


Health and Wellbeing Board 29 th September 2015	 Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Housing and the integrated care agenda	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Tim Madelin, Senior Public Health Strategist, LBTH Sarah Castro, Programme Manager, Polar HARCA
Executive Key Decision?	No

1 Executive Summary

- 1.1. The aim of integrated care is to deliver co-ordinated and person-centred care supporting and empowering patients to self-care and self-manage. There are currently 9143 involved in the programme and this will increase in future years. Information sharing between providers involved in integrated care is seen as essential for the success of the programme.
- 1.2. Registered social housing providers (RPs) provide about 40% of the dwellings in the borough and house many of the most vulnerable residents in the borough who will include many of those involve with integrated care. Tower Hamlets Housing Forum (THHF) is a partnership of RPs in the borough and they have recently decided to set up a health sub-group to more consistently address health issues.
- 1.3. Initial consultation with the THHF community involvement forum has highlighted that there are some issues to be addressed if the opportunities for greater collaborative working are to be realised.
- 1.4. The purpose of the case study is to examine the opportunities for greater joint/integrated working between the social housing and health care sector and the potential beneficial outcomes this can have for residents.

2 Recommendations:

The Health and Wellbeing Board is recommended to:

1. Consider the case study being presented highlighting the opportunities for greater integrated working between health care providers and registered housing providers and discuss potential actions to take these opportunities forward and address barriers.

1. REASONS FOR THE DECISIONS

- 1.1. Case study presented for discussion

2. ALTERNATIVE OPTIONS

- 2.1. Not applicable - Case study presented for discussion

3. DETAILS OF REPORT

Integrated care – moving beyond traditional settings

- 3.1. The aim of integrated care is to deliver co-ordinated and person-centred care supporting and empowering patients to self-care and self-manage. People with high levels of health activation, with the knowledge, skills, and confidence to manage their health, are more likely to adopt healthy behaviours, have better clinical outcomes and lower rates of hospitalisation. Levels of activation can improve when a person-centred approach is followed and people are supported to develop a sense of ownership and control over their health and are empowered to make informed choices.
- 3.2. The target population for Integrated Care over the next 3-5 years is the same for all providers and is identified as patients who have very high risk, high risk or moderate risk of a hospital admission in the next 12 months and have consented to participate in the programme. Over the year 2015-16, the target population for the Integrated Care programme in Tower Hamlets will be the top 6% of the population who is at risk of admission borough-wide.
- 3.3. Grouping the population based on needs, is an approach used by many Integrated Care Programmes across the country. Risk stratification is a term often used for dividing the population based on the risk for an emergency admission. Although a tool is used to calculate the risk decisions about which patients should receive the interventions of the Integrated Care Programme are also be based on a detailed assessment of the patients` needs taking into account individuals` perspectives and incorporating clinical judgement.
- 3.4. At end of March 2015, integrated care was focussed on the highest risk 4% of the population a total of 9143 people. Of these people enrolled on the pathway 7117 had a crisis plan and 1558 had a crisis and personalised care plan.
- 3.5. The component services within the programme are being delivered by a range of staff types and grades across a number of providers in a wide number of locations including patients' own homes. Rapid response and discharge support services within the community and the hospital, the community geriatrician role, the homeless care pathway, community care navigators and

close working with social care services are examples of integrated care initiatives across providers in Tower Hamlets.

- 3.6. Information sharing between providers is critical to successful integration and providers should be working towards safe, secure and efficient mechanisms to share relevant data across organisational boundaries with patients` consent.
- 3.7. There is however an opportunity for strengthening communication and joint working between health, social care and social housing providers to improve the care that people receive on the pathway.
- 3.8. Going forward there will be a greater emphasis on integrated care increasingly delivered outside traditional health care settings. There are already a number of initiatives such as the Vanguard pilot that will lead to an expansion of the numbers of people subject to integrated care in the borough.

Social Housing and Integrated Care – challenges and opportunities

- 3.9. Social housing providers provide nearly 40% of the dwellings in the borough and house many of the most vulnerable residents in the borough including those in the identified high risk groups. 12,000 are managed byTHHF which is the council's Arms Length Management Organisation (ALMO) and remaining 29,000 by RPs. Their staff (including housing officers and caretakers) are in regular contact with many of these residents.
- 3.10. THHF is the structure in which RPs come together in the borough. The group considers health issues and more recently agreed to set up a more formal health sub-group. This will help ensure that smaller RPs are also included and that they all give consistent messages to their residents around health
- 3.11. The commitment from both housing and health is strong with a joint desire to solve problems/issues on behalf of residents/clients. An initial housing and health action plan was developed by THHF and the HWB in February 2014. The action plan featured joint activities aligned to the health and wellbeing strategy's priorities.
- 3.12. Key actions in the joint housing and health action plan include:
 - A RP compact on mental health and supporting vulnerable tenants, developed in partnership with the CCG (completed March 2015);
 - sharing of best practice on fostering healthy living in communities, supported by Public Health (ongoing);
 - tackling accidents involving children within the home, supported by Public Health (ongoing).
- 3.13. Public Health has a long working relationship with RPs and delivered a number of initiatives in partnership utilising community development approaches to promoting health e.g. Well London initiatives with Poplar HARCA and Tower Hamlets Community Housing

- 3.14. The recent community involvement network meeting (RP staff involved in community involvement) considered current barriers, blockages and challenges to closely working between housing and health care sectors:
- Difficulty navigating the health and social care sector to highlight issues and opportunities from an RP perspective
 - A need for the opportunities to develop work together around health and housing to be more clearly recognised and prioritised
 - Set of challenges in taking forward opportunities relating to
 - Employee turnover
 - Changing health and social care landscape
 - Consistent communication and messaging across agencies
 - Ongoing consistent ownership of joint work
 - Tracking outcomes of initiatives
- 3.15. The recent community involvement network meeting also considered how the two sectors could work better together and produced the following thoughts;
- RPs are one of the main contact organisations for many residents and there is therefore significant opportunity to provide consistent information and guidance on health and social care issues as well as feedback to service provider
 - Some residents do not make as much use of primary care as they could to support their health - there is an opportunity for housing staff to support residents on issues such as GP registration and use of services
 - RP websites could be a valuable resource for conveying consistent information on health and healthcare services as well as information for events
 - Common tools could be developed to measure the impact of health and housing initiatives could be developed to use across the THHF partnership.
 - Greater involvement of RPs on relevant health and social care boards would be helpful to provide the collective leadership to tackle barriers and ensure a realistic pace that is mindful of the need to build relationships at all levels of the organisations.

Next steps – Board discussion

- 3.16. A case study (fictionalised but based on typical issues) will be presented at the board to explore the opportunities for greater joint working between healthcare and housing providers and how these could be taken forward.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. The work to explore opportunities for more integrated working will need to consider how any additional workstreams which are created will be funded.

5. **LEGAL COMMENTS**

- 5.1. The report identifies an opportunity for greater joint/integrated working between the social housing and health care sector and the potential beneficial outcomes this can have for residents.
- 5.2. The identification of the opportunities may contribute to the Council meeting its general duties under the Care Act 2014 (the Act), which include –
- To promote an individual's well-being. Well-being is defined in the Act and includes control by the individual over day-to-day life. In exercising this general duty the Council must have regard to the importance of preventing or delaying the development of needs for care and support as well as and the importance of the individual participating as fully as possible.
 - To promote integration of care and support with health services. The statutory guidance supporting the Act includes guidance for Council departments and their partners working more closely together and in a joined up manner.
 - For the Council and its partners to co-operate generally in the exercise of the respective functions which includes, for example, a private registered provider of social housing.
 - To establish and maintain a service for providing people in its area with information and advice relating to care and support. This service should include information about the choices and types of care and support available, choices of providers available and how to access the care and support.
 - To promote diversity and quality in the provision of services within the locality. Under this section the Council must ensure that commissioning and procurement practices deliver the services that meet the requirements of the Act.
- 5.3. Whilst independent living is not specifically mentioned within the definition of wellbeing in the Act the statutory guidance recognises that the concept is a core part of the wellbeing principle.
- 5.4. The Council has broad powers to provide different types of accommodation in order to meet people's needs for care and support. The Act is clear that suitable accommodation can be one way of meeting care and supports needs. However, the Act is also clear on the limits of responsibilities and relationship between care and support and housing legislation, to ensure that there is no overlap or confusion. Section 23 of the Act clarifies the existing boundary in law between care and support relevant housing legislation, such as the Housing Act 1996. Where the Council is required to meet accommodation related needs under housing legislation as set out in the Housing Act 1996 or under any other legislation specified in regulations then the Council must meet those needs under that housing legislation.

5.5. The Health and Social Care Act 2012 (“the 2012 Act”) makes it a requirement for the Council to establish a Health and Wellbeing Board (“HWB”). S.195 of the 2012 Act requires the HWB to encourage persons who arrange for the provision of any health or social care services in their area to work in an integrated manner. The exploration of the options above may assist with this requirement on the Council.

5.6. Any change in provision or services should be considered in accordance with the public sector equalities duty to eliminate unlawful conduct under the Equalities Act 2010. The duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have ‘due regard’ to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a ‘protected characteristic’ and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 Improving integrated working between health and housing will provide a basis for addressing the health needs of the most vulnerable groups in the population

7. BEST VALUE (BV) IMPLICATIONS

7.1 [Please use this paragraph to set out the Best Value implications of the report’s proposals; this is a requirement of the Council’s BV Action Plan. Please see the relevant [guidance](#) for report authors.]

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1. Not applicable - Case study presented for discussion

9. RISK MANAGEMENT IMPLICATIONS

9.1. Not applicable - Case study presented for discussion

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1. Not applicable - Case study presented for discussion

11. EFFICIENCY STATEMENT

10.1 More integrated working may increase efficiency through reduction of duplication and earlier intervention.

Appendices and Background Documents

Appendices

- None

Background Documents

- None