



# Housing, health and care

Housing Learning and Improvement Network

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Endorsed by

directors of  
**adass**  
adult social services

A Policy and Practice report  
by the Chartered Institute of Housing

nhsalliance 



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The Chartered Institute of Housing (CIH) is the professional body for people involved in housing and communities. We are a registered charity and not-for-profit organisation. We have a diverse and growing membership of over 22,000 people – both in the public and private sectors – living and working in over 20 countries on five continents across the world. We exist to maximise the contribution that housing professionals make to the wellbeing of communities. Our vision is to be the first point of contact for – and the credible voice of – anyone involved or interested in housing.

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## **Housing Learning and Improvement Network**

The Housing Learning and Improvement Network is one of a range of national and regional improvement programmes run by the DH Care Networks. DH Care Networks take the lead for the Putting People First team in the Department of Health around integration and whole system reform, housing with care, assistive technology and partnership working.

With over 25,000 members across the networks, the Housing LIN promotes innovative housing, care and support solutions for older and vulnerable people. Established in 2005, the Housing LIN works on a regional and national basis to develop models and promote best practice. The Housing LIN also supports the implementation of the Department of Health's £227m Extra Care Housing Grant arrangements.

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## Foreword

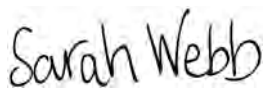
We face some remarkable challenges and opportunities as we move ahead in the future, in relation to building sustainable communities, and maintaining and improving the quality of life for all individuals in our society. To meet these, we require public services that are shaped around the individual and being driven by their identified priorities. This needs to be set in a context of vibrant places to live and work and engage with wider society.

For this the public sector and their partners, together with communities, need to develop policies and deliver services which enable us all to live lives to the full, healthy and engaged with our communities, socially and economically contributing to wider society and supported within communities to do this. This report looks at how together we need to achieve that specifically in relation to our health and wellbeing. Produced in partnership by CIH and the department of Health's Housing Learning and Improvement Network (LIN), it sets out how such integrated working can and is taking place, in relation to work in England.

It has been produced because these organisations believe such integrated working is both possible and necessary as we move forward to meet the challenges and opportunities in the future, and that it will increasingly be the way to deliver what individuals and communities want as well as addressing the constraints on the public sector. But we recognise that the difficult economic situation we face for some years to come will add to the difficulties professionals experience in trying to achieve it, which is why we have sought to share how people are tackling and overcoming barriers in other areas, so that we can learn from the experience of others, and see how we can build more integrated solutions.

We are pleased to have received the support and endorsement from colleagues in the Association of Directors of Social Services, and in the NHS Alliance. We look forward to hearing from colleagues across the sectors in ongoing dialogue around the issues you face, how you are addressing them, and the role we can play in supporting you to work together to achieve better outcomes for individuals and communities.

(A short document with key messages for councillors and MPs is also available free to download from CIH and DH websites.)



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## Aim: healthy and active communities

This report has been developed to support work across the sectors of housing, support, care, and health to achieve the aim of delivering sustainable communities. In particular, it seeks to:

- Set out the **common local context for action** in which these bodies are now required to work. In doing so, it aims to highlight opportunities to transform services locally by an integrated approach across the different sectors of housing and related support, health, and care
- Explore the **shared agendas** in the policy context being set across the sectors, which support better discussions and drive more integrated working
- Illustrate the economic imperative for action with an outline of how strategic investment in services can help to **deliver priorities**, meet shared objectives, and improve performance. This will contribute to better value for money in a stringent economic environment, by tackling problems before they escalate
- Encourage action with the aid of examples of how local authorities and their partners are starting to work in more joined up ways, moving **towards and in a culture of change**
- Explain the contributions that **regional government** can make by setting out the role of regional structures and how they are key to enabling the success of ongoing work across sectors and administrative boundaries.

## Who is this report for?

- **Elected members and Chief Officers**

The report aims to demonstrate to locally elected members and to Chief Officers the value of championing joint working across the sectors in order to maximise investment and meet local priorities, and of supporting their staff to work through the difficulties that can be experienced in cross sector working, to deliver local services which meet the needs in people's real lives, and helps individuals to achieve their personal aspirations.

- **Strategic officers in housing, planning, health, and care services**

The report aims to support the role of professionals who are required by their members and Chief Officers to establish effective links and decision-making processes across health, housing, and care at all levels.

- **Chief Executives and strategic managers in housing associations, and other provider partners**

The report focuses on the leadership role of local authorities, and statutory organisations, but as their key partners in provision, this report will enable Chief Executives and strategic managers in provider organisations to work with local authorities, PCTs, hospital trusts, Adult Social Care to develop innovative solutions that address cross sector agendas, and provide better outcomes for customers.

- **Regional leads in housing, planning, health, and social care**

The report also aims to assist strategic lead officers in the regional bodies as they develop the Integrated Regional Strategies, work with local authorities to agree and monitor their Local Area Agreements (LAA) and sub regional approaches, and seek to embed a joined up approach across regional government.

## Introduction:

# A changing population and challenges for the future

The public sector faces challenging times, with a diverse and changing population, rising public expectations and a tighter economic climate with pressures on budgets for public services. In response to these tough circumstances, public sector organisations and their partners across health, social care, and housing, need to transform the way they plan for, commission or procure, and deliver services. These functions need to be undertaken with some key underpinning principles in place. These include:

- Delivery of **personalisation and increased choice and control** for the citizen and user of services
- A more **integrated approach across all public services** with a focus on achieving 'sustainable communities', and on the role of local authorities as place shapers
- Strategic planning and performance assessment driven by **outcomes**
- Achieving **cost efficiencies and savings** to the public purse which will require a relentless pursuit of value for money, maximising the benefits from investment
- Ongoing **innovation and improvement** in a highly risk averse climate
- Achieving ultimately a huge cultural shift in service design and delivery, leading to **transformation in housing, health, and care services** with real benefits for the customers of those services.

Significant efforts are under way across housing, care, and health to achieve a more joined up, personalised and cost effective approach to planning, development and

delivery of services. Many resulting services are innovative and bring major benefits for individuals and wider society. National policies and regional and local structures are in place to help to transform the approach from an opportunistic one, often driven by a need to turn around poor performance, to one that is more strategic and coherent. This report argues that a continued focus on transforming public services, setting the customer at the centre, and working more closely with customers and communities, will help to build robust evidence on what works, and to secure the best results from investment, for individuals, communities and the public as taxpayers.

### What are sustainable communities?

The government describes sustainable communities as 'strong, attractive and economically thriving neighbourhoods', which are 'equipped to respond to challenging economic, social and cultural trends'.<sup>1</sup> This can be achieved by:

- Improving the quality of life of people living in the most deprived areas
- Improving the way public spaces, housing and community amenities are planned, designed, maintained and used
- Giving people and communities more of a say on the services they receive and where they live.

Fully sustainable communities should also be healthy communities, which support people in making healthy choices, being physically active and remaining engaged with family, friends and their wider community, having as high a

<sup>1</sup> See [www.communities.gov.uk/communities/about](http://www.communities.gov.uk/communities/about)

quality of life as possible. The government's **Lifetime Homes, Lifetime Neighbourhoods strategy**<sup>2</sup> sets out the importance, not only of Lifetime Homes Standards – adaptable homes for the future – but also Lifetime Neighbourhoods – localities designed to increase and facilitate safety and mobility – in supporting the achievement of such communities.

In part, as a subjective measure, quality of life will need to be defined and assessed by people themselves in their communities, and this can be measured through neighbourhood surveys, the place survey (as part of the local performance framework) and other consultation mechanisms. National Indicators (NIs) and Vital Signs (VS) which will provide key evidence of sustainability in communities include:

- The satisfaction of people over 65 with both home and neighbourhood (NI 138)
- Adults with learning disabilities in settled accommodation (NI 145/VS)
- Adults in contact with secondary health services in settled accommodation (NI 149/VS)
- People supported to live independently (NI 136/VS)
- Numbers of vulnerable people supported to achieve and maintain independent living (NIs 141 and 142).

(This is not exhaustive and other key performance indicators across housing, health, and care that can be delivered through integrated working are considered in further detail in section 3.)

## What is the extent of the challenge?

The challenges that face local authorities, health services and social care in the future are extensive not least because of the trends that are common across Europe with an increasingly diverse and ageing society. The extent of this can be seen through some of the population projections and trends captured in ONS data and key government policy papers.

### Demographic challenges<sup>3</sup>

- Currently 30 per cent of households are headed by someone over 65; by 2026 this will have increased by 48 per cent – an additional 2.4 million households
- By 2036 the number of people 85+ will be 2.3 million, an increase of 184 per cent
- By 2041 the numbers of older disabled people will have doubled, and there will be growing diversity in older people in general
- Rural areas will see a noticeably greater increase in numbers of older people – by 2029 the most rural areas will see an increase of 36 per cent compared to 23 per cent in urban areas – and the over 75s being a higher proportion of that increase
- Currently an estimated 29,000 adults with learning disabilities live with a parent aged over 70.

### Health, and care needs

- In 2006/07, an estimated 187,000 people with learning disabilities were known to service, with 137,000 using them; this is estimated to increase to 223,000 using services by 2018 (over 50 per cent increase)

<sup>2</sup> *Lifetime Homes, Lifetime Neighbourhoods: A national strategy for an ageing population* (CLG, 2008) and below page 19

<sup>3</sup> *ibid.* and E. Emerson and C. Hatton, *Estimated future need for adult social care services in England* (Centre for Disability Research, 2008)



- Current trends suggest that living longer means living longer with ill health – between 1981-2002, the years living with ill health for men increased from 6.4 to 8.8, and for women from 10.1 to 10.6
- 40 per cent of people 80+ report living with a long term illness or disability, and 1.5 million have a condition requiring specially adapted accommodation
- By 2025, more than 1 million older people are likely to be living with dementia
- Taking no action is not an option; government estimates that to follow this option would mean a 325 per cent increase in costs by 2041
- Care home admissions cost on average £40,000 per person per annum
- 40 per cent of the total hospital and community health care costs (of £32 billion) are expended on over 65 year olds – 16 per cent of the population.

### **Social and economic wellbeing**

- The over 50s contribute an estimated £87 billion per annum in unpaid care
- By 2026 75 per cent of older households will be owner occupiers (2001 – 68 per cent were)
- Whilst many older people have considerable equity in their homes (£932 billion in 2004), many others live in the worst housing
- Recent EU studies show 30 per cent of pensioners living well below the national average income.<sup>4</sup>

Ensuring that people remain healthy, active and engaged in the social and economic life of their communities and the wider society is therefore one that poses specific challenges for the housing, health, care and support sectors, which will be managed more effectively together.

<sup>4</sup> EU statistics (July 2009)

# 1. A common context for local action

## Local Strategic Partnerships

There is now a common framework for local action that has been developed in recent years, through which local strategies and actions are to be taken forward. The key vehicle through which local vision and priorities are planned, the Local Strategic Partnership (LSP) is the forum at which statutory agencies meet with local businesses, voluntary sector organisations and community groups, and together identify where they want the local area to be in the future and how best to get there.

As the LSP is not a statutory body, the actions identified have to be taken forward by the

statutory partner authorities (and with agreement through other partners). Local authorities have the responsibility of ensuring that the agreed vision is set out in the Sustainable Community Strategy, and that the identified priorities are translated in to the action plan – the Local Area Agreement (LAA) – which should encompass the main priorities of all the local partners, including the local authority, social services and strategic health authorities and Primary Care Trusts (PCTs).

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**The LAA is now the only vehicle through which nationally and locally agreed priorities will be set out.**

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The common framework for local partnerships and actions, and how it should operate, was set out in the government's statutory guidance, [Creating Strong Safe and Prosperous Communities](#) (2008). The guidance established the principles by which local priorities are assessed as sustainable, which include:

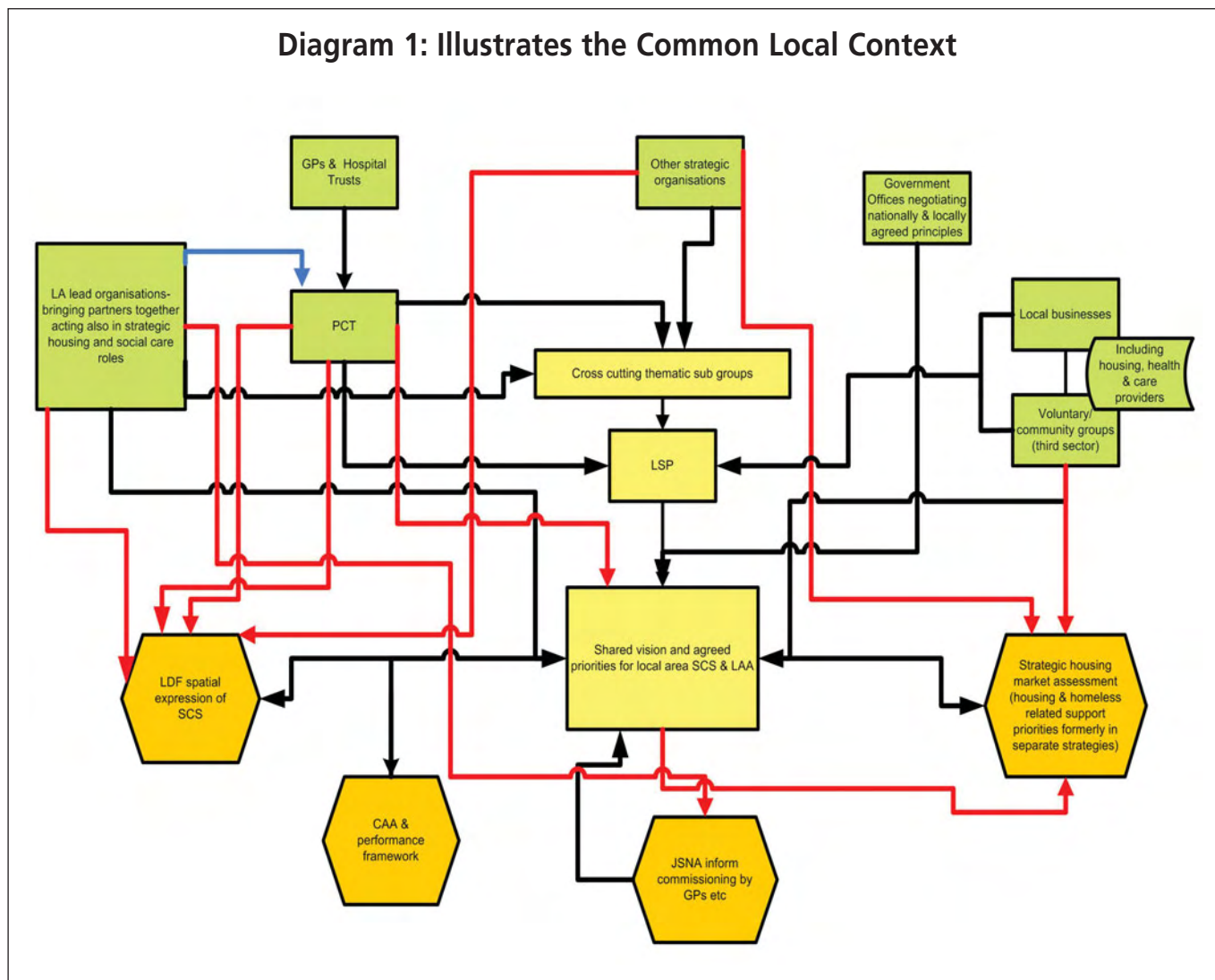
- Living within environmental limits
- Achieving/maintaining a strong, healthy and just society
- Achieving a sustainable economy
- Promoting good governance
- Using sound science responsibly.

The partnership between local authorities, partner authorities, such as health, delivery partners, and the wider local community are therefore vital both to identifying and achieving priorities which support a sustainable approach, within this central framework.

For two tier areas, District/Borough authorities have their own LSP, each of which feeds into the County LAA. In order to achieve their own targets and priorities, these authorities need to work with counties to ensure that

the priorities expressed in their local Sustainable Community strategies included in the LAA which is agreed at the upper tier of authorities (counties, unitary authorities and metropolitan boroughs).

**Diagram 1: Illustrates the Common Local Context**



In the same way, bodies such as NHS Trusts and Primary Care Trusts (PCTs), recognised as 'statutory partner authorities' should be fully

involved in the process of developing the local vision, and agreeing priorities, through the LSP.

### **Making connections at all levels**

PCT and NHS Trusts/Foundation Trusts may need to connect at the county LSP in two tier areas, but there is the potential for GP practice clusters (groupings of GP practices brought together to plan and procure services) to link into district or borough LSPs – bringing in their own knowledge and evidence base – to encourage consideration of how non health services can contribute more effectively to healthy communities. For example:

- Safe neighbourhoods and transport policies that promote walking and exercise
- Decent, well adapted housing that maintains mobility, minimises falls and the incidence of respiratory or circulatory problems etc.

Apart from different tiers of LSPs in areas with county and district authorities, most LSPs also have thematic and/or geographically based sub groups. Frequently housing, health, and care related issues need to be considered in all of these sub groups. For example, clearly housing would be a significant factor in tackling environmental issues, in tackling health inequalities, in the delivery of care and support, and in safer communities, which are frequently different thematic sub groups of an LSP structure. Ideally there should be representation across the sectors at each relevant sub group. Capacity issues are

problematic, but robust fora including provider partners (with strong lines of accountability to relevant stakeholders) could be a way in which to ensure that the voice of health, care, and housing can be included at these different levels of discussion and planning. These could also provide expertise in considering wide based solutions, alongside members of local communities (for example, how investment in low cost housing adaptations can help people live independently at home, or facilitate early discharge from hospital, contributing to healthy communities, safety and economic agendas).

### Practice Example: North Somerset



The LAA and sub regional Multi Area Agreement both focus on the supply of affordable housing as an explicit target, but the wider housing agenda is aligned with the targets for increased choice and independence, significant also for adult social care, and health.

However, the Sustainable Community Strategy had approximately 47 strands that encompassed housing, and the LSP had eight groups all endeavouring to capture some of these objectives. The LSP has recently restructured, focused on much fewer, but broader themes, including a 'transforming social care, and health board'. Under these boards sit expert

panels that provide the link to delivery, and hold the partnership groups accountable for delivery. The housing sub group would therefore monitor the homelessness forum, the affordable housing plan delivery and the supported housing group. Explicit connections between health, care, and housing are made through the focus on the health and wellbeing agenda.

The changes are in early stages, but the challenge is to work through these structures effectively, whilst keeping the dynamic focus that has been present in many of the more specific issues-based working groups used in the past (see pages 31 and 32).

### Shared evidence and understanding

Upper tier local authorities, in partnership with PCTs, are now required to undertake a regular Joint Strategic Needs Assessment for health and social care, whilst the local housing authority and housing partners undertake Strategic Housing Market Assessments. These are important elements of the overall collection

of information and evidence used to shape the long term vision (the Sustainable Community Strategy) and the shorter term delivery priorities for an area. In turn those priorities should be reflected in the action plans of all partners, setting out the services in which they intend to invest to meet them.

## Coordinating local assessments

Strategic Housing Market Assessments (SHMAs) provide evidence of how particular housing markets operate, demonstrating the evidence for housing demand (for all housing across an area) and housing need (where assistance to make the housing affordable is required). Looking at current housing market activity and also at future projections, this evidence is used to underpin planning strategies (local development frameworks and regional spatial strategies), and also to inform housing strategies at local and regional levels.

SHMAs are intended to provide robust evidence to underpin planning for the future, by considering need and demand over a period of at least twenty years. The evidence base will include consideration of issues such as the state of the existing housing stock, the numbers of households now and in the future, and the nature of those households (e.g. an ageing population, or an increasing number of adults with learning disabilities living with older carer).

Meanwhile, the evidence brought together by local authorities and PCTs, through Joint Strategic Needs Assessments (JSNAs), identifies current and future health, and care needs across a community. This evidence base, looking over a ten year timeframe, is intended to help partners to plan services that will contribute to improved health and social care, and to reduce health inequalities. The assessments have particular regard to addressing gaps in services or identifying areas with poor outcomes. The JSNA is intended to highlight areas for improvement which will be reflected in the priorities of the LAA. It also provides valuable information to be considered in relation to future housing demand and need.

These data sets taken together should help planners, housing, health, and care professionals to establish the need for specialist housing (such as extra care housing for older people, or for socially excluded groups for example) in a given locality, with good connections to facilities such as health centres, shops, leisure facilities, and other community amenities.

A robust understanding of the existing stock alongside demographic projections will also enable more strategic investment in renewal and refurbishment programmes, and in Disabled Facilities Grants.

It will also help more widely for planners and strategic partners across the sectors to consider the type, size and nature of housing for the long term, which will enable local populations to maintain independence and health, and remain active socially and economically, both as producers and consumers and in supporting others to remain economically active (for example, grandparental care for children of working parents) in the future.

Through the LSP's thematic and/or geographical sub groups partners should contribute to the evidence gathering and thinking around issues. This can help to broaden the extent of the evidence, but also ensures there is an agreed understanding and analysis of the evidence, and how it can be used to shape the actions taking place in an area by all partners

involved, including in sub regional and regional working. This is because regional bodies can play a useful role in supporting the capacity and resources of local bodies to ensure consistency, which can help to build up the bigger sub regional and regional picture for the appropriate investment at that level (that role is explored further in section 5).

### Practice example: East Sussex in Figures

This is a data observatory, funded by all the LSPs, in which performance information and data relating to East Sussex is collated which provides a shared resource for all of the authorities as they develop strategies and services in the districts and boroughs and across the county, and underpinning the relevant Local Development Frameworks as these are drawn up.

The data sets include the latest statistics covering the social, economic and demographic characteristics of East Sussex, as well as brief topic notes. The data can be demonstrated in a flexible way according to requirements – topics, places

and time periods, with the capacity to provide comparisons at the local, regional and national levels. In the words of one strategic manager – 'it is always open on my desk top'.

#### Benefits:

- Shared data promoting shared understanding of the local area
- Easy access by professionals of different organisations and the public
- One source for all data
- Flexibility in presentation of data.

#### Contact:

[tim.carpenter@eastsussex.gov.uk](mailto:tim.carpenter@eastsussex.gov.uk)

### Practice Example: East Midlands Region

Recognising the importance of up to date and accurate information, the East Midland's Regional Housing Group, and the Government Office have supported local authorities, by establishing a database of housing intelligence on the East Midlands: hi4em.

#### Benefits:

Whilst focused on housing data, the reports

and maps include information on decent homes, on warm front grant investment, on energy efficiency etc, which can also shape planning and investment in services by social care, and by health, in terms of health inequalities and supporting aligned investment in areas with identified shared issues.

See: [www.hi4em.org.uk](http://www.hi4em.org.uk)



## Duty to involve

To support the active involvement of local communities and people in shaping services, from April 2009, local authorities, PCTs and other statutory bodies (except the Police)<sup>5</sup> are bound by a new 'duty to involve', which is intended to make sure that such bodies incorporate the views of 'representatives of local persons' – those affected by the services they deliver as well as those who live in the local area – when exercising their functions. This is in addition to the specific cases where there is a statutory obligation to consult, such as for planning when the Local Development Framework is agreed. Information about the requirements and aspirations of local people is often also captured through community

and voluntary groups, and through local businesses' awareness of their customers, and all make a vital contribution to the planning by the LSP for the Sustainable Community Strategy and the particular areas to prioritise for action.

Partners involved in the LSP provide an opportunity to communicate with and involve local people in the area, through their own networks. Public involvement is increasingly seen as critically important at all levels of decision-making and implementation, and robust systems are needed to ensure that arrangements to interest and involve local people are meaningful, accessible, clear, and produce results.

### Practice Example: Beyond consultation – communities in control



Paddington Development Trust (PDT), working in a deprived area of Westminster, has been a crucial player in making community empowerment a reality for the neighbourhoods in which it works. It provides a 'community interface' between the communities and the local authority and other statutory (and non-statutory) partners there.

Established with Single Regeneration Budget monies ten years ago, PDT and the local communities have established neighbourhood forums, with residents standing for election to represent their communities. Through these fora neighbourhood plans are developed, which feed into and are reflected in the LSP's vision, the LAA and into mainstream partners' corporate plans.

The work that PDT has done in listening to residents and enabling them to set the agenda and priorities has resulted in significant community influence over the

work programme around the health and wellbeing agenda, amongst many others. The evidence they gathered from local people about significant housing problems and the connection with health (such as large spread problems with damp in properties, for example) led to the development of the Healthy Futures programme, through which a series of services were trialled, including health MOTs, environmental and community safety, and the secondment of an officer from the PCT to work on healthy living programmes.

The legacy of the project includes:

- The network of relationships
- Ability to make connections between services
- More clear and effective information and signposting to services.

Contact details and more information at <http://www.pdt.org.uk/>

<sup>5</sup> *Creating strong safe and prosperous communities statutory guidance* (CLG, 2008)

## Monitoring, evaluation and the Comprehensive Area Assessment (CAA)

From April 2009, local agencies' progress in achieving local priorities has been assessed in a different way. Rather than an approach based purely on assessing public bodies, the joint inspectorates for public services consider the achievements made at an area level, by the local authority and its partners, as well as at an individual organisational level. In particular, the focus is on potential – with a key question being 'what are the prospects for future improvement?'

The CAA uses information from the Local Performance Framework of 198 indicators, the NHS' Vital Signs, and other locally held performance management information, to shape its conclusions. It looks closely at how

well local people are involved in the process of decision making and in particular those whose circumstances make them less likely to be involved (due to physical disability, health, language or lifestyle etc).

The LSP should also be examining the information available from these systems and listening to feedback from local people, to assess progress as it develops its programme of work. The structure of thematic and/or geographical sub groups or partnerships should be the route for receipt of monitoring information and the main source of evidence, expertise and guidance for the overall LSP's decision making. Partners at this level will be able to contribute their knowledge and experience and help to influence some of the priorities and actions to be taken in the future.

### Vital Signs and the local performance framework

The performance framework for the NHS (**Vital Signs**) has overlaps with the local performance framework for local authorities and partners, as well as some specific clinical measures and targets. The **local performance framework** captures national priorities which, at the local level, are narrowed down to those of specific concern for improvement, captured in the LAA.

The establishment of different tiers of priorities within Vital Signs enables local partners such as the authority and communities, to develop local priorities through the framework of strategic plans and action setting. This includes priorities of national importance which are best delivered in ways related to specific local contexts (with locally set measures and plans to achieve them), such as reducing mortality rates, or the prevalence of smoking, for both of which housing and/or neighbourhood may be factors to consider.

The CAA will also encourage clear and direct reporting and accountability to local people. Where there are gaps, the iterative process allows for the opportunity to adjust planned actions when the LAAs are revisited. Ongoing

monitoring and review in this way is a vital part of the whole process of developing a strong and effective approach to improving local services and local areas.



## 2. Shared agendas

The local framework reflects the fact that, across government, there is a common set of key principles which underpin the policies that shape the local development and delivery of housing, support, health, and care. These are:

- The transformation and, in particular, personalisation of public services
- The achievement of better outcomes
- Increased value for money through cost effective use of public funds.

One key underpinning principle is the importance of placing communities and local people at the centre of local decision making,

influencing the nature and design of the services that they receive and, in some cases, being responsible for the delivery of services. This includes people in local communities who may previously have been considered harder to reach for what ever reason – because of language or communication barriers, physical health problems, or lifestyles, for example.

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**The drive is to transform public services, achieve better outcomes and increase value for money. This is seen as best achieved by setting communities and people at the centre of decision making.**

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The Green Paper on Social Care, [Shaping the Future of Care Together](#) (July 2009), sets out the consensus from consultation that the system for funding care services in the future requires change. What is required is a system that can more effectively support the likely needs of a society in which, thanks to improved medical treatment, many can survive longer with various illnesses and disabilities than in the past. This system needs to provide for all, in a way that is more fair, simple and affordable for all.

The aim is to develop a National Care Service, with clear rights and entitlement to services that are personalised to support increased choice and control by the individual.

Included in the elements:

- Free support for a period of time, on leaving hospital for the first time – a ‘reablement service’ to help people to get back to normal living in their own home as quickly and effectively as possible, saving money in the long term for health, and care services
- A common and single method of assessing care and support needs, and the same proportion of care and support paid for, regardless of where someone lives in England
- Clear information to ‘navigate’ the system and get help at the right time
- A personalised as well as joined up care and support package to meet individual circumstances, needs and preferences, including through mechanisms such as personal budgets where desired
- A baseline of financial help.



Housing is recognised as an important part of future services that needs to be considered in terms of how an individual may want to shape their own package of support and care to meet their needs (by access to suitably adapted housing, supported or sheltered housing for example).

#### Our health, our care, our say: a new direction for community services (2006).

An earlier White Paper set out the intention to achieve a new direction in service delivery to ensure a sustainable future for health, and care, responding both to changing expectations of the public and the implication of the changing demography. It set out several specific high level goals:

- Better **prevention** and **early intervention** to achieve improved health, independence and wellbeing
- More **choice** and a stronger **voice** for individuals and communities
- **Tackle inequalities**, improving access to services
- Give **more support** to people with long term needs.

The emphasis in the government's policy papers, on achieving best outcomes and value, is therefore increasingly focused on the notion of investing to save, allowing for the development of services that will tackle issues at an early stage, or even prevent the occurrence of future problems or crises (i.e. delivering on prevention and the practices of early intervention and re-ablement – see box

above). This principle can be seen in housing schemes that aim to support frail older people to maintain their independence, such as extra care housing, in supported housing that aims to tackle the causes of repeat homelessness, and in mediation services that aim to stop young people becoming homeless due to family breakdown, to give just a few examples.

### Total Place

An analysis undertaken in Cumbria into what national, regional and local funding streams came together in a geographical area provided the groundwork for the government initiative 'Total Place'. Thirteen pilot areas, including a city region and a two tier area, are piloting better working across public agencies to deliver services more effectively. In doing so it aims to ensure a transformation in improved public services in the locality, as well as delivering better value for money.

The initiative involves counting or mapping the public funding streams across an area, developing a better customer focus, by increasing understanding of opportunities for closer integration and collaboration of services, and a focus on culture to challenge and change the way things are done. This initiative will drive a focus on the overlaps and common areas in policy agendas across public services, to develop closer joint working focused on achieving outcomes for individuals and local communities.

Local housing strategists and planners should be working with health and with care professionals, to consider how the environment and the housing within it can be developed or renewed and refurbished to support the prevention of ill health, and actively to promote good health, active lifestyles and ongoing inclusion in local

communities and economy. There is also an important role for health, social care and housing strategists to work closely with planners to ensure that local plans have health, care and other amenities alongside a range of high quality affordable housing and accommodation options.

The government's housing strategy for an ageing society, [Lifetime Homes, Lifetime Neighbourhoods](#) (2008), identified the challenges before us as our society ages but also the opportunities for housing to provide not only homes but greater support to deliver the ambition of healthy, active and involved local communities and older people within them.

A large part of the demand for more homes – 3 million by 2020 – is driven by the increasing number of older person households which are anticipated in the future. The availability of more housing options, better design standards and housing developments that meet the principles of sustainability will be vital.

The strategy recognised that health, care, and housing services need to be better connected and emphasised housing's role in the promotion of wellbeing, the prevention or reduced impact of many mental and physical health problems, and in enabling and maintaining the independence of older people and their ongoing activity within their communities. The strategy set out ambitions for the development of more inclusive communities and accessible housing through:

- Lifetime Homes Standards for new housing
- Ongoing investment in Disabled Facilities Grants
- Extended Home Improvement Agencies and handy person schemes
- Increased housing advice services
- Innovative housing schemes with support and care
- The development of predictive risk modelling to strengthen preventative approaches
- Lifetime Neighbourhoods which provide easy access and safety to encourage ongoing social connections and activity
- Mixed tenure communities and developments which support vibrant and sustainable communities.

The CLG and Housing LIN have also published a useful toolkit, [More Choice, Greater Voice](#). This has been written for local authorities who are seeking develop accommodation with care strategies for older people.

Policies are increasingly focused on the outcomes that can be achieved for an individual or family/household, through person centred planning across services. The strategic framework should aim to support organisations to work together – collectively – across sectors to develop responsive services, shaped by the needs and aspirations of those receiving them. Increased control and choice

for customers (residents/tenants/service users/clients/patients) is pivotal to public service transformation. In many cases, it is clear that being able to receive services in or close to their own home, within their local community, is the preferred choice for most people. This is reflected in the government's ambitions for health, care and support services.

### Transforming Adult Social Care

A pioneering concordat signed up to by government, sector leaders, regulator and providers, **Putting People First** (2007) aims to transform services across the whole system of care in ways which are intended to support people to:

- Live independently
- Stay healthy and recover quickly from illness
- Exercise maximum control over their own lives (and family members as appropriate)
- Sustain a family unit (where children do not have to take on inappropriate caring roles)
- Have the best possible quality of life
- Participate as active citizens
- Retain maximum dignity and respect.

It is about services developed around the person, across universal as well as specialist services, that prevent the escalation of ill health or problems, and that build on local resources.



This trend towards personalisation is reflected increasingly across all public services. Although to date, it has been most explicitly developed in social care (through direct payments and individual budgets) and housing (through Choice Based Lettings for example), it is also increasingly being seen in the NHS. There is recognition

of the need both to respond to the preferences and rising expectations of individual patients, and to address the increased costs that population changes are likely to pose. This is also encapsulated in the major Next Stage Review exercise undertaken by Lord Darzi, regarding the future direction of the NHS.

### Transforming community health services

The report of Lord Darzi's review of the NHS, [High Quality Care for All: NHS next stage review final report](#) (2008) sets out, among other key areas, a focus on patients' rights for choice and control over their treatment and care. Priority areas for local delivery include:

- Prevention of ill health
- Timely access to services
- Convenient care closer to home.'

A focus on the personalisation of health care is highlighted, particularly in relation to those people who are living with long term health conditions. Personal health budgets are being piloted to advance a person centred approach to treatment and support.

Delivery of key priorities for the NHS will be more effectively achieved when taken forward in partnership with social care and housing strategists and planners. This will help to ensure that adequate facilities exist in local communities to deliver care closer to home, and that the environment (housing, neighbourhoods and social infrastructure) is such that care can be delivered and good health promoted.

Decent housing that is appropriate for a person's physical and mental health, and care needs is vital for achieving a more person centred and community based health service. This is because investment in new housing supply, that meets Lifetime Homes Standards, and is situated within easy reach of local

amenities, will enable people to maintain their independence within their local community by providing easily adaptable housing in neighbourhoods that help to maintain mobility and activity. This will enable residents to draw on family and friends' support, as well as providing support for others.



### Practice tools

CABE and the Housing LIN have produced a new report on housing for older people, encouraging a more ambitious response to our ageing society in terms of housing design and options that support independence, [Homes for our Old Age:](#)

[independent living by design](#). The Homes and Communities Agency's HAPPI project ([Housing our Older Population: Panel for Innovation](#)) is investigating the alternative models across Europe to develop innovative housing solutions.

As identified in the government's housing strategy for an ageing population, [Lifetime Homes, Lifetime Neighbourhoods](#), (see page 19) a range of housing options will help to deliver the choice and control which are key parts of the personalisation of public service delivery. This will include the provision of some specialist housing, such as sheltered and extra care housing and other types of supported housing, for a wide range of client groups, such older people and people with learning disabilities and mental health needs, providing a base within which tailored support and care can be given.

Shared evidence on the predictions of needs for local communities can support planning for housing and related support services, which can help to reduce the requirement for

more costly care, and health interventions, as demonstrated in section 3. Housing strategists and providers need to maintain discussions with both health, and care colleagues to ensure that services are developed flexibly to address the focus on a person's individual needs. Recent studies looking at these issues include Housing 21's research, [Building Choices part 2: Getting personal – the impact of personalisation on older people's housing](#) and Foundations' Future HIA report, [Connecting with health and care](#).

Engagement with customers in the ongoing development of services will be an important aspect of providing more effective and responsive services that balance the tension of customer aspiration and limited funding streams.<sup>6</sup>

<sup>6</sup> An example being the recent concerns over changes to sheltered scheme manager services in some areas, which have triggered the [Ministerial working group of sheltered housing](#)

### 3. Delivering priorities

The pressures on our current economic climate means that public resources may be limited for some time to come. As a consequence it will be even more important to make sure that public investment in services will deliver locally agreed priorities and maximise benefits for the area, whilst providing the most value for money in terms of achieving the best possible outcomes for local people.

The table below aims to demonstrate shared objectives as expressed in the relevant indicators in the performance framework by which local government and partners are assessed. It identifies potential actions to meet those objectives (as evidenced from some of our case study examples). It shows how action at a community or personal level – through

housing and/or related support – meets the aim of prevention of ill health/increased dependency or early intervention, through reduced demand for more costly care, and health interventions, and improved health and quality of life, helping more people with similar resources, and raising standards.

It also provides links, where possible, to studies that demonstrate the value of the actions. This will enable professionals from each of the sectors to start discussions on how to make investment decisions and shape services that bring benefits across different agendas and help to identify joined up approaches that can meet the aims of early intervention and prevention of costly health, and care crises, and where most value for money can be achieved.

National Indicator and Vital Sign (VS) where applicable	Housing	Housing related support	Social Care	Health	Evidence source*
21 dealing with local concerns about anti social behaviour and crime issues by local council and police	Local authorities and housing partners' strategies to tackle anti social behaviour	Intensive support to enable households to tackle anti social behaviour	Contributes to feelings of safety and encourages more engagement with friends/family, and ongoing independent living	Contributes to less anxiety and mental health issues	<p><a href="#">CLG, Research into the financial benefits of the Supporting People Programme (2008)</a></p> <p><a href="#">Audit Commission, Supporting People (2009)</a></p> <p><a href="#">The economic and social costs of crime against individuals and households, 2003/04 (2005)</a></p>

\*These documents either highlight the issue and/or provide some costs to use in developing the evidence base.





National Indicator and Vital Sign (VS) where applicable	Housing	Housing related support	Social Care	Health	Evidence source*
50 emotional health of children	Adequate housing, decent neighbourhoods, support healthy development	Enabling households to sustain their accommodation and avoiding homelessness, with its implications for childhood development	Reduces demands on care intervention, reduction of impacts of repeat homelessness on services	Reduction on demands for health interventions, relating both to physical and mental health	<p>CLG, Research into financial benefits of the Supporting People Programme (2008)</p> <p>Audit Commission, Supporting People (2009)</p> <p>ODPM, The impact of overcrowding on health and education (2004)</p>
119 self reported measure of people's health and wellbeing  (VS self reported measure of people's overall health)	Decent housing in accessible and safe neighbourhoods contributing to physical and mental health	Adaptations and housing related support to maintain independence	Good housing in accessible neighbourhoods with good facilities, and low level support prevents need for increased care interventions, and allows for better delivery of care required in person's own home	Good quality housing adapted to the individual's needs will enable delivery of health interventions within the community, and closer to home, and reduce likelihood of hospitalisation due to falls etc.	<p>CLG, Research into the financial benefits of the Supporting People Programme (2008)</p> <p>Audit Commission, Supporting People (2009)</p> <p>CIEH, Housing, Health and Safety Rating System and cost appraisal toolkit</p>
120 all age all cause mortality rate (also 121, and VS)	Energy efficiency of housing, affordable warmth.  Homes developed to Lifetime Homes Standard	Adaptations to enable mobility in existing homes	Accessible and warm housing decreases likelihood of falls and increased dependency, decreasing the reliance on high levels of care	Addresses temperature and impact on cardio vascular disease, and excess winter deaths  Accessible housing preventing falls	<p>CLG, Research into the financial benefits of the Supporting People Programme (2008)</p> <p>Audit Commission, Supporting People (2009)</p> <p>HCA, Housing our ageing population panel for innovation project</p>

\*These documents either highlight the issue and/or provide some costs to use in developing the evidence base.





National Indicator and Vital Sign (VS) where applicable	Housing	Housing related support	Social Care	Health	Evidence source*
124 people with long term condition supported to be independent and in control of their condition (and VS)	Housing as basis for independence and control of life choices	Support to maintain accommodation and independence	Secure housing providing base for other interventions to be more effective	Provision of support and care in housing setting reducing need for institutional health interventions	<p>CLG, <a href="#">Research into the financial benefits of the Supporting People Programme (2008)</a></p> <p>Audit Commission, <a href="#">Supporting People (2009)</a></p> <p>CABE/Housing LIN, <a href="#">Homes for our old age: Independent living by design (2009)</a></p> <p>DH Whole System Demonstrator Project (forthcoming)</p>
125 achieving independence for older people through rehabilitation/in intermediate care (VS)	Sheltered and extra care housing providing a non health/care setting in which rehab can occur	Support to regain independence and rebuild confidence	Rehabilitation in housing rather than care setting, enabling return to independence in familiar settings	Rehabilitation in familiar housing setting encouraging better recovery and decreasing likelihood of additional hospitalisation, and more speedy discharge from hospital	<p>CLG, <a href="#">Research into the financial benefits of the Supporting People programme (2008)</a></p> <p>Audit Commission, <a href="#">Supporting People (2009)</a></p> <p>PSSRU, <a href="#">Unit costs of health and social care (2008)</a></p> <p>DH, <a href="#">Prevention Package (2009)</a></p>
129 end of life care (VS)	Housing settings that support home for life – extra care, adapted housing		<p>Reduction in demand for institutional care setting for end of life, where possible</p> <p>Meeting widely reported preferences to end life at home</p>	<p>Reduction in use of health setting for end of life.</p> <p>Meeting widely reported preferences to end life at home</p>	<p>PSSRU, <a href="#">Unit costs of health and social care (2008)</a></p> <p>NHS <a href="#">End of Life care strategy and housing toolkit (2009)</a></p>

\*These documents either highlight the issue and/or provide some costs to use in developing the evidence base. →

National Indicator and Vital Sign (VS) where applicable	Housing	Housing related support	Social Care	Health	Evidence source*
136 people supported to live independently through social care services (VS)	Housing that is Lifetime Homes standard or more easily adaptable providing a setting in which care can be effectively delivered, and which can reduce level of care input required	Housing related support may help to reduce need for care input	Adequate housing adapted to needs facilitates reduced demand on care services, and makes maintaining people at home easier	Maintaining ongoing independence at home and engagement in community helping to maintain health and wellbeing and reducing health interventions necessary	<p>CLG, <a href="#">Research into the financial benefits of the Supporting People Programme (2008)</a></p> <p>Audit Commission, <a href="#">Supporting People (2009)</a></p> <p>PSSRU, <a href="#">Unit costs of health and social care (2008)</a></p> <p>HCA, <a href="#">Housing our ageing population panel for innovation project</a></p> <p>ODI, <a href="#">Independent Living Strategy (2008)</a></p>
137 healthy life expectancy at age 65 (VS)	Decent and accessible housing in safe neighbourhoods encouraging mobility and ongoing social interaction	Low cost preventative support to maintain independence and health	Decent housing (affordable warmth etc) in safe neighbourhoods enables individuals to remain mobile, active and reduces requirement for increased care	Maintaining health and wellbeing reducing likelihood of need for health interventions and hospital admissions, for longer	<p>HCA, <a href="#">Housing our ageing population panel for innovation project</a></p> <p>CABE/Housing LIN, <a href="#">Homes for our old age: Independent living by design (2009)</a></p> <p>DH, <a href="#">Partnership for Older People Projects (2008/09)</a></p>

\*These documents either highlight the issue and/or provide some costs to use in developing the evidence base.



National Indicator and Vital Sign (VS) where applicable	Housing	Housing related support	Social Care	Health	Evidence source*
139 the extent to which older people receive the support they need to live independently at home	Sheltered and extra care settings providing home	DFG and other housing related support in general needs context	Adequate housing enabling independence and reducing requirement for care interventions to achieve it, and supporting healthy ageing	Supporting healthy ageing and reducing or delaying the need for health interventions	<p>ODPM, <a href="#">Reviewing the disabled facilities grant programme (2005)</a></p> <p>Audit Commission, <a href="#">Don't stop me now: Preparing for an ageing population (2008)</a></p> <p>ODI, <a href="#">Independent Living Strategy (2008)</a></p> <p>Audit Commission, <a href="#">Supporting People (2009)</a></p>
141 percentage of vulnerable people achieving independent living	Decent housing in safe environments supporting independence, increasing security	Support for people to retain accommodation provides a settled environment for treatment, education and employment	Supports people with chaotic lifestyles to complete treatments e.g drug treatments	Provides setting in which health interventions from community teams can occur and facilitate recovery	<p>CLG, <a href="#">Research into the financial benefits of the Supporting People Programme (2008)</a></p> <p>PSSRU, <a href="#">Unit costs in health and social care (2008)</a></p> <p>Audit Commission, <a href="#">Supporting People (2009)</a></p>
142 percentage of vulnerable people who are supported to maintain independent living	Specialist housing provision for older people, people with learning disabilities	Support to people to maintain accommodation and retain/gain lifeskills	Housing environment that supports independence can also support care to be delivered at home and prevent need for institutional care setting	Housing environment that supports independence can also support delivery of health interventions closer to home, from community teams	<p>CLG, <a href="#">Research into the financial benefits of the Supporting People Programme (2008)</a></p> <p>Audit Commission, <a href="#">Supporting People (2009)</a></p> <p>PSSRU, <a href="#">Unit costs of health and social services (2008)</a></p>

\*These documents either highlight the issue and/or provide some costs to use in developing the evidence base.



National Indicator and Vital Sign (VS) where applicable	Housing	Housing related support	Social Care	Health	Evidence source*
145 adults with learning disabilities in settled accommodation (VS)	Specialist housing provision for older people, people with learning disabilities	Support to people to maintain accommodation and retain/gain lifeskills	Enables people with learning difficulties to live out of institutional setting and receive care and support to maximise independence	Housing environment that supports independence can also support delivery of health interventions closer to home, from community teams, and facilitate quicker recovery	<p>PSSRU, unit costs of health and social care (2008)</p> <p>CLG, Research into the financial benefits of the Supporting People Programme (2008)</p> <p>Principles of supported living</p> <p>DH, Valuing People Now (2009)</p> <p>Audit Commission, Supporting People (2009)</p>
149 adults in contact with secondary mental health services in settled accommodation (VS)	Supported and general needs housing of decent standards in safe areas	Housing related support enables maintenance of tenancy	Contributes to less anxiety, maximises benefit of care input to maintain independence	Contributes to less anxiety, ability to focus on health issues	<p>CLG, Research into the financial benefits of the Supporting People programme (2008)</p> <p>Audit Commission, Supporting People (2009)</p> <p>PSSRU, Unit costs of health and social care (2008)</p> <p>CIEH, Poor housing and mental health in the UK: Changing the focus for intervention (2002)</p> <p>DH, New Horizons (2009)</p>

\*These documents either highlight the issue and/or provide some costs to use in developing the evidence base. →

National Indicator and Vital Sign (VS) where applicable	Housing	Housing related support	Social Care	Health	Evidence source*
156 number of households in temporary accommodation	Housing supply to enable permanent housing	Support for homeless households to retain tenancies	Able to access care services as required, maintaining stability of contact and relationships, providing a setting in which issues can be resolved more effectively	Easier access to health services from stable home, and less anxiety, or potential health problems from unsuitable housing	<a href="#">CLG, Research into the financial benefits of the Supporting People Programme (2008)</a> <a href="#">Audit Commission, Supporting People (2009)</a>
					See also case studies and reports on the <a href="#">Housing LIN</a> website.  <a href="#">BMA, Housing and health: building for the future (2003)</a>

\*These documents either highlight the issue and/or provide some costs to use in developing the evidence base.

## 4. Towards a change of culture

In order to achieve real transformation across services locally (including increased personalisation of services, moving towards prevention of problems, realising greater levels of integration, significant cost efficiencies, and better outcomes for citizens), organisations and partnerships need to establish and nourish core strengths:

- **Excellent leaders** in and across partnerships – people at the top who display transformational leadership qualities, being highly visible, focused on the strategic vision, and able to use the chain of command to motivate, delegate and identify people with the relevant skills to handle the detailed aspects of implementation. (Regional bodies can help to develop the capacity of leaders and organisations, as demonstrated in the case study of the South West and older people, in section 5)
- **A strong and shared vision**, with clear and straightforward objectives, shared across all the organisations and groups affected, and with staff at all levels, as well as local communities; this requires a robust internal and external communication strategy, raising the profile locally and regionally
- **An unswerving commitment** to improvement, coordination and personalisation of services, with a willingness to work together to solve problems and confront barriers
- **A confident and shared approach to the use of evidence** to establish priorities, inform investment decisions, demonstrate cost effectiveness, and measure increased productivity, as part of a programme of monitoring and evaluation to inform commissioning

- An understanding of the need to ‘walk the talk’ by **ensuring meaningful participation** of citizens and those using services at all levels of decision making and service design, development and implementation
- A capacity to think creatively and investigate new opportunities of **innovation** and technological advances that will support long term **sustainability** for individuals and communities as well as maximising public resources.

### Excellent leaders and the right partnerships

Leadership and the right support from elected members and Chief Officers in all sectors is critical to demonstrate commitment to working in partnership to raise standards and develop strong and responsive services. Often the support and approval at Chief Officer/board and elected member level can be critical to making partnerships effective.

The integrated approach that is being driven both by the local framework (examined in section 1) and by the policy direction of government (see section 2) mean partnership and integrated working will be increasingly necessary to deliver outcomes for individuals and communities. Such leadership will enable strategic officers in the respective services to develop a stronger and more integrated approach to understanding and providing for the needs of local communities into the future, that will deliver improvements and the desired outcomes, as well as meeting key performance targets locally, regionally and nationally.

On all occasions the officers interviewed for the case studies in this report reflected the same principles needed to make partnerships and integrated working happen and be successful:

- The right level of representation from partners (able to make and follow through decisions)
- Continuity of representation and the importance of time to build up trust
- Understanding each other's objectives and limitations
- Finding ways to share expertise, or to gain it across the sectors
- Commitment to working through difficulties
- Preparedness to take responsibility and to share risks.

To get partnerships right, Chief Officers and elected members need to consider:

- The scope of the issue and the remit of the partnership needed to address it – is it addressing a local priority? – is authority delegated from the LSP or relevant organisation?
- The partners required around the table – are all the right people, including providers, involved?
- The seniority of partner representatives – do they have delegated authority to ensure they

can deliver investment/resources, and are they able to influence wider decision makers?

- The structure – does it provide a clear and streamlined route to the LSP (through a key person also sitting on or regularly reporting to the LSP/its executive board)?
- How does it connect with local elected members, if they are not part of it directly?

For example, the Gateshead JSNA working group is led by the Director of Public Health, who provides the link into the LSP and the housing thematic partnership, and is responsible for answering and reporting to the overview and scrutiny committee.

In many places, partnerships have developed along particular themes, or with a focus on specific groups in communities, involving professionals across different services. This is usually in response to a particular catalyst, for example:

- Strong national policy steers (such as the adult social care transformation agenda)
- A specific local priority (such as the identification of a particular group for whom services need to improve)
- The opportunity for added investment (such as the Department of Health's investment in extra care models).

### Practice Example: North Somerset young care leavers



North Somerset is an area of increasing housing demand and limited housing options, which was particularly the case for vulnerable young people. The joint Area Review in 2005 confirmed the local authority's awareness that the options for young people leaving care was not sufficient or of a reasonable quality, and that it was potentially creating further

problems for the young people in terms of employment and educational opportunities. A partnership of professionals from housing (including the private rented sector team), health, social care, and Connexions were brought together to work on a strategic remodelling of services for vulnerable young people, delivered through a ten strand plan of action.



The working group identified several barriers to improving the quantity and quality of housing, including resources for advice. There was also concern from housing associations on the level of support given to vulnerable young people, and therefore a reluctance to grant tenancies that they feared would fail, causing wider problems for local communities. A protocol was agreed to make clear how the partner agencies should work, and a dedicated housing advisor post was funded by housing and social care partners. This post holder developed individual housing pathways for care leavers. The allocations scheme was reconsidered to provide appropriate priority to vulnerable young people.

At the same time the lack of quality and quantity of housing was addressed through several routes. Some supported housing schemes were modified, and in all new housing developments, a small number of one bedroom homes specifically for young people are required. The worst quality houses in multiple occupation were tackled, in some cases with housing associations purchasing the properties when they were sold.

Two training flats were made available by the local housing association, within which young care leavers could stay and receive help from housing related support and social care providers, giving professionals the opportunity to assess their life skills and the extent of the support they need to maintain a tenancy.

This has provided more reassurance to other housing association partners that they can grant tenancies to young people knowing that an appropriate package of care and support will be delivered. The outcome has been that 35 young people have accessed tenancies that would formerly have been directed to bed and breakfast schemes.

The project has been externally evaluated (by the Audit Commission through their delivery chain workshops – see [Building Better Lives](#), 2009) and the future development will include making it more fully embedded into mainstream services for young people, with a single point of contact. The lessons are also being transferred internally to services for older people and those with learning disabilities – housing and social care again joint funding a housing advisor to work with people with learning disabilities and their families on housing options.

#### **Benefits:**

- Clear protocols for partnership working
- Greater availability in decent housing for care leavers
- Increased willingness by providers to provide housing for young care leavers
- Reduced use of bed and breakfast facilities.

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## Practice Examples: East Sussex virtual young people's strategic housing team and older people's locality groups

Driven by the increase in numbers of young homeless people, this team was formed with the involvement of all districts and boroughs, the county, Supporting People, and the youth offending team to develop and deliver the county's first joint Youth Homelessness Strategy. The partners have set agreed targets and are pooling resources to provide effective and sustainable solutions. It is a virtual team because, due to limited resources, all team members remain in their current roles, with a single coordinator's post funded to ensure that agreed actions are being followed up, and providing the monitoring and accountability.

### Benefits:

- Improved housing outcomes for young people through improved working practices and pooled resources
- Integrated working supported by the coordinator's role.

### Locality groups

In East Sussex the strategic housing agenda where there is an interface between Health, Housing and Adult Social Care is overseen by the Strategic Forum (the Supporting People Commissioning Body) which has a wider

brief than Supporting People and has Elected Members involved.

There are county wide groups covering:

- Older people's housing and support agenda, including extra care housing
- The development of a range of supported living options for adults with a learning disability, mental health difficulties and physical difficulties.

Locality housing and support groups for older people focus on the implementation of locality housing and support strategies for older people.

There are also links across to other key Partnership Boards and the Local Strategic Partnerships.

Work has taken place to try and ensure that the above agendas are captured in the LDF's and there has been regular involvement with planning on this and on specific development proposals which impact on the local Health, Housing and Social Care economy.

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The role of Chief Officers of the partner organisations and elected members within the LSP framework means that the lessons from these partnerships and schemes can be transferred into other themes and areas identified as priorities, so that integrated working becomes a natural and proactive way of working.

Apart from externally provided programmes to train and nurture leaders, increased partnership working provides options for different routes including mentoring and coaching across the

partner organisations, and the development of shared cross sector training for staff at all levels, as in the example from Blackpool on page 34 (as well as the other beneficial impacts such as joint commissioning and review of services, and improved outcomes).

There is also the opportunity for investment in leaders and the capacity of partners being supported through a regional structure, as with the example in section 5 from the South West.



## Practice Example: Blackpool's strategic and operational joint working

NHS Blackpool's investment in adaptations and the work of the Home Improvement Agency sprang from a wider integration and joint working approach that has been driven by health and adult social care sectors, but which also incorporates housing and the police.

Strong historic links between health and social care have been reinforced by coterminous boundaries and by co-location of officers. The Chief Officers of all statutory partners meet on a regular basis, and the LSP has also been reshaped to ensure that small committees can drive forward the priorities of the wider partnership; the health and wellbeing board is chaired by the CEO of the PCT, and has developed the links with and investment in the Home Improvement Agency, in the adaptations and the Affordable Warmth programmes. The high instance of deprivation, the large numbers of older people, and the poor condition of much of the stock have made investment in housing a clear focus to improve health and wellbeing.

In addition to the strong strategic links at director level, the partners have developed a joint training programme for frontline workers across the sectors, again based around the effect of the environment on people's health. Training is done in house and includes professionals from the Home Improvement Agency, private rented sector housing and health staff. This brings shared expertise and clearer understanding of the wider issues to look for when visiting individuals. It has also contributed

to a different culture and way of working, which has broken down professional silos to enable all to be more customer-focused; it means that there is effectively one referral system for customers, with information able to be shared across sectors to find creative solutions for customers.

As one director put it: 'It has become normal to consider each other in all we are doing' and has contributed to more satisfaction for the workforce, being able to see the difference of their impact without having to 'go through so many hoops'.

The strong strategic relationships also means that together there is a strong commitment to look across relevant legislation and regulation to find ways to get things done, with a strong sense of trust in taking risks, which the partners believe will equip them well for the challenges with tighter budgets and increased need for efficiencies etc.

### Benefits:

- Strong strategic relationships to maintain and develop cross sector working
- A culture of shared working at all levels of the workforce
- A more streamlined system for customers
- A joint review of the adaptations process improved delivery (outcomes focused).

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## A strong and shared vision and shared use of data

As explored more fully in section 1, the Sustainable Community Strategy should encapsulate the vision for a locality, as developed in partnership with local people, and all actions of the respective partners within an area shaped by that.

However, for a vision to be really effective, and also for it to be delivered, the actions rising from it will increasingly also need to be developed in partnership rather than in silos. It is in practical measures on the ground that the reality of shared vision is seen, as in the results arising from work on JSNAs in Oxfordshire and Gateshead.

### Practice Example: Oxfordshire Joint Strategic Needs Assessment

The JSNA for Oxfordshire explicitly recognised that '[It] is estimated that as little as 10 per cent of the causes of health inequalities fall within the direct influence of the NHS' (page 8). It has set out the aim to provide a single support system for local people based in their community and focused on health and wellbeing.

As such, the development of the JSNA included collecting together key statistics and information relating to the population and how it is changing, to unemployment, housing conditions, deprivation etc, and bringing all together into one shared core data set, for example identifying that in

deprived wards, 40 per cent more older people are living without central heating.

#### Benefits:

The JSNA has already been used to:

- Plan the location of a new walk-in GP led health facility
- Target additional resources to community development for older people into six wards where need was identified
- Support the joint bid for extra care housing by two district authorities
- Inform the housing needs assessment by a third local authority.

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### Practice Example: Gateshead Council

The process of refreshing the first JSNA was undertaken by a working group which includes representatives of the PCT and the local authority, involving not just adult social care but also the housing strategy manager and the head of regulatory services (which includes licensing of HMOs).

In their work the group has undertaken an internal examination of all local strategies, such as housing, leisure and transport to ensure the appropriate cross references and connections are established. It is

hoped that through this review process, and in the course of raising awareness of the JSNA within the rest of the authority and with other partners, the process will provide the basis for more active cross sector and inter-organisational working.

#### Benefits:

One of the changes to support integrated working is that the strategic housing team has been combined with the adult social care commissioning team of the authority.

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Important questions to consider include:

- Are all statutory partners aware of the nature and extent of each other's evidence bases and assessments?
- Are they aware of partners' networks and information sources?
- Are they aware of the timings of each other's planned surveys/assessments?
- Can consultations be timed to coincide and minimise overload for consultees?
- Is all the available information being shared (and made easily accessible to the public where appropriate, as with East Sussex above)?
- Can gaps in information and evidence be identified, and taken forward together?

## Commissioning and delivering services

The ultimate aim of strategic joint working as identified in this report is to produce services in localities which meet the needs and aspirations of local people, designed and developed with those individuals – person centred planning. The range and quality of those services, the beneficial outcomes they produce for people and the value for money for the public are the long term goals. Therefore how the priorities identified in the Sustainable Community Strategy and actions highlighted in the LAA are carried into the commissioning role of partners must be clear to all partners and to local people.

### Strategic Commissioning

The Department of Health has introduced the ambition for **World Class Commissioning** in relation to health services, setting out the vision and competencies required, and providing an assurance system and support and development through Strategic Health Authorities.

The vision underlines that it will achieve:

- People living longer healthier lives
- Health inequalities being reduced
- Services being based on good evidence and of the best quality
- Greater choice and control for more personalised services
- PCTs working with partners to optimise effective care
- Making investment in an informed way to deliver improvements within available resources.

The **commissioning framework for health and wellbeing** sets out how services should be shaped including:

- Moving services to be more personal and sensitive to individual needs, and supporting independence and dignity
- Re-orientating services to promote health and wellbeing, investing to save (in prevention etc to reduce future ill health costs)
- Focusing more strongly on commissioning services that will achieve better health, across health and local government, working together to promote inclusion and tackle health inequalities.



A **core set of competencies** identified for commissioners in the NHS, but more widely applicable, includes:

- Locally to lead the service
- Work with community partners
- Engage with the public and citizens using the service(s) directly
- Collaborate with stakeholders (clinicians, providers, key agencies)
- Manage knowledge and assess needs
- Prioritise investment
- Manage and develop the market (encourage development of services, diversity of providers)
- Promote improvement and innovation
- Build procurement skills
- Manage internal systems to work well across sectors
- Make sound financial investments.

In both the health, and social care agendas, the increased emphasis on shaping services around the individual often involves a focus on the delivery of care, and where possible of health services, in or close to their homes (seen in [Putting People First](#) and Lord Darzi's report). This is because service users and patients, when asked, repeatedly say that they would like to remain living independently in their own homes for as long as possible, and to avoid the need to move into institutional health or care environments. This is an important driver in the

shift of emphasis to prevention of problems, or early intervention and re-ablement, which also reduce later, more costly care or health interventions. Agencies which deliver and are responsible for housing and neighbourhoods will have to play a bigger role in making this possible. In addition, some of the care, and health priorities identified locally may have housing or related support service solutions that adult social care commissioners, PCTs or general practitioners, through Practice Based Commissioning will want to take forward.

### Practice Example: Developing integrated services for older people in Gloucestershire



A disused hospital site has provided the opportunity for a flagship development being planned and led by Gloucester PCT.

It aims to provide a new type of service model which would ensure easy access to appropriate health, social care and

supported accommodation for the benefit of people with a range of abilities and disabilities, living both there and in the wider community. It is designed to deliver both improved health and wellbeing outcomes, and efficiencies in care, and health service costs.



The model recognises that well designed accommodation which maximises autonomy and independence despite disability is a crucial part of health and wellbeing, and therefore an integral part of joint commissioning strategies, the plans for the development include:

- Accommodation options on site for people over 55 with health, and care needs
- Accommodation and services for people of all ages requiring various short term specialist care, including rehabilitation, specialist breaks and palliative care
- Design that ensures people with a range of abilities and health issues can live as independently as possible, with their partners where they have them, and that encourages an inclusive approach. Thus people with dementia, sensory, cognitive and physical disabilities will be positively encouraged and supported to access accommodation and/or services
- Day services and a health and wellbeing centre to provide falls prevention, stroke rehabilitation, memory assessment clinic, GO services, and more, which would also be available to the wider community

- Access to 24 hour health and care services, supported by range of assistive technologies.

The underpinning ethos to the development of the buildings and services are:

- 'Relationship centred care'
- Support at all stages of needs (the only exception being acute hospital assessment and treatment).

#### **Benefits:**

Such a model of development will address several vital signs, and contribute to key local performance indicators, including amongst others:

- Supporting people to live independently
- Achieving independence through rehabilitation
- Proportion of adults with learning disabilities in settled accommodation
- Proportion of adults in contact with secondary mental health services in settled accommodation
- Proportion of all deaths that occur at home.

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Most authorities and partners have separate commissioning structures, either specialised (for example; adult social care commissioners or the Supporting People commissioning body) or within the corporate department. Statutory partner authorities must have regard to the priorities identified in the LAA and should reflect these in their own commissioning strategies, setting out how the services they invest in will contribute to the overarching priorities, and the wider vision for a place and its communities.

However, pulling together these separate structures (in order to develop services more strategically and also more innovatively, allowing for housing and socially based models delivering outcomes for social care, and for health) may produce more and take localities closer to the aims of Total Place and other policy directives – improved outcomes from customer focused, transformed public services that provide better value for money.





### Practice Example: Sandwell: A study in progress

Sandwell Primary Care Trust has had a long standing commitment to investing in housing to improve health. For example, in 2000 the 'Repairs on Prescription' service was set up which provided free insulation and central heating for people on low incomes, ineligible for benefits who had respiratory illness or mental health conditions that can be exacerbated by non-decent housing.

More recently, four thematic groups have been established which report to the Sandwell Strategic Housing Forum (SSHF): Research and demographic change, Housing Regeneration, Community Involvement and Housing and Health. SSHF itself reports to the Local Strategic Partnership (LSP).

The new Housing and Health Group, formed in February 2009, is multi-disciplinary and multi-organisational in its composition and is chaired by a Public Health practitioner based in the Primary Care Trust. This year the group has been tasked with developing a borough-wide

Housing and Health Strategy. Early on in its development, key success criteria were identified as:

- Joint commissioning across housing, health, and social care
- Effective translation of policy into action by frontline staff.

The strategy has been well received by PCT Directors and a paper detailing the business case for investments is being prepared for the PCT Commissioning Board.

Whilst the action has been focused on the PCT, it is still envisaged that this will become a sustained, joint programme of investment. The strategy will be presented to the SSHF and the Health and Well-Being Board, another key forum which reports to the LSP. It is through these routes that the strategy will reach the LSP Board for endorsement.

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Where such a cross sector commissioning approach is established, even on a specific themed basis, there are several benefits to be gained, including:

- Increased investment leading to increased scope and/or scale of a project
- Improved outcomes for greater numbers
- Streamlined services or referrals for services, benefiting individuals and households.

Where separate commissioning structures exist, it is important to ensure:

- That the priorities reflect the LAA
- That all commissioners are aware of each others' strategies and action plans
- That where common geographical areas are being targeted, that all opportunities for pooled resources, or at least aligned timings on interventions are considered.



### Practice Example: Liverpool's Healthy Homes Programme

The scale of health inequalities, particularly life expectancy statistics, for Liverpool meant that housing has remained an area of public health concern for the health sector. The local authority was also concerned to maximise what it could achieve in terms of improving housing stock; the scale of the issue being something that required a more comprehensive approach than having systems which addressed individual cases on an ad hoc basis. The LSP provided the framework in which discussions could be held across the sectors to produce a jointly funded approach to identifying the areas of greatest need in private rented sector housing.

The Healthy Homes Programme seeks to reach 30,000 private rented properties, with the initial focus on areas of highest health issues, identified by a small technically based focus group, drawing on evidence from a number of sources. Employing specialist staff, the programme tackles unhealthy and unsafe housing to

reduce accidents, and staff can direct people to a number of partner agencies for additional help, such as health trainers, the fire service, Warm Front, and employment advisors. Referrals can also come from partners, including GPs. A customer focus group, drawn from people living in private rented housing, provide customer insight into how the programme operates.

#### Benefits:

- Joint funding has enabled a strong evidence based and focused approach that tackles the worst housing and health conditions
- Referral processes are wide and enable a streamlined approach for customers
- The wide range of partners allow for signposting and direction for wider health and wellbeing issues, including to training and employment
- A strong customer focus is supported by the customer focus group.

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### Practice Example: Telford and Wrekin

Helped by a sense of the 'difference' of the town of Telford, with its industrial roots, but set within a rural local authority, Telford and Wrekin became a unitary council in the early 1990s, and has been working closely with the local PCT (with coterminous boundaries) to deliver improved health, care, and housing outcomes.

The strategic commissioning team consists of the senior manager of the PCT and the

heads of adults' and of children's social services in the unitary authority. All service commissioners report regularly to two out of the three directors and in addition, all service commissioners are involved in team meetings which allows consideration to be given to all services together. Police and other statutory partners also have near coterminous boundaries, and are able to work easily and closely with a very joined up management team.





Recent changes will mean that the 'bricks and mortar' side of housing will be included under planning/environment and regeneration, whilst the strategic commissioning team for services will retain Supporting People, affordable warmth and homelessness, and also include community safety and leisure. This will allow for a comprehensive approach to all round quality of life for the local community, whilst the historical integration of all aspects of housing should facilitate ongoing engagement with the planning and environmental side of strategic delivery.

The integrated working structure has enabled the strategic commissioners to make integrated investment decisions, where ever regulations allow, although regulatory rules and information sharing can still restrict this.

#### **Benefits:**

- It is developing its JSNA across all the service leads, and will be able to embed

GP commissioning within its strategic approach

- In the regeneration of the town centre it is looking to establish new practice sites in line with Lord Dhazi's report, which will be a community hub, with touch screen information databases available, providing access to health, care, housing and other information on a functional and geographical basis
- A shared communication and information strategy is being developed, and the common framework of LSP, and LAAs has strengthened the already established patterns of working in the locality.

The partners consider that leadership (including by cabinet members clearly owning the relevant strategies and action plans), communication and shared risk management are key to their successes.

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## **Meaningful participation**

The duty to involve and other consultation exercises have received increased emphasis because of the philosophical shift from a managerial/professional dominated structure in public services, to one where the acknowledged expert is the individual (customer/client/service user/tenant/resident), and where they are empowered to exercise more control with increased choices available over the services they need and want.

This is seen as likely to produce better outcomes from investment and value for money, as services will be more effective and less wasteful. Leaders and partners together

therefore need to ensure that involvement and consultation is meaningful:

- At what stage in strategy or service development does consultation take place?
- Are officers using a wide range of mechanisms and partner networks to reach people (numbers or specific groups)?
- Are the timings of different consultations managed to maximise feedback and minimise overload?
- When and how is feedback given to consultees?
- How is ongoing involvement in services (co-production, delivery or scrutiny) encouraged?

## User-Led Organisations

**Improving the Life Chances of Disabled People**, the Prime Minister's Strategy Unit report (2005), gave responsibility to the Department of Health and the then Office of the Deputy Prime Minister to establish user-led organisations in each area covered by a council with social services responsibilities, as part of the overarching aim to ensure that 'by 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society'.

The Department of Health User-Led Organisations (ULOs) project highlights the vital role that local organisations, run and controlled by disabled people, should play in the transformation of health, care, and housing, and the shift towards more opportunities for independent living. Co-production is at the heart of the project, alongside personalisation, with a wider aim to improve outcomes for local communities through capacity building.

The Department of Health provided £750,000 in grants to 12 organisations across England to become user-led Action and Learning Sites in 2008-09, and a further £800,000 for another 13 ULOs from January 2009.

## Innovation and sustainability

The challenges of a diverse population with different needs, and limited public resources mean that authorities and partners need to consider all opportunities that will support individuals whilst maximising the value from public investment. With the emphasis on prevention and early intervention/re-ablement

when people experience accidents or ill health, technological advances such as telecare/telemedicine, combined with housing and related support or care may provide 'invest to save' opportunities that will keep people in their homes, maintaining independence and confidence, and reducing or delaying the need for more costly care or health interventions.

## Practice Example: Sunderland



Over the next 15 years, the number of older people in Sunderland over 65 will rise by 30 per cent to 59,500 and the number of older people with functional dependencies will rise from 22,400 to 27,000, including 4,100 people with dementia.

This will mean an increasing demand on health, and social care resources. In response

the council has taken a preventative approach using telecare, which it has made a mainstream service that is being accessed by 16,500 households across the city and the 15-year plan for Adult Social Care includes a key aim of further extending the use of telecare to support people at home and plan holistically for housing and support needs.



Packages range from basic call systems but with the facility to increase provision to include sensors to monitor movement, door opening, bed occupancy and patterns of in/activity, alerting the need for investigation and support as necessary.

Mainstreaming telecare on such a large scale and investing in the necessary technology and frontline support has required faith, evidence and commitment from all involved.

#### **Benefits:**

- Economies of scale – packages can be supplied at little or no cost depending on individual circumstances
- Reduction in the numbers entering residential care to below the national average
- Able to provide care to those assessed as having low level needs
- Being well placed to respond flexibly to increasingly challenging care and support needs of the changing population.

Questions to consider when planning future services include:

- How are partners planning to 'invest to save' in options that focus on prevention (Lifetime Homes Standard in housing options, specialist housing, supportive technology)?
- How are partners planning for all services to be adaptable and responsive in the long term – enabling flexibility in technological advances for example?
- Are any/all possible pilot or funding streams being investigated to explore different alternatives to provide responsive services, such as telecare?
- Are the systems being developed to integrate technological and personal care services to maximise the options for individuals?

### **Monitoring and evaluation**

As well as consultation, cost effective and efficient services are more likely to be

developed if there are clear mechanisms to ensure ongoing monitoring of actions and evaluation of their impact. It should be an ongoing process that feeds back into evidence and information bases, and enables refined interventions and plans in the future.

Questions to consider include:

- Does the LSP/relevant sub group have a regular monitoring and reporting process?
- Have the activities been evaluated for impact and effect? (The extent and level of valuation can vary widely as in the examples below, so setting out the scope of evaluation is very important.)
- Is this evaluation process embedded into the developing evidence and information base?
- How is the monitoring and evaluation information accessible and open to the public?



### Practice Example: Glasgow

#### GoWell – a longitudinal study of major regeneration in Glasgow

Many neighbourhoods across Glasgow are receiving investment in housing, regeneration and neighbourhood renewal to differing degrees. The scale of the entire project (impacting over 75,000 homes) and the range of interventions (from incremental improvements to complete demolition and rebuilding) provides a unique opportunity to measure the impacts of different interventions over a long period of time.

From 2006, a collaborative partnership of researchers, sponsored by the Scottish Government and others began a ten year research programme into the regeneration work with the aim of:

- Assessing the health and wellbeing impacts of regeneration activity
- Assessing the processes of change and implementation which contribute to health impacts

- Contributing to community awareness and understanding of health issues, and enabling community members to take part in the programme
- Sharing best practice and knowledge of 'what works' on an ongoing basis.

It aims to evaluate impacts at individual, neighbourhood, community and city levels.

#### Benefits:

The 2008-09 progress report gave results to date on:

- Community health and wellbeing outcomes
- Governance, participation and empowerment
- Ecological monitoring
- Economic evaluation
- Communications and learning.



### Practice Example: Age appropriate housing by Derbyshire Dales

A retrospective Health Improvement Assessment (HIA) was undertaken on two new small scale age appropriate housing developments, one of which was in the Peak District National Park. The housing was specifically aimed at those older people with a high priority need for rehousing due to health/medical problems.

A multi disciplinary team was involved in the assessment including officers from planning, strategic housing, PCTs, housing

options service (Age Concern) and the rural housing association developer.

Through desk top research, qualitative and quantitative interviews, and questionnaires the aim was to:

- Understand the health status of residents and identify changes after the move
- Increase understanding of the relationship of health and housing for older people





- Compare findings in the two projects to identify any geographically specific issues affecting health
- Formulate and prioritise recommendations to maximise beneficial health impacts and minimise negative health impacts of future housing development
- Gather new information to inform planning and design of future age appropriate housing.
- Improved mobility inside – increased ability to care for self and carry out normal activities of daily living
- Improved access to outside services, increased independence and less reliance on others
- The social and psychological benefits from having a second bedroom (for hospitality or carers etc)
- The benefits from the combined quality of the new home, the neighbourhood and the community.

**Benefits:**

The HIA identified several factors that in particular added to quality of life and wellbeing:

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## 5. The regional dimension

The main focus of this report has been the need to join up the strategic assessment of needs and planning for services at a local level. However, there are important implications for organisations operating at the regional level as well, and ways in which these organisations can help local authorities

and partners to work together. These agencies will include the Regional Development Agencies and Local Leaders Boards, the Regional Improvement and Efficiency Partnerships and Joint Improvement Partnerships and the Government Offices.

### Working regionally

The Regional Development Agencies (RDAs) were established to tackle the disparities in economic productivity in the English regions, and to try to bring the less productive regions more in line with the most productive, and for all English regions to improve in comparison with some European regions. The remit for the RDAs has changed following the Government's [sub national review of regeneration and economic development](#).

From April 2009, in partnership with a Board made up of leaders of local authorities, the RDAs are responsible for developing an integrated Regional Strategy. This will look at the economic development strategy for the region and the regional spatial strategy, but also more broadly it will incorporate other regional strategies such as Regional Housing Strategies. In this way, all plans for intervention at a regional level will be designed to support regeneration of areas and economic development.

The health, wellbeing and consequent ability of people to engage in work, education and training are all significant concerns for the RDA and Local Leaders Boards, along with the right housing to attract in workers and wider business investment. Equally, with the current ageing trends across most geographic areas, a process which is contributing significantly to the increased demand for housing, ensuring the right provision is in place to accommodate and meet the aspirations of the population is critical to avoid a significant undersupply of housing in the future.

The right supply of housing will also enable the ongoing contribution of older people as consumers and active social participants, which also supports economic development in the regions.

In order to join up housing, social care, and health activities at a regional level, the focus will be primarily on how and where regional actions can help to address health, care, and housing issues so that people will be able to

engage in economic activity, both as producers and consumers.

It is important that the evidence and strategies developed locally are able to inform and shape

the integrated Regional Strategy, for example through the use of common data sets, with shared approaches to analysis, so that these can be aggregated easily at the regional level. The Regional Strategy, like the previous Regional Housing Strategies, will be an important document to inform regional allocation decisions by Ministers. The Homes and Community Agency, working regionally, will be looking at these as well as working closely with local authorities to provide investment in housing in the regions, and where housing schemes are to play a part in supporting health and/or care objectives, investment may need to be pooled or aligned at the regional as well as at local levels. Work identifying key recommendations for this in terms of housing, support and care has been published by Department of Health's Housing Learning and Improvement Network (see example on page 48 for details).

Some patterns of health inequalities and housing needs do not 'fit' into local administrative boundaries, and work at the regional or sub regional level may be more appropriate (e.g. the needs of some client groups in one local authority may not be sufficient to stimulate the development of

affordable, high quality accommodation but looking across a sub regional or regional area there may be numbers making it more appropriate and viable to develop specialised and high quality services). Identification of these needs in the supporting evidence for the Regional Strategy will help to bring in investment at an appropriate sub regional or regional level.

The Joint Improvement Partnerships (JIP – focused on adult social care services) and now more widely the Regional Improvement and Efficiency Partnerships (RIEP) have a significant role in helping local authorities and partner authorities to identify and address areas where there are gaps in services or where partners need to improve the quality and performance of services. These bodies have been developing strong systems to support authorities. Coordinating their work with the gaps noted through the integrated Regional Strategy could maximise the effectiveness of regional support to local areas to strengthen performance, particularly in cases where needs go beyond local authority boundaries, as in the case of health inequalities, or with particular groups requiring health, care, and support.

### Practice Example: Improvement East of England



**Joint work** driven by the JIP and supported by the RIEP has led to pooled budgets for adult social care programmes across all the authorities with social care responsibilities. It has developed an agenda set by recognised needs within the region, and sought funding accordingly, which has been managed by a single body, the Eastern Development Centre, hosted by the North Essex Mental Health Trust.

Several workstreams developed, including one focused on social inclusion and how to embed this in LSPs and LAA targets.

#### Benefits:

The joint working has encouraged:

- A willingness to share information
- Identification of priorities in a strategic and coherent way across the region
- More effective targeting of resources.



Government offices also have a crucial role to play, particularly in negotiating and agreeing LAA priorities, which provides the opportunity to assess the strengths and capability of local partnership and encourage the expansion of links across health, care, and housing to increase.

Regional bodies also can support the strengthening of capacity in strategic leadership and integrated working across sectors, as well as geographical areas.

### Practice Example: South West Regional Leadership on Older People



Work identified and driven forward by the Department of Health's Housing Learning and Improvement Network in the South West led to the establishment of a partnership of organisations and individuals concerned with the housing and health of older people. From this, an operational group was set up to lead on the development of a report into housing for older people and the demographic trends in the region, which resulted in a series of recommendations for local authorities and partners to take forward. In addition, a 'Leadership Set', comprising of senior representatives from housing associations, PCTs and local authorities met regularly, both to build up stronger links across their sectors, and to look at how to develop leadership in this area and drive forward the recommendations of the report.

As a result of this strong operational and strategic partnership, funding has been given by the Regional Improvement and Efficiency Partnership and other bodies to develop a Housing Support Unit. This is intended to work with a few local authorities to build capacity to deliver housing, health, and care outcomes for their locality, in partnership. It will also

develop exemplars of how authorities, statutory partners and providers can together develop a strategic approach to health and housing for older people that will provide a range of housing options that will more effectively support the health and wellbeing of older people in the future, and that will enable delivery of health and care services to older people in specialist housing and the wider community.

#### Benefits:

- Strategic leadership in the region has been strengthened
- An acknowledged area of weakness regionally (provision for older people) is being addressed
- The capacity of local authorities and partners to deliver health and housing options will be supported across the region
- It will result in increased delivery on a range of high quality housing for older people
- Future housing schemes should support the delivery of health, and care services closer to the community.

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## Conclusion

The challenges for public services in the future are great, including changing demographics, and increased and different impacts on resources, increased expectations from more diverse local communities; restricted budgets and changing priorities, locally and nationally.

In many areas, efforts are being made to bring together housing, related support providers, health, and care partners to provide more linked services, which can often help to avoid or reduce costly interventions such as institutional based health or care solutions. Embedded in housing and community solutions, the developing services can often be much more focused on what people really want – staying in their own homes and communities for as long as possible.

Many of these services are innovative and bring great benefits for individuals and for wider society. The policies nationally and the structures at a local level are increasingly being established to help transform the approach from an opportunistic one, or one driven by poor performance, to one that is more coherent and strategic. Examples in the report show where this work is developing and how partners have addressed the challenges it poses. However, these examples need to be widened out, and replicated in more areas. The experience of partners needs also to be relayed back to government and decision makers to identify ongoing areas of tension between the agendas and policy aims. This will help to shape other tools that might be needed to progress

activity on from what has been demonstrated here. The resources required in time and people as well as in funding remains high, but the evidence of the benefits is emerging, and ongoing joint action will help to maximise the potential for improved outcomes for individuals and communities.

Key messages from the partners involved in this report, and illustrated by the practice examples, are that working together can deliver more than the sum of the separate parts. In summary, to succeed, we need to build on what has been achieved so far:

- Utilise and develop together common evidence bases
- Link up the key strategies to underpin the sustainable community strategy and the local area agreement, and build on the shared priorities identified there
- Align staffing and resources around those shared priorities, and support this with sustained investment (beyond one year)
- Build common outcomes for commissioning across housing, care, and health sectors – these are articulated through person-centred planning, prevention, and quick and responsive reablement to maintain independence and wellbeing and active engagement in communities (socially and economically)
- Develop capacity in partnership – this will not be achieved by the public sector alone but with provider partners and community support

- Find ways to maximise the effectiveness of those partnerships by identifying better ways to do things, reducing duplication – Total Place is one tool for this, but more needs to be done to enable communities and authorities to find solutions for their own places and priorities locally, including responding to the experiences of users of local services to drive up quality, making best use of available resources to further improve delivery, and create more effective partnership working to deliver better outcomes locally.

CIH and the Housing LIN would like to thank all those from the case study organisations for their time and involvement in this report.

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The challenges and opportunities ahead of local authorities and their statutory partners in the future are great. The changing demographics of the future, with the potential for greatly increased calls on services, alongside constrained public funding available means that we need to think more creatively about how these services might look, and be delivered in the future. Alongside this is the underpinning principle for public services transformation driven by the individual. Increasingly it is recognised that it is the individuals, or collectively the community, who are the experts on the services they need and want. Responding to this means shifts in culture and patterns for service delivery to make person centred planning the norm, and giving increased power to local communities.

These give an added impetus and urgency to the need for better integration of services at the local and individual level. For housing, care and health sectors it means looking together at local needs and more effectively working together to deliver services that promote healthy and active lives, that prevent ill health and provide for the quick recovery of individuals to independent lives that support their social and economic engagement with society. This report looks at how housing, health and care professionals in localities are rising to that challenge, and seeks to help other professionals across the sectors elsewhere develop stronger strategic links to deliver more for their local communities.

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