

JSNA & Housing: A Review of Northern Approaches

Purpose of report

This Northern Housing Consortium¹ report is based on a review of the links being made between the housing sector² and Joint Strategic Needs Assessment (JSNA) within 9 areas across the north of England. It provides a summary of the policy context, the relevance of JSNA to the housing sector and highlights a series of key messages about progress and challenges. The report is of interest to commissioners and providers of housing, health and social care services as well as policy makers within national and regional government offices.

JSNA: a policy context

Joint Strategic Needs Assessment (JSNA) is essentially about people and the places where they live. It is a process which brings local authorities, PCT's and local partners together to generate a shared view of local needs and service provision across the whole population, to identify where best to spend their resources and jointly design interventions that will lead to better health and well-being with particular attention to the most excluded. JSNA was introduced as a statutory duty in April 2008 following the Local Government and Public Involvement in Health Act 2007. The role of JSNA is highlighted in a number of policy documents including *World Class Commissioning* (DH 2007) which drives the commissioning strategies of Primary Care Trusts (PCTs), the cross government concordat *Putting People First: a shared vision and commitment to the transformation of Adult Social Care* (DH 2007) and the government's strategy to respond to the challenge of our ageing society *Lifetime Homes, Lifetime Neighbourhoods* (CLG 2008).

The intention is that JSNA should be:-

- ✓ carried out every 3 years to inform the LAA planning process and every 5-10 years to inform strategic planning;
- ✓ high level - about horizon scanning and jointly setting priorities leading to comprehensive area assessment;
- ✓ able to provide a comprehensive map of local service provision;
- ✓ made available in a format which the community can access and understand;
- ✓ a process which engages commissioners and supports commissioning decisions demonstrating clear links to partner strategies; and
- ✓ an evolving process used to drive more detailed research, and as a tool for continual improvement rather than a one off document.

JSNA should support commissioners and providers to achieve the following types of outcomes:-

- Shared health equity audits
- Co-located services
- Universal advice and information services
- Preventative strategies e.g. fall reduction strategies
- Community equipment services
- Hospital discharge arrangements
- Support packages with a health element
- Management of long term conditions in the community
- Reduction in the levels of unnecessary clinical interventions

¹ a membership organisation covering the three northern regions of England with over 200 members responsible for around 90% of social housing in the north www.northern-consortium.org.uk

² Strategic housing authorities and housing providers

JSNA and housing

Whilst PCT's share a duty and responsibility with the local authority to produce a JSNA, government guidance on JSNA³ and World Class Commissioning⁴ is quite clear that community partners, including housing, are amongst those best able to provide data and intelligence on the needs of communities particularly those at risk of exclusion from health programmes. Guidance also makes it clear that collaboration with partners will stimulate innovation, efficiency, better service design and improve the impact of services.

National research⁵ shows that whilst significant progress has been made in the implementation of JSNA, the involvement of local partners has in many cases been poor and there have been few signs of any significant impact on joint commissioning. Regional research⁶ shows some changes in investment as a result of JSNA and examples of JSNA being used as a tool to inform structural organisational change. However the same research showed a need to improve the quality of intelligence, involvement of communities, links between JSNA and commissioning and sharing of outcomes/best practice.

The combination of increasing demand on services and less public funds, make it crucial to find radical new solutions which redesign or reshape public services. LAA governance structures are evolving, comprehensive area assessment, area based funding and joint local investment plans are taking shape as well as new national and local standards on how local areas are run by local authorities and housing providers. A move towards more comprehensive place based working is further driving the need for strengthened partnership working in the years ahead. Through the 'Total Place' programme⁷, leaders from all public sector bodies will come together to agree the needs of the area, the services to be provided and the levels of public spending giving them the freedom to look holistically at a problem and find a sensible solution. JSNA fits very well with this approach and will support organisations implementing emerging policy developments. Future developments in World Class Commissioning will focus on the need to commission preventative action on the causes of ill health and on the need to have a greater understanding of the dynamics between the social determinants of ill health. This could lead to the need to develop JSNA into a more place based integrated strategic needs assessment. Recent national strategies also provide an opportunity to use JSNA to influence the commissioning of joint housing, health and social services e.g. around dementia, mental health, lifetime neighbourhoods etc.

Eighteen months on, local authorities and PCT's will have published the first iterations of JSNA and will be considering whether they engaged the right mix of partners and whether the opportunities to influence commissioning have been maximised. It is therefore very timely for us to understand how the housing sector has been engaged in JSNA and the challenges and opportunities across the north.

A Northern Housing Consortium briefing paper⁸, published in April 2008, highlighted the role of JSNA and encouraged members to engage with the JSNA process in their area. Given the role of the housing sector in supporting some of the most vulnerable in society, the inequalities that many northern

³ DH (2008) JSNA *****

⁴ World Class Commissioning (DH 2007)

⁵ IDeA (2009) Joint Strategic Needs Assessment – progress so far

⁶ NWPFO, Liverpool JMU (2009) JSNA North West Regional Review; Edwards, M (2009) Joint Strategic Needs Assessment and Housing: report of a study based on the South East region

⁷ <http://www.localleadership.gov.uk/totalplace/about/>

⁸ <http://www.northern-consortium.org.uk/Page/QualityOfLife/IntegratedLiving/Inbriefings.aspx>

communities face, and the very well known connections between housing, health and well-being, the Consortium believes the involvement of housing partners is crucial:

- In partnership with the Homes and Communities Agency, local authorities and their partners, are at the heart of transforming places through substantial investment in housing, green spaces, community facilities, job opportunities and even schools. Local authorities also have significant revenue funds to commission support for vulnerable people to live independently. Housing providers are increasingly becoming social investors rather than simply landlords. Local authorities along with housing and housing related support providers therefore have a significant contribution to make to the planning and delivery of services that impact on health and well-being.
- Local authority housing departments and housing providers are already collecting and analyzing a range of data sources to build a picture of the well-being of their residents and communities. Data such as housing needs, demand for specialist accommodation, analysis of the need for housing related support (Supporting People), stock condition, customer satisfaction, customer profiling and strategic housing market assessment will have a role to play in telling 'a story of place' and as such it is crucial that the analysis is joined up.
- Many Local authority housing departments and housing providers already have well established links within the community whether through their own front line facilities, networks of user led groups or links with third sector providers. The housing sector could provide an opportunity to engage with communities to supplement purpose made mechanisms such as LINKS.
- A picture of current and future health and well-being needs along with a map of current service provision is vital to support market development and ensure there is a sufficient choice of providers and services for those people taking up personal budgets and wishing to fund their own services. Through their work with the most vulnerable, housing providers have an understanding of barriers to good health, gaps in service delivery or knowledge of where residents struggle to navigate care pathways.

Aims and Objectives

This review aimed to understand how the housing sector has been engaged in the implementation of JSNA in the north. Objectives of the review:-

- to identify challenges and opportunities and contribute to a national picture of JSNA implementation;
- to consider what the 'housing offer' could be to JSNA partners or indeed what the 'JSNA offer' could be to the housing sector;
- to raise awareness in the housing sector of the role of JSNA and raise the profile of the role of the housing sector as a key partner in the JSNA process; and
- to develop services which will support members in this agenda.

Methodology

All Northern Housing Consortium members were invited to take part in the review. Nine organisations volunteered including one housing provider and a mix of eight local authorities including a new unitary council and a county council, a mix of urban and rural authorities, and those that are co-terminus or otherwise with their PCT. The findings were collated from a desk top review of all JSNA's alongside interviews with housing leads, and in some cases their stakeholders. The findings provide an overview of housing sector engagement rather than detailed analysis. The findings are grouped under three themes:-



- Working with community partners
- Managing data, knowledge and intelligence
- Impact on commissioning

Working with community partners

Key message – Engagement of the housing sector in JSNA does vary

In most cases the JSNA's in the review focussed heavily on public health and social care issues reflective of the responsibility for JSNA lying with Directors of Public Health and Directors of Adult Services and Children and Young Peoples Services. These JSNA's showed little evidence of engagement with other departments within the local authority such as housing, and wider partners such as housing providers and housing support providers. Locating all the JSNA's for the purpose of this review was not always easy, the JSNA's are in a variety of formats and some are very lengthy documents e.g. 250 pages and not all had an executive summary. This does not in our opinion help in terms of raising awareness of JSNA amongst wider partners.

The organisations that took part in the review were all aware of the purpose of JSNA and had been involved to some extent. In some cases housing leads felt they had been consulted at a late stage in the development of the JSNA e.g. consultation on very late drafts, invitation to a presentation of findings with a request for commentary without a sense of how that commentary would influence the JSNA. Some housing leads made reference to cultural barriers and the lack of any standardised terminology being a barrier to effective communication in meetings.

Feedback suggests that the number and variety of different housing providers that may operate in any one area makes it harder for the local authority and PCT to engage them in the JSNA process. At the same time housing providers with stock scattered across a number of local authority areas adds a logistical difficulty which may hinder engagement. In addition, many local authorities and PCT's are undergoing significant organisational change. Some housing leads felt that this was undoubtedly having an impact on capacity to engage widely.

Key message - Organisational change can provide and opportunity as well as a challenge

Traditional silos based on a client or geographical basis have created structures and processes which are not always helpful. The review did find examples where it is hoped that organisational change will provide opportunities for greater engagement in future iterations of JSNA.

In **Durham** the local authority has recently restructured bringing together seven districts into what is the 4th largest unitary authority in the country. The new authority has inherited different arrangements for housing from the former districts – four areas with retained stock and three areas where stock has been transferred to a housing provider. Engagement with the housing sector was limited and took place at a late stage in the JSNA process reflected by obvious gaps in housing intelligence. However the JSNA does include a 'Closer look at our communities' section highlighting significant levels of need on social housing estates and showing a negative correlation between health needs and wards with poor housing, high levels of economic deprivation, high crime and anti-social behaviour. The new authority is however currently reviewing many of its core documents e.g. Strategic Housing Market Assessment, Local Economic Assessment, Local Development Framework (LDF), Housing Strategy, Transport Strategy and Local Economic Strategy. The timing of this could provide local partners with an opportunity to use JSNA findings to influence these strategies and plans and to use these documents to influence the next JSNA. For example a series of policy papers (written in preparation for the new LDF) on population, community safety, housing, energy efficiency, deprivation and health could feed into the next JSNA. To support a greater understanding corporately of the role of housing a marketing strategy has been developed which outlines the role and responsibilities of the strategic housing department. There is awareness and acceptance that wider engagement of local partners needs to happen but the process and structure for doing so in Durham is less clear.

In **Oldham** the local authority and PCT was already half way through the first iteration of JSNA when the DH guidance was published. The partners decided to forge ahead with sign off using consultation feedback from the informing strategies and this became one of the first JSNA's to be published in April 2008. The JSNA was well received locally and regionally but alignment with other needs assessments was highlighted as an area for improvement. The housing department struggled to see where they could fit into the process but housing issues have been flagged as a research priority for the next iteration. As part of the JSNA refresh a multi agency working group has been set up to reflect on what worked well and what didn't and to identify and address gaps. The partners have begun to develop a series of cross cutting themed reports which will feed into the second iteration of JSNA along with overview of health and well-being. The local authority is currently restructuring directorates and reviewing the Oldham partnerships. This commitment to change is reflected in the fact that the latest housing strategy⁹ is very much owned by the Oldham Partnership and includes a priority to work with NHS Oldham to address inequalities around housing and health across the borough. These developments could provide an opportunity for housing to engage more in the JSNA process.

In **Doncaster** the JSNA was also published at a time of significant change for both the local authority and PCT. Whilst engagement with the housing sector on JSNA has been limited, organisational change at the local authority has created an opportunity to restructure the strategic housing department with a new approach to building structures, processes and skills which empower staff, enable more effective partnerships to be built and services to be delivered. The strategic housing lead is optimistic that building blocks are being put in place to ensure greater involvement in the next iteration of JSNA. For example the JSNA findings are being used to ask *"how do we shape the next housing needs assessment and remodel future housing strategy to take into account the health and well-being needs of the community and address the inequalities that are there."* As with any partnership each partner may have their own priorities e.g. older people leaving prison with mental health needs, young people leaving prison at risk of re-offending and priorities around reducing crime and anti-social behaviour. The solution to these three priorities may be one project with a need to bring partners together to collectively identify priorities, factor in knowledge of Doncaster's communities, and identify joint approaches to tackling these big issues. The Doncaster approach is about saying 'lets do things differently' and using internal service level agreements to support this. Whilst not enforceable these agreements are symbolic – an upfront commitment about how one department will work with another around issues such as older people, Supporting People, Disabled Facilities Grant and adaptations.

Key message – strong leadership and governance structures make a difference

The review did find good examples of early engagement and involvement of housing partners. This early engagement appears to have been influenced by strong leadership and governance structures which closely link housing to health and social care.

In **Wakefield**, the main social housing provider Wakefield and District Housing (WDH) had a significant role to play in the JSNA. WDH owns 38,000 homes accommodating 19% of the population, although it's estimated that these households are likely to be living with 80% of the social issues including deep rooted benefit dependency and deep seated health issues. The main housing issues are in the social housing properties built during the inter and post war period, with poor health and well-being connected to the decline of local industry. £3.5bn is being spent in Wakefield every year on public investment including significant capital investment in the social housing stock. The housing provider wanted to understand the wider impact of its decent homes programme (the Wakefield Standard) and commissioned Sheffield Hallam University to carry out an impact assessment. Three years into this four year study findings show that despite significant capital investment in social housing, poverty and poor health remain an issue. At the same time the JSNA identified ten priorities of which two are directly linked to social housing:-

⁹ One Home Oldham Housing Strategy 2009-12

“People living in social housing in deprived areas (19% of the population) have typically low levels of social capital and poor health with relatively few people reporting that neighbours are helpful, high rates of fear of crime and vandalism, high rates of reported ill health and very poor health lifestyles with the highest rates of smoking, heavy drinking and poor diet and the lowest levels of physical activity. The same group also has high rates of ill health as measured by years of life lost and emergency admissions and a poor profile in terms of healthy lifestyles with high rates of smoking, drinking, poor diet and low rates of exercise. Making healthy life style choices is more difficult for those living in social housing in areas of high deprivation. These communities have significantly lower levels of educational attainment and it is difficult to be confident about expectations because the user voice in this area is weak.”

The publication of JSNA coincided with a desire by WDH to address the ‘lifestyle agenda’ i.e. creating socially inclusive communities, reducing deprivation and inequality and helping to build a skilled and flexible workforce. This is a long term challenge requiring agreed priorities and targets but change is happening. Strong leadership has helped to raise the profile of WDH as a strong corporate player, embedding the housing sector into local partnerships e.g. housing sits within the Skills, Enterprise and Work Partnership which is chaired by the Chief Executive of WDH. The Safer and Stronger Communities Partnership is chaired by the Executive Director of Groundwork Wakefield and Wakefield Environmental Developments Ltd, also chair of WDH. WDH sits on the Comprehensive Area Assessment group which is tasked with a joint response to CAA. This leadership culture cuts through the organisation at all levels e.g. WDH directors sit on Local Strategic Partnership (LSP) groups. An Assistant Director works solely on the lifestyle agenda, working with partners to alleviate some of the frustrations of joint working internally. At operational level officers are sharing data and intelligence and communicating with one another at estate level. In addition the local authority in Wakefield has developed a corporate planning framework bringing together all local plans under one framework and enabling local partners to view each others local plans, budgeting cycles and consultation plans.

In **North East Lincolnshire** the Chief Executive of Shoreline Housing (the main social housing provider) is also Chair of the Strategic Housing Partnership - a sub-group of the Healthy Communities & Older People Partnership. This partnership took the lead on JSNA leading to the involvement from the outset of the housing sector including private landlord representatives and the 3rd sector. England’s first Care Trust Plus was established in North East Lincolnshire in September 2007 bringing staff from the former PCT and Adult Social Care to work together on joint health and social care priorities. At the same time public health staff from the former PCT transferred into the local authority. Public health officers now regularly contribute to housing project boards and input into discussions in all sections of the local authority. This process has been extremely helpful in flagging up connections between public health and the social determinants of health. Safe, secure housing is now seen as a priority in underpinning healthy communities.

Key message – Opportunities for shared debate encourage partnership working

Even without changes to governance structures, it is valuable to create spaces where local partners, both officers and politicians from across departments and tiers can meet, discuss their roles, develop a common understanding of JSNA and consider questions such as:- *What is the current JSNA telling us and how can we use the JSNA to commission more effectively? What data is available and required? What questions should the JSNA be asking in relation to housing? What gaps exist?*

In **Gateshead** plans are being made for the 3rd iteration of JSNA. The housing lead at the local authority has been on the JSNA steering group from the 1st iteration. This meant that housing input was there from the start. This will be developed further in the refresh of JSNA which is due to start autumn 2009. *“Getting a seat at the table hasn’t been hard. It’s been about making people aware of the links and what housing data should go in.”* The steering group is led by the Director of PH (a joint post) and attended by many of the local strategic partners. Monthly meetings of the steering group keep the momentum going. Each meeting has a theme providing an opportunity for people with specialist interests to input

and to really think about the quality of data and intelligence, gaps in knowledge and implications for commissioning.

In **Halton** the JSNA found a clear link between the poorest levels of health and the areas where social housing provision is highest. Whilst housing conditions have improved e.g. through the decent homes programme, poor health, social exclusion and economic deprivation remain. Social exclusion is an area in which the housing sector can most contribute to understanding causes and targeting the interventions however a critical issue for the local authority and PCT is in understanding the causal factors and identifying the organisations that work in these areas of high need.

Like many housing providers Halton Housing Trust is now looking at opportunities to address the 'lifestyle agenda'. At the same time the local authority has acknowledged that the main gaps in evidence in the 1st iteration of JSNA were around the socially excluded but were unsure where the data sets existed for these groups. The local authority has also acknowledged that engagement of the housing sector in JSNA was limited and has welcomed the opportunity for statutory partners and housing providers to come together to discuss *"what is the JSNA telling us and what are the gaps? How well do we know our customers - what do we as housing providers assess and what data do we hold? Are we using data to shape services and influence statutory partners? If not, are we asking the right questions? How do we know what works - which aspects of prevention work? Which research models are being used to understand the impact of housing interventions? What could a common housing data set look like?"*

In **Wakefield**, the Chief Executive of Wakefield and District Housing brought together the local authority, PCT, Chief of Police, academics and other local players to discuss how best to jointly tackle the issues faced by Wakefield's most deprived communities – neighbourhoods where deprivation is increasing despite Wakefield moving up 12 places in the Index of Multiple Deprivation between 2004 and 2007. The meeting providing opportunities to debate joint priorities, efficiencies and jointly commissioned preventative services delivered in the community.

Lancashire is a large county with twelve district councils where the most pressing housing issues are not in the social sector but in the private sector e.g. issues include high levels of poor quality settled accommodation, lack of affordability and older home owners living in isolation. Preston alone requires £40m on top of existing resources to tackle private sector decency. The emphasis to date has been very much on Health and Social care input into the JSNA, the district authorities have had little involvement in the JSNA process but have recently welcomed an offer from the County to engage more closely. The County hosts regular intelligence showcases that demonstrate the latest data and analyses and allow for discussions on future research and potential work streams. The local authority has also acknowledged the need to seek housing representation on the JSNA steering group and has offered to run a 'housing intelligence showcase'. Housing leads from the district authorities have highlighted the value of having a platform to debate issues around housing and health inequalities and challenging pre-conceptions about housing in Lancashire.

Managing data, knowledge and intelligence

Key message – housing data can enrich the JSNA

The JSNA process requires data and intelligence to be on the known determinants of health and well-being. Intelligence is all about developing answers to the sort of questions services providers and communities ask. The key questions which JSNA will seek to answer will depend very much upon the requirements of the community although they could include *"Where do inequalities exist? Where does social exclusion exist? What prevents someone from leading the life they want to?"*

The DH guidance suggests a range of core data sets to be included in a JSNA (see table overleaf). These focus mainly on public health data sets with limited housing data sets in the social and environmental context. Under 'living arrangements' the suggested data sets include housing tenure,



household overcrowding, older people living alone and older people without access to central heating. Perhaps unsurprisingly the balance of data in most of the JSNA's was weighted towards public health whilst housing related data was limited to tenure, homelessness, overcrowding, and access to heating.

Demography	Population, Births, ethnicity, disability and migration
Social and Environmental	Deprivation, Living arrangements (Housing) , Economic, Environment and Voice (User Perspective)
Lifestyle Risk Factors	Behaviours and Other (Hypertension and Obesity)
Burden of ill-health and disability	Diabetes, Circulatory, Cancer, Infectious, Dental, Mental, Trauma, Musculo-skeletal and Disability
Services	Social Services, Preventative, Sexual Health Services and Voice (User Perspective)

The Northern Housing Consortium view is that these are very narrow measures and overlook the significance of other measures relevant to health and well-being such as Supporting People outcomes and evidence of value for money to other public services, tenant satisfaction, customer profiling, and management data e.g. rent arrears, tenancy turnover, levels of crime and anti-social behaviour, homelessness referrals. Satisfaction surveys in particular can provide not only a barometer of feelings but evidence of cross sector improvements to a place. The need to increase knowledge about what customers want is increasing and will continue to do so as the Tenant Services Authority (TSA) standards are developed and as the TSA begins to hold performance data on national and local standards. It is important for the housing sector to use the data and intelligence it collects to not only drive up satisfaction with housing services but to share it with partners, through tools such as the JSNA, to build a better understanding of places.

Some of the JSNA's in the review have included a range of housing related data and intelligence such as:-

- Housing needs assessment and strategic housing market assessment
- Housing stock condition
- Housing Health and Safety Ratings
- Place survey
- Supporting People needs and outcomes
- Disability needs assessment
- Gypsy and traveler needs assessments
- Local statistics on Homelessness, Adaptations and Disabled Facilities Grant
- CORE
- Tenant satisfaction
- Mosaic customer profiling
- Impact assessment data e.g. mapping of savings from falls prevention work, neighbourhood matrices, mapping of the housing sectors contribution to LAA targets

Key message – Investing in shared intelligence networks can help bring together data and intelligence across partners

To meet the increasing need for joined up intelligence, some local authorities and PCT's are building upon already long standing arrangements for collaboration between intelligence staff to meet the needs



of the LAA, CAA and World Class Commissioning etc. Establishment of intelligence communities e.g. data observatories and intelligence sharing groups with shared approaches to mapping and planning activity seems to assist in bringing together up to date data and intelligence across partners.

In **Wakefield** there is a strong culture of sharing data and intelligence - *“data and intelligence is useful to more than just the people who collect it – it’s what you do with it that counts”*. An intelligence sharing group known as PIIG existed as a group under the LSP but the JSNA has been the catalyst for further development of the this group. The group meets every 6 weeks involving the housing provider WDH, fire and rescue, transport and the 3rd sector. In early 2009 the group agreed a number of key actions in order to refresh the JSNA, these included a Wakefield District Lifestyle Survey, a Children and Young Peoples JSNA and the development of the Wakefield Health Observatory. If successful, the online observatory will be led by the PCT and hosted by the WDH. The PCT is planning to fund WDH to kick-start the delivery of the observatory and WDH will contribute staff time to run a steering group, develop and update the data on the website. Information sharing protocols and password protection will enable partners to access all data and intelligence and the public will be access overviews of the district.

Wakefield is also going to be one of the pathfinders for output area classification – a new way of sharing data across agencies by neighbourhood typology. The pilot will enable efficiencies by bringing together capacity across agencies, knowledge about communities from a wide range of partners e.g. police, fire and rescue, health, housing as well as local and national statistics. The pilot should also enable causal factors to be explored and analysis of the impact of preventative services.

In **Lancashire** the county council has brought together all data and intelligence around JSNA into a website known as ‘The Lancashire Profile’ rather than produce a paper document. This approach was felt to be more productive in terms of keeping data ‘live’ and accessible to a wide range of partners as well as a useful source of intelligence and analysis to support commissioners. The immediate impact has been better access to national and local data, access to an analysis support service, assisting the production of new reports and a platform for qualitative feedback. Housing partners welcomed access to this resource and support. Other organisations are developing similar websites and looking to deliver future iterations of JSNA in this way e.g. Oldham.

Impact on commissioning

The role of strategic commissioning is changing as control of resources moves closer to patients and service users. This is a process which is intended to be supported by JSNA. The JSNA should identify places and population groups where early intervention and preventative services can have an impact on health on well-being. As housing and regeneration policy¹⁰ focuses on targeting investment to maximise benefits to communities and to make best use of scarce resources there is a real opportunity to use the findings in the JSNA to commission housing services more effectively.

Some of the JSNA’s in the review included commentary on housing issues in context of the need to address poverty in areas of deprivation and poor housing, fuel poverty, the impact of rising house prices and rising demand for social housing, and the need to provide a greater supply and range of housing to provide for an ageing population. Some of the JSNA’s made reference to the positive impact of reduced levels of overcrowding and improved stock condition on health, education and employment and also made links between preventative services and reductions in hospital admissions e.g. falls prevention work, provision of immediate care. Few of the JSNA’s in the review made reference to the impact of the findings on the actual commissioning of housing services.

Key message - There is great potential for JSNA to stimulate new ways of thinking and drive commissioning activities across all public services which contribute to health and well-being, including housing.

¹⁰ Transforming Places; changing lives – a framework for regeneration

However in some areas joint commissioning is already well developed and it is hoped that the outcomes of joint commissioning will be used to raise awareness of the role of the housing sector to increase partnership working in future JSNA's.

In **Wakefield** the JSNA has been used to inform a number of peer reviews and inspections and was used to inform the PCT Strategic Plan and the LAA. The view is that the JSNA findings are helping to speed the development of a joined up response. 'Lifestyle Blueprints' on health, worklessness, education, environmental, policing and anti social behaviour (ASB) ask key questions of an area such as "what is it like to live here? What needs to change?" This is also total place thinking in action e.g. a police led ASB initiative looks at which agencies are working where, what is being spent, what they are doing. This initiative will report in 6 months on where best to spend money to get the best outcomes for the community. The housing provider WDH is being funded by PCT for 2-3 years initially to employ five Health Impact Workers based in WDH and working with tenants to give advice on healthy living and eating, exercise etc. This is direct result of JSNA.

As part of the JSNA process in **Gateshead** a prioritised framework has provided an opportunity to develop joint priorities and jointly commissioning services that move resources from acute services towards more community based preventative services. The JSNA refers to re-allocation of 5% of resources away from acute to preventative services. References were also made to working across housing, health and social care to commission services for people living with dementia, teenage parents, older people living at home, those suffering domestic violence and older family carers of people with learning disabilities.

In **Halton** the PCT and housing providers Halton Housing Trust and Plus Dane Group have begun working together to identify health outcomes and joint working opportunities. Ideas include

- PCT is to provide information for new tenancy packs and reception areas to raise awareness about health issues and to make information more readily available
- Utilising the tenancy sign up process to focus on the needs and awareness raising amongst new customers
- PCT training for front line staff in order to develop their skills around asking those more difficult and sensitive questions of customers in relation to their health and wellbeing. This information can then be used to signpost customers to other services and to develop in-house services and to shape service delivery.
- PCT is developing a mentoring/community support scheme through the recruitment and training of local people to build capacity and skills at a local level. This also aims to target harder to reach members of the community. This scheme could be supported by landlords.
- Exploring the feasibility for running health related articles in housing provider newsletters and providing links on websites
- Agreed to share more information to identify geographical hotspots of particular concern in relation to health and well being. This will enable joint targeted awareness campaigns to be developed and will enable the targeted use of landlords customer profiling information
- PCT keen to become actively involved in the housing providers winter warmth campaign
- Development of a referral form for housing teams to use to refer customers for PCT services/support
- Jointly employed Health Promotion/ lifestyle worker
- Targeted Men's Health campaign
- Making more use of existing contacts from all agencies including work of Income Recovery Teams, adaptations and investment and improvement programmes

In **North East Lincolnshire** the JSNA is being used to agree priorities for the LAA and will feed into Children and Young Peoples Plan and Care Trust Strategic Plan but the JSNA is also being used to raise questions about the impact of JSNA on the commissioning of housing related preventative services e.g. "Are we getting the right balance of spending between prevention and treatment? Does our housing stock meet the scale and needs of ageing population? What more can be done to improve and develop

potential of aids and adaptations including Telecare? What is the impact of poor quality private sector housing on the health of our communities?"

The local authority and Care Trust Plus jointly funded Sheffield Hallam University to carry out a Health Impact Assessment¹¹ of private sector housing looking at unoccupied stock and the low quality private rented housing stock where the greatest levels of housing need are found. A key question asked by the research was "what interventions will give us the most impact for our money?" Cost effective interventions were found to be housing investment in security and target hardening as a means of reducing anxiety caused by domestic burglary thus improving mental health and labour market performance e.g. secure alleys and improved green spaces, tighter regulation of poor landlords, housing market renewal and investment in housing to improve warmth. As a result of the findings greater resources are going to be allocated to security, safety and target hardening measures.

Other positive initiatives include training for housing staff on pathways for residents to receive help with smoking cessation and training for Care Trust Plus staff to understand housing services and how to access housing advice rather than recommending rehousing in the first instance.

Recommendations for local authorities and PCT's

- Raise the profile of JSNA and increase local buy in through early engagement with housing partners on the role of JSNA, what JSNA can offer the housing sector and potential for JSNA to impact on the commissioning of housing services
- Run events, newsletters and training sessions for partners and commissioners to understand and debate the outcomes of JSNA and implications for commissioning and in turn enabling partners to discuss the JSNA with their own stakeholders
- Understand the role of the housing sector and key partners such as strategic housing authorities and housing providers in delivering health and well-being outcomes
- Establish multi agency steering groups which include senior housing professionals and meet regularly to ensure the JSNA is evolving to respond to changing needs, priorities and expectations
- Promote a culture of intelligence sharing e.g. investing in intelligence networks which engage a wide range of partners and draw upon the untapped potential of the housing sector
- Develop systems for capturing and aligning data on housing needs from a wide variety of organisations within an area
- Include metrics and measures used by the housing sector to understand neighbourhoods and communities and the impact of interventions on outcomes
- Develop partnerships with housing organisations to make use of wider consultation networks e.g. Supporting People User Groups, Resident Panels, Community Groups
- Ensure that the JSNA is easily accessible and in a format which can be easily understood by wider partners and communities
- Support the development of standard terminology for identifying un-met health and social care needs

¹¹ A New Neighbourhood Dynamic for Grimsby's East Marsh (2009) Green, Stafford & Pugh, Sheffield Hallam University

- Develop a JSNA governance structure, processes and competencies which maximise opportunities to engage commissioners and providers with JSNA and integrate outcomes of JSNA into planning cycles for partnership boards and LAA structures
- Produce community profiles for areas of high need and summaries of data by client group which highlight commissioning implications enabling commissioners to delve further into the data sets if required

Recommendations for strategic housing authorities and housing providers

- Rethink how housing services are delivered in light of evolving governance structures, area based funding etc
- Consider how well your organisation understands the needs of current and future customers
- Consider whether the data and intelligence your organisation holds is being used to shape services and influence statutory partners and if not, how the value of it can be maximised in your area or region
- Make use of the JSNA findings to increase understanding of, and challenge assumptions about, the health and well-being needs of your communities
- Model the impact of housing interventions and use the findings to demonstrate successes
- Engage with Local Strategic Partnerships to articulate housing issues and your organisations contribution to wider outcomes
- Consider what the housing sector could offer health partners
- Consider what a common housing data set could look like in your area or region

Next Steps

This review has been extremely useful in developing our thinking on the linkages between housing, health and social care. We hope that the findings will enable housing organisations to be more involved in the commissioning of health and social care services – thereby supporting our members’ engagement in this field – and ultimately leading to improved services to communities.

- The Northern Housing Consortium intends to track this dynamic policy agenda and the progress of members in engaging with JSNA. We ask that members keep us informed of their progress, challenges and best practice.
- We will use our existing networks, the Integrated Living Network and Action Learning Group to engage with members and to disseminate learning.
- We also intend to refine our thinking around a “housing to health” offer and will shortly be undertaking a pilot exercise with 14 members in the North West along with their statutory partners to share ideas, seek views and grapple with issues relating to how to maximise the value of data and intelligence across a local authority area.
- We also provide a range of relevant policy and research services including Customer Profiling, Tenant Satisfaction Surveys, Housing Strategy Reviews, Homelessness Reviews,

Housing Needs Assessments, Strategic Housing Market Assessment and Impact Assessment Tools.

For further information see our website www.northern-consortium.org.uk.

Or to discuss opportunities to work with the Northern Housing Consortium please contact 0191 5661000 or enquiries@northern-consortium.org.uk

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