



The LiveWell Journey: Transforming South Yorkshire Housing Association's Care and Support Business

This case study provides insight into the critical success factors that have led South Yorkshire Housing Association, outlining the practical steps we have taken to reshape our care business from the ground up. These steps have not only transformed the way we engage with our customers but have enabled us to break new ground for housing right across the health economy.



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Introduction

The integration of health and social care presents a unique challenge and opportunity for the housing association sector. Many local health and social care economies are moving to recommissioning large swathes of provision through their integrated budgets – a lot will be up for grabs.

The ‘NHS 5 Year Forward View’¹ outlines the urgency of developing a ‘place based’ approach to prevention and encourages local health commissioners to develop ‘new models of care’. As housing associations we have a foothold in the very communities experiencing the biggest health inequality and in the most critical need of preventative services. We are well placed to become a central player in the development of the new ‘Multi-specialty Community Provider’ structures outlined in the 5 Year Forward View. If we want to capitalise on this we need to fundamentally reshape the way we run our care and support businesses. “Defining our offer” and “speaking health” will simply not be enough.

We talk a lot in our sector about housing getting a “seat at the table” and “learning the language of health”. These are important goals for the sector. It is critical that our local Health and Wellbeing Boards recognise that a roof over our heads and a good home is the very foundation of wellbeing. However, we should not kid ourselves that sitting around the right table with the right people will be enough.

With this in mind, we have spent the last 2 years reshaping its care and support business from the bottom up, importantly, co-designed with users of services. This has served us well and gone a long way to ensuring that we can hold to our commitment to continue to deliver care and support for the long term to our 2,000 customers across South Yorkshire.

What we did

South Yorkshire Housing Association (SYHA) provides homes to nearly 4,000 households and housing related care and support to more than 1,700 people, many of whom have a long term condition with additional needs. However, we recognised that breaking into the health market in the current climate would mean undertaking a significant programme of transformation. As a result, over the last 2 years we have undertaken the following:

- We significantly built our capacity around research and development so that we would pilot and evaluate new service prototypes. We appointed a Head of Research and Development and Data Analysts into our business. All of our new services are now evaluated by our local university in Sheffield.
- We are building our IT capacity to drive improvements in the way we collect and report data so that we can demonstrate and evidence better quality of life outcomes, service improvements or system efficiencies.
- We developed a Co-design department so that all new services can be designed by the end user. Co-design has become our USP and what we do is highly regarded and valued locally (see further information below). It is also recognised nationally and also resulted in co-designed work for the Department of Health, Public Health England and NHS England (see examples below).

¹ www.england.nhs.uk/ourwork/futurenhs/

- We adopted the New Economics Foundation, '5 Ways to Wellbeing'² as our framework for delivering care and support. We wanted our staff and customers to know that we were in the business of 'wellbeing' and that our offer goes way beyond traditional care and support.
- We created a separate brand for our care and support business which is now called 'LiveWell'. We invested in working with a cutting edge branding agency to develop and launch the brand. Through the rebrand we have significantly shifted perception of what we can offer our commissioners and customers.
- We invested in developing our bidding and tendering team. We view this team as the engine room for driving growth in our business. We saw our success rate on bidding for new business increase from 0% in 2011/12 to 80% in 2014/15.
- We restructured our management team. We brought new skills and expertise into the business to strengthen our capability to operate outside our traditional care and support business and enable us to break into the health market.

Our approach to co-design

Central to SYHA's service delivery is our approach to co-production. All aspects of our projects are designed and delivered with our customers.

We see co-production as having three key elements;

- Co-design – working with intended participants to design the project, to choose recipes they would like to cook, to choose venues, times etc.
- Co-delivery – working with participants to facilitate their role in delivering the project, engendering ownership and responsibility. For example, asking people to volunteer to help with social media posts, or promoting events.
- Co-evaluation – working with participants to evaluate the project to ensure that it meets individual outcomes and expectations as well as achieving strategic goals.



The impact of the change

Our customers tell us that the approach to co-design is transforming their experience of care and support. We are now offering very new types of services which bring together health, social care and housing in unique ways. Our work on prevention is gaining ground and we can evidence reduced usage of health services as a result of some of our work. We have expanded the number of people we work with and secured a better foothold in some geographical areas of our region. In business terms the main impacts have been as follows:

- We made significant inroads into health. Over the last 12 months we have delivered contracts with NHS England, the Department of Health, Public Health England and Doncaster CCG.

² www.neweconomics.org/projects/entry/five-ways-to-well-being

- We have diversified our income streams to reduce our reliance on Supporting People grants. We are well on track to meet our growth targets. The majority of our new revenue is from sources other than Supporting People funding.
- We have won 4 national awards for our work over the last 12 months. We were named the 24 Housing Care and Support Provider of the Year and won the NHS Alliance Award for Innovation in 2014.

Examples of our work

Doncaster Social Prescribing Service

SYHA are commissioned to deliver a social prescribing service in partnership with Doncaster CVS.

Twenty eight practices in North West and Central Doncaster refer patients who have one or more long term conditions and who also have additional social, emotional or practical needs to Doncaster Social Prescribing (DSP), a partnership between South Yorkshire Housing Association and Doncaster Community and Voluntary Sector (CVS). They are referred under 7 areas where support is required: Managing Symptoms, Housing Solutions, Healthy Lifestyles, Looking after Emotional Wellbeing, Making Connections, Work and Volunteering, Managing Money and Welfare Issues.

Doncaster Social Prescribing Service (DSPS) offers access to a wide range of local, non-clinical services largely provided by the Voluntary and Community Sector through a single point of contact. It adopts a person-centred approach which ensures that clients have control, and it helps them to develop resilience, reduce loneliness and isolation, and improve quality of life. Anyone living in the locality can be referred into DSPS.

“As I see it you are helping empower patients and those who love and care for them. Too often we are ‘institutionalising’ the public by making them over-dependant on our accessible overstretched national social health care services. Social Prescribing allows me to entrust my patients for signposting and non-medical care continuity. Social Prescribing is encouraging and enhancing community care.” - Dr Mushkooor Sheikh

DSPS is anticipated to reduce the number of NHS visits required for 500 clients by 50% over the course of a year. That will deliver a saving of £537,760 for an investment of £160,000 for the two pilot locality areas. These figures are based on costing for actual visits that clients made to A&E, hospital, GP, district nurse over the 3 month period preceding referral to the project. A feedback process to confirm the level of the same interventions required by the client in the months following referral is currently being established with GPs.

Additional savings could reasonably be anticipated as a result of clients remaining as independent as possible for as long as possible, not only from health services but also from social care.

The project is funded through a partnership approach to commissioning and contracting that includes Doncaster Council’s Adults & Communities & Public Health Directorates (Innovation Fund) and NHS Doncaster Clinical Commissioning Group.

Delivery partners are South Yorkshire Housing Association in partnership with the Community and Voluntary Sector across Doncaster. For further details, watch this film clip about Doncaster Social Prescribing: www.syha.co.uk/news-hub/social-prescribing-in-doncaster

EatWell

EatWell is a project we deliver to promote healthy eating in communities experiencing health inequality. Specifically, the project aimed to support people to develop healthy eating habits, improve diets and reduce the number of takeaways and ready meals eaten. EatWell is funded by Public Health England (PHE) with evaluation tools provided by HACT.



At SYHA we increasingly recognise our role beyond housing, particularly in local communities where we can support and engage vulnerable individuals and families. This role is reflected in the overarching purpose of the organisation, which is to support people to settle at home, live well and realise their potential. It is also reflected in the organisation's overarching philosophy which is underpinned by the 'five ways to well-being'. In this context a healthy eating

project provided SYHA with an important opportunity to pursue our wellbeing agenda.

With the funding from PHE, we designed a five month project to tackle poor diet in several areas of Sheffield where we identified need to be greatest. It is important to note that the project was not restricted to those who are existing customers of South Yorkshire Housing Association, but rather anyone resident in these areas could take part.

We aimed for the project to achieve two key impacts with participants:

- Increase daily intake of fruit, vegetables, oily fish and fibre
- Reduce daily intake of salt, sugars and saturated fat

SYHA's Eatwell project also aimed to reduce inequalities by:

- Reaching people in the most deprived and lowest income areas of the city
- Promoting healthier lifestyles through increase knowledge of healthy eating guidance (eg, 5 fruit and veg per day, two portions of fish per week)
- Supporting good nutritional choices through better use of information (eg, understanding food packaging labels)
- Reducing reliance on high cost, low nutritious value meals such as ready meals and takeaways through providing alternatives which are equally as convenient and lower in cost
- Promoting social cohesion and reducing isolation through facilitating community links and networks (eg, shop and share groups)
- Promoting volunteer opportunities as a pathway to employment, education or training

In addition to these specified outcomes, there were other 'soft outcomes' we hoped to achieve through the project. These included;

- Establishing a better understanding of the potential role for SYHA in promoting healthy eating by gaining knowledge of whether our place in communities was an effective point to facilitate changes in healthy eating

- Contributing to the sectors understanding of the how social landlords can influence public health agendas
- Gaining an insight into how successful different approaches are in achieving behaviour change
- Test the success of upward learning approaches to wellbeing (ie, teaching children about wellbeing with the aim of influencing parents and families through the child's new learning).

Ageing Better

Ageing Better is a £6 million programme which SYHA have been commissioned to deliver in Sheffield on behalf of The Big Lottery Fund. Ageing Better aims to reduce social isolation among people over the age of 50. The programme seeks to achieve 5 main outcomes:

- Older people are **less isolated**
- Older people are **actively involved in their communities** with their views and participation valued more highly
- Older people are more **engaged in the design and delivery of services** that help reduce their isolation
- Services that help to reduce isolation are **better planned, co-ordinated and delivered**
- **Better evidence** is available to influence the services that help reduce isolation for older people in the future

SYHA were required to form and lead a strategic partnership to develop a vision and strategy for the programme. Our partnership includes the local authority, the CCG and key players from the voluntary and private sectors. We are the only housing association in the country leading an Ageing Better programme.

A key aspect of our programme is that it is completely co-designed and delivered by people over 50 affected by the issue. We ran a substantial programme of creative co-design events across Sheffield over 5 months to determine how the £6 million investment would be spent. Some examples of what we did were as follows;

- Trained a team of older people as 'community journalists' to interview their peers on this issue of isolation and loneliness
- Ran a spoken word night
- Ran 20's themed cocktail parties in care homes
- Launched a city wide campaign whereby the people of Sheffield set public assignments to tackle the issue. Our campaign was named as Campaign of the Year at the National Housing Awards.



Ageing Better will run over the next 6 years and test a number of new interventions to crack the issue of isolation and loneliness. More about the project can be viewed at:

www.agebettersheff.co.uk

Lessons learned

What we learned. Hints and tips

- Upping our game on how we capture data and evaluate services has been critical. As we pilot new services we have them externally evaluated. This has given us a sound footing to have these services formally commissioned after piloting.
- Don't go banging on the door of the local CCG with a 'business case' for an untested product or service. Be willing to invest in pilots and prove what works.
- You need to make strong contacts right across the health economy, not just in the local CCG or on the Health and Wellbeing Board. Primary care and GP support has been critical to our success.
- Strong governance and board support has been critical. Our board are ambitious for LiveWell but not at the expense of providing a high degree of effective challenge.
- Our managers are committed to immersing themselves in the health world. We read health journals, we attend health conferences and our Head of Research and Development keeps us up to date on emerging health policy.
- Bring health knowledge into the organisation. We have had CCG Chief Operating officers on our board in the past. We currently have 2 former health leaders.

Conclusion

We are pleased with our progress to date, however operating in such a tough and complex health and social care arena continues to rate highly on our risk register. Like many housing associations we are working hard to improve the efficiency of our core business so that we are well equipped to invest in growth. We are currently tackling spend on agency staff and have made significant savings here. Our work on Value for Money and Stress Testing our care and support business are top of our agenda for 2015.

Our vision for the future is to continue to make sure that housing is not just 'around the table' but a key delivery partner in the new types of service which will emerge from the 5 Year Forward View and the integration agenda. We will be working to expand our social prescribing service and our offer to keep people well at home. We have already carved out a role as a leader in co-design and are working on further opportunities to provide co-design services and offer co-commissioning support to health and social care. We have recently expanded our mental health portfolio and have placed the 5 Ways to Wellbeing firmly at the heart of the way we deliver these services. Most importantly we will continue to find new ways to put our customers firmly in the driving seat of co-designing and delivering our services.

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing LIN (Learning and Improvement Network).

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England and Wales involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

Further information about the Housing LIN's comprehensive list of online resources on user involvement and approaches to coproduction can be found at: www.housinglin.org.uk

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