Quality of Life

Inclusion Health: Improving the way we meet the primary health care needs of the socially excluded Implications for the housing sector

NORTHERN Housing Consortium

THE VOICE OF HOUSING IN THE NORTH

Introduction

The Department of Health and the Cabinet Office recently published a joint report "Inclusion Health: Improving the way we meet the primary health care needs of the socially excluded".

The report sets out a vision for delivering health services to all – including those in most need and socially excluded. The health needs of socially excluded groups are often complex and require a sophisticated response. Frequently the efficacy of this response requires on the support and active participation of a wider range of agencies outside of "traditional" primary health care services. The report and positive practice highlighted within it, reference the role of the housing sector in delivering this response.

Challenges of meeting primary health care needs

The report sets out the principal challenges facing the delivery of primary health care needs of socially excluded – these include:

Clients - chaotic lifestyles and complex needs means navigation through health service can be difficult. Socially excluded people report feeling "invisible" or discriminated against if they are able to access services

Practitioners – Lack of awareness, skills and training to support the most excluded. This is compounded by a tendency to focus on the presenting symptom rather than recovery and behaviour change.

Providers - Services often lack flexibility to respond to complex needs, which can lead to increased risk of clients falling through the gap or a revolving door syndrome.

Commissioners - Significant variation across the country regarding provision of specialist services. Socially excluded groups do not show up on needs assessments. There is limited join up between statutory and third sector agencies

Leaders – No national voice for socially excluded. The needs of these groups tend not to be at the forefront in strategic planning. Outcomes do not adequately reflect complexity of socially excluded clients needs and circumstances.

In response to these challenges, "Inclusion Health" puts forward objectives to provide a greater focus on the health care needs of the socially excluded. These objectives are:

- **Focus –** increase the understanding and visibility of health needs and outcomes of socially excluded groups and to establish clear local and national accountability
- **Voice –** provide a strong voice and advocacy movement
- **Personalisation –** promote tailored responses to complex needs cutting across specialist and mainstream service provision
- **Quality and innovation –** drive improvements in standards of service and develop and evidence base to show what works.
- **Recovery –** widen focus of services to build health aspirations amongst socially excluded groups and increase capacity for self management of lifestyles
- **Professional development –**support and promote achievements of professionals in this field.

To meet these objectives, the report proposes six building blocks and a series of practical actions – the potential role for the housing sector is highlighted throughout.

1. **Leadership: Strong, clear national and local leadership of the Inclusion Health agenda**

   Government will build leadership within this field through formalisation of the Inclusion Health agenda via the creation of the ***National Inclusion Health Board***

2. **Workforce**

   The NIHB will promote training for Inclusion Health within academic institutions and develop a support network for professionals working on this agenda to reduce isolation currently experienced.

3. From Needs to Outcomes – the capability to build a better picture of needs, set priorities and know that services are making a difference

The report identifies how socially excluded groups have not been picked up effectively through the Joint Strategic Needs Assessment (JSNA) process. JSNA has the potential to be a highly important document as it identifies – and subsequently creates the commissioning framework – the health needs of communities. NHC research has demonstrated the patchy involvement of the housing sector in the JSNA process and we strongly believe that active participation of housing providers and strategists will enhance the JSNA. This would appear to be particularly important when considering the needs of the socially excluded as the report itself identifies that socially excluded individuals are less likely to present their needs *initially* at a traditional primary health care service location – their needs are more likely to become apparent through alternative access points – including housing offices, homeless advice and assessments, supported housing environments etc.

Furthermore capturing the positive outcomes of health interventions for socially excluded groups can be difficult given, the complexity of their needs, the "invisibility" of them to service providers and strategic commissioners and the more general point of the time lag in properly reflecting positive outcomes in reducing health inequality.

Inclusion Health highlights the positive benefits of more effective joint working – which include stronger economic cases for interventions as an evidence base around the impact of interventions is developed.

The NIHB proposes:

- Update and refresh the JSNA guidance to better reflect the specific challenges of assessing needs of socially excluded groups and how to map the community assets available to them.
- Work with the National Institute for Health and Clinical Excellence to consider how quality indicators operate in relation to socially excluded groups.

- **The Department of Health will publish guidance which will:**
- Set out clear steps for commissioners to support them in involving primary care services for socially excluded groups.
- Identify practical methods for sourcing/triangulating data and information locally, to better identify needs, experiences and outcomes of socially excluded groups and inform priority setting
- Showcase evidence based best practice to support commissioners in specifying high quality, flexible and responsive local services for socially excluded people.
- Highlight available contractual and procurement options for working with partners to secure services for socially excluded groups and ensure continuous improvement.

NHC Viewpoint

The social and strategic housing sector has a considerable role to play in improving the picture around health needs and working towards a better understanding and demonstration of outcomes.

Housing and JSNA

The recent NHC report exploring the role that housing organisations have played in shaping JSNA's provides useful best practice and guidance to improve the participation levels. We are keen to explore in our next project how JSNA's have shaped commissioning approaches and are particularly keen to hear from members who have experienced a positive commissioning shift.

Data

We know from experience, validated through Inclusion Health, that the health needs of socially excluded groups are likely to be apparent to agencies such as social housing organisations (and other third sector stakeholders). If the housing sector has a robust data capture and profiling mechanism this is invaluable in shaping strategic understanding.

We recognise, however, that capturing complex health needs and potentially chaotic lifestyles is not a simplistic customer profiling experience and we are very keen to hear from members who feel they are making excellent progress in both capturing and learning from/shaping service delivery based on their data and intelligence sources.

4. Responsive and flexible Services

The report identifies the need for tailored service provision for socially excluded groups, building on the wider personalisation agenda. Whilst there are excellent innovative approaches to meeting these needs, the national picture is patchy and enhanced strategic direction is required. Key barriers or issues to be overcome in shaping tailored and responsive services include:

- Relationships of trust are fragile and a single episode of poor care or treatment can result in a lifetime of mistrust. This can result in health care being determined by circumstances not need – which is not only ineffective for the service user but potentially expensive for service provider
- Improved understanding/knowledge on what health services are available and how they can be accessed.
- Building on the experience of third sector agencies that are able to navigate health and care pathways and bring vulnerable groups into contact with services.
- Effective use of new technologies can better connect parts of the service together
- Enhanced use of personalised budgets to shape care services

NHC Viewpoint

We welcome the recognition that third sector agencies are well placed to support and navigate care pathways and we're keen to hear from NIHB as to how this relationship will be developed.

We are very interested in any members experiences around personalised budgets and socially excluded groups – and any emerging positive practice that could be promoted.

5. Health Promotion and Prevention

Whilst life expectancy rates for the population in general are increasing, it is recognised that for those with chaotic lifestyles and complex needs, the focus has been on treating the harm rather than preventing it. This reactive rather than proactive approach to service provision increases the likelihood of a revolving door syndrome. The Marmot Review (and see NHC report on Marmot) highlighted the relatively low level of NHS spending on prevention (4% of budget); yet evidence shows that targeted preventative interventions can have significant long term impacts.

Inclusion Health sets out to raise the health aspirations of the most vulnerable and focus on prevention and long term behaviour change. The NIHB will seek to affect this change by:

- Setting out effective models of prevention and promotion for socially excluded groups
- Raise the profile of prevention in relation to socially excluded groups
- Build upon the findings of the Total Place pilots to strengthen actions that promote inclusion and prevent exclusion locally.

NHC Viewpoint

We welcome the focus on shifting attention towards prevention and behaviour change.

We recognise however that demonstrating the impact of prevention is potentially a more difficult expectation as the timeframe relating to health inequality shifts arising from preventative activity is long.

We are keen to hear from members who have experience of engaging in preventative healthcare initiatives (stopping smoking, physical activity etc) – in particular how they measured success and whether they felt the setting of a service outside of traditional health care access points had a material impact on the success of the project.

6. Assurance and Accountability

Transparency and accountability appears to be historically relatively weak for socially excluded groups as the data evidencing their needs is lacking and the agenda has low strategic priority. This situation, however, is not sustainable, nor acceptable and we need to move to a position whereby we understand the outcomes of those socially excluded groups.

Inclusion Health directs attention to the need for joint working and co-operation and processes such as World Class Commissioning Assurance and Comprehensive Area Assessment as strong drivers to report whether the needs of the most vulnerable are being met.

Partnership working remains key to achieving this goal, and the report calls for local measures to determine local needs and monitor outcomes.

The report proposes to work with the Care Quality Commission to explore how the regulatory framework addresses access to quality care for socially excluded groups and with the Audit Commission to consider how the first year findings of the CAA process can be built upon to reduce health inequalities for the most socially excluded groups.

Conclusion:

We welcome the publication of Inclusion Health as it supports many of the Consortium's active workstreams supporting the integration of housing, health and social care. We are progressing work in this field and have a forthcoming meeting with the Marmot Review team – we will feed back to members the outcomes from this meeting. Our forthcoming housing, health and social care conference on 22nd September will also tackle this challenging agenda.

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