15th July 2021 Report for approval OR information



Improving Health and Care Through the Home in Somerset – a Memorandum of Understanding: Progress Report

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| | The Somerset Health and Wellbeing Board has recognised the need to deliver improved collaboration between the health, care and housing systems. Poor housing conditions (e.g. unsuitable, and/or unsafe and/or not secure) can impact negatively on the general health of the population with associated costs across health and care sectors. Similarly, the health of an individual or family (poor physical and/or mental health) can negatively impact |
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| Summary: | the ability of housing services to keep people safe and well, resulting in failed tenancies and 'voids' (empty accommodation). These generate costs across the housing sector. |
| | Improving collaboration, and working towards integrated commissioning across health, care and housing can generate improved outcomes for the population at large, but especially for those who are vulnerable. It can also reduce costs and improve the overall effectiveness of 'the system'. |
| | On the 17 th September 2020 the Somerset Health and Wellbeing Board adopted 'Improving Health and Care through the Home in Somerset – A Memorandum of Understanding'. The MoU contains 5 themes where enhanced collaboration is sought: Complex homeless and rough sleepers; independent living; climate change; nomadic and transient communities; and Health Impact Assessments (HIA). |
| Recommendations: | This report reflects on the content of the MoU, seeking to identify the level of progress made against each of the 5 themes, and outlining forthcoming activity. |
| | That the Somerset Health and Wellbeing Board: |
| | 1. Receives for information the content of the report and notes the progress made with delivering the MoU |

| | Endorse the 'next steps' for each of the priority areas within the MoU (identified within Appendix 1). To endorse the need to redraft the climate change priority to provide clarity of actions required, and to bring this back to the Health and Wellbeing Board in September '21 for further consideration. Generally, to make any suggestions relating to the 'next steps', or additional activity for officer consideration | | |
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| Reasons for recommendations: | To ensure that the Board has sight of the work being undertaken to deliver 'Improving Health and Care through the Home in Somerset – a Memorandum of Understanding (MoU), and to provide the Board with an opportunity to directly influence the programme of activity. | | |
| | Please tick the Improving Lives priorities influenced by the delivery of this work | | |
| | A County infrastructure that drives productivity, supports economic prosperity and sustainable public services | Yes | |
| | Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment | Yes | |
| | Fairer life chances and opportunity for all | Yes | |
| Links to The Improving Lives Strategy | Improved health and wellbeing and more people living healthy and independent lives for longer | Yes | |
| | It is critical that we enhance collaboration and partnership working in the realm of housing and its interrelationship with health and care services (and indeed, other parts of 'the system' including crime, work and skills, and town planning). Housing is deeply connected to care and health and, when one part of the system fails, there are repercussions for individuals and families, as well as financial impact on services. Through enhanced collaboration, we can make progress against all the above priorities. | | |
| Financial, Legal, HR, Social value and partnership Implications: | Financial, Legal and Social Value: None at this stage, but potentially significant. Clarity will emerge as we begin to understand the detail. For example, the move towards integrated commissioning arrangements in the sphere of complex homeless/rough sleepers will have significant legal and financial implications, as we potentially work towards bringing together | | |

| | strategy, budgets and workforce. We are at the beginning of this process and more work needs to be undertaken. These factors will be explored by the Homelessness Reduction Board and reported to the HWBB in dure course. The same is true for the other priority areas covered by the MoU. Social value: There is significant potential to deliver enhanced social value from the content of the MoU. For example, enhanced commissioning arrangements (coproduction) will provide further scope to the VCS to directly influence the nature of the contracts, align contracts to local priorities, achieve wider benefit community and person centred benefits, and so maximise the value of public expenditure. Partnership Implications: Significant. This report seeks enhanced partnership arrangements within the sphere of health, care and housing. |
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| Equalities Implications: | This report is not proposing any new strategy, policy or programme. Rather, it is a review of existing activity, with a view to suggesting new areas of work for consideration. As such, a detailed Equalities Impact Assessment is not required. However, the work under-pinning the MoU is informed by a need to support vulnerabilities in a holistic manner. Many of the 'protected characteristics' such as age, disability, gender etc can present as vulnerabilities, dependent on the circumstances. The Somerset Housing Strategy and the Somerset Homelessness and Rough Sleeper strategy are underpinned by Equalities Impact Assessments. So are more detailed activity such as the need to support rough sleepers at Canonsgrove. These have been used to help drive the work that forms the content of the MoU. As we progress, it is essential that the equalities agenda form an integral part of our considerations. These will be matters to considered by the Homelessness Reduction Board, the Gypsy and Traveller Working Group, Somerset Independence Plus, the Somerset Strategic Planning Conference etc i.e. those responsible for driving and shaping the work that forms the content of the MoU. Critical to this will be the voice of the customer. That voice is now being used to shape work of rough sleeper services, the future P2I contract, the expansion of the hospital discharge service etc. It is important the we use data, intelligence and lived experience to shape our future policy, programmes and commissioning intentions. |

| Risk Assessment: | There are significant risks around the failure to maintain and enhance coordination of service delivery within the sphere of health and care and housing • Risks to an individual's health • Risks to partner relations • Impacts on budgets across systems as we lose coordination |
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| | There are risks to collaborative working should we fail to engage appropriately with all partners on the implementation of the MoU. Unitary Council(s): The activity within the MoU should assist strategic conversations around the delivery of a unitary authority (or authorities) rather than present any significant risks. |

1. Background

1.1. As partners we recognise that housing is a key social determinant and that housing conditions/circumstances are a driver of health inequalities. Similarly, poor physical and/or mental health will impact on the ability of an individual or family to maintain a home and / or a tenancy. The link between housing, health and care is being increasingly recognised, as are the calls for enhanced collaboration.

Nationally, there are several key policy drivers that seek enhanced collaboration across systems. Examples include:

- Health and Social Care Act 2012
- Care Act 2014
- Sustainability and Transformation Plans 2015
- Homelessness Reduction Act 2017
- Improving Health and Care Through the Home a National Memorandum of Understanding 2018
- Supported housing a National Statement of Expectations
- NHS white paper 2021

At its meeting on 17^{th} September 2020, the Somerset Health and Wellbeing Board adopted *Improving Health and Care Through the Home in Somerset – A Memorandum of Understanding* (MoU). The MoU is a commitment, across health, care and housing systems, to work together collaboratively in order to help improve the health and wellbeing of the Somerset population.

The MoU contains 5 priority areas for activity:

• Rough Sleeping and Complex Homeless

- Independent Living
- Climate Change
- Transient and Nomadic Populations
- Health Impact Assessment

Each has resourcing implications that will need to be understood and met collaboratively.

Appendix 1 provides a commentary on progress against each of the priority areas. A quick summary is provided below.

Rough Sleeping and Complex Homeless

Progress and next steps:

- HRB established
- Better Futures Programme
 - To be adopted as the HRB 'action plan'
 - Resourcing of activity needs to be resolved
 - Review of commissioning for complex homeless to progressed (fast tracked) at both strategic and tactical/operational level
- NHS Systems Leadership Somerset programme to focus on three topics, including 'complex homeless/rough sleepers'
- P2I innovation fund launched

There have been no rough sleeper deaths in Somerset due to Covid. This is testament to the strength of partnership working across the county to keep people safe

Independent Living

Progress and next steps

- BCF utilised to fund hospital discharge workers x 2. Roles to be expanded into community hospital settings. A worker to support children is also being considered
- Working with housing providers to deliver new adapted properties
- Seeking to exploit the potential of Assistive Technology
- Work underway to understand the need for specialist accommodation, including the best use (including potential re-purposing) of existing accommodation
- Need to further consider the links between the ICS and the role of housing
- Increase the number of Independent Advice Centres

Climate Change

Progress and next steps

• SIP awarded £1.3M to deliver Local Authority Delivery Scheme that seeks to improve the energy efficiency of low income households in the area

• SIP also secured £1.3M to deliver the Warm Homes initiative to provide retrofit measures to improve the heating and energy efficiency (all housing sectors)

There is a need to redraft the climate change priority within the MoU. The MoU needs to reflect on the content of the JSNA and the ongoing work to support the Somerset Climate Change Strategy. The MoU needs to identify specific areas of work where climate change mitigation can be advanced through the collaboration of health, care and housing services. It is recommended that this be done as part of the 'climate change update' that is to be presented to the HWBB during September 2021.

Transient and Nomadic Communities

Progress and next steps

- Excellent response to support the traveller community during the height of the Covid emergency
- There is need to maintain the work of the 'covid cell', although its remit needs to be reconsidered to also include the settled traveller community
- Funding for the Gypsy and Traveller Liaison Officers comes to an end during December 2021. The GLOs have been essential to help us design services and respond to the needs of the traveller community
- To consider the content of the Gypsy and Traveller Accommodation Assessment when it is published later this year
- To work proactively to deliver a permanent transit site(s)

Health Impact Assessments

Progress and next steps

- Little progress due to capacity issues within town and country planning teams
- Possibly consider and include within the remit of existing Environment Impact assessment guidance?
- Stand-alone HIA guidance is preferred. Probably an area where resources need to be found to support the development of this work

Partnerships

We are often asked about the governance arrangements around the various housing partnerships and their links to other parts of the system. Appendix 2 shows a 'simplified' view of these arrangements, together with reporting lines. All activity flows towards the HWBB, apart from some related activity such as the Homefinder Management and Monitoring Board, Homelessness Managers Group etc. However, these areas are all reporting in (or linked to) to the other parts of the system – the diagram is not sophisticated enough to show all the linkages. The Somerset Strategic Housing Group is responsible for the Somerset Housing Strategy, and has been the driver behind the MoU and related activity such as the establishment of the Homelessness Reduction Board. It is linked to

wider housing conversations (other than the focus on 'vulnerable' that is shown in Appendix 2). The SSHG workplan for 2021 is shown at Appendix 3.

2. Improving Lives Priorities and Outcomes

2.1. Housing impacts significantly on health inequalities, through poor housing standards (e.g. cold and damp, trip hazards), inappropriate housing (too big, too small, lack of level access, no adaptations) and insecurity of tenure (inability to pay your rent, leading to eviction, homelessness and possibly rough sleeping). The Somerset Housing Strategy (2019 to 2023), Improving Lives (2019 to 2027) and the Somerset Homelessness and Rough Sleeper Strategy (2019 to 2023) all recognise this relationship. Please refer to the section titled 'Links to the Improving Lives Strategy' above

3. Consultations undertaken

- **3.1.** The original report on this topic that was presented to the HWBB on 17th September 2020 sets out the consultations that were undertaken to develop the MoU. Since then we have received further correspondence from the Ministry of Housing, Communities and Local Government. Their comments focus primarily on the establishment of the HRB, but also have wider bearing. Examples of their feedback is summarised below:
 - A key principle mentioned in the documents is that poor housing / homelessness leads to poor health and wellbeing outcomes. It is essential to recognise that this also works the other way: poor health and wellbeing (especially mental health, substance misuse, isolation) can lead to poor housing outcomes/homelessness. This perspective opens opportunities for homelessness prevention
 - Need to consider ACEs and PIE within policy development
 - Consider the other determinants of health e.g. transport, benefits, education, skills acquisition etc
 - Note that not all Gypsy, Traveller and Roma communities/households are "transient and Nomadic"
 - Transition points and pathways are also key points to focus on in prevention and improving care, i.e. use of AE, hospital discharge, care leavers and people leaving prison.
 - Consultations and audits with both people who are homeless and the travelling community are key in developing relevant services

The above comments are all being considered /responded to as we deliver the programme of work within the MoU.

In developing this progress report, dialogue was undertaken with relevant officer representation from public sector partners: Somerset County Council, Public Health, CCG and the district councils

4. Request of the Board and Board members

4.1. Board members are asked to note the contents of this report, and to endorse the 'next steps' as outlined in Appendix 1 (and make any further suggestions) that seek the implementation of the MoU.

Board members are also asked to continue to work across the health, care and housing systems, seeking to challenge any aspect of that system that is not undertaking a collaborative approach as described within the adopted MoU.

5. Background papers

5.1. Report to the Somerset HWBB – 17th September 2020: Agenda Item 6

Somerset County Council

Better Futures for Vulnerable People in Somerset

Housing Advisers Programme - Better futures for vulnerable people, Somerset Local Government Association

6. <u>Report Sign-Off</u>

| | Seen by: | Name | Date |
|-----------------|------------------------------------------------------------------|------------|----------------------------------|
| Report Sign off | Relevant Senior Manager / Lead Officer (Director Level) | | Click or tap to enter a date. |
| | Cabinet Member / Portfolio Holder (if applicable) | Clare Paul | Click or tap to enter a date. |
| | Monitoring Officer (Somerset County Council) | | Click or tap to enter a date. |