Localism:
delivering integration across housing, health and care

Sarah Davis

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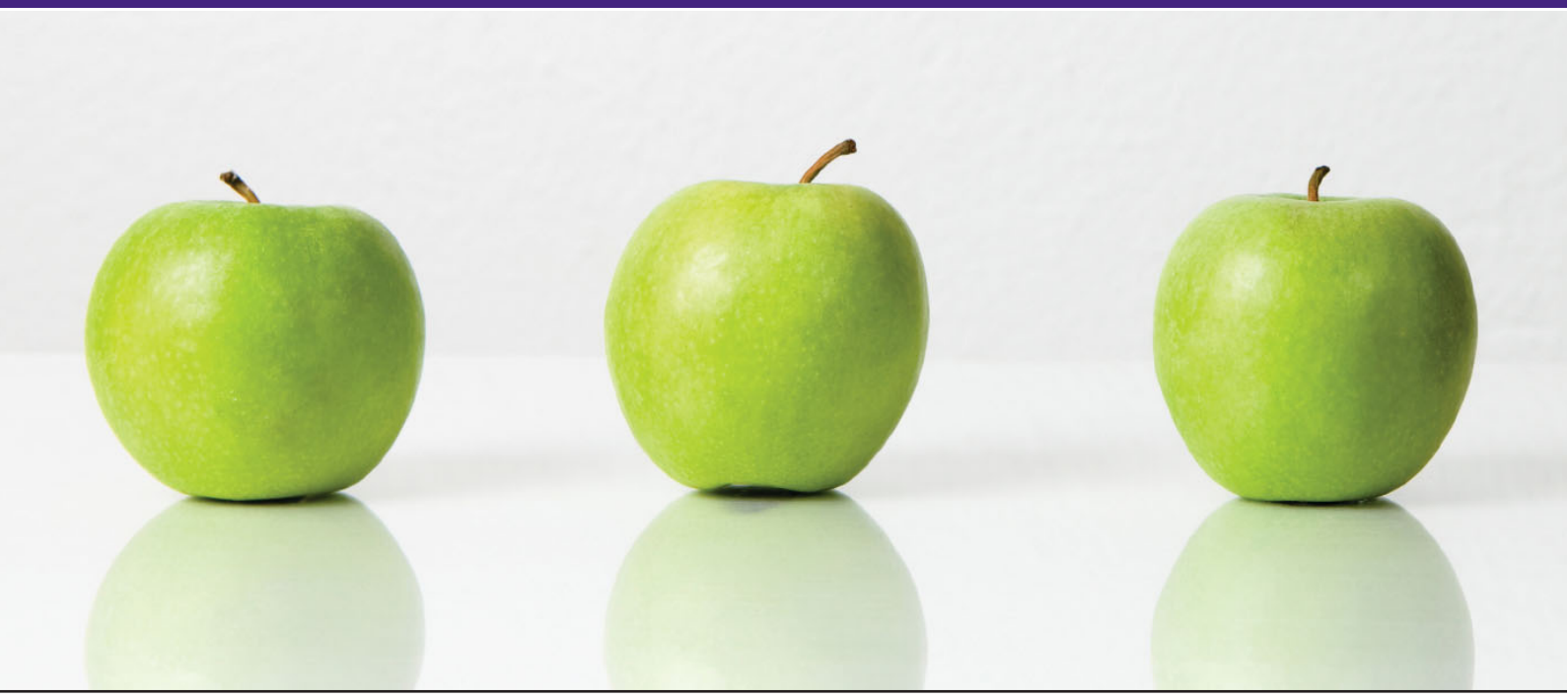

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Executive summary

The Chartered Institute of Housing (CIH) is committed to supporting local authorities – both officers and elected members – to maximise the benefit of their work for local communities and the individuals within them.

As part of this commitment, CIH has looked at how local housing authority lead officers and portfolio holders might encourage and influence commissioners in social care and health to engage with them, to increase the development of joint working and services that address the priorities for health and wellbeing in local communities. This includes developing effective housing and community based solutions that prevent increased ill health and more intensive health and social care interventions.

All public services face a significantly constrained financial settlement within which professionals in all three sectors will have to deliver more for less and take difficult decisions about local priorities, in partnership with local people. Within this context, it will not be sufficient to carry on doing less of the same, and so a new approach to delivering vital local services is needed. This may provide an opportunity for health and social care in particular to look at how they, through stronger partnerships with local housing authorities and their provider partners, can achieve a significant shift to prevention of ill health and the maintenance of ongoing good health, wellbeing and social inclusion. This paper seeks to support professionals in local authorities (social care, housing and eventually public health) and health commissioners to do that.

In the long term, CIH's ambition is to support professionals so that local areas benefit from integrated services at strategic planning and operational delivery levels, in a way that responds directly to the priorities and aspirations of local communities – creating effective sustainable places that ensure the social, economic and environmental wellbeing of local people.

In a series of roundtables conducted across the country, we engaged with professionals across the three sectors to look at how barriers to integrated working can be addressed and solutions and practice examples shared.[1]

This publication includes a study of the policy context and case study examples that were the focus of the discussions as well as the recommendations for action that were shaped and informed by them. A short paper is available which captures the case studies as a practice report, intended to provide a quick and easily accessible source for professionals of ideas and initiatives for joint working across the sectors.

CIH hopes that this publication will provide challenges for action for Chief Officers of local authorities, health commissioners, and housing providers, as well as portfolio holders amongst locally elected members.

For officers in all partner organisations trying to bring integrated services into operation, we hope that you will be supported in your arguments for funding and support and in structuring your plans, by the examples in this paper.

1 CIH and LGID (who helped sponsor the regional round tables) have produced a short practice report arising from the case studies identified and explored through the round tables which can be found on both websites

Recommendations to make integrated working more effective across health, care and housing

For Government (DH and CLG)

Recommendation: that government should amend the Health and Social Care Bill to make a clear requirement for housing to be represented on the Health and Wellbeing Boards (in particular in areas with two tier local government to ensure joint working across social care at the county and housing at the district level). This should inform and shape both robust understanding of needs in local communities and the strategies to meet needs in cost effective and innovative ways.

Recommendation: that government should consider how the expertise and solutions provided from housing can be identified at the national level in the NHS Commissioning Board, NICE and Monitor (through an expert panel of housing advisors for example) as well as Healthwatch – informing consumer engagement and supporting consumers requiring more integrated and community focused solutions.

For local authorities and housing providers

Recommendation: that there should be a clear, identified housing voice on the local Health and Wellbeing boards – those with lead responsibility for the local housing authority strategic function, or a representative agreed across a number of local housing authorities, as they consider appropriate.

Recommendation: that local authorities should undertake equalities and health impact assessments of their developing tenancy strategies, with support from local health and care partners. Housing provider partners will need to have regard to both the strategy and the impact assessments in setting their tenancy policies.

Recommendation: housing providers, local authorities and the Homes and Communities Agency (HCA) should track how the new framework will impact the delivery of specialist housing, in the light of the role housing can play in meeting long term care needs and the housing needs and preferences of local communities. New models to assist this delivery should be considered.

Recommendation: that partnership working should be set out with clear, agreed, key outcomes and a shared understanding of key terminology and objectives, against which delivery by the partnership is regularly monitored.

Recommendation: that local authority housing leads ensure there is a robust link across the health and social care landscape in relation to a shared understanding of needs assessments and strategic planning.

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For health and social care partners

Recommendation: long term solutions for care and health should consider the involvement of housing and telecare solutions as part of a package underpinning more intensive interventions (and often delaying the need for these).

For CIH

Recommendation: that CIH should lobby for the inclusion of housing as a key partner on Health and Wellbeing boards, and for clear mechanisms to link to the wider housing provider forum in the local area, to support effective engagement with housing, to access information, evidence and networks, for the development of Joint Strategic Needs Assessments.

Recommendation: CIH to develop further tools to support ongoing capacity and skills to engage in partnerships in the housing sector, with particular emphasis on the strategic housing/commissioning role.

Recommendation: CIH to provide tools for/support to the housing sector in developing tenancy strategies and policies.

Recommendation: CIH to consider developing a glossary of terms/translation tools, for example, 'Mind your language', building on the outcomes frameworks being set for health, public health and social care.

Recommendation: CIH to consider developing short courses or other tools aimed at explaining housing for non-housing professionals and to liaise with appropriate professional bodies in the health sector to develop/encourage take up of these tools.

1. Introduction

This publication by CIH focuses on how housing, health and social care services can be developed more strategically in an integrated way at the local level and, in doing so, deliver better outcomes for local people and communities.

CIH, in partnership with the Housing Learning and Improvement Network (LIN),[2] previously produced a publication to encourage integrated strategic planning for services across the sectors in the framework of Public Service Agreements and targets set by the previous administration.[3] In it we argued that the policy framework that was then developing provided opportunities for adopting an integrated approach to service development.

That policy context was largely removed with the change of government in May 2010 as the coalition government swept away the performance frameworks and targets to which the sectors had previously worked. The intention of the new policy context set by the coalition government is that, by removing the previous structures, it will increase the ability of local authorities and their partners (statutory bodies and private, community and voluntary sector provider partners) to find new and locally appropriate ways of working to meet the needs of people and communities.

The new policy context – localism

The coalition government's localism agenda takes forward its commitment to devolve power, choice and responsibility for decision making about local services to the local and neighbourhood level. It aims to ensure that local services are developed and improved in response to locally identified priorities. Devolving decision making in this way is also seen as a means of ensuring that services are more carefully tailored to local needs and therefore able to deliver greater value for money and efficiencies.

The policy commitment to transforming public services, apart from being focused on greater local responsiveness and accountability, is also to be achieved by encouraging a diversity of providers locally, hopefully also resulting in improved quality of services at lower costs. The drive for savings has become more acute with the overarching priority for government being the goal of reducing the public deficit.

Financial constraints

As a result of that overarching priority, all public services face a significantly constrained financial settlement within which professionals will have to deliver more for less and take difficult decisions about local priorities, in partnership with local people. Within this context, it will not be sufficient to carry on doing less of the same, and so a new approach to delivering vital local services is needed. This may provide an opportunity for health and social care in particular to look at how, through stronger partnerships with local housing and housing related support providers, it can achieve a significant shift to

2 The Housing LIN has also supported this new publication which forms the first of a short series of papers available from both CIH and Housing LIN websites

3 CIH/Housing LIN (2009) *Housing, Health and Care*

prevention of ill health and the maintenance of ongoing good health, wellbeing and social inclusion. In the long term, CIH's ambition is to support professionals so that local areas benefit from integrated services at strategic planning and operational delivery levels, in a way that responds directly to the priorities and aspirations of local communities, thus creating effective sustainable places that ensure the social, economic and environmental wellbeing of local people.

Aims of the paper

This paper therefore aims to look at how the different policy context and the emphasis on localism might take the place of the previous shared framework to drive the integration of services. This integration should provide effective, value for money services for individuals and communities, in the context of a stronger, locally focused approach to service delivery. The paper aims to support professionals across the sectors to develop such integration by providing case studies of integration in commissioning and/or provision of services that address the agendas of health, social care and housing and reaches shared customers/households. It aims to enable professionals to start or develop cross-sector working in order to:

- make local public funding go further
- focus on the development of services that meet local priorities, in agreement with local people and communities
- increase the effectiveness and value for money of those services
- ensure a range of partners (statutory bodies, private sector and voluntary and community providers) are delivering quality services and maximising the choice local people and individuals can exercise.

Who is the paper for?

Local elected members and decision makers across housing, health and social care

This paper aims to enable elected members and decision makers across the three sectors to recognise the benefits of embedding joint working at a strategic level, and to encourage their officers to develop integrated services that respond to locally established priorities with innovative, preventative and cost effective solutions.

Local Housing Authority lead officers and provider partners

This paper is intended to be of particular use and support to lead officers in local housing authorities, in their function of strategic planning for and commissioning of housing activities in a local area. It is also seeking to support the activities of senior officers in their housing provider partners. It aims to equip professionals with ideas, examples and information to support the development of an integrated strategic approach to services in the local area. It seeks to support the development of local needs assessments and strategies, including housing, homelessness and older persons housing strategies, and to influence wider community strategies, the Joint Strategic Needs Assessments (JSNAs), and the joint health and wellbeing strategies that are currently proposed in the Health and Social Care Bill.

The paper should support housing professionals to begin or expand their discussions with professionals in health and social care bodies by demonstrating how housing services enable health and wellbeing, as well as delivering prevention and reablement services.

From the round table discussions, it was clear that where social care and health professionals were keen to engage with housing in finding solutions for shared agendas, they looked to their local housing authority strategic leads as the gateway to the wider housing sector. CIH has developed a number of tools to support housing strategists in that element of their role.[4]

Health and social care policy makers and strategists

This paper is written from the perspective of housing as a significant contributor to achieving health equalities, wellbeing and inclusion for communities and individuals.

Housing has long been recognised as a key social determinant for health.[5] Decent housing and related services provide a significant contribution to a preventative approach to maintaining health and independence and staying engaged with/active in communities. Several studies have evaluated the savings that such services can bring for health and social care budgets.[6]

This paper seeks to encourage and support your discussions with local authority housing and planning leads, and with housing provider partners. In particular, housing partners can bring additional understanding and knowledge of local communities' needs and aspirations, and strengthen locally based solutions through their services and community assets, and their networks and connections with local residents.

4 For access to CIH's free publications and information on strategic housing, see the strategic housing hub; www.practicehub.cih.co.uk/course/view.php?id=22. See also the START team to support local housing authorities in their strategic role www.cih.org/start/

5 Most recently see Fair Society, Healthy Lives, the Marmot review of health inequalities, 2010. www.marmotreview.org/

6 See: *Research into the financial benefits of Supporting People* (2009). For a regional study see: www.sitra.org/fileadmin/sitra_user/2009/Policy/Y_H/Full_report_Prevention_and_personalisation_160910.pdf supported by CIH Yorkshire and Humberside

2. A brave new world – the changing policy context for public services

The coalition government has introduced reforms to every area of public service, and is committed to accelerating previous trends toward increasing local community involvement in shaping transformed public services, and strengthening the ability of local people to hold authorities, statutory organisations and partners to account.

Case study: Blackpool – Taking integrated working further

In CIH/Housing LIN's report on *Housing, Health and Care* in 2009, Blackpool was an early case study of integrated working across the sectors. Public services in Blackpool had developed integrated networks at Chief Officer, strategic and operational levels that resulted in cross-professional training, and a shared referral process.

The ongoing demand for services and the constrained financial settlement across the public sector means that the partners are working together to develop services, find new funding, and increase their 'reach' to more members of the community. Facilitated by its unitary status, co-location of key services, and driven by the obvious impact of poor housing conditions on health, its PCT has provided continued investment in the delivery of Affordable Warmth through the Home Improvement Agency (HIA), Care & Repair.

Working with GPs

A critical development has been to ensure that customers that are common to all the services only have to engage once, to open the door to all the services they require. Recognising that more socially isolated people are likely to engage with GP services and related community health professionals, such as community matrons and district nurses, the HIA and public health professionals have been keen to connect to GPs to reach more people requiring affordable warmth and highlight issues of poor housing conditions.

As part of that objective, Blackpool PCT and the HIA have worked hard to engage with GP partners to pilot a referral system through the GPs' IT system, which, when assessing cold-related illness, will trigger queries about the person's housing. Referrals from this will be directed into the HIA which will coordinate interventions using the shared referral process previously developed across the partners.

The approach to GPs has been supported by local Public Health professionals, who have provided the way in to engage practice managers. Housing and PCT staff have gone prepared to give answers and demonstrate how involvement in the project will directly deliver the GP/practice's own key objectives – addressing ongoing respiratory problems, reducing repeat visits, and reducing the need for medication. In the long term, by developing a system that is easy to use and that produces results, they hope to win the commissioning argument with GPs and be able to continue/increase the service.

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Maximising local authority powers

The HIA now 'sits' within the Places division of the local authority, and undertakes Housing Health and Safety Rating System assessments, enabling it to streamline referrals for intervention on housing conditions. Blackpool also has an active private sector landlords' forum with which they work to encourage investment in housing conditions and provide support and information for landlords.

Bringing in additional funding

The investment from Public Health is supplemented and stretched by drawing in investment from a local energy provider, funding two part-time advisors based in the HIA who will work alongside existing HIA services. The workers will provide practical assistance, advice and support to vulnerable groups living in fuel poverty and/or without heating with a long term health condition. Part of their role is also to recruit local 'Community Energy Champions'. Benefit maximisation is also supported by an expert seconded from the local Age UK.

All of this is being taken forward together, with partners across housing, health and care being fully aware of how their decisions impact on partners, as a result of the strong partnership working – an 'unbreakable chain' – that has developed over recent years.

NHS Health Services

The Health and Social Care Bill proposes significant changes for the health sector; perhaps the most significant changes since the establishment of the NHS, with the greater portion of funding potentially due to transfer to the control of emerging GP and clinician-led commissioning structures, and the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (initially the transfer of responsibilities was proposed to be completed by 2013). GPs (and other clinicians) will be directly responsible for commissioning services to meet the health needs of their local community, with direction and guidance from the NHS Commissioning Board, to quality standards set by NICE (with value for money, collaboration and use of competition being addressed by Monitor).

Whilst the White Paper *Equity and excellence: Liberating the NHS* and the accompanying outcomes framework was clear about the importance of partnerships to deliver best outcomes for patients, challenges for partnership working will include maintaining existing relationships at a time of radical transition, which will involve loss of personnel. For housing professionals who have worked hard to make effective links with local PCTs, there is a risk of losing key contacts and the ability to map and understand the changing health landscape and identifying with whom, in the newly forming commissioning structures, they need to make connections. The focus, in line with all other public services, of an increased person-centred focus for health services will hopefully support ongoing work to manage and develop partnerships across health, care and housing, as people see their lives as an integral whole and require services that fit that approach.

For the emerging GP consortia and other clinician-led structures, there will likewise be challenges in adapting to the new framework and their additional responsibilities. Increasing their awareness of the importance of housing and related support services, in particular to address prevention of ill health and early, successful interventions to support recovery, will be an important role for local authority housing strategists. The local Health and Wellbeing Boards will be a critical forum for identifying ways in which housing can be part of the solution for people's ongoing health, and tackling local health inequalities.

The local boards will also have significant authority over the development of the JSNAs in a local area. The housing sector's engagement in areas often of deprivation and high occurrence of health inequalities, plus their wider community knowledge and networks, makes them important contributors to the JSNA.

Many PCTs and public health sections have individuals who lead on the development of health information in a local area. It seems likely that, in future, these roles will sit in the local authority under public health teams. Housing strategists and providers could usefully make links with such postholders to feed knowledge and local evidence into the JSNA process

Recommendation: that local authority housing leads ensure there is a robust link across the health and social care landscape in relation to a shared understanding of needs assessments and strategic planning. For example, to ensure there is an ongoing dialogue between those preparing housing needs and strategic housing market assessments with health information specialists in PCTs/public health teams to engage with JSNAs.

Public Health Services

The inclusion of public health within local authorities gives new opportunities to embed the importance of warm, safe and hazard free housing in decent neighbourhoods as a key contributor to public health. The White Paper, *Healthy Lives, Healthy People*, acknowledges the role of planning for active ageing and sustainable communities through Lifetime Homes standards for new housing and attractive green spaces. Stronger, effective links with housing strategists and providers will enable the local authority to shape places and services more effectively with and in response to local people's priorities.

Directors of Public Health (DPHs) will be an important link again with emerging health commissioning structures in terms of planning for health services, and therefore their understanding of housing based solutions for health and wellbeing will be a significant factor in the development of services. They, together with social care partners, are tasked with ensuring key messages get across to local communities on lifestyle and other health issues. Housing providers that are embedded in local communities and have significant community networks can provide invaluable support in both communicating these messages and contributing to achieving the public health agenda.

The White Paper sets out a vision for the DPH role including 'In tight financial times, it will be incumbent only to support effective interventions that deliver proven benefits, and to evaluate innovative solutions'.[7]

7 Department of Health (2010) *Healthy People, Healthy Lives*, p83, vision for DPH's role

A clear steer from health professionals in the discussions was the need to present arguments for investment that are clear about the costs, the financial benefits and the additional value that can be offered, as investment in one service can only be made by disinvestment in another. Amber Valley's health trainers in sheltered schemes include such additional value for no cost by directing key health messages at targeted audiences (for example, recently flagging-up bowel cancer testing amongst its wider tenants' groups). This will be particularly important in the light of severe reductions to other preventative budgets, such as Supporting People funding at the local level. It is also an area where some of the evidence is clear at the national level, which can support ongoing discussions locally.[8]

Case study: Wakefield District Housing's health inequality workers

The level of health inequalities and need to address the needs of vulnerable groups, plus the involvement of both health and housing on local partnership boards, led to a significant partnership developing between Wakefield District Housing (WDH) and the local PCT. As a large scale voluntary transfer organisation, WDH was involved in the estates where the health inequalities were clearly evidenced, and as a landlord, was frequently aware of those households needing help before a crisis point in their health and wellbeing occurred. As such, the organisation was seen as a vital partner for the local PCT in getting messages to these households and supporting/encouraging them to access the health and support they needed. The PCT provided funding for two years for a small team of health inequality workers, employed by WDH, to support households and to refer them to the extra help they needed, both health and care, but also benefits and other support. A further year's funding has been agreed and an evaluation programme to enable them to call for ongoing mainstream funding is taking place. Referrals can come through tenants self-referring, from other providers and partners, but is predominantly through WDH's own estate staff, debt advisors and other staff.

As the following case study illustrates, the team is a clear example of the benefits for health services in investing to save and prevent crisis.

A couple were supported by health inequalities workers to address multiple difficulties and health issues.

The husband had a damaged spine, pain management issues, a daily drinking habit with concerns about liver problems, and stress and memory problems.

The wife had residual weakness following a stroke, was unable to walk far, and had mild learning difficulties.

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8 Evidence on the value of SP:
– *Research into the financial benefits of the Supporting People programme*, 2008
– *Prevention and Personalisation*, 2009, Sitra
– CIH paper on strategic decision making in SP: *Supporting service changes in a time of pressure*, 2010

Acting as each others carers, both had become overwhelmed by recent money difficulties that had resulted in arrears on a utility bill. A meter was fitted but for the wife this had become a source of anxiety about gas safety. Arrears remained unaddressed.

Interventions:

- liaison with utility company to investigate arrears and alternatives to meter
- further benefit checks
- integrated community services for independent living aids
- involvement of support to address drinking habits (which were resulting in blackouts).

Outcomes:

- grant secured to address arrears, meter removed and payment methods reassessed
- increased income
- bathing aids provided
- possibility for scooters and other aids for inclusion being considered
- decreased drinking from daily to social and occasional
- healthy eating advice given and weight management support
- support provided during modernisation and redecoration of property.

The comments of housing providers at the roundtables demonstrated that there seems to be still a wide range in the capacity/ resources of local authorities to prioritise and deliver the strategic housing role. However, social care professionals around the table clearly expected their local housing strategy partners to be the gateway into the wider housing sector as partners in developing housing/related support solutions. There is a role for CIH to support local action to maintain and increase the capacity of housing strategists, to steer and broker the relevant partnerships locally to support the development of health and enabling places.

Recommendation: that there should be a clear, identified housing voice on the local Health and Wellbeing boards – those with lead responsibility for the local housing authority strategic function, or a representative agreed across a number of local housing authorities as they consider appropriate.

Recommendation: that government should amend the Health and Social Care Bill to make a clear requirement for housing to be represented on the Health and Wellbeing Boards.

Recommendation: that government should consider how the expertise and solutions provided by housing can be identified at the national level in the NHS Commissioning Board, NICE and Monitor (through an expert panel of housing advisors for example) as well as Healthwatch, so informing consumer engagement and supporting consumers requiring more integrated and community focused solutions.

Recommendation: that CIH (in partnership as appropriate) should lobby for the inclusion of housing as a key partner on the Health and Wellbeing boards, and for clear mechanisms to link to the wider housing provider forum in the local area, to support the effective engagement with housing, to access information, evidence and network, for the development of Joint Strategic Needs Assessments.

Recommendation: CIH to develop further tools to support ongoing capacity and skills to engage in partnerships in the housing sector with particular emphasis on the strategic housing and commissioning role.

Recommendation: CIH to consider developing short courses or other tools aimed at explaining housing for non-housing professionals and to liaise with relevant professional bodies within the health sector to develop/encourage take up of these tools.

Social Care

The government's vision for social care, set out in *Capable Communities, Active Citizens*, further strengthens the changes taking place within the sector, notably by making a priority of developing and extending personal budgets. Both the government's paper, and the sector's agreement, *Think Local, Act Personal*, (the follow on document from *Putting People First*), sets out the preferred aim for the budgets to be made as direct payments, and the need therefore, for social care authorities to ensure a robust market with a plurality of providers.

The constrained financial settlement for local government, even in the light of additional funding for social care (unringfenced)[9] will mean a tightening of eligibility criteria for funding, and an increasing number of people required to pay all or a proportion of their care costs. This increases the need for a strong commissioning approach from local authorities, and a new focus from housing support providers on how these reach to a wider market than the traditional base in the social sector.

The long term care commission chaired by Andrew Dilnot[10] will present recommendations in summer 2011 about the models to support the growing costs of providing long term care. Housing has been a focus of discussions to date in terms of releasing equity to fund care, but other solutions include how housing – adapted or specially designed and developed, alongside telecare provision – might provide a solution that can enable less high level care and avoid people using high cost institutional solutions. The inclusion of such elements needs, however, to be factored on actual costs to ensure long term viability; the experience of many providers to date is that telecare can be one of the most difficult elements to include, and costs are often being negotiated on historical costs.

Recommendation: long term solutions for care and health should consider the involvement of housing and telecare solutions as part of a package underpinning more intensive interventions (and often delaying the need for these). However, this will need to consider actual, rather than historical costs, to ensure long term viability.

9 See *CIH briefing paper on the Comprehensive Spending Review*
10 www.dilnotcommission.dh.gov.uk/

Case study: Somer Community Housing Trust's Independent Living Service

Somer CHT has begun an Independent Living Service, a pilot project for two years with funding from the joint community health and social care team of Bath and North East Somerset. The target audience is people over 50 and young disabled adults in the local community regardless of housing tenure.

Interest was raised in funding partners by evidence that Somer itself provided, following its own survey of both sheltered and general needs tenants to investigate what support services they wanted as they got older. A range of service options was proposed, including the basic alarm service, handy persons and so on. A high return rate also revealed a significant number of tenants who wanted support services now, as well as in the future. This evidence was shared with commissioners, who then initiated additional research themselves. Somer CHT conducted a small pilot with 37 people, offering the services free to explore how a larger service could be developed, and shaping an outcomes framework. This enabled them to be in a strong position when they, along with other providers, responded to the tender for an Independent Living Service, issued by the commissioners.

The funding is for two years, with a possibility to extend to five, and there are clear outcomes on which it is monitored by the funders. The menu of choices is wide, including a falls assistance service, and 50% of those taking up the service (which has been running only for two months to date) are owner occupiers.

The service has been developed to use a small number of volunteers who can choose from a range of roles, including befriending, support to take part in social activities, or peer support for those accessing care and support for the first time. Twenty five people from the initial free pilot of 37 have signed up to the new service.

A key element that is well used and wanted by all subscribers is the alarm system. However, this is the element that can cause difficulty in balancing actual costs, the cost of other providers and reasonable parity with sheltered scheme provision.

Key lessons identified by Somer include:

- the value of involvement of volunteers, both in the additional qualities they bring to the service, and being able to maximise the use of paid staff for other tasks
- the benefit of being able to evidence the need for such a service to local partners and commissioners
- the benefit of proactive engagement and business development; the small in-house pilot enabled them to return a very strong bid, including a robust outcomes framework
- the importance, but difficulty, of inclusion and full costing for telecare element.

Housing

Case study: Gloucestershire's Village Agents

Gloucestershire County Council and the PCT jointly fund a scheme of Village Agents, locally based people who are employed to connect people in villages, or in black and minority ethnic (BME) communities with the services and support they need. The scheme was initially funded by the government's LinkAge project, but proved successful enough to be jointly funded after the two years of that programme was completed. The County Council has also extended funding to include Community Agents, working countywide to provide similar support to BME communities.

Whilst the county had a multi-agency contact centre, CAREdirect, which focused on a wide range of help and support relating to health, social care, housing, pensions and benefits, and personal safety, the lack of contact from older people in rural communities was part of the incentive to look at a more direct, face to face means of giving help, and increasing the use of the contact centre. The contact centre and a web based referral route means that the Agents can easily access the information they need, and can directly refer people to a wide range of local partners, including the fire service, the Home Improvement Agency, the Pensions Service and so on.

An evaluation of the scheme, including a cost benefit analysis published in September 2010, can be accessed from the Village Agents website. The agents:

- cover 205 of the 253 parishes in the county
- made over 42,000 contacts between July 2009 and June 2010
- ensured an extra £6,015 in benefit each week being received
- act as champions to promote public health messages and signpost people to services, including those who have cancer
- make savings for public sector services
- make a difference for many people beyond the initial query.

The reforms proposed by government for the social housing sector, as with the NHS, will bring in some of the most radical changes experienced in many years. Two policy elements will have particular impacts for partnership working across social care and health; welfare reforms and the proposals for social housing reform[11] – affecting the availability of housing in the private rented sector due to benefit changes and caps to total amounts of Housing Benefit provided; and affecting social/affordable tenancies provided by both council and housing association partners. These together are likely to impact the length and security of accommodation for some people and may affect the support providers can give to people with support and care needs in

11 CIH has provided briefing paper for these key policy proposals and updates as appropriates: www.cih.org/policy/free-publications.htm

particular. Future capital investment in social housing provision – the Affordable Homes Framework – will impact on the development of homes that meet the needs of vulnerable and older people including specialist housing such as extra care.

Welfare reform

Housing Benefit restrictions (limiting the Local Housing Allowance to the lower third of market rents rather than the current median, and an absolute annual cap to payments) will mean that some households will be unable to continue to access housing in some areas, with the risk that informal care and support networks are lost, and potentially a higher demand on health and care services arising as a consequence. The proposals of the wider Welfare Reform White Paper will have potentially greater effects if the housing elements of the universal credit are 'unlinked' to real costs of housing at a local level. Housing Benefit limits for some households who are under-occupying social housing might also impact decisions about undertaking adaptations in the long term.

Social housing reform

The introduction of 'flexible tenancies' gives landlords the opportunity to set some new tenancies at a fixed term, enabling them to encourage people to move on, or for the tenure of that property to be changed, if the household's circumstances change following the end of the fixed term period. The landlord can however, choose to renew the tenancy for a further term. The flexibility allowed may support the ongoing work with some vulnerable people to gain increasing independence and move on at the right time in their lives, particularly if the fixed term if of reasonable length; it must not be less than two years, but could be more (in a survey of CIH members, many felt five years would be more appropriate).[12]

Housing associations likewise can relet some existing vacant properties with a flexible term but also at higher than usual rent levels (up to 80% of market rents). The main driver behind this proposed change is the need to find ways to maximise revenue for associations to recycle into the development of new properties. Potentially this may have greater impact for supporting some vulnerable people, particularly where one of the key support aims is to help them back into work – the higher rents providing a potential barrier to that, depending on rent level relative to income and the extent of benefit tapers affecting the level of income left to the household.

The landlord still retains the option of awarding a tenancy as currently, with no fixed term for occupation/review, which may be particularly applicable for households including people with long term conditions, disabilities and so on. In some discussions with social care partners at the roundtable event, the potential of shorter term tenancies was not necessarily seen as a hindrance to effective support and partnership. However, for those with long term health conditions or disabilities, where support and care is about maintaining levels of current independence and preventing/postponing increased health and care interventions, partnerships will need also to consider how the tenancy strategies of local authorities, and tenancy policies of provider partners support successful outcomes from packages of care and support.

12 See *CIH response to Local Decisions: a fairer future for social housing*

The new affordable homes framework sets the criteria in which housing providers can access development funding in the future. It will require setting rents differently for an agreed number of re-lettings in existing housing and for new housing. This will be at a new rent which can be up to 80% of the market rent in an area; the proviso is that the additional rental income will be used to support future development of new homes. Care and support needs can be met in both general needs and specialist housing, both of which are eligible for funding through the new funding framework. The HCA provides guidance to potential investment partners and local authorities regarding meeting the housing needs of vulnerable and older people. A 'watching brief' of the impact of the framework on meeting care and support needs in specialist and mainstream housing will be needed over the next few years where it is identified as a priority by local authorities and health and care partners.

Capital funding from the HCA is allocated in line with locally identified priorities and strategies. The HCA has been working with local authorities in developing Local Investment Plans which articulate local needs and priorities. These plans work best when supported by a strong evidence base such as JSNAs. These ensure that vulnerable and older people's needs and housing solutions can be integrated across health, social care and housing investment plans at a local level.

Recommendation: local authorities should undertake equalities and health impact assessments of their developing tenancy strategies, with support from local health and care partners. Housing provider partners will need to have regard to both the strategy and the impact assessments in setting their tenancy policies.

Recommendation: housing providers, local authorities and the HCA should track how the new affordable homes funding framework will impact the delivery of mainstream and specialist housing, in the light of the role housing can play in meeting long term care needs and the housing needs and preferences of local communities. New models to assist this delivery should be considered.

Recommendation: local authorities should seek to strategically identify needs and plan for solutions across health, social care and housing.

Recommendation: CIH to consider providing tools for/support to the housing sector in developing tenancy strategies and policies.

3. Incentives for partnership working

Localism and communities in control

The removal of targets and performance frameworks at the level of central government has been extensive, with a roll back of regulatory burdens in most sectors. The government is committed to ensuring that decision making, funding and accountability are firmly embedded at a local and neighbourhood level, and that local people have increasing control over the priorities for their area, including opportunities to shape and even deliver services to meet those priorities.

The Localism Bill is set to introduce new mechanisms for community empowerment, including petitions, referendums, right to acquire/run community assets and so on. In planning, government is introducing several mechanisms both to encourage local people to accept new development, and also to allow development to happen more quickly, without planning permission, where parishes/recognised neighbourhood fora are in agreement (by at least 50%).

In seeking to release decision making and funding responsibilities to the local and neighbourhood level, there is the potential to ensure that a more seamless and integrated approach to local service development is achieved. Local people, looking at their own needs and aspirations, are less likely to set professional or sector boundaries to how these should be met. Greater influence from local communities may shape a correspondingly shared response from professionals and provider organisations. Capturing the lessons from previous pilots looking place based budgeting and capital use may provide opportunities for delivering services in a different way.[13]

Value for money and achieving more for less

The greater involvement of communities and individuals in shaping the services they receive is aimed at increasing accountability for and satisfaction with services; it is also seen as critical to maximising value for money. The severe financial constraints on all public services means that statutory bodies and their provider partners will need to find new ways to deliver services rather than simply doing less of the same. Within some public services, there is a move towards payment by results, on the achievement of satisfactory outcomes. The HCA has, in the framework document for its funding programme, raised the challenge of payment by results on completion of schemes within an agreed programme of development.

It is currently less clear how payment by results can be applied where the outcomes are not as easily measured as the delivery of a number of units of housing or completion of operations. By its nature, care and support for vulnerable groups, and health interventions for people with long term illness have multiple outcomes that are also to a certain degree subjective. However, some providers are looking at how, through integrating the services they offer, they can achieve a better, more streamlined delivery of multiple services for individuals. The case study from Mears below is also dependent on localism operating well and enabling a transfer of funding across partners on the achievement of clear benefits for health in particular (i.e. requiring further development in strategic commissioning across services in a local area).

13 See *Total Place, final report*

Case study: Mears' integrated service offer for older people

Mears Group has developed an integrated care offer that aims to provide local authorities with solutions for meeting the dual challenges of increasing care needs from an ageing population and significantly reduced budgets. Rather than local authorities reducing the level of care provided, Mears' offer seeks to deliver 'more for less' via integrating services and introducing incentive based commissioning.

To enable a truly integrated offer for older people, Mears has formed a partnership with AKW, a major provider of home adaptations, and Tunstall, a leading provider of telecare and telehealth. This partnership facilitates a fully combined offer, whereby local authorities and individuals can purchase in one step a full package of the domiciliary care, housing repair, adaptations and telecare services they need, rather than a separately assessed and costed collection of services.

The offer involves the use of

- Home Improvement Agencies as a single point of contact, providing advice and information about the options available for self funders and people with individual budgets
- a single assessment process which can identify the nature and level of support required
- the delivery of housing repair and adaptation by trained maintenance staff co-working with domiciliary care staff (more information below)
- incorporating telecare into the package to maximise savings
- sharing risks and rewards between statutory services and providers to deliver more for less.

Integrating care and housing maintenance

Housing and Care workers operate as a team within Social Housing Mears – providing the opportunity for domiciliary care and housing repair and maintenance as a package. Such integration offers the potential for better and personalised services for individuals. Both housing and care staff are trained to consider the impacts and interconnections of housing conditions and care needs, to enable more effective solutions (enabling a swift response to repairs which may cause trip hazards, installing minor adaptations, tackling heating problems and so on). This enables a preventative approach that can also offer savings – by preventing hospitalisation for example. The Mears integrated care model would mean that care and housing staff operate as one team, with joint appointments wherever possible.

Sharing risk and reward in outcomes based commissioning

Incorporating telecare into the package of support provides further opportunities for significant savings; North Yorkshire Council, which invests significantly in telecare, has identified that it has cut average annual care costs for service users by 38%, or £3,650 a person, by delaying or reducing admissions to residential care or use of domiciliary care. The Mears and Tunstall partnership enables the offer of telecare on a risk and reward basis whereby the providers take the costs of integrating telecare, in return for a share of the savings achieved by reducing residential and NHS admissions. This builds on the government's drive to extend payment by results schemes to the health and support sectors. It requires longer contracts – to enable delivery of the outcomes – and an integrated commissioning approach across housing, care and health commissioners in a local area to work effectively.

Personalisation

Personalisation is a key theme in the transformation of all public services, at individual or community level. The agenda is most advanced in the social care sector (as evidenced above in 3.9) with a focus on direct payments. For the housing sector this creates challenges for the viability of certain schemes, such as extra care, where a core of funding is essential. In some cases, commissioners across the sectors are agreed that the exercise of choice occurs at the decision to enter extra care housing, rather than requiring the availability of choice over the services delivered within the scheme (which would potentially risk the viability of the scheme in some cases). However, others are looking at models of delivery with little or no core agreed funding. This can provide particular problems for smaller local/specialised providers who are less able to provide cross subsidy from other funding sources or schemes. Challenges have also arisen from cross subsidy of schemes through mixed tenure and sales of extra care flats due to the housing market downturn, which means that older people have been less able to sell their existing homes.

Case study: Look Ahead housing and care in Tower Hamlets

Look Ahead has developed a system to introduce greater personalisation in services for tenants with severe mental health issues in supported accommodation.
Core funding to the total of 70% of the contract provides ongoing and 24 hour coverage. This is required in the scheme given the level of health and care needs.
The contract provides for an additional 3.5 hours per person with their key worker to use as the individual directs and a further direct payment of £40.00 a week is paid to the individual to use as they want and agree in a risk assessment with the key worker.

Look Ahead has developed its personalised offer, which includes:

- choice of support worker
- choice over time and place for support
- control over resources
- knowledge of cost of support package.

An evaluation of the service has undertaken by Look Ahead and Tower Hamlets available on Look Ahead's website.

For health services, personalisation still means person-centred planning and delivery of services, rather than more direct mechanisms of control, although personal health budget pilots are trialling how this might develop. The discrepancy in how the three professions are interpreting such a key policy (and how different areas within the same sector take different approaches) brings valuable flexibility and diversity but means that a critical factor for successful partnerships is to identify from the start of joint working what each partner understands by the same terminology.

Recommendation: that partnership working should be set out with clear, agreed, key outcomes and a shared understanding of key terminology and objectives, against which delivery by the partnership is regularly monitored.

Recommendation: CIH to consider developing a glossary of terms/translation tools, for example, 'Mind your language', building on the outcomes frameworks being set for health, public health and social care.

Commissioning

The increase of personalisation is shifting the nature of commissioning across health, social care and housing to a more clear focus on assessing local needs and providing the framework in which services develop to meet those needs.

As expected, this approach to market management is, in some places, significantly more advanced in social care, in response to the personalisation agenda being more embedded to date. However, it is at this level that integrated strategic planning for services (including range, type and nature of housing required) across a local area will be critical to support better outcomes for individuals and communities (as the Mears study above illustrates).

4. Emerging challenges

Case study: Norfolk's integrated commissioning structure

A structure for joint commissioning is being developed in Norfolk, bringing together services which reduce and prevent hospital admission, such as reablement, social care and Supporting People services. This will ensure a streamlined and preventative approach to commissioning services across the county, based in locality focused teams.

The aim is to ensure appropriate investment in and commissioning of services that are focused on maintaining and regaining independence, health and wellbeing through community, housing based solutions.

It will also provide a framework in which GPs, once entrusted with the funding and role of chief commissioners for health, can engage with and use, exploiting well developed partnerships and existing shared expertise in commissioning services.

This framework provides new opportunities to ensure that housing and housing support solutions are genuinely integrated in service delivery.

Personalisation, with an increased focus on direct payments, will continue to spread across the health, social care and housing sectors. However, there are other, newly emerging challenges that will have significant impact on how services are developed across the sectors, including setting tariffs and payment by results. These are initiatives which government is seeking to extend across public services, to increase competition and drive value for money and efficiencies.

Payment by results is used in the employment sector in contracts supporting people back into work. Tariffs and payment by results have been developed in the health sector and applied since 2002 to various medical procedures and interventions. The development of payment by results for less clearly structured and identified outcomes within health is being developed in relation to patients with complex long term conditions. This may provide some insight as to how such a system will or can be developed in the areas of social care and housing related support, where the interventions can be both long term and fluctuating to meet needs.

Government's commitment to extending the scope of this approach can be seen in ministerial addresses clarifying the meaning of the 'Big Society' which includes radical public sector reform. Greg Clark, Minister for Decentralisation, referred to achieving a significant redistribution of money and assets to local communities through contestable contracts and payment by results amongst other mechanisms.[14]

14 Greg Clark on Growing the Big Society, 27th July 2010 www.communities.gov.uk/speeches/corporate/growingbigsociety

Currently DCLG is establishing a pilot group of local authorities which will trial the development of payment by results in housing related support. Whilst housing related support has become increasingly focused on outcomes rather than processes, there are still some critical questions to explore in relation to applying payment by results and its potential impacts.

The Department of Health is working with clinicians in the field of drug recovery in extending payment by results, and reports from that field[15] also capture some of the common issues:

- how to measure the 'result' indicators suggested including the Quality Assessment Framework, the outcomes framework and agreed KPIs
- how to address potential 'relapse' and re-entry to services – hospitals are no longer paid for readmission into hospital following discharge from elected intervention, as the reablement funding across health and social care is intended to support services to address risk of readmission
- how to ensure the viability of services and plurality of providers, for example; the development of models to include a core service/payment, plus additional funding for results achieved
- how to balance payment by results with customer choice and control
- how to measure milestones and direction of travel for long term services and stage payments
- how a social investment model might apply, such as the Peterborough reoffending prevention service[16] (this would be challenging for smaller providers who cannot support borrowing on the necessary scale)
- for integrated services across the sectors, how to ensure robust systems that allow for the transfer of funding and savings across the different sectors
- what will be the implications for commissioners – in terms of skills and capacity for contract management?

15 For example see, *By their fruits: applying payment by results to drugs recovery*, a UKDPC report by Dr Marcus Roberts

16 www.guardian.co.uk/society/2010/oct/06/social-impact-bonds-intractable-societal-problems

5. Conclusion

CIH will be working with partners and with the sector as the policy context develops to support local authorities and partners in their work to develop and deliver services for communities.

CIH has continued to produce tools to support housing professionals, particularly those with the responsibility to lead on the strategic housing function in local authorities.

In particular, CIH:

- has recently produced a brand new strategic housing chapter in Practice Online, our web based knowledge and good practice tool which is available free to our members. There has also been a supported housing chapter available since January 2011. www.cih.org/practice/online/
- has recently published a new paper on the Local Authority Role in Housing Markets: www.cih.org/policy/fpp-LArolehousingmarkets-Apr11.pdf
- has established a team to support local authorities in their strategic role – the Strategy and Research Team (START): www.cih.org/start/
- will shortly be publishing guidance on tenancy strategies
- will be continuing to develop support for local authority housing lead officers and provider partners.

Appendix

Methodology

A series of seven round table discussions in several different English regions provided the context in which housing, health and social care professionals came together to look at how to develop greater integration of services. After identifying common experiences of barriers, the delegates directly addressed how the new policy direction and the emphasis on localism and greater community empowerment might support a shift to greater integration. All delegates were also encouraged to suggest key recommendations for all relevant partners, which have been captured in the recommendations made in this paper.

Following the events, a draft paper was circulated to 'critical friends' within and outside of CIH, including representatives of the Housing LIN, ADASS, LGID, HCA, and the organisations providing the case studies.

The paper will provide an overarching context within which other specifically focused areas are addressed by detailed papers commissioned by the Housing LIN, supported by CIH, and will inform key publications supporting a series of master classes.

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