

**HEALTH AND WELLBEING BOARD: 5 DECEMBER 2013****REPORT OF THE HOUSING SERVICES PARTNERSHIP****HOUSING OFFER TO HEALTH****Purpose of report**

1. To share with the Health and Wellbeing Board (HWBB) the findings of the recent work of the Housing Services Partnership (HSP) to develop a “housing offer to health” (HOTH) and to seek the practical support of members of the board to deliver the priority projects set out in the report.

**Policy Framework and Previous Decisions**

2. This work seeks to identify how housing services can support the work of the HWBB and partners to deliver the priorities set out in the Health and Wellbeing Strategy (HWBS) and support the integration of health and social care.

**Background**

3. The HSP was set up in November 2011. A seminar on housing, health and wellbeing was held in November 2012 and identified potential and a shared appetite to develop and deliver a housing offer to health locally.
4. To date there has been fairly limited health input to the HSP.
5. A small amount of funding was secured from health transfer monies to commission the Chartered Institute of Housing (CIH) to assess the current situation and identify key areas where housing services can be engaged with partners to deliver better outcomes against the Health and Wellbeing Strategy priorities.
6. This work has been steered by a multi agency group including housing, public health, University Hospitals of Leicester (UHL), Adults and Communities and the CIH under the umbrella of the HSP.
7. The report and a simple leaflet setting out an “offer” is attached. This work was presented at the Integrated Commissioning Board (ICB) on 15<sup>th</sup> November who welcomed the work and made useful suggestions as to progressing delivery. It is also being presented to the two Clinical Commissioning Boards and to the Healthwatch Board.

**Proposals/Options**

8. The presentation will set the background and potential for District Council’s housing services departments to work with health and social care partners to deliver better outcomes.

9. Following discussions at the ICB ways to progress delivery of the 5 initial key project areas are set out below:
- **Hospital housing action team** (lead Quinn Quinney – [agq@blaby.gov.uk](mailto:agq@blaby.gov.uk)) - Involvement in the current work at UHL to understand delayed discharge issues and work with LPT around the Bradgate Unit discharge issues.
  - **Handy person support services** (lead Becca Holcroft – [rh@blaby.gov.uk](mailto:rh@blaby.gov.uk)) – Link into the “Help to Live at Home” project which has housing services involved in the project.
  - **First Contact scheme in Primary Care** (lead Debbie Preston – [debbie.preston@leics.gov.uk](mailto:debbie.preston@leics.gov.uk)) – Discussions with CCGs and information from First Contact pilot GP practices to sell the idea to other practices.
  - **Keeping warm and well at home** (lead Rosemary Leach – [rosemary.leach@hinckley-bosworth.gov.uk](mailto:rosemary.leach@hinckley-bosworth.gov.uk)) – Link into the “Help to Live at Home” project.
  - **Older persons holistic support** (lead Sharon Stacey – [sharon.stacey@hinckley-bosworth.gov.uk](mailto:sharon.stacey@hinckley-bosworth.gov.uk)) – Link into the “Help to Live at Home” project.
10. The Steering Group set up to oversee the research part of the project will continue and will oversee delivery. Memberships of the group will be extended to include all project leads and performance support. Progress will be reported into the Housing Services Partnership.

### **Consultation/Patient and Public Involvement**

11. A wide range of agencies and individuals were involved in the project through an Appreciative Inquiry event held on 11<sup>th</sup> April 2013.

### **Resource Implications**

12. Resources will be needed to progress some of the project areas highlighted in the presentation and report.
13. In some instances this will require a short term resource to identify what can be done, for example backfilling housing options post to allow a specialist to work alongside partners to scope out and test different ways of working to reduce delayed discharge. In other areas resources would be need to establish the business case for alternative ways of working.
14. District Councils are keen to provide their expertise and input to shaping change programmes but are not sufficiently resourced to be able to direct existing capacity into new services away from frontline services unless efficiencies are delivered though the new ways of working.

### **Conclusions/Recommendations**

- (a) That the Health and Wellbeing Board comment on the report and approach set out in the presentation and this paper.

- (b) That health partners identify who will lead for them and become actively involved in the HSP.
- (c) That the HWBB support the 5 priority project areas for action.

### **Background papers**

None.

### **Circulation under the Local Issues Alert Procedure**

N/a

### **Officer to Contact**

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### **List of Appendices**

- Report - Leicestershire District Council "Housing Offer to Health and Wellbeing"
- Leaflet – "Housing's Offer to Health"

### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

4. No direct implications.

#### **Crime and Disorder Implications**

5. No direct implications.

#### **Environmental Implications**

6. No direct implications.

#### **Partnership Working and associated issues**

7. Detailed in the body of the report.

#### **Risk Assessment**

8. The report highlights opportunities which will seek to mitigate financial and other risks to the overall system.

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