

# London Borough of Hammersmith & Fulham



Health and Wellbeing Board

7 SEPTEMBER 2016

## HOUSING SUPPORT AND CARE JOINT STRATEGIC NEEDS ASSESSMENT

Report of the Director of Public Health

Open Report

**Classification - For Decision**  
**Key Decision: No**

**Wards Affected:** All

**Accountable Executive Director:** Liz Bruce, Executive Director of Adult Social Care and Health

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## 1. EXECUTIVE SUMMARY

- 1.1. This report presents the key findings and recommendations from the Joint Strategic Needs Assessment (JSNA) on housing support and care. The JSNA focuses on integrated solutions to shared problems.
- 1.2. There is considerable activity already in place in Hammersmith and Fulham which seeks to address the challenges of providing housing support and care. The recommendations in this JSNA build on this activity and draw on national, regional and local evidence. They have been drafted in collaboration with key stakeholders and endorsed by them (see appendices 1, 2 and 3) to ensure that the right services are delivered in the right place at the right time, with a focus on improving outcomes for those most in need.

## 2. RECOMMENDATIONS

1. That the Health and Wellbeing Board consider and approve the Housing support and care JSNA and its recommendations for publication;
2. That the Health and Wellbeing Board members ensure that the report's recommendations are reflected in delivery plans for related strategic documents, including Sustainability and Transformation Plan, the Joint Health and Wellbeing Strategy and the Older People's Housing Strategy;

3. That the Health and Wellbeing Board champion progress on the ‘foundation stones’ outlined in section 8, particularly:
  - a) Joint commissioning and pooled budgets (8.1);
  - b) IT data sharing protocols and information governance (8.2);
  - c) Smooth customer journeys between services; and
4. That the Health and Wellbeing Board review progress against recommendations in 1 year from publication.

### **3. REASONS FOR DECISION**

- 3.1. A JSNA on Housing support and care was undertaken as part of the approved JSNA Work Programme in order to provide a comprehensive evidence base and information about the local population, services and stock, to guide a future strategic approach to housing support and care and inform strategy implementation and commissioning intentions.
- 3.2. The report is complementary to existing programmes across the Council. Key ones include the Housing Strategy, the Older People’s Housing Strategy, a delivery plan for which is currently being developed, and Adult Social Care’s prevention offer. The Housing support and care JSNA will build on existing commitments, and shape and facilitate their delivery.
- 3.3. A particular strength to be drawn from this JSNA is greater strategic partnership between housing, adult social care and the CCG, which can lead to robust joint initiatives.

### **4. INTRODUCTION AND BACKGROUND**

- 4.1. The Health and Social Care Act 2012 placed the duty to prepare a JSNA on Local Authorities (LAs) and Clinical Commissioning Groups (CCGs) through the Health and Wellbeing Boards (HWB). Local governance arrangements require final approval from the Health and Wellbeing Board prior to publication.
- 4.2. This deep dive JSNA considers integrated approaches which support the provision of housing support and care for residents of Hammersmith and Fulham, focussing on challenges which can only be addressed through collaborative working. It explores the ways in which collaboration can improve customer journeys and value for money, and prevent or delay deterioration in health and wellbeing, and mitigate the impact of such deterioration.
- 4.3. The JSNA offers recommendations that support and enable the delivery and implementation of local and national strategy and policy, including:
  - The draft **Joint and Health Wellbeing Strategy** makes a commitment to address poor quality and inappropriate housing and to mainstream prevention into everything that we do.

- The **Older People’s Housing Strategy** outlines how the Council will work with partner agencies to improve housing options for older people and to promote independence and a preventative approach (see appendix 2). The JSNA complements the Strategy and there will be a number of joint initiatives across Health and Adult Social Care. For example, improving sheltered housing and housing options for older people is a key priority for the LBHF administration. The strategy sets out a commitment to work with partners and key stakeholders to examine what housing options are required to meet future demand and changing needs, picking up and building on the work of the JSNA.
- The **Whole Systems Integrated Care** and **Like Minded** CCG programmes focus on integrated partnership working and joined up services Hammersmith and Fulham CCG have identified the opportunity to incorporate a number of the recommendations into these programmes (see appendix 3).
- **The Care Act 2014** and the **NHS 5 Year Forward View** have shifted the focus for health, housing, and social care to prevention as demand for services is expected to increase.

## 5. PROPOSAL AND ISSUES: Key themes of the JSNA

- 5.1. There is a strong evidence base for the links between housing, health and wellbeing: good quality and appropriate housing is crucial to enabling people to stay healthy and well. Poor quality housing and homes which do not lend themselves to care at home can give rise to and exacerbate health and social care needs.
- 5.2. The JSNA makes a series of recommendations with a view to ensuring that the right services are delivered at the right time, with a focus on improving outcomes for those most in need. They have been drafted in consultation with key stakeholders to ensure the JSNA provides a number of levers for building strong partnership work.

### Themes

- 5.3. There are a number of themes or ‘foundation stones’ which cut across and underpin the recommendations:

<b>Joint commissioning and pooled budgets,</b>	Recognising the links between housing, health and social care, commissioners need to increase the use of pooled budgets as a way of enabling closer collaboration, with investment weighted towards ‘upstream’ prevention and earlier intervention. Greater collaboration might also enhance opportunities to build on the provisions within the Public Services (Social Value) Act 2012.
<b>IT data sharing protocols and information governance</b>	Collaborative work to facilitate and enable information exchange between organisations, in a way that respects patient preferences and information governance protocols, is required if cost effective personalised prevention and early intervention are to be realised.
<b>Smooth customer journeys, supported by referral rights and referral pathways</b>	Work building on existing best practice is required to ensure that, regardless of where a resident makes first contact, the offer is consistent and secures optimal impact.

<b>Quality services and facilities, appropriately tailored and targeted</b>	This report seeks to highlight services which secure positive outcomes for some of our most vulnerable residents and which might play a greater role in facilitating cost effective provision than may previously have been recognised.
<b>Asset based approaches (for individuals and for communities)</b>	This report advocates the development of strategies which explicitly seek to strengthen community resilience and practices which utilise residents' own strengths.
<b>Workforce development</b>	Ensuring that staff teams are skilled up and supported to address the challenge is essential if positive outcomes are to be achieved.
<b>Local intelligence</b>	This foundation stone refers to securing greater understanding of the local landscape. Two specific areas highlighted are Fuel Poverty and those in severe and multiple disadvantage.

5.4. A more detailed explanation of the foundation stones can be found in Section 8 of the full report, pp 83-84.

#### 5.5. **JNSA Report Recommendations**

The recommendations are summarised in the table below, and appear in more detail in the full report in section 7, pp 77-80.

<b>Theme</b>	<b>Recommendation</b>
<b><i>Strengthening prevention and early intervention</i></b>	<p><u>Recommendation 1:</u> Increase the number of homes in the boroughs which offer residents easy access and manoeuvrability.</p> <p><u>Recommendation 2:</u> Invest in improving housing conditions, cross tenure, to facilitate efforts to maintain residents' health and wellbeing.</p> <p><u>Recommendation 3:</u> Ensure that resources and arrangements are in place to support people to maximise their range of life skills and confidence, enabling them to live independently in the community.</p> <p><u>Recommendation 4:</u> Ensure that strategies are in place to promote community cohesion and prevent and alleviate social isolation.</p> <p><u>Recommendation 5:</u> Ensure the development of an asset based approach to the delivery of robust front-of-house, information, advice and outreach services, which promote independence and self-reliance and are tailored and targeted to secure best impact.</p> <p><u>Recommendation 6:</u> Extend the reach of front line services by embedding the 'Making Every Contact Count' (MECC) approach.</p>

<p><b><i>Delivering personalised housing support and care</i></b></p>	<p><u>Recommendation 7:</u> Establish data sharing appropriate protocols and governance processes across council departments, NHS partners and other front line provider agencies working to support vulnerable residents.</p> <p><u>Recommendation 8:</u> Ensure support and care pathways, between front line staff in Housing (including REHS &amp; RPs), ASC, health services, Children's Services and voluntary sector partners, facilitate smooth customer journeys and effective care.</p> <p><u>Recommendation 9:</u> Consider undertaking a multi-agency evidence review of options for increasing the supply of move-on accommodation within the challenging landscape.</p>
<p><b><i>Strengthening collaborative approaches to supporting carers</i></b></p>	<p><u>Recommendation 10:</u> Ensure that appropriate strategies are in place to increase the proportion of informal carers who are known to services and in receipt of appropriate support.</p>
<p><b><i>Improving the offer for those in severe and multiple disadvantage</i></b></p>	<p><u>Recommendation 11:</u> Building on existing innovative approaches, develop models, potentially using pooled budgets, to deliver more cost effective, integrated health, housing and social care solutions.</p>
<p><b><i>Improving housing options in later life</i></b></p>	<p><u>Recommendation 12:</u> Councils must use every opportunity to increase the range of desirable housing options for older people in both the social and private sectors, using innovative partnerships, and ensure their take-up.</p>

5.6. The Health and Wellbeing Board is invited to consider the foundation stones and key recommendations arising from the Housing support and care JSNA (shown together in full in Section 7, p.82). Many of the recommendations include a range of opportunities for consideration by partners for local implementation.

## 6. CONSULTATION

6.1. Stakeholder engagement has been central to this JSNA. Public Health has held a co-ordinating role, brokering cross-departmental and cross-agency discussion on the shared challenges identified. The engagement and intelligence offered by a wide range of stakeholders has ensured that the report is rooted in the local landscape.

6.2. The consultation has included:

- Two Stakeholder Engagement Workshops, held in November 2015 and June 2016, with representation from Housing, Adult Social Care, Public Health, the Community and Voluntary Sector, CCGs, Residential Environmental Health Services, and providers of social housing and supported accommodation
- Engagement workshops in January 2016 with representatives from voluntary sector organisations
- An online consultation on the key findings and draft recommendations took place following stakeholder event in June 2016

- A presentation and discussion at the CCG's Governing Body in July 2016
- The JSNA findings were fed into a consultation event organized by Adult Social Care to be incorporated into the design of the new tender for a carers service across the three boroughs
- Targeted engagement with various departments and agencies throughout the process. In June 2016 key stakeholders were invited to comment on particular sections and key recommendations of relevance to them.

6.3. Housing, Adult Social Care and the CCG have welcomed the JSNA and the recommendations, and have submitted written responses highlighting the recommendations they are keen to progress (see appendices 1-3).

## **7. EQUALITY IMPLICATIONS**

- 7.1. JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to end of life. The "whole local population" includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs etc.)
- 7.2. The focus of the JSNA is the housing support and care needs of residents who are vulnerable due to poor health and wellbeing and/or poor housing conditions. There is a high correlation between many of the protected characteristics and deprivation, and between deprivation and poor housing conditions. The recommendations of the JSNA can therefore be expected to make a positive contribution to reducing health inequalities and delivering of Hammersmith and Fulham's equalities objectives.

## **8. LEGAL IMPLICATIONS**

- 8.1. The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).
- 8.2. Section 2 Care Act 2014 imposes a duty on LAs to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 8.3. Section 3 Care Act 2014 imposed a duty on LAs to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.
- 8.4. JSNAs are a key means whereby LAs work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of LA s2 and s3 Care Act duties.
- 8.5. Implications verified/completed by: Kevin Beale, Principal Social Care Lawyer, 020 8753 2740.

## 9. FINANCIAL AND RESOURCES IMPLICATIONS

- 9.1. There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
- 9.2. Implications verified/completed by: Richard Simpson, Finance Manager – Public Health, 020 7641 4073.

## 10. RISK MANAGEMENT

- 10.1. Public Health risks are integrated into the councils Strategic Risk Management framework and specific risks associated with the reduction to budgets are noted on the Shared Services risk register, risk number 5. Market Testing risks, achieving high quality commissioned services at lowest possible cost to the local taxpayer is also acknowledged, risk number 4. Statutory duties are referred to in the register under risk 8, compliance with laws and regulations. Risks are regularly reviewed at Management Team level and are referenced to in the periodic reports to Audit Committees.
- 10.2. The proposals contribute positively to the management of a number of risks on the council's Shared Services Risk Register most importantly by meeting the needs and expectations of services users and improving wellbeing of the local community whilst reducing inequalities for all ages. The assessments of the current and future health and social care needs of the local population facilitated through a developed series of local evidence-based priorities for commissioning and strategies, which will improve the public's health contribute strongly towards management of commissioning or market testing risk.
- 10.3. Risk Management implications verified by Michael Sloniowski, Shared Services Risk Manager, 020 8753 2587.

## 11. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 11.1. Any future contractual arrangements and procurement proposals identified as a result of the JSNA and re-commissioning projects will be cleared by the relevant Procurement Officer.

### **LOCAL GOVERNMENT ACT 2000** **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name of holder of file/copy</b>	<b>Department/ Location</b>
1.	Hammersmith and Fulham Older People's Housing Strategy	Helen McDonough	Housing
2.	North West London Sustainability and Transformation Plan	North West London Collaborative of Clinical Commissioning Groups	NHS
3.	Joint Health and Wellbeing Strategy [draft]	Harley Collins	Health and Wellbeing Board

**LIST OF APPENDICES:**

**Appendix 1: Adult Social Care response to the JSNA**

**Appendix 2: LBHF Housing Department response to the JSNA**

**Appendix 3: H&F CCG response to the JSNA**

**Appendix 4: Housing support and care: Integrated solutions for integrated challenges: London Borough of Hammersmith & Fulham, JSNA**