



Response to Department of Health Commissioning Framework for Health and Well-being

Background

The Northern Housing Consortium (previously the Northern Consortium of Housing Authorities 1974 - 2002) was established in April 2002. It is an independent non-party political, membership organisation working to improve and promote housing services across the North. Its 202 members include Local Authorities, Registered Social Landlords (RSLs), Large Scale Voluntary Transfers (LSVTs), Arms Length Management Organisations (ALMOs) and other organisations involved in housing.

The Northern Housing Consortium (NHC) is governed by its members, who between them manage over 86% of social housing in the North, over 1.3 million homes. These organisations are drawn from the three Northern Government Office regions of the North East, North West and Yorkshire & Humberside, as well as the Housing Corporation (North).

The Northern Housing Consortium welcomes the opportunity to contribute to the debate on the Commissioning Framework for Health and Well-being. The link between housing and health has long been known. Poor housing conditions, poverty, isolation and market decline have clear detrimental effects on health and well-being, and as a result the home has been identified, at the highest levels of government, as the single most important factor in increasing quality of life for those people living in social housing.

We believe the role of housing in commissioning and delivery partnerships is crucial to delivering on outcomes which improve quality of life. The NHC runs the Integrated Living Network, which supports the housing sector to engage, jointly commission and deliver services with health and social care. Further details can be found at www.integratedlivingnetwork.org.uk. The NHC also assists the housing sector to make best use of public resources, and target them towards joint working through the procurement of services such as Telecare. We also promote the variety of joined up activities our members are engaged in, through the Integrated Living Network and through publications such as the recent "Housing and Healthier Communities: Making a difference to our communities".

Executive Summary

The housing sector shares the overarching vision in the framework, and our members broadly welcome the publication particularly in terms of a move towards commissioning for quality and outcomes and the focus on choice and prevention. The housing sector operates according to a similar model, particularly Supporting People which is demonstrating considerable added value from its preventative approach. In the last 10 years the housing sector has experienced many of the

policy changes now facing the health and social care sector. We have developed a framework for delivering local strategically commissioned community based services in a mixed market. We can demonstrate a range of positive outcomes from our work on customer involvement and empowerment. We are delivering on the choice agenda and the preventative agenda and through impact assessments of our work we are more and more able to demonstrate the outcome of our interventions. The housing sector is demonstrating that it can deliver more whilst achieving efficiency savings, and as such change agents we have much to offer through joint working with health and social care.

We understand that the framework aims not to be prescriptive, but allow a move towards a more local self improving system. But we are disappointed at the limited references to housing in the framework and strongly feel that this is a missed opportunity. We believe effective commissioning by working jointly with housing and the voluntary sector organisations we work with, will lead to more innovative and dynamic services better designed to meet the needs of the population. Housing must therefore be given a higher profile in the framework to promote the contribution and impact of good quality housing and related services, recognition of its role in preventing ill health and promoting well-being, and support for true integration with health and social care.

We will now provide feedback on the following steps to effective commissioning outlined in the framework:-

Putting people at the centre of commissioning

Many of those living in, or trying to access, social housing are at risk of health inequality. The housing sector already works in the community at the front line. It is often the first point of contact for vulnerable people and those in crisis. In terms of providing flexible and responsive services which improve outcomes for individuals we are best placed to work in partnership both strategically and locally.

We support the measures outlined in this chapter but reference could also be made to co-locating health and well-being facilities within 'one stop shop' multi agency community facilities or well-being centres. Such facilities exist already providing integrated housing, health, social care, welfare benefits and voluntary sector services providing a vital resource for local communities. Those included within new extra care housing developments provide an example of good practice e.g. Hartlepool's 'Extra Care Village' provides a range of communal facilities, including a 'healthy living suite', and facilities which the PCT plans to use as a base for delivering services, including health promotion, and chronic disease management and care.

Personalisation and choice is at the heart of the delivery of housing related support through the Supporting People programme. This is being further strengthened through the national outcomes framework. As an example of good practice, Manchester Supporting People has a Core User Group of around 25 service users whose key focus is to be active in influencing policy and service delivery. The group represents a range of services, is fully constituted and financially and politically independent. The learning from the group has enabled Manchester to put people at the heart of their commissioning processes. Manchester has also developed a model approach to sharing information with the police, probation and drug and alcohol providers to enable them to access the most hard to reach in society.

The sector is addressing the use of commissioning strategies which support the implementation of self directed support. Learning from the individual budgets pilots and In Control programme will further strengthen the approach we will take to

commissioning housing and support services. The vision in this chapter would also be strengthened by addressing the issues raised through the pilots.

Understanding and planning for the needs of individuals and of the local population

This chapter would benefit from the housing sectors input into the whole commissioning process. The housing sector, in particular local authority strategic housing commissioners, hold a wealth of information that would contribute to joint strategic needs assessments (JSNA's).

Some members expressed difficulty in engaging with the NHS and making local multi-agency partnerships a reality. However we are aware of members, for example in Sunderland and Sedgefield, who have developed integrated teams. As highlighted in *Our Health, Our Care, Our Say*, Sedgefield has developed a number of integrated teams of housing and carelink staff, social workers and district nurses. An independent evaluation has concluded that despite being in the relatively early stage of development, the integrated team has displayed some remarkable achievements in terms of the way inter-professional business is conducted. The teams are characterised by strong commitment and wide ownership and Sedgefield is demonstrating performance above the county average. As with any new partnerships there are some ongoing issues. The learning from this approach could very usefully inform the development of future integrated approaches.

The data-set of indicators in Annex A (reference table 1) is not sufficient enough to provide a robust JSNA in relation to housing. Relevant information could be included under the social and environmental context:

- Incapacity benefit levels by age
- Income to house price ratios
- Decent homes standard – social housing
- % vulnerable people in non decent private sector housing
- Number of accessible and extra care units in LA area as a % of total housing stock
- Rough sleeping, homelessness and temporary accommodation statistics
- Crime and Anti-social behaviour statistics
- Tenancy turnover rates

Sharing and using information more effectively

We welcome the recommendations in this chapter and agree that better information sharing is essential to effective joined up commissioning. This would also support front line service delivery to ensure better outcomes for the individual. We recommend that the information requirements outlined in this chapter include the types of housing related data in the paragraph above. Data requirements should drive the rules not vice versa. It would be helpful for the DH to work with other government departments, such as CLG and the DWP, to develop a set of common principles to help underpin local agreements.

Ensuring high quality providers for all services

The vision in this chapter is one that the housing sector recognises, and we support the attempt to introduce a new contractual framework to enable the voluntary sector to gain contracts on an equal footing. The housing sector operates in very mixed market of public, private and voluntary sector providers and that market is widening further with the development of social enterprises. Not only does this provide greater choice and quality, but the wealth of expertise and knowledge of local needs helps to

ensure that services are shaped around the needs of the user. But, crucial to the success of a mixed market is effective brokerage/support to ensure that individual needs are matched to the most appropriate service provider.

As strategic commissioners of care and support services, local authorities are best placed to work closely with GP's to ensure that what is commissioned is within a locally agreed commissioning strategy, but also that the commissioning process is flexible enough to enable individuals to commission services for themselves.

There is a need for the value of the preventative work that the housing and voluntary sector provides to be better promoted and understood. There are a wealth of examples including the provision of Telecare and telemedicine services, adaptations, affordable warm initiatives for older people, support services for people with addictions and supported housing for a range of vulnerable groups including those with mental health needs, physical disabilities and long term conditions.

The nature of the voluntary sector is such that this mixed market can be fragile, and so balance needs to be struck between competition between providers and support of those providers. It is essential that the operating environment encourages innovation; therefore a more proactive approach to market shaping is required. Within housing the Supporting People programme operates according to this model.

Recognising the interdependence between work, health and well-being

It is surprising that the interdependence between work, health and well-being has been recognised, yet the interdependence between a home, health and well-being has not. Good quality housing is one of the most fundamental human needs and is a cornerstone of a healthy and happy life, providing a platform for people to find work and gain access to a range of well-being related services/benefits. This chapter addresses the use of employers as a means of addressing well-being but this overlooks the issue of the unemployed who are probably more vulnerable to health inequalities.

In the first instance, housing could be a similar conduit for access to linking the unemployed with health and well-being. Traditionally social housing providers were concerned with provision of bricks and mortar, but increasingly our members are delivering a range of services which support the delivery of sustainable communities and social inclusion. A large part of this is around tackling worklessness and promoting employment for example Sunderland Housing Group runs the Enterprising Futures initiative, to secure employment via business start ups to tenants and Willow Park Housing Trust is supporting tenants to set up social enterprises providing much needed employment to deprived areas.

Developing incentives for commissioning for health and well-being

A better understanding of 'spend to save' would be a step forward particularly where the benefits are not accrued in the area when the spending occurs. This would provide a platform for outcome based budgeting to be developed, which would in turn enable a more varied programme of spending and compliment what the framework is trying to achieve. We are aware that CLG have developed a benefits realisation model which aims to raise the profile of benefits from the preventative agenda. The Integrated Living Network intends to carry out a research project on the measurement of shared outcomes using the knowledge and experience of the housing sector in impact assessments, and would be keen to work jointly with the DH on this.

Through the LSP and LAA we need to embed the aspirations of our communities into a shared vision and a framework for performance and incentives. Linking targets to housing, health and well-being outcomes with financial rewards and financial consequences would be a step forward towards greater integration.

Enabling resources to follow the individual requires assessment and resource allocation frameworks which allow resources to follow the individual. This would enable greater social mobility and avoid a postcode lottery situation.

Making it happen – local accountability

We support the vision in this chapter and welcome approaches to performance assessment which link better with the local government framework and reflect outcomes for individuals.

Response prepared by:

Sarah Mtango
Policy Services Manager
Northern Housing Consortium

0191 5661029
Sarah.mtango@northern-consortium.org.uk