HOMES AND HEALTH

Jon Rouse
Chief Officer, Greater Manchester Health and Social Care Partnership
Housing

1 in 5 dwellings doesn’t meet decent standards in England. Where we live is more than just a roof over our heads. It’s our home – where we grow up and flourish.

A healthy home is:

- Affordable and offers a stable and secure base
- Able to provide for all the household’s needs
- A place where we feel safe and comfortable
- Connected to community, work and services

Investing in housing support for vulnerable people helps keep them healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health and crime costs.
The estimated cost of poor housing to the NHS in England is £1.4 billion per annum.
GM Population Health System

A GM Population Health System

- Wider determinants of health
- Behaviours and lifestyles
- Public Service Reform
- Place-based and person-centred approaches

A system where the overlaps are shaped to improve health and stimulate inclusive economic growth

**Greater Manchester** Health and Social Care Partnership
HOUSING FIRST

• Guided by the notion having a place to live is a human right and a basic right.

• Provision of housing as a priority, followed by connections to services, support and community to prevent a return to homelessness.

• Requires the whole system to think and respond differently.

• For health this means flexibility, non-traditional pathways, delivery in non-clinical settings.

• GM Housing First £7m investment over three years to benefit over 400 people.

Learning from Finland tells us;
• A principle rather than a service or model.
• Utilise the existing social benefits system to support people.
• Offer based on extensive understanding of homelessness and needs of this population.
• Cross system and organisation response to both prevention and delivery.
The Health/Wealth Paradigm

Strengthening the Health / Wealth Paradigm

"...poor health in some Greater Manchester communities, creating a barrier to work and to progression in work, provides an important explanation for why overall growth has been slow in the last decade. It explains why some communities have been unable to contribute or benefit more."

Health needs to feature far more prominently in discussions of human capital, labour market participation, and productivity.
Greater Manchester has a unique opportunity to integrate across all public services... The Greater Manchester Model sets out how we plan to do this.

We want to change the way in which public services work to support people to achieve their potential and ensure nobody is left behind. That means integrating around people, places and their needs, focusing on prevention, developing new models of support and sharing information across the public service.

Devolution holds the key to breaking down the silos between public services and moving from ‘picking up the pieces’ to a preventative model which is truly place-based and person-centred.

In Greater Manchester ‘public services’ means all services to the public, regardless of sector or funding, and recognizes the role of citizens in this.
Greater Manchester Health and Social Care Partnership

Whole System Public Service Reform

- Single system wide GM programme of transformation and reform
  - One public service leadership team
  - A single commissioning function for the locality
  - Information sharing
  - One public service workforce

- Further devolution, policy change, new regulatory environment
  - Universal Services as anchor institutions
  - GM-level Health and Care commissioning function
  - Integrated specialists/acute services for the most complex and costly
  - A strong VCSE and a model rooted in person and community centred approaches

- Place-based pooled budgets
  - A single function for triage, assessment, tasking and coordination across all cohorts
  - One integrated neighbourhood function for each 30-50k neighbourhood
Local care organisations coordinate delivery of integrated care in each borough.

Boroughs are made up of smaller neighbourhoods - GP practices working with other health and care professionals as part of the GM model of unified public services.

Standardisation across hospital sites and more care in the community, closer to home.

A single local commissioning function in each borough plus a GM Commissioning Hub.
HOMES AND HEALTH

Housing interventions that can prevent ill health

- Creating healthier places
- Building good quality housing and communities
- Advice and information on housing, care and support
- Tackling housing that causes poor health
- Specialist housing for those with support needs
- Housing for key workers
- Responding to the most complex needs – transforming care, homeless
- Targeted interventions linked to treatment and care e.g. hospital discharge, unplanned admissions
HOMELESSNESS AND HEALTH

GP registration
Ensuring that the ‘right to register’ is universally applied for anyone with NFA.

Hospital discharge
GM homelessness hospital discharge policy with an aim that no one is discharged onto the street.

Outreach of health services
Each locality supported to develop health outreach into temporary accommodation or onto the street.

Integrated commissioning of specialist services
- Support to facilitate better commissioning of services that support people with complex needs.
- Commitment to develop GM Commissioning Guidance for Homeless Healthcare.

Mental Health
Short term initiatives to increase outreach offer and to test ‘Psychologically Informed Environments’.

Understanding and influencing our system
- Better understanding of the health services available and need in the population.
- Investment of £2m health funding into rough sleeper services and commitment to improvement in health provision.
- Development of a 10-year strategy to radically reduce homelessness and rough sleeping.
CREATING THE HOUSING WE NEED

Utilising the opportunities presented through devolution, empower residents to live healthy, independent lives in a suitable home within their own communities and draw on their skills and strengths to contribute to health, wellbeing and economic growth within Greater Manchester.

Our objectives:

• Support a social care system that is less reliant upon nursing and residential care
• Develop ‘asks’ of the system to assist in innovative delivery arrangements
• Advocate up-scaled provision of extra care
• Create confidence in the market for providers and developers
• Stimulate economic growth through development of new housing

Delivery:

• Enabling workstream within Adult Social Care Transformation
• Engagement and partnership approach
• Understanding and evidence base
  • Understanding supported housing market
  • Future supported housing requirements
• Enabling and supporting localities to deliver
• Ten Supported Housing Strategies and development pipelines
HOUSING AND LOCAL MODELS OF CARE - BEECH RANGE
One Rochdale Health and Care

- Creating system conditions that enable change.
- Acknowledging other public sector organisations as part of the delivery model.
- Focus on governance and relationships that reinforce this.
- Commissioned housing related interventions from Rochdale Housing Initiative.
- Six neighbourhoods – asset and partnership approach, including housing providers and services.
- Bringing staff together to coordinate activities delivering community and locality level priorities.
- Housing representative as part of the core leadership model in each neighbourhood.
Bolton Care and Repair:

- 12% of private sector housing stock is non-decent.
- Programme of investment to target the worst condition properties, home to the most vulnerable households.
- Offering advice and support to make improvements to the home environment to promote independence and reduce the need for health and care services.
- This includes advice on housing and care, access to home improvement grants, warm homes interventions, handyperson service and disabled adaptations.
- Over 3000 interventions since 2013 to improve stock and living conditions.
- Referral pathways developed to front line social care staff and neighbourhood teams.
LESSONS AND CHALLENGES

• Understanding housing, its impact on health and the role the sector can play.

• Need to look at and engage with the whole housing sector.

• Setting a clear vision driven by strong leadership.

• Importance of relationships and partnerships.

• Formalising this through governance, strategies and plans.

• Enabling and encouraging local responsive delivery.

• Look beyond traditional commissioning relationships to working collaboratively towards joint priorities.