXPn>.

Working together to improve impact on the ground



You don't need to start afresh. Look at what is already happening in your organisation, and work out how this fits in with your local health priorities. Do you collect the data you might need to demonstrate the difference your organisation already makes to their tenants? How do you partner with neighbouring associations, and how could you double or treble your efforts to improve wellbeing in your locality?

There may be opportunities to make some the ambitions of integration a reality, by working with local authorities to combine Health and Social Care Act reforms with some of the powers in the Localism Act.

While these are not easy solutions that can be introduced overnight, there are opportunities to bring about change through linking into various powers that change the way funding flows to services:

- **Community budgeting approaches**
- **Devolved commissioning**
- **Pooling budgets**
- **Community right to challenge, to redesign, and rethink services previously delivered in-house**

Partnering with other housing associations to make an offer at scale

Six housing associations working in partnership have commissioned 'Our Life', a consultancy service, to help them begin to explore ways of measuring the impact that their current activities have on wellbeing. The project will make recommendations on what more they could do, and evaluate their work in a way that health professionals would understand. The partnership consists of First Choice Homes; Halton Housing Trust; Incommunities; Liverpool Housing Trust; Plus Dane; Regenda, and Stafford and Rural Homes.

Many housing associations already support a variety of projects which help improve health and wellbeing. However, the partnership decided that wellbeing needed to become a corporate objective if it was to successfully demonstrate the

benefits of this work to the health sector. This saw the members of the partnership creating staff and customer wellbeing champions throughout their organisations and communities. Crucially, they also wanted to adopt a shared framework for measuring their impact on wellbeing, and sought to join forces with other associations locally. This was aimed at giving the sector more impact, enabling housing organisations to speak with one voice at the relevant geographical level of the Clinical Commissioning Group or local authority.

Collectively the partnership identified over 180 separate wellbeing-related projects and strategy documents, ranging from e-learning courses through to supporting Credit Unions. It was found that many of the activities were more or less duplicated across adjoining neighbourhoods but managed by different housing associations. This presents an opportunity for a more joined up approach, resulting in

greater impact.

Initially very few organisations had an explicit corporate focus on wellbeing and few were directly measuring their overall impact on wellbeing. Most of their initiatives encourage greater independence for individuals and communities and unsurprisingly the study found the impact of these was being measured in a variety of ways. This meant the analysis could not tell them to what extent they were collectively influencing the wellbeing of their tenants and residents.

The next step for the partners is to explore joining up initiatives locally with neighbouring associations, and identifying a single lead organisation to represent the housing sector to the local authority, the Health and Wellbeing Board and the Clinical Commissioning Group.

The partnership is also exploring the development of a shared framework for measuring their impact on wellbeing.

Resident engagement - HealthWatch

'HealthWatch' - the new independent consumer champion for health and social care - will provide opportunities for patients and the public to help shape their local health services. This could be an ideal place for housing association residents to be a part of the new health structures and have a say about the types of services their local area needs. Housing associations also have a potential role to play here, why not offer your services as a conduit for advice and support for your local 'HealthWatch'?

How does your organisation get involved in delivering on the health agenda locally?

Many housing associations are involved in health but we need to look closely at how we measure our involvement and tweak existing projects to gain maximum output for residents and the local community. It really isn't just about getting a seat at the table. It is vital that we demonstrate the importance of housing's role in increasing people's wellbeing and assisting them with health needs.

Housing can make a significant difference to health and to health services in your local area. As a valued partner and a catalyst for change, such activities not only make a real difference to people's lives but they also enhance the status and standing of housing providers – raising local reputations and helping you to improve your own core offer to residents. This in turn can open many doors to opportunities that will strengthen your organisation.

A sharper focus on prevention

As housing associations you work closely with residents of all needs and abilities. As a result, you are more likely than the local GP to see those with little to low support needs and this interaction means you could well pick up an

impending long term condition or public health issue, before they present at accident and emergency departments. It's this preventative role that makes housing providers vital in supporting local health teams in identifying where the problems are.

Engaging with your local GP surgeries is important when identifying residents' health issues. Building relationships with your local GPs and Clinical Commissioning Groups is a crucial part of working within the new health system.



Engaging with GPs has been a difficulty for many organisations in the past, but Dorrell Townsend, Care & Support Operations Manager for an older adults' residential scheme at Moseley & District Churches Housing Association (part of the Accord Group) thinks her organisation has made a great start: 'The relationship with our main GP is truly a partnership where we both understand the needs of the resident.

'The relationship started off from the need to keep our residents in good health and prevent hospital

admissions; our overall aim is to work with one main GP practice to look after our residents. The GP or the Community Matron holds weekly surgeries in our scheme and in turn residents know that the matron or the GP will come on a fixed day every week, at a set time, giving them consistency and assurance. If we have any concerns we also have the Community Matron's mobile number and she can prioritise a visit to see our residents.

'The main benefit for us is that we have a reliable, efficient service from the GP practice. The GP and the Matron know our residents on a personal basis, and the residents don't have to leave the scheme to go to the surgery as they are seen in the comfort of their own home. 'Residents benefit from the consistency of seeing the same people all the time, and I believe that they have peace of mind knowing all they have to do is request to go on the doctors list and it's done! The GP has also reported back that this relationship is proving to be beneficial financially and through reducing hospital admissions.

'I see this relationship going from strength to strength. We now plan to see if we could access joint training, especially in best practice approaches to working with Mental Health clients now that the market is changing.'

What about joint commissioning?

Alongside taking the steps to look at your own organisation's capacity, working with others can further contribute to increased engagement and collaboration. Approaching your local health and wellbeing board or CCG as a partnership with wider agencies is more likely to enable you to gain the contracts you need to deliver better services in your locality. Partnership working can be effective across both the health and housing sector.

'Health for Living' is an independent company formed through the collaboration of four local organisations in the West Midlands, firmly committed to working together to provide effective, efficient and high-quality local services to local people. These organisations are Accord Housing Group, Black Country Housing Group, Murray Hall Community Trust and Sandwell Mind.

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This partnership builds on the great work done so far and has helped to transform health and well-being services in the West Midlands by tackling health inequalities. They have wide-ranging skills and experience across a range of services and their organisations have significant geographical reach and scale, and already work closely with hard-to-reach communities.

The 'Health for Living' model evolves with time, adapting its targets and

services based on evidence gathered as the model develops. The key drivers for the work are need, policy and value for money. Cooperation and engagement with the wider community and voluntary groups creates capacity and stimulating the Third Sector market is fundamental to the success for this model. As is integration and collaboration with GP and mental health services, education and children's services and the wider health service.

Consortium members and partners have a proven track record of quality service provision and financial strength in order to provide the people of the West Midlands with services they expect and deserve. Economies of scale are achieved through the strength and depth of consortium members' back office functions. All consortium members are not for profit charitable organisations and any surpluses achieved will be reinvested in other services.

'It has been interesting to watch the Health For Living model grow and thrive so they are now a main provider of quality services supporting the mental health and wellbeing needs of the local population'. - Lisa Hill Senior Commissioning Manager, Sandwell and West Birmingham CCG.

'We are very excited that our

combined skills and experience can make such a positive impact on the health and wellbeing of local residents and communities.'

- Amanda Tomlinson, Assistant CEO of Black Country Housing Association.

As well as delivering health services for the local community, housing and health working together can add significant benefits and save money for the public purse. Being able to demonstrate this saving and show the benefits of a housing related service is critical, particularly at a time of economic turmoil and deficit reduction. It may mean simply tweaking your service and collaborating with health agencies in order to deliver more for your residents and the health service.

How can you deliver cost savings?

Revival Home Improvement Agency, part of Staffordshire Housing Group, has saved the local health economy up to £460,000. The project, a pilot funded by the Department of Health, aims to help people leave hospital as soon as possible when they would normally be prevented from doing so because their property needs improvements or adaptations. It also aims to prevent readmission to hospital by making clients' homes safer and more suited to their needs. Revival staff visit hospital patients

to assess their housing situations and how these affect their health and wellbeing. Revival handymen can then carry out whatever minor jobs are needed at the client's home, sometimes for free. If larger scale improvements are needed, Revival can arrange and oversee the work. Barry Pitts, Staffordshire Housing Group's Business Development Director, said: 'With services like hospital discharge, Revival not only contributes to individuals' wellbeing and helps them age well, but also help relieve pressure on other public sector organisations.'

Personalisation

Personalisation, and the extent to which it can be adopted, continues to cause difficulty for health care providers. Housing providers are in a good position to make an offer to health in this area. In particular, housing associations are able to offer services to those outside of social housing and have personal health budgets. There are many examples of how personalisation can be taken forward, and it is increasingly important when discussing gaps in service provision with your local health contacts. Think about how the services you

offer could be enhanced by offering them to the wider community, which would in turn benefit your tenants. These concepts are not new, however this Government are looking to individuals to play a key role in their care plan and in meeting their health needs. Housing associations are well placed to identify and support individuals with these decisions.

Offering a personal solution

Home Group's vision is to provide homes for life and its 'Good Death' pilot supports this. The pilot aims to give people a positive experience in the last years of life, supporting them through community-based services. It launched in September 2011 after Home learned that many people were unable to access the support they needed to die in their own home. Working with family and wider support networks, the service also supports those with a terminal illness. It helps people to plan and prepare for their death, making a choice about where they will die, offering emotional and practical support.

Digital technology options, including telehealth are explored as part of the project. A one-off personal

budget of up to £1,000 can be used to achieve personal outcomes such as access to social networks through smart phones or hand-held tablets. At any time the service can support up to 30 people in the most disadvantaged areas of Tyne and Wear, and it is targeted at people over 75 but does not exclude the over 55s. Referrals come from Macmillan Cancer Support, hospital social workers, Cancer Connections (a local third sector organisation) and self-referral. This personal budget is possible as a result of funding from the Health Innovation and Education Cluster North East and Newcastle Science City.

Linking health with employment opportunities

With the changes to the welfare system and the increasing pressure on the long term unemployed to find employment, supporting tenants back into work is high on the agenda for many housing associations. How can you link health to employment opportunities and help your residents reach their potential in the workplace? Poplar HARCA demonstrate how healthy eating and skills opportunities can work hand in hand.

Come Dine with Us

'Come Dine with Us' is a cross agency healthy eating project that has successfully educated and empowered residents in Poplar, East London. It is a very simple idea that has had real success in changing lifestyles and attitudes to healthy eating, as well as building employability and confidence skills in a friendly, social environment. Through 'Come Dine with Us' volunteers and local staff teach mums about healthy eating for their families, and then everyone participating cooks a healthy shared meal together. The project combines this with employability skills (Food Safety training) and emergency life support skills. The project is funded by the Skills Funding Agency, while the NHS Public Health department trained volunteers and staff about healthy eating and health promotion. The project was very well received and the package of training worked well for volunteers (and staff). Lots of the volunteers made huge progression in confidence.

Next Steps...

Many housing associations are involved in health but it's how you measure your involvement and align your existing projects to gain maximum output for your tenants and the local community. It really isn't just about getting a seat at the table - what it is about is demonstrating the importance that housing plays in increasing peoples wellbeing and assisting them with health needs.

Housing can make a significant difference to Health and Health services in your local area. As a valued partner and a catalyst for change such activities not only make a real difference to people's lives, they improve your own core offer to tenants and open many doors to opportunities that will strengthen your organisation.

The National Housing Federation is the voice of affordable housing in England. We believe that everyone should have the home they need at a price they can afford. That's why we represent the work of housing associations and campaign for better housing.

Our members provide two and a half million homes for more than five million people. And each year they invest in a diverse range of neighbourhood projects that help create strong, vibrant communities.

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