



Health and Wellbeing Board  
26<sup>th</sup> September 2022

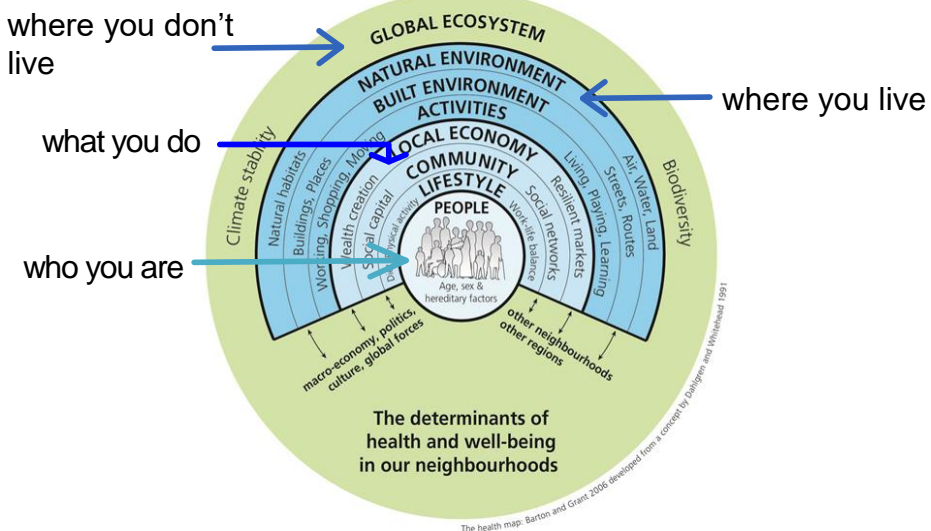
Health, Care and Housing  
Reflecting on 'Improving Health and Care Through The Home in Somerset – A Memorandum of Understanding'  
Understanding the Challenges and Identifying ways of taking forward collaborative working

**APPENDIX 1: Slide Deck**  
**(summary of main report plus additional information)**

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# Your health is determined by:



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## Housing is Fundamental to Health and Wellbeing

Maslow's hierarchy of needs places housing as central to achieving health and well-being



McLeod, S. A. (2007). Maslow's Hierarchy of Needs. Retrieved from <http://www.simplypsychology.org/>

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### Homes for older people



#### Unhealthy homes increase the risk of

- respiratory illness
- cardiovascular problems
- excess winter deaths
- physical injuries, particularly from falls
- domestic fires



#### Unsuitable homes increase the risk of

- physical injuries, particularly from falls
- general health deterioration following a fall
- social isolation



#### Precarious housing and homelessness increases the risk of

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

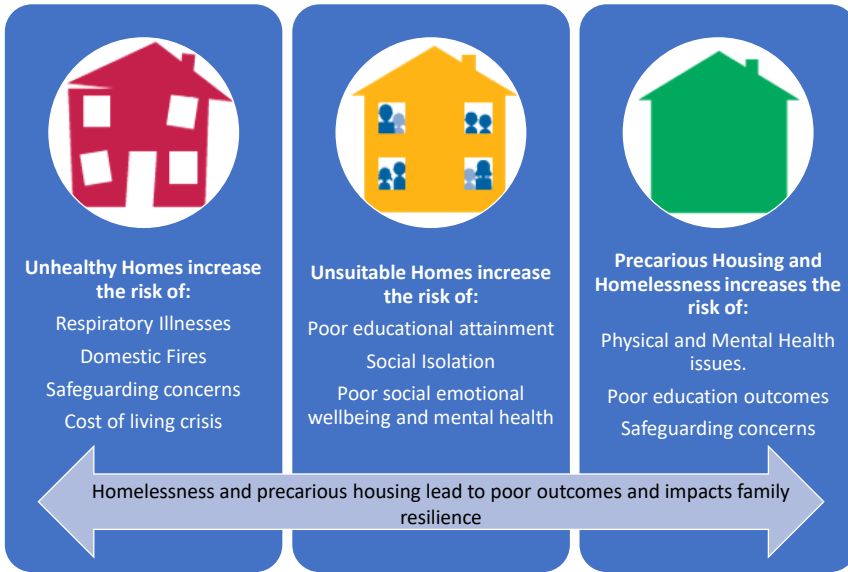
Underlying health issues can in turn raise the risk of being homeless or living in precarious housing

Homes for older people

<https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home>

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Homes for Families

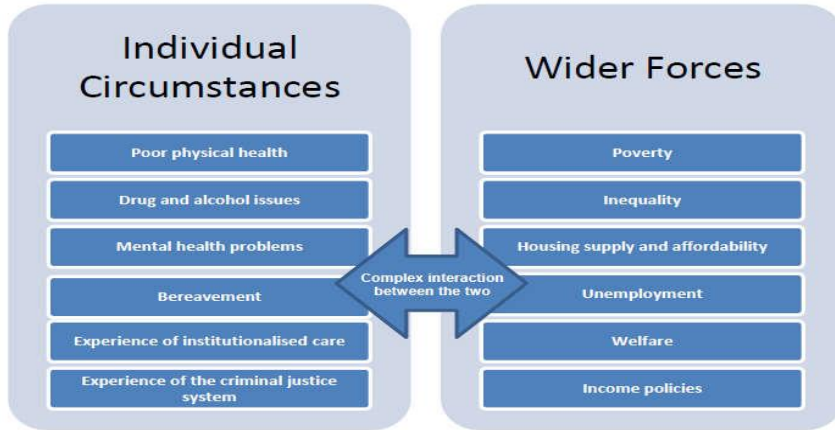


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No single service can address these challenges alone

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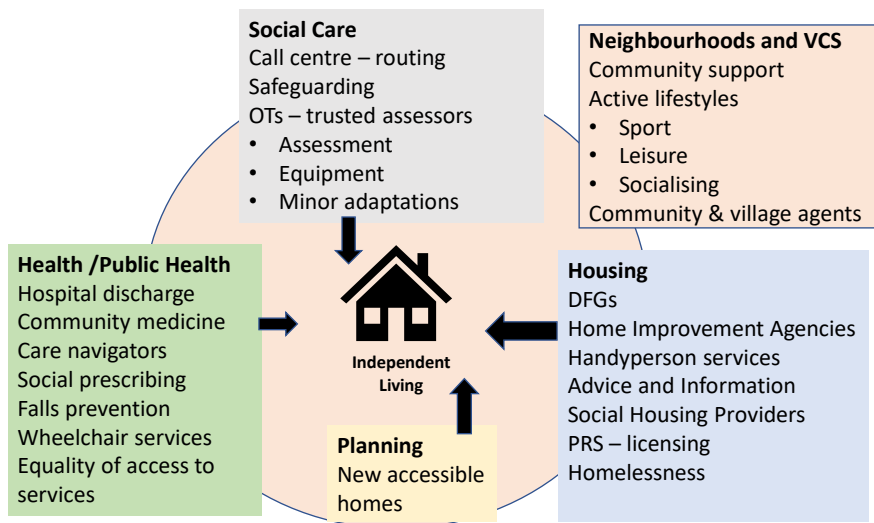
## Example 1: Factors impacting the likelihood of becoming homeless



Source:

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## Example 2: Supporting Independent Living for Vulnerable Elderly



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## Example 3: Supporting Families and Communities to Thrive (Family Connections)

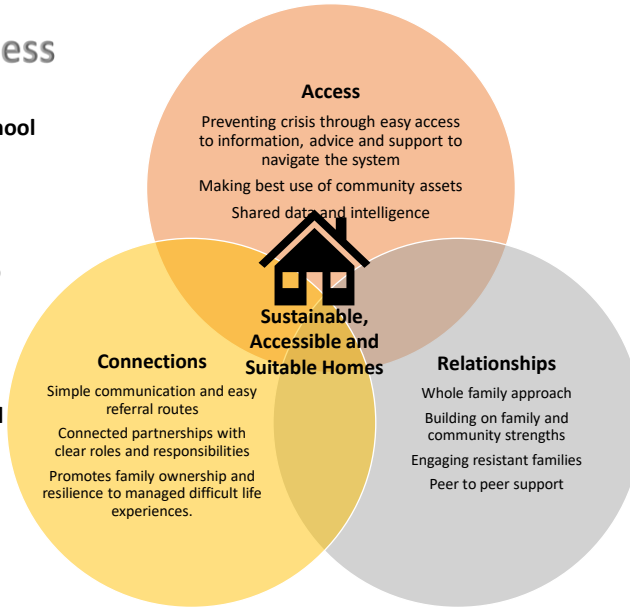
### Measuring Success

**Improvements in:**

- School readiness and school attendance
- Family resilience
- Health and economic outcomes
- Families getting the help they need earlier

**Reductions and demand management in:**

- Use of A&E
- Antisocial behaviour and domestic violence
- Families in Crisis
- Referrals to Social care
- Service duplication



### System response

**Partnership Steering group consisting of:**

- Children’s Social Care
- Housing
- Integrated Care Board
- Somerset Foundation Trust
- Public Health
- Spark Somerset

**Using the system principles of:**

- Place based approaches working with PCNs and Localities
- System leadership

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## People at the Heart of Care Adult Social Care Reform



**Housing**

We want people to be able to get their care and support in their home.



When we think about what care and support someone needs, we also have to think about whether the place they live is right for them.



Some people may need a home that has been designed for people who use support.



We want to make sure there is more housing that is suitable for older people, physically disabled people, people with a learning disability, autism and mental ill-health.



We are spending money so people can make changes to their homes, to help them live independently. This money could pay for things like:

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## People at the Heart of Care Adult Social Care Reform



We want more people to have the chance to live independently in their own home for longer.



We will give more money to local councils to help them have more housing options for people to choose from.



- **stairlifts.**

A **stairlift** helps you to get upstairs.



- **wet rooms.**

A **wet room** is a large shower that you can get into with a wheelchair.



- **grab rails.**

A **grab rail** is a rail you can grab hold of to steady yourself or stop yourself from falling.

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## How do we affect change?



Collaboration.....?!

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## Previously...

- Improving Health and Care The Home In Somerset – A Memorandum of Understanding (MoU) – **a commitment to collaborate**
- Adopted September 2020 and review July 2021
- 5 themes, with accompanying activity:
  - Homelessness and Rough Sleeping
  - Independent Living
  - Gypsy and Travellers
  - Climate Change
  - Health Impact Assessments

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## Homelessness and Rough Sleeping

- No rough sleeper deaths due to Covid
- Establishment of ***Somerset Homelessness Reduction Board (HRB)***
- Countywide expansion of nursing support within rough sleeper settings
  - RSPH award nomination (Oct 2022)
- Progression of ***Better Futures for Vulnerable People in Somerset***
  - Creative solutions panel (pilot) – with countywide roll-out planned for Autumn 2022
  - Collaboration to deliver specialist accommodation solutions (e.g. Housing First, treatment accommodation, move-on etc)
  - BF Work programme scorecard is attached at Appendix B

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# Independent Living

- BCF funding continues to drive a range of prevention related activity:
  - SIP have utilised BCF and other funding to deliver the following: DFGs, Decent Homes (repair grants), Prevention Grants, Modular Ramping, Independent Living Officers (ILOs), Hospital Resettlement Coordinators, Assistive Technology Development, North Taunton Project – low interest loans, accommodation solutions for homeless/rough sleeper community, Empty Homes, Housing Option OTs, Energy (Warm Homes Fund – match funding) – funds currently amount of £6.7M for insulation and heating measures, Independent Assessment Centres (IACs), Discretionary DFGs, Hoarding Services, Support for Lifeline Systems (careline and others). See report to HWBB (Nov' 21)
- SIP have completed 750 home safety checks since 1<sup>st</sup> April 2022 in response to requests from Public Health for the Ukrainian Resettlement programme (recently employed two additional ILOs for this work following receipt of £100k grant from Pubic Health)
- Winter Plan – collaboration between SIP, Public Health, CSE and Village Agents – to assist the vulnerable, elderly and fuel poor households cope with soaring fuel bills (from 1<sup>st</sup> sept)
- We had hoped to collaborate (care and housing services) to develop a detailed understanding of the demand and need for specialist accommodation – to inform investment and commissioning decisions (including new build/repurposing of existing accommodation). However, we have been unable to make progress in this area

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## Independent Living – Case Study

**David -**  
Creating independence - a young wheelchair user

**My story - life before SIP:**  
I have cerebral palsy and use a powered wheelchair. I have a full package of care which includes a live-in carer and essential equipment. I moved to Somerset to be near my family. The hallway in my new bungalow was too narrow to turn my wheelchair, I couldn't open my front door or get in the bathroom.

**How SIP helped me:**  
Using a Disabled Facilities Grant, the narrow hallway was made wide enough for me to turn my wheelchair easily. An automatic door entry system with CCTV means I can see who is at the door and let them in remotely and let myself out to go out on my own. Ceiling track hoists make it easier for my carers to move me and the hoists allow me to use the bathroom.

**How I feel now:**  
The adaptations have made a massive difference to my life and independence. "It is easier for me to live my life." David's father said "Although we live close by, he lives his life and we live ours."

**Costs**  
DFG £9,606, Hoists £5,574  
SIP staff £750

**Saving to health and social care**  
Without ceiling track hoists, David would require 2 carers for all movement – saving approx. £32,000 per year. Without an adapted home David would have had to go into nursing care with no independence/autonomy/community inclusion.

**Outcomes:**  
David is able to live safely an independently with the close support of his family and carers.

**Case Study**



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## Independent Living – housing provider perspective (Homes In Sedgemoor)

- Remodelled the HIS Independent Living Service – to assist people to live independently in their homes for longer. Close collaboration with ASC (e.g. technology to reduce isolation and support engagement) and SASP (to support health and fitness)
- Rolling of ILS service in to general needs housing – to assist with health and safety, and issues such as hoarding
- Set up a flat to enable hospital leaving – not fully utilised
- Extra care housing / integrated care and support model – issues with referrals not coming forward which presents issues for both HIS and ASC
- Created a new role – mental health support worker

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## Climate Change

- The context to this area of work is shaped by the following:
  - JSNA – Climate Change and Health (2019/20) – significant implications for housing
  - Somerset Climate Change Emergency Plan
  - Cost of Living Crisis – response (including fuel poverty interventions)
- There is plenty of activity in this area, including district council led housing retrofit /zero carbon programmes. There is also pan-Somerset multiagency activity, e.g.
  - The Safe and Warm Initiative (CSE/SIP/Citizens Advice/HIS) continues to invest in the following:
    - Improving the energy efficiency of homes
    - Making homes healthier
    - Improving people's confidence to manage energy
    - Reducing Fuel Debt
    - Improving Income
    - Winter crisis support
    - Multi-agency partnerships

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## Gypsy, Roma and Travellers

- Excellent multi-agency support during the Covid pandemic
- Reconstituted the Gypsy and Traveller working group set up under Covid to continue to work in partnership across agencies. SDC chair of the group. Governance repositioned to sit within the HRB
- Funding for 2 x Gypsy/Traveller Liaison officers extended
- Progress being made to identify potential sites for permanent and transit solutions – including funding streams

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## Health Impact Assessments

- This relates to the town planning process, and the development and adoption of HIA guidance to inform plan making and the consideration of planning applications for major developments
- Presentation to Somerset Strategic Planning Conference, but unfortunately slow / no progress in this area

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## Strengths

- Systems leadership – via HWBB/MoU/HRB
- Governance (so far, so good)
- Dedicated and motivated professionals - people get the need for change
- A recognition that we need to drive change
- Lots of good examples of how integration / collaboration delivers better results for both customers and services

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## Weaknesses

- Culture – the need for collaboration needs to be driven down through all the layers of systems and services to the operational front-line
- Culture – fostering creativity, promoting delegation and responsibility
- Commissioning – contractual arrangements sometime frustrate the ability to adapt and be creative
- A return to silo working post Covid
- Crisis – within our services – and the negative impact it has on our ability to engage with partners / rethink service delivery e.g. Creative Solutions
- Capacity – e.g. impact of ICS/LGR, in addition to responding to crisis (above) – frustrates our ability to develop the leadership thinking space that is so critical to turn our services from reactive to prevention

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## Opportunities

- ICS – linking health and care (with housing)
- LGR
- Programmes such as Family Connections
- IACs – roll-out
- To rethink
- External support e.g. LFSC to provide leadership capacity
- Government /external funding (but requires collaboration)

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## Threats

- LGR – impact on capacity
- Workforce – health and care sectors
- HPC – workforce uplift. PRS is full – displacement effect – rising 1 & 2 bed rents in west of county
- Refugees – increasing homelessness effect –health demands
- Cost of Living crisis – Energy/food costs – poor health effects – rent/mortgage arrears – more homelessness
- Climate change – JSNA identifies major role for housing and its interplay with health and care – flooding protection and thermal efficiency of w=dwellings required – to protect citizens / avoid major impacts on health/care services

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## Addressing the challenges

- Work continues with the aim of improving systems and service collaboration. Examples include:
  - Better Futures programme – supported by Ark Consultants
  - ‘Face to Face’ workshop between Adult Social Care and Housing services (2<sup>nd</sup> September, 2022 – this involved both ‘managers’ and operational staff)
  - Leading for System Change (LFSC) - NHS sponsored leadership programme that is delivered by the Leadership Centre. Somerset is one of 18 pilot areas.

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## Leading For System Change



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## LFSC – solutions to complex problems

- HWBB sponsored event – 27<sup>th</sup> July
- 25 attendees – officers and politicians, representing health, care and housing
- Aim
  - Acknowledge the complexity
  - A common purpose statement
  - Identify key themes

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## LFSC approach

- Use systems, or adaptive, leadership approaches
  - Take small steps, and accumulate
  - See change as small-scale, sometimes unglamorous or mundane, and cumulate
  - Do what's practical for you
  - And start with common purpose around a practical thing – so that you can make progress in complexity

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## Our 'good enough for now' Common Purpose – first draft

### What do we want to do?

To continue to work towards greater collaboration across multiple agencies and organisations, to enable people to access the right solutions at the right time – whether around health, care, housing and accommodation, or other services. To keep the collaborative and multi-agency approach going so that people see themselves as a team and as part of the system, rather than just in their organisation or discipline. To keep the focus going on the person at the centre, and on professionals being able to do the right thing. To strengthen the prevention aspects of what we do. To work towards empowering people in communities to find solutions that work for them. And to give what we're doing the chance to bed in.

### Why do we want to do it?

Because we want to create better outcomes for everyone in our community. Because we want to do something to address health and other inequalities. Because we want to create and deliver fit-for-purpose services and raise standards. Because we want to enable people to live a healthy lifestyle. And because there will be financial benefits for the whole system.

### What are the benefits going to include?

Improved health outcomes for people; people enabled to build and develop relationships, learn skills for their development and lead long and healthy lives. Less 'revolving door' syndrome and more person-centred approaches. More co-operation between services and better standards. And the development of a curious learning system.

## Key themes and areas we might focus on



- Looking at how we create the conditions for change to happen. E.g. Rethinking membership of various partnerships in relation to the ICS and LGR – who isn't at the table, who needs to be?
- Identifying potential HWBB programmes that could act as 'safe-to-fail' experiments, with people given air cover/explicit permission to try out new ways of working – e.g. group tasked with better outcomes for people in greatest need – working with joint budget and resources
- Bringing groups together to work on specific issues, e.g. how do we think differently about commissioning (including what we call it) and do it better?
- Similarly, getting people to work on how we can better understand people's journeys, and work towards 'no wrong door'
- ICS/B and HWBB building relationships in order to have honest conversations around joint working. And work with Local Community Networks and communities – how do we genuinely devolve power?

## Potential areas of focus (those that enable outcomes)

- Governance and Leadership
  - The HWBB / ICP to proactively consider the relationship of health and care services with that of housing services, and to seek to drive integration. This includes funding to invest within prevention-based activity.
  - For all partners to proactively support the work of the HRB
- Family Hubs
  - We collaborate as services to pilot work with local neighbourhoods to help deliver placed based outcomes
- Better Care Fund
  - To further explore the potential of the BCF to drive prevention activity
- Commissioning – specific areas of enquiry to include:
  - To explore how we commission, to ensure a person centred/trauma informed approach, to deliver services that can flex to changing circumstances
  - To undertake detailed work to understand the overall demand/need for specialist accommodation and associated support (for older people/those working age adults with care/support needs)\*
  - Identify resources to help develop and deliver a countywide approach to HIA

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## Potential Areas of focus (those that deliver outcomes)

- Creative Solutions – working to support individuals with extreme complexity
  - As partners we commit to this. If we can collectively identify solutions for such individuals, the learning can be deployed to other areas of vulnerability
- Workforce – addressing the shortage of affordable, quality and secure accommodation options for key workers
- Specialist Accommodation – to deliver more specialist accommodation and associated support (for older people/those working age adults with care/support needs)
- Adaptation – the need for expansion of housing adaptations to enable older adults to stay mobile in their homes and remain independent
- Gypsy and Traveller Working Group – seeking to deliver permanent and transit accommodation facilities with relevant support
- Climate Change – the need to upscale energy efficiency interventions

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