



A shared understanding: Localising the integration of housing and health in Nottingham through a Memorandum of Understanding

This case study for the Housing LIN sets out the journey taken by Nottingham City to embed housing as the third vertex of local health and social care integration through the development of a Memorandum of Understanding. It explains the processes we went through, some of the challenges we faced and how we are feeling about the future.

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May 2017

Introduction – making a start

When first asked to write about Nottingham’s experiences in developing a local Memorandum of Understanding (MoU), I jumped at the chance as I’m a firm believer in shared learning and was also pretty chuffed to be given the opportunity to showcase the work we are very proud of. I had been delighted to present on our MoU at the Housing LIN East Midlands’ regional meeting last year.¹

However, despite every keen intention to put words onto page, the passing days soon became weeks and months as the day to day priorities of working in strategic housing took over. After all, it is a very busy time for us in housing as we navigate our way around ongoing changes in government policy and formulate a response that will continue to support local people’s ability to access and sustain suitable and affordable housing.

But making the time to work on this agenda is something we have had to consciously make a priority throughout the journey of integrating housing with health and social care at a local level. Although we had a clear mandate from the Health and Wellbeing Board to develop a Nottingham MoU, it was also apparent that health and social care were not making any moves to take the lead.

In a wonderful analogy used by Gill Moy, Director of Housing at Nottingham City Homes (who has been instrumental in providing leadership to drive forward this work), “We have loads of toys that we want to share with people to play with, but we never get invited to the party”. And it is true! We passionately believe that housing has so much to offer health and social care but we knew we needed to be the ones to lead this piece of work by picking up our toys and crashing the party.

To us in housing, it is simple. A suitable, stable and secure home in the community supports people in being healthier and happier – which is the most important thing to everyone. But also, by embedding housing in the integration agenda we truly can be instrumental in helping health and social care reduce their costs.

We have a colossal workforce who has direct contact with local people on a daily basis, so we can identify early signs of illness and help connect people with services to quickly stop debilitation. By providing alternative solutions and appropriate adaptations and support, we can make sure that a person’s home remains suitable throughout their life course. Our housing and support can allow people to live with independence in a home of their own choice in the community they feel most happy for longer, delaying or preventing the need for residential care, stopping people from going into hospital unnecessarily and getting people out of hospital more quickly.

Because of all of this, we feel that we should be included in the discussions that seek the solutions to some of the significant demand and financial challenges health and social care face, and we saw the development of a local MoU as being a step in the right direction towards achieving this.

¹ https://www.housinglin.org.uk/_assets/Events/2016-11/Shippam_141116.ppt

Being clear what we needed

Our MoU is similar to the national version in the sense that it is essentially a pledge between the health, social care, housing and support sectors to work together to achieve positive health and wellbeing outcomes. Although the term 'Memorandum of Understanding' is quite unfamiliar to us in housing, we have found it very useful to maintain the link with the national version as a driving guidance model.²

Before we began to develop our MoU, we had to be clear and honest with ourselves about our starting point. Can we hit the ground running with blended commissioning and coordinated activity or do we need to take a step back and bottom out what everyone does, what everyone knows and what else we need to find out to understand what kinds of services would be effective locally?

We decided that we need to be better at establishing what the local needs are and really showing and proving how much more effective and efficient service delivery can be if it is joined up. Part of this is by looking at examples of good work already in place as well as initiatives elsewhere in the country that could be adapted to the local context. We then wanted to use all of that shared learning to facilitate better connectivity, to break down barriers between sectors and maximise expertise so partners can together decide, develop and deliver joint activity.

Once we knew what methodical steps would be needed to reach our short, medium and long-term goals we highlighted our priority areas for activity and formulated a delivery plan. It was important to us to balance achievability with ambition when developing the action plan. We wanted to make sure there were some quick wins so partners could easily see the benefits of this way of working. But also, we didn't want to be afraid to consider more blue sky thinking because as partnerships develop and funding cycles come round we want to be poised to develop our future systems and services together across the sectors.

So following lots of consultation and redrafting, in June 2016, the Nottingham City Health and Wellbeing Board agreed sign off of the MoU with a pledge of organisational sign up and nominated representation from each organisation to sit on the newly formed Health and Housing Partnership Group.

Forming a Health and Housing Partnership Group to deliver our vision

The new Health and Housing Partnership Group was set up to help overcome barriers to progression and fulfilment of the action plan and to track accountability. This layer of governance is really crucial as the Health and Wellbeing Board is too high level and broad ranging and other local groups are too area specific and operational. We needed a group who could understand what needs to be delivered and take the necessary decisions to make it happen.

Embedding the MoU in a strategic structure has been very valuable in opening other doors. Having a MoU meant we were ready to explain why housing should be in the local Health and Wellbeing Strategy which consequently now contains an environment theme with a housing priority.³ It also helped us raise the prominence of housing as a workstream during development of the Nottingham and Nottinghamshire Sustainability and Transformation Plan⁴ and we are now one of the only footprint areas who have managed to include housing and the environment in proposals for future activity.

² <https://www.housinglin.org.uk/Topics/type/Pioneering-Health-and-Housing-Memorandum-of-Understanding/>

³ <http://documents.nottinghamcity.gov.uk/download/3488>

⁴ www.nottinghamcity.gov.uk/health-and-social-care/adult-social-care/sustainability-and-transformation-plan-stp/

Our Health and Housing Partnership Group is chaired by our Director of Public Health. This has proven a pivotal role in bridging the different sectors and bringing appropriate representation to the table. Health professionals are attending the meetings but there are still some challenges in matching up the appropriate people with relevant agenda items. We set agendas based on action plan delivery well in advance of the meetings and ask for suggested topics for discussion from health colleagues but have found that it is a bit of a chicken and egg scenario in finding the activity relevant for health colleagues to engage and not knowing what this is until they are present and involved in telling us how we can work better together.

What does our Health and Housing Memorandum of Understanding say?

The overall outcome the Nottingham MoU⁵ aspires to deliver is for citizens to be healthier, happier and live independently for longer.

We decided that this would be achieved by focussing on the integration of health, social care and housing services; through maximising the impact from housing as part of the 'wider health workforce' and promoting the contribution housing can make to reducing health inequalities, between areas, social and cultural groups. Our MoU intends to further develop the housing sectors role in reducing demand for health and social care services as well as supporting communities and citizens to take responsibility for looking after themselves as well as each other.

The priority areas we are focussing on to deliver the MoU outcome and objectives are:

1. Evidencing the need for (and impact of) integrated health, social care and housing interventions
2. Collectively developing efficient and innovative working practices, where relevant information is shared, joint activities are undertaken and funding opportunities are maximised
3. Ensuring homes in the private sector are safe, well managed and help to protect the health and wellbeing of residents
4. Developing the financial resilience of Nottingham citizens
5. Enabling local partners to identify and fulfil their role in homelessness prevention as well as meeting the health and wellbeing needs of homeless people

Some final thoughts

It takes ongoing resource commitments to drive, plan and facilitate the partnerships necessary to support the MoU. However, the forming connections within the Health and Housing Partnership Group are supporting conversations about what we need from each other to help decide and prove what can work locally. Furthermore, having an arena to get everyone in one place has definitely improved coordination of activity and enabled discussions that were previously taking place in pockets.

It has been very important to maintain the action plan as a flexible and live document that can develop alongside growth in expertise of the partnership. It is monitored bi-monthly through the partnership group to ensure it remains relevant and meaningful.

⁵ <http://goo.gl/m4WxRa>

Having a MoU has enabled local health colleagues to understand that housing has an offer in helping meet health and wellbeing needs. The pledge demonstrates a shared commitment to further understanding what should be done to meet local needs and the action plan sets out the tangible activity required to achieve outcomes. The MoU has provided us with the foundation we needed and is now enabling us to understand all of our roles in working together to help people in Nottingham live in good health and happiness.

Note

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

About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 40,000 housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population.

For information about making the connection between health and housing, visit the Housing LIN's dedicated 'Health Intel' at:

www.housinglin.org.uk/Topics/browse/HealthandHousing/

Published by

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