

APPENDIX A



Somerset Health and Wellbeing



NHS
Somerset Clinical
Commissioning Group

healthwatch
Somerset



SOMERSET
County Council

Improving health and care through the home in Somerset

Memorandum of Understanding

(v7 04/09/2020)

Signatories to this Memorandum of Understanding

Members of the Health and Wellbeing Board

Avon and Somerset Constabulary

Healthwatch Somerset

Mendip District Council

NHS England

Somerset County Council

- *Public Health*
- *Adult Social Care*
- *Children's Services*

Somerset Clinical Commissioning Group

Sedgemoor District Council

Somerset West and Taunton District Council

South Somerset District Council

Additional Signatories (pending final agreed wording) – with hopefully more to follow as we continue conversations:

National Probation Service

Office of the Police and Crime Commissioner (Avon and Somerset)

Aster Group

Arc Inspire

Acknowledgement: This MoU takes its inspiration and steer from *Improving Health and Care through the home: A National Memorandum of Understanding (February 2018)*.

Improving Health and Care Through the Home in Somerset

Why a Memorandum of Understanding

The right home environment is the foundation from which we can build healthy and fulfilling lives. Housing affects our wellbeing, risk of disease and demands on health and care services. We need warm, safe and secure homes to help us to lead healthy, independent lives and to recover from illness. We must work together across housing, health and social care sectors to enable this. This MoU brings together key organisations, decision-makers and implementers from across the public and voluntary sectors, to maximise opportunities to embed the role of housing in joined-up action on improving health and providing better environments to support our health and social care services.

Somerset has recently adopted a Health and Wellbeing Strategy (Improving Lives), a Housing Strategy and a Homelessness and Rough Sleeper Strategy. All three acknowledge the importance of housing as a social determinant of health. Housing conditions and housing circumstances often act as a driver of health inequalities.

This MoU sets out:

- Our shared commitment to joint action across local government, health, social care and housing sectors in Somerset
- Principles for more effective joint working to deliver better housing, health and wellbeing outcomes to reduce health inequalities in Somerset
- The context and framework for cross-sector partnerships countywide to design and deliver healthy homes, communities and neighbourhoods, alongside integrated and effective services that meet the needs of individuals, families and the community;
- Shared success criteria to deliver and measure impact

Working together, we aim to:

- Support countywide dialogue and information exchange to inform better strategic decision making across local authority, health, social care and housing sectors.
- Coordinate health, social care, and housing policy to offer a more integrated approach to local policy development and advise on local implementation
- Enable local partnerships to collaborate more effectively across health, care and housing when planning, commissioning and delivering homes and services
- Ensure the public and service users are heard and involved in collaborative work across health, care and housing
- Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improving people's experience and outcomes; preventing ill health and safeguarding
- Enable local organisations and authorities to work in partnership to promote a coordinated and preventative approach to rough sleeping and homelessness
- Facilitate independent living through the adaptation of existing homes and the building of new accessible housing with support, which is environmentally sustainable, makes best use of new technologies, and is resilient to future climate change and changing needs and aspirations

- Respond to the challenge of climate change including the delivery of new houses and the adaptation of existing homes with the aspiration of carbon neutral and the provision of thermal comfort
- Provide safe stopping facilities and protect the general health and wellbeing of transient and nomadic populations
- Develop and promote the consistent use of Health Impact Assessment across the county when considering major new housing allocations and developments, in order to improve the design of both housing and environment for the benefit of both physical and mental health
- Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing, and are able to identify suitable solutions to improve outcomes

Context

Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a social determinant of health and, as a result, is a key driver of health inequalities. Those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack accommodation altogether.

The Health and Social Care Act 2012 introduced a number of provisions intended to improve the quality of care received by patients and patient outcomes, efficiency, and to reduce inequalities of access and outcomes. The act gave Local Government responsibility for improving public health, highlighting the need for cooperation between the NHS and Local Government. Health and Wellbeing Boards also have a duty to encourage commissioners to work together.

The Care Act 2014 aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm. There must be a focus on prevention, and care and support functions must be carried out with the aim of integrating services with those provided by the NHS or other health related services.

The Care Act calls for:

- A shared vision and culture of cooperation and coordination across health, public health, social care and local authority role, e.g. as housing commissioners, working closely with public, voluntary and private sector providers to improve services
- Utilisation of a whole systems- and outcomes-based approach to meet the needs of individuals, their carer/s and family, based on a robust understanding of their needs now and in the future
- Consideration to the health and wellbeing of carers
- Solutions to meet local needs based on evidence of 'what works'
- Services that will address the wider determinants of health. e.g. housing, employment

Integrated health, care and support, and housing solutions could make best use of the budgets across the NHS, local authorities, and their partners to achieve improved outcomes for less (e.g. utilising the Better Care Fund to support service transformation). Further guidance (Sustainability and Transformation Plans – 2015) acknowledged that current pressures across health and social care cannot be solved in isolation.

The right home environment can:

- Protect and improve health and wellbeing and prevent physical and mental ill-health;
- Enable people to manage their health and care needs, including long-term conditions, and ensure positive care experiences by integrating services in the home;
- Allow people to remain in their own home for as long as they choose. In doing so it can:
 - » Delay and reduce the need for primary care and social care interventions, including admission to long-term care settings;
 - » Prevent hospital admissions;
 - » Enable timely discharge from hospital and prevent re-admissions to hospital;
 - » Enable rapid recovery from periods of ill-health or planned admissions.

Key features of the right home environment (both permanent and temporary):

- It is warm and affordable to heat and has adequate ventilation to support good air quality and thermal comfort in extreme conditions
- It is free from hazards, safe from harm and promotes a sense of security
- It enables movement around the home and is accessible, including to visitors
- There is support from others if needed
- Tenure that is stable and secure

At a local level, the right home environment is enabled by a range of stakeholders (not exhaustive):

- The Somerset Health and Wellbeing Board has a duty to understand the health and wellbeing of communities within the county, the wider factors that impact on this, and local assets that can help to improve outcomes and reduce inequalities. Housing, and housing circumstances, would be a good topic for consideration by a future Joint Strategic Needs Assessment.
- The Somerset Strategic Housing Group has a responsibility to understand the local housing market (including the housing and support needs of the vulnerable) and to use this intelligence to develop the Somerset Housing Strategy and deliver associated activity.
- The Somerset Strategic Planning Conference seeks to plan for new housing (and other development) through a countywide coordinated approach to local plan making.
- Housing providers' knowledge of their tenants and communities, and expertise in engagement, informs their plans to develop new homes and manage their existing homes to best meet needs. This can include working with NHS providers to re-design care pathways and develop new preventative support services in the community. Close cooperation with local providers is therefore essential.
- Housing, care and support providers provide specialist housing and a wide range of services to enable people to re-establish their lives after a crisis, e.g. homelessness or time in hospital, and to remain in their own home as their health and care needs change. Locally, we have arrangements through various commissioning boards such as Positive Lives (vulnerable adults), Pathways to Independence (vulnerable young children and young adults) and Step Together (adults with mental health problems and/or addictions).
- Somerset Independence Plus deliver adaptations and a wide range of other home improvements to enable people to remain safe and warm in their own home.

- The voluntary and community sector offers a wide range of services, from day centres for homeless people (e.g. Open Door in Taunton) to information and advice (e.g. Citizen Advice services) to housing support services (e.g. Village and Community Agents). All stakeholders understand the needs of their customers and communities; their knowledge and insight can enable health and wellbeing partners to identify and target those who are most in need

Health, Care and Housing Challenges in Somerset

Somerset's Joint Strategic Needs Assessment (JSNA) highlights growing health inequalities within the county due to geography, age and financial capability. Somerset has an ever increasing ageing population who have specific housing requirements and health and care needs. Although people are living longer, more of our lives are spent in ill health or disability - some communities in Somerset have more than 20% of people living with a disability. This highlights the need to look at how we provide care within our communities and ensure that our housing stock supports people to live independent lives for as long as possible.

There are 24,391 households in Somerset in fuel poverty - there is a clear link between poor energy efficiency, fuel poverty and poor health. Additionally, there are major financial costs to health, social care and housing services due to trips and falls, excess cold, damp, dementia, domestic violence, homelessness and delayed hospital discharges. This highlights the need for flexible models of supported housing which enable independent living and the need for a standard of housing design that supports good health.

Rough sleeping is a challenge across the county, but particularly in Taunton, Glastonbury, Bridgwater and Yeovil. The negative impacts on mental and physical health and wellbeing associated with sleeping on the street are well documented. The latest count (July 2020) indicated that there were 100 rough sleepers in emergency COVID accommodation, 44 on the streets and 13 who had yet to be verified as rough sleeping. Whilst rough sleeping is the extreme end of homelessness, many others are in precarious housing circumstances. During 2018/19 there were 478 homeless application decisions taken in Somerset. We have seen an increase in complex homelessness in which individuals require support from multiple agencies. In addition, we have rising numbers of roadside van dwellers (especially around Glastonbury) and worrying levels of 'hidden' homelessness (e.g. 'sofa surfing'). There is a pressing need for greater coordination and collaboration among health, care and housing services. Without this, we cannot stop and prevent the costly 'revolving door', as rough sleepers / complex homeless individuals bounce between services and fail to receive the coordinated support they desperately need.

The COVID-19 pandemic is likely to impact population health, wellbeing and the economy. It is predicted that there will be an increase in job losses, family breakdown, worsening mental health conditions and domestic violence, which will have knock on effects on many of our services but particularly housing and homelessness provision. The success of the collaborative approach taken thus far in response to the challenges created by the pandemic are testimony to the benefits of joint strategic thinking and partnership working.

Local Policy Context

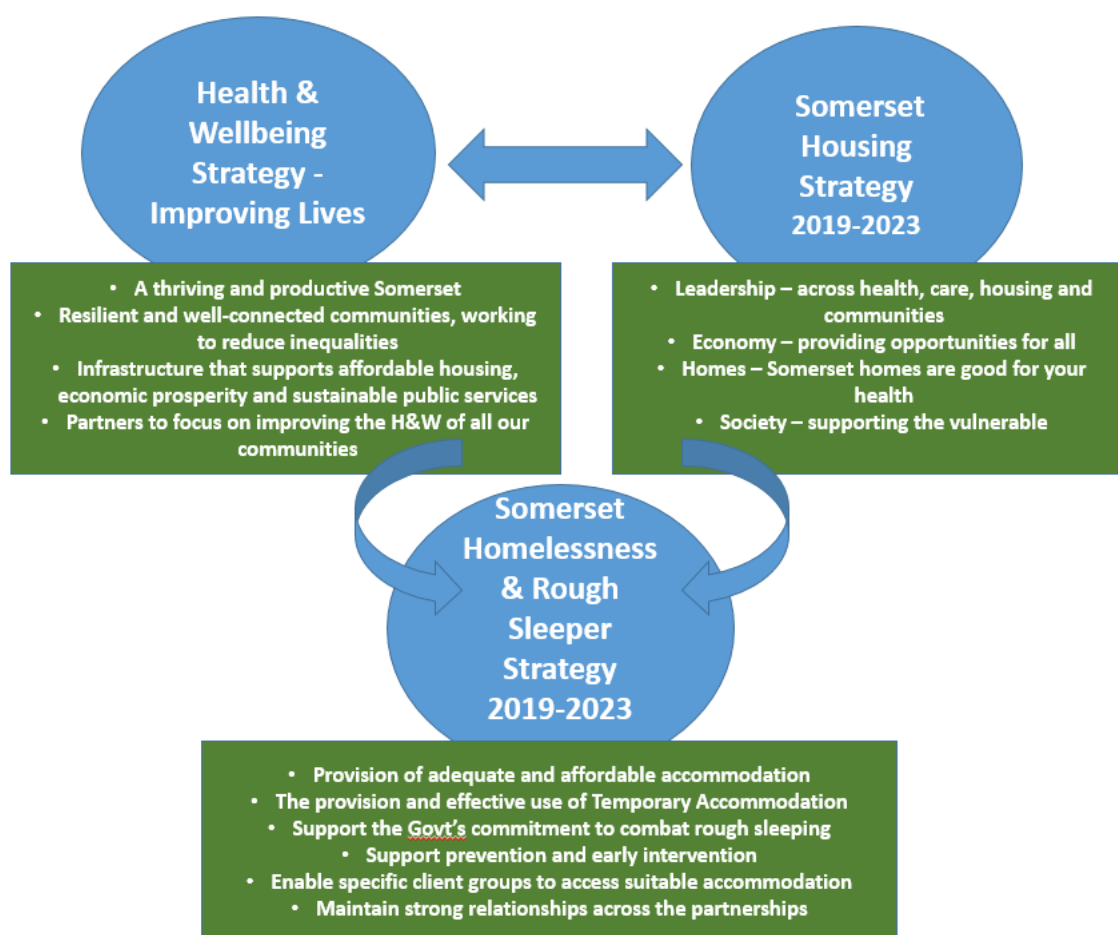
The Somerset Health and Wellbeing Board has recently adopted '**Improving Lives (2019-2028)**', the health and wellbeing strategy for Somerset. This overarching strategy details the county's vision to address health inequalities that exist between people, between communities, and within the economy. It seeks fairer life chances for all, improved health and wellbeing, more people living

independently for longer, and safe, vibrant and well-balanced communities. Improving Lives recognises that housing conditions are a key determinant of health inequalities. It identifies the Somerset Housing Strategy as a 'cross-cutter' to help the delivery of priorities within Improving Lives.

The **Somerset Housing Strategy (2019 – 2023)** is an important component of Improving Lives and also seeks to deliver these same outcomes with a focus on the role of homes and housing. Specific health priorities relate to improving health through the quality of new development, improving the condition of the existing housing stock, matching lifelong independent living with appropriate property solutions, and collaborating with local communities to build healthy communities.

The **Somerset Homelessness and Rough Sleeping Strategy and Action Plan (2019 – 2023)** sits below the Somerset Housing Strategy. The strategy outlines the key priorities for reducing homelessness and rough sleeping in Somerset.

The diagram below explains the relationship between these three strategies.



In addition, there are also other important areas of policy activity:

Each district council is required to prepare **Local Plans** that identify land for development, alongside policy advice that will guide the type and quality of development. This will include housing numbers, the type (affordability/size) of housing, and the quality of the surrounding local environment, including the need for healthy means of travel such as walking and cycling.

The NHS in Somerset working together are delivering **Fit for My Future**, which contains a number of workstreams aimed at improving the effectiveness and efficiency of health and care services (and their relationship with other services, including housing). For example, the Neighbourhoods programme seeks to develop a community-based approach to supporting vulnerable families and individuals. This includes working alongside and commissioning the voluntary and community sector to identify solutions and provide support.

No single organisation has the resources, skills or solutions needed to tackle health, care and housing challenges effectively on their own. Each of these strategies / areas of policy activity outline the county's vision and willingness to tackle complex issues, which will benefit from coordinated strategic leadership, utilising a partnership approach as promoted within this MoU.

Oversight and Impact

The impact that we seek to achieve from this Memorandum of Understanding is a home environment for the vulnerable that is good for health by reason of affordability and security of tenure, provides thermal comfort, is safe and accessible, and has support for those that need it. The impact of the MoU, including regular assessment of how successful we are in achieving our aims and outcomes, will be monitored by the Health and Wellbeing Board on an annual basis.

Indicators of Success

This Memorandum of Understanding sets out a commitment to joint action across the housing, health and social care sectors and establishes cross-sector priorities for the next three years. Through the adoption of this MoU, as a system we expect the following outcomes:

1. *Better strategic planning:* The inclusion of housing and homelessness in key strategy and planning processes for health, social care and local government at a countywide and local level. These planning processes should be responsive to the needs and input of local communities and experts by experience. They should deliver good quality, housing options for all that both meet current health needs across the lifespan and are responsive to future changes, such as demographic shifts and climate change.
2. *Better understanding of the preventative role of housing:* Greater recognition of the role a stable and secure housing situation plays in keeping people healthy and independent and preventing ill health or injury. As a result, there is a strong economic case for investment in improving poor housing and providing new and specialised housing.
3. *Greater collaborative care:* Greater joint action on housing's contribution to different care pathways, including prevention and transfer of care or discharge planning.
4. *Better use of resources:* Use resources more effectively to improve health through the home, prevent illness, manage demand and deliver service improvements across local housing, health and social care sectors
5. *Improved signposting:* Frontline housing, homelessness, health and social care professionals know which services and interventions are available across the other sectors locally and how to refer people into these. There is also greater awareness among the general public about the services they can access to improve their home environment where this is affecting their health and wellbeing outcomes
6. *More shared learning:* Housing, homelessness health and social care professionals to have the

appropriate, multi-disciplinary training to better prevent ill health and promote good health and wellbeing through the home, and deliver integrated care and support across the sectors.

7. *Wider sector engagement*: An increase in the number of Signatories to the MoU, including organisations representing frontline professionals and experts by experience.

Priority Activity

How do we achieve our agreed outcomes and the desired impact?

The recently adopted Health and Wellbeing Strategy (2019), Somerset Housing Strategy (2019) and Somerset Homelessness and Rough Sleeper Strategy (2019) provide the steer. These are all supported by robust Equalities Impact Assessments that have aided policy development and action planning. Conversations between partners have identified a number of areas of priority activity that should form the basis of a coordinated work programme during the next three years. Each has resourcing implications that will need to be understood and met collaboratively:

1. Rough Sleeping and Complex Homeless

To more effectively coordinate the range of services that seek to support rough sleepers and those complex homeless who may be suffering with severe physical and mental health problems, as well as drug, alcohol and other addictions. There is a need to galvanise strategic leadership.

- Deliver a Somerset Homeless Reduction Board

The Covid response to rough sleeping across Somerset was organised through the Homelessness Cell. This achieved considerable results in a very short space of time. There is a need to quickly build on the momentum and achievements of the 'cell' and put in place a permanent arrangement for the strategic coordination of service delivery for this extremely vulnerable cohort of people. The HRB will report to the Health and Wellbeing Board and will be directly responsible for the delivery of the Somerset Homelessness and Rough Sleeper Strategy

- Better futures for vulnerable people in Somerset

Somerset is a focus of an LGA Improvement Plan (Housing Advisors Programme). SSHG have received LGA funding and have commissioned Ark consultancy to deliver '**Better futures for vulnerable people in Somerset**'. This project seeks to build improved relationships and ways of working between district councils (housing), the commissioners and providers of housing support services, and registered providers, in order to better meet the housing, health and care needs of vulnerable people across Somerset.

- Integrated Commissioning

A longer-term piece of work is to explore options for the strategic and integrated commissioning of services to support rough sleepers and complex homeless. Currently, there are several commissioning bodies that seek to support rough sleepers and complex homeless (district councils, adults and children services, and public health). There is a need to take a whole-system approach with focus on prevention, to rethink our use of budgets and staffing resources, and to explore and develop system-wide coordinated interventions

2. Independent Living

To ensure that more of our existing housing stock (all sectors) is good for health, enabling independent living for those with a range of physical and mental health conditions. Work should be focussed on the following:

- Prevent or delay admission to hospital and/or residential or nursing care of individuals through a joined up understanding of what is required, improved communications, timely and responsive processes.
- Prevent delayed transfer of care or facilitate discharge of individuals from hospital/or residential care through building capacity and resilience within key staffing roles in health and housing as well as the suitable adapted stock types required.
- Maintain older and disabled people's ability to live independently in their own home and community for as long as possible and to promote their well-being, by providing choice and more control over their lives. Increasing assistive technology, recognition of the hoarding and mental health service provided by SIP.
- Reduce chances of a life changing health event by initiating prevention policies, activities and adaptations. Understanding the types of prevention packages that there are, improve partnership working and community self-help.

3. Climate Change

The Somerset Climate Emergency Strategy (2020), developed jointly in response to a 'climate emergency' being declared by the county's local authorities in 2019, has nine workstreams within it. Health is not one of them; however, four of the themes are of particular relevance to health. Water, and its provision, has a direct impact on health; discussions on housing, travel and food focus on how health co-benefits can be derived from our collective response to climate change. The health and wellbeing of the population is linked our responses across the housing, health and care systems to the environmental changes, how we adapt to them, and how we try to reduce their severity. They are intertwined with physical and mental health, and with strength and resilience at a community level.

4. Transient and Nomadic Populations

Transient and Nomadic populations refers to Gypsy, Traveller and Roma communities and people who are living in vans, cars, and campervans. There is currently a multi-agency Transient and Nomadic Populations Cell (COVID) that is chaired by the CCG. This groups seeks to provide facilities (sites, water, sanitation, waste disposal) as well as access to health and care advice and facilities. The good work of this Cell needs to continue in order to provide safe stopping facilities and protect the general health and wellbeing of this community

5. Health Impact Assessments

Health Impact Assessment (HIA) uses a combination of procedures and tools to systematically judge the potential effects of a policy or development on the health of a population and the distribution of those effects within a population. They add value to the decision making process by assessing potential impacts and recommending options for enhancing the positive and mitigating the negative to help reduce health inequalities.

- To develop countywide guidance for the use of Health Impact Assessments, to help ensure that new homes and places are designed and built in a way that promotes health and wellbeing, to minimise negative impacts, and to support everybody in Somerset to live healthy, fulfilling lives. Work to be coordinated between Somerset Strategic Planning Conference, Public Health (Somerset) and SSHG, with advice from and Public Health (South West).

A note on children, young people and families: *There is a lot of strategic planning to do to ensure our young people can achieve sustainable independence in terms of safe, affordable housing and a good education/employment. Through the P2I service, we are aware of many potential obstacles, such as engagement with / prioritisation within Homefinder Somerset, and the lack of Move-On accommodation. Whilst the MoU does not suggest a specific CYP related workstream, it is important to note that the above issues are matters for consideration within the three work strands falling under 'Rough Sleeping and Complex Homelessness'.*