

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Report Title:	Update on the delivery of the Housing and Health Charter
Meeting Date:	28 January 2016
Chairman:	Councillor Alan Murray
Board Member Lead(s):	Charlie Adan
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Brief summary of report

1. The Housing and Health Charter was launched by the Health and Wellbeing Board on 9 July. This report provides an update on what has been achieved in the first 6 months.
2. The Charter provides a key mechanism for Suffolk District and Borough Councils to contribute to improvements in the health and wellbeing of local communities, through better working with health and care colleagues. For the first time there is an opportunity to develop whole public system services across health, housing, care and voluntary sectors (the System).
3. The Charter has picked up housing as a key district council service that significantly influences the health and wellbeing of local people. There is a growing national acceptance that housing is just one of a number of key district services that are relevant. The recent Kings Fund report on “ The district council contribution to public health: a time of challenge and opportunity (Nov 2015)” identified Housing, Leisure and Green Spaces and Environmental Health as core District services that significantly influence local health and wellbeing. In addition the report identified economic development, planning and engaging with local communities as further important district council enabling activities. A diagram from the report, showing examples of the district council offer is re-produced below. While the Charter is primarily concerned with Housing related services, it should be taken to encompass all relevant District and Borough services other than just Housing



- The New Local Government Network (NLGN) report published in November 2015 provides another useful summary of the national discussion on how best to promote health and wellbeing (see “sources of Further Information” section). The report mentions 4 different models that the Place-Based Health Commission’s inquiry is studying. Suffolk is one of these with a model based on the co-location of health and wellbeing services and integrated care organisations.
- The report also states that “there is widespread recognition of the wider determinants of health, as popularised by Sir Michael Marmot, that only 20 per cent of health outcomes result from clinical treatment, with the remaining 80 per cent determined by wider factors such as lifestyle choices, the physical environment, family and social networks.”

Action recommended

- That the Board notes the early progress on the Housing and Health Charter and continues to support the approach.
- That the Board notes the concerns, outlined in paragraph 26, and considers how the Board might assist in addressing these. In particular that the Board notes further requests for assistance may come forward, once the detailed approach has been established

Reason for recommendation

- To inform the Board of progress, next steps and to identify concerns that the Board may wish to consider.

Alternative options

9. The “do nothing” option isn’t appropriate. Changing demographic demand and reducing resources require new integrated ways of working across the whole public system and this is what the Charter aims to facilitate

Who will be affected by this decision?

10. Partners in the health, care and housing sectors have an opportunity to do things in a better co-ordinated and more effective way. Local communities should benefit from the improved customer focus and the emphasis on prevention of future system demand should benefit both providers and customers.

Update on Progress

11. The Housing and Health Charter was launched by the Health and Wellbeing Board on 9 July. This report provides an update on what has been achieved in the first 6 months.
12. The Charter provides a series of key mechanisms through which the district and borough Councils in Suffolk can work in a more co-ordinated way with their health, social care and voluntary sector partners to contribute more effectively to improvements in the health and wellbeing of local communities. For the first time there is an opportunity to develop whole public system services across health, housing, care and voluntary sectors (the System). This will require developing new ways of working together. This will take time.

Governance

13. Governance arrangements have been developed. The Suffolk Strategic Housing Partnership (SSHP) has a remit to oversee Charter activity. Key elements are:
 - To champion the Charter and facilitate good communication across all partners (the System)
 - To interpret the Charter Aims and provide guidance as necessary
 - To facilitate the prioritisation of Charter based activity
 - To coordinate Charter based activity
 - To promote intelligence/evidence based approaches
14. With so many stakeholders/partners and the sheer breadth of health and wellbeing activity, the nature of the collaborative approach adopted will be a key determinate of success.
15. The spectrum of activity can be usefully analysed into 2 key themes, namely (i) co-ordination/development of the approaches and (ii) current workstreams

Approaches

16. There has been significant progress on the co-ordination/development of approaches. The Suffolk Strategic Housing Partnership (SSHP) was invited to co-ordinate Charter activity. The SSHP has reviewed membership and created an SSHP Steering group of representative senior officers to guide

our approach. Some workstream mapping of Charter activity has been undertaken to inform our focus and resourcing.

17. The outcomes from a discussion with the Suffolk Chief Officers Leadership Team included linking the Charter activity to other key programmes like Suffolk Wider Working, Health & Care Reviews, Integrated Care Organisation Review and the Devolution workstreams, and developing a robust approach
18. Rather than a traditional project management approach we are developing an agile, opportunity building style. A core of this principle is to engage and use existing workstreams where possible. Key characteristics include encouraging whole system behaviours, co-production, prevention focus and the development of intelligence and evidence bases
19. With so many stakeholders and such a broad range of workstreams, developing a robust and agreed approach will be essential. There are 4 workshops between now and April, facilitated by the Office of Public Management's "Think Big " programme to develop an agreed collaborative approach covering

Workshop One: Cultural Objectives: *To develop an approach for collaborative working across Health, Social Care and Housing. To agree a shared understanding of the opportunities this presents.*

Workshops Two: Planning *What are we going to do? How can we prioritise? How can we influence the resources we can't control?*

Workshop Three: Measures of Success. *What does good look like? How to develop Tangible indicators to give the project credibility.*

Workshop Four: Embedding *Embedding, communicating and leading the new approach*

20. It is anticipated that these "Think Big" Workshops will develop a detailed approach to Charter activity and facilitate the engagement of key partners.

What is Going Well – Workstreams

21. Although it will take time to change the way we work together, there are a reassuring range of promising examples that the Charter has already helped facilitate. These include:
 - Pockets of multi sector activity that are using whole system thinking e.g. Housing Related Support recommissioning, Suffolk Young Persons Protocol, Connect Sudbury, which has formalised a housing element of the project and Connect East Ipswich which is likely to do the same.
 - The Charter is seen as an important document for starting to generate some whole system thinking. Presentations to key health and care groups have been provided to promote a dialogue on what Districts and Boroughs might contribute.
 - Districts and Boroughs engaged in contributing to a Smoke Free Suffolk
 - The profile of the multi sector SSHP has been raised which will help encourage whole system behaviours.
 - Development of District and Borough Health and Wellbeing capacity and Local plans, in collaboration with Suffolk Public Health.

- The workstreams operating in the Charter space (50plus) have been mapped to aid future joined up thinking.
- The Devolution proposals about housing and growth are being informed by Charter activity.
- Other new projects like the Healthy Towns Bid.
- Multi sector design in the public sector– reducing emergency admissions and doctors call outs in sheltered accommodation in West Suffolk.
- Multi sector Human Centred Design initiative– partnership working to reduce bed blocking in West Suffolk.
- Whole system engagement in the Anti-poverty strategy.
- A new Suffolk-wide Home Improvement agency with a new approach to service delivery.
- Warmer home initiatives – funding for new heating systems targeted at low income homeowners.

What Good Looks Like

22. One of the “Think Big” workshops will focus on what good looks like. The following pen picture gives an emerging initial view of what this might be.
23. In future we need there to be a better understanding of the roles of the various organisations involved in the health, care and housing sectors, at all officer levels. There will be good dialogue between customers and stakeholders. Joined up working will be accepted as the best and natural way forward with credible examples of this approach improving services, capacity and efficiency. Customers will enjoy seamless quality joined up public services and the System will be highly regarded. There will be more focus on preventative action to take future demand out of the System.
24. Collaborative solution building using whole system thinking will become the preferred approach. Services will be provided at the most appropriate point and location in the System. Organisations within the System will be trusted by others to promote their sector and to play a proactive part in developing whole public system solutions. Organisations will confidently invest in other parts of the System to deliver whole system collaborative solutions and will be rewarded in future for doing so.
25. The System will focus on agreed priorities and whole system solutions will be robustly evidence based. Intelligence will be valued and actively sought in building collaborative solutions. The public sectors demonstrate high energy and pride. The private housing sector including developers and landlords become part of the System.

What we are Concerned about

26. Inevitably at this stage in a large programme, there are a few concerns. These are listed below as it would be helpful to consider these, with a view to identifying how we might best remove barriers and aid progress.
 - More consistent engagement and resourcing from all partners.

- Better dialogue between the sectors e.g. to link patients being discharged from hospital to accommodation & support within the community
 - Developing behaviours in all sectors that housing and wellbeing is part of the day job
 - Intelligence to enable evidence based business cases for collaborative projects which articulate the social return on investment.
 - Developing trust between sectors to allow investment in collaborative projects with a focus on priorities and quick wins. The landscape is too vast to tackle all improvements simultaneously
 - How to engage the private sector landlords and developers. How to improve health, housing and care connections to achieve better outcomes
 - How to work within the non-coterminous organisational boundaries in Suffolk and beyond
 - How to record the impacts that the Charter is having given these could be happening anywhere in the System.
 - Appropriate attendance at the Think Big workshops being achieved and that they then make a difference.
27. It is anticipated that some of these concerns will be able to be addressed as the programme progresses or the opportunity arises. However some of these, like communication, engagement and focus between partners, would benefit from being addressed early on.

Conclusion

28. Good progress has been made in the first 6 months to develop an agreed approach. The Housing and Health Charter is assisting the wider housing sector to engage in existing health and wellbeing workstreams and there is a healthy range of examples where the existence of the Charter has achieved a positive outcome.
29. This is however just the start and the development of a robust and accepted approach will be a key future milestone.

Sources of Further Information

- a) The district council contribution to public health: a time of challenge and opportunity, The Kings Fund, Nov 2015
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf
- b) Place based health: A position paper, NGLN, 2015
http://www.nlgn.org.uk/public/wp-content/uploads/Place-Based-Health_A-Position-Paper_Final.pdf
- c) Papers for the meeting of the Health and Wellbeing Board on 9 July 2015:
[Housing and Health Charter Covering Report 9 July 2015](#)
[Housing and Health Charter for Suffolk 9 July 2015](#)
[Housing and Health Charter Commitments 9 July 2015](#)