
A Memorandum of Understanding (MoU) to support joint action on improving health through the home

Organisations signed up to this MoU

Association of Directors of Adult Social Services (ADASS)
Association of Directors of Public Health (ADPH)
Care & Repair England
Chartered Institute of Environmental Health (CIEH)
Chartered Institute of Housing (CIH)
Department for Communities and Local Government (DCLG)
Department of Health (DH)
Foundation Trust Network (FTN)
Foundations
Homeless Link
Homes and Communities Agency (HCA)
Housing Associations' Charitable Trust (HACT)
Housing Learning and Improvement Network (Housing LIN)
Local Government Association (LGA)
National Housing Federation (NHF)
NHS England
NHS Property Services (PropCo)
Public Health England (PHE)
Skills for Care
Sitra



Health, Social Care & Housing – A practical partnership

Why a Memorandum of Understanding (MoU)?

- 1 The right home environment is essential to health and wellbeing, throughout life. We will work together, across government, housing, health and social care sectors to enable this.
- 2 This Memorandum of Understanding sets out:
 - Our shared commitment to joint action across government, health, social care and housing sectors, in England;
 - Principles for joint-working to deliver better health and wellbeing outcomes and to reduce health inequalities;
 - The context and framework for cross-sector partnerships, nationally and locally, to design and deliver:
 - healthy homes, communities and neighbourhoods;
 - integrated and effective services that meet individuals', their carer's/carers' and their family's needs;
 - A shared action plan to deliver these aims.
- 3 Working together, we aim to:
 - Establish and support national and local dialogue, information exchange and decision-making across government, health, social care and housing sectors;
 - Coordinate health, social care, and housing policy;
 - Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services;
 - Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improvements to patient experience and outcomes; 'making every contact count'; and safeguarding;
 - Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.

¹The term 'housing sector' refers to: local housing and planning authorities; housing providers eg, ALMOs, housing associations; housing support and care providers; homelessness sector organisations

Context

- 4** The Health and Social Care Act 2012 introduced a number of provisions intended to improve the quality of care received by patients and patient outcomes, efficiency, and to reduce inequalities of access and outcomes. Provisions require co-operation between the NHS and local government at all levels. Health and Wellbeing Boards (partnerships of all those working to advance the health and wellbeing of the people in that area), also have a duty to encourage commissioners to work together.
- 5** The Care Act 2014 aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm². Local authorities are required to consider the physical, mental and emotional wellbeing of the individual needing care, and assess the needs of carers. They must ensure the provision of preventative services and carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services.
- 6** The Care Act calls for:
 - a.** A shared vision and culture of cooperation and coordination across health, public health, social care and local authority roles, e.g. as housing commissioners, working closely with public, voluntary and private sector providers to improve services;
 - b.** A whole systems- and outcomes-based approach to meeting the needs of individuals, their carer/s and family, based on a robust understanding of the needs of individuals, their carers and families now and in the future;
 - c.** Consideration to the health and wellbeing of the workforce and carers;
 - d.** Solutions to meet local needs based on evidence of 'what works';
 - e.** Services that will address the wider determinants of health, e.g. housing, employment.

Integrated health, care and support, and housing solutions could make best use of the budgets across the NHS, local authorities and their partners to achieve improved outcomes for less; for example, drawing on the Better Care Fund to support service transformation.

²The Care Act relates primarily to people aged 18 and over but young people approaching adulthood and those caring for an adult or in families of someone receiving care should also benefit. The Children and Families Act 2014 is also relevant to young people with care and support needs.

- 7 Poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health. Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a driver of health inequalities, and those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack accommodation altogether.
- 8 Key features of the right home environment (both permanent and temporary) are:
- It is warm and affordable to heat;
 - It is free from hazards, safe from harm and promotes a sense of security;
 - It enables movement around the home and is accessible, including to visitors;
 - There is support from others if needed.
- 9 The right home environment can:
- Protect and improve health and wellbeing and prevent physical and mental ill-health;
 - Enable people to manage their health and care needs, including long-term conditions, and ensure positive care experiences by integrating services in the home;
 - Allow people to remain in their own home for as long as they choose.
- 10 In doing so it can:
- Delay and reduce the need for primary care and social care interventions, including admission to long-term care settings;
 - Prevent hospital admissions;
 - Enable timely discharge from hospital and prevent re-admissions to hospital;
 - Enable rapid recovery from periods of ill-health or planned admissions.

- 11** At a local level the right home environment is enabled by a range of stakeholders (not exhaustive):
- Local Health and Wellbeing Boards have a duty to understand the health and wellbeing of their communities, the wider factors that impact on this and local assets that can help to improve outcomes and reduce inequalities. The inclusion of housing and housing circumstances, e.g. homelessness in Joint Strategic Needs Assessments, should inform the Health and Wellbeing Strategy and local commissioning;
 - Local housing and planning authorities³ commission the right range of housing to meet local needs, and intervene to protect and improve health in the private sector, to prevent homelessness and enable people to remain living in their own home should their needs change;
 - Housing providers' knowledge of their tenants and communities, and expertise in engagement, informs their plans to develop new homes and manage their existing homes to best meet needs. This can include working with NHS providers to re-design care pathways and develop new preventative support services in the community;
 - Housing, care and support providers provide specialist housing and a wide range of services to enable people to re-establish their lives after a crisis, e.g. homelessness, or time in hospital, and to remain in their own home as their health and care needs change. Home improvement agencies and handyman services deliver adaptations and a wide range of other home improvements to enable people to remain safe and warm in their own home;
 - The voluntary and community sector offers a wide range of services, from day centres for homeless people to information and advice to housing support services.
- 12** All stakeholders understand the needs of their customers and communities; their knowledge and insight can enable health and wellbeing partners to identify and target those who are most in need.

Oversight and delivery of this agreement

- 13** The partners to the MoU will nominate a senior representative to meet quarterly. This will be arranged through the Association of Directors of Adult Social Services Housing Policy Network. The network will review progress annually and agree if changes are required to the MoU or the accompanying action plan (Appendix 1).

³Local housing and planning authorities in two-tier areas will be the district council i.e. not the county council.

Appendix 1 Action Plan 2014/15

| OBJECTIVES | ACTION | LEAD | SUPPORT | COMPLETED BY |
|---|---|--------------------|---|--------------|
| SYSTEM LEADERSHIP | | | | |
| 1. Local authorities are better able to maximise the local housing system's contribution to health and wellbeing outcomes | Support implementation of the Care Act 2014 | DH LGA ADASS | NHS England and PHE. All signatories through their member/organisation networks | Apr-16 |
| KNOWLEDGE AND ANALYSIS | | | | |
| 2. Local areas understand their populations, their housing and health needs. | Produce guidance and tools to support local areas to understand the extent to which precarious housing and homelessness impact on health and wellbeing | Homeless Link | PHE | Mar-15 |
| 3. Evidence about the impact of the home/housing on health and wellbeing is more widely understood, accessible to and accepted by, national and local partners. | Share and promote new learning on how the home, and housing interventions, e.g. adaptations, can deliver health outcomes and improve wellbeing | Housing LIN | All signatories, working with evidence and research organisations and academia as appropriate | Mar-15 |
| | Publish, share and promote live examples of models and approaches housing providers are exploring to integrate with health and care services, including new developments funded by the DH Care & Support Specialised Housing Fund | Housing LIN | All signatories, working with evidence and research organisations and academia as appropriate | Ongoing |

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WHAT IS THE SOLUTION?

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| 4. Best use of NHS Land and Property. Identify inward investment opportunities to achieve outcomes. | Produce guidance/advice note on how local systems can use their assets and lever in funding to best effect for housing-related schemes | National Housing Federation | DCLG DH PropCo HCA | Feb-15 |
| 5. Effective, innovative and integrated health, care and support, and housing interventions are adopted. | Learn from Better Care Fund plans to understand what support local areas require to implement these (and the Care Act), with a view to enabling this | DH DCLG PHE NHS England | LGA ADASS | Apr-16 |
| | Undertake programme of work to develop clear position and profile in relation to housing for people with health and social care needs: including series of regional seminars | LGA | LGA Sitra (regional seminars) other partners, e.g. those at ADASS Housing Network and representatives of people with health and care needs | Mar-15 |
| | Develop knowledge and innovation 'exchange' across housing, health and care sectors through the Housing Learning and Improvement Network platform and associated channels | Housing LIN Foundations | Supported by/cross-reference to all partners' networks | Dec-14 |
| | Promote partners' effective practice and innovation through national and local networks | Housing LIN Homeless Link | Supported by/cross-reference to all partners' networks | Ongoing |

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WHAT IS THE SOLUTION?

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| | Introduce population healthcare approach to address needs of single homeless people with multiple needs | PHE | NHS England Homeless Link | Nov-14 |
| 6. The workforce is confident and equipped to deliver integrated solutions. | Scope the existing training and development landscape, and develop example pathways highlighting existing resources and gaps | Skills for Care and Sitra | Sitra, LGA, CIH Care & Repair England. All partners to consider impacts for their training/ education programmes | Ongoing |
| 7. Primary care users are referred to relevant services to improve their home environment where this is affecting their health and wellbeing. | Produce 'handy tips' and/or relevant resources to enable local agencies to support implementation of the Care Act 2014 | Foundations | Care & Repair England NHS England NHS Alliance | Mar-15 |
| 8. Housing and health partners have a better understanding of how specialist housing and community support can fit into different care pathways. | Events and analysis on different care pathways | HACT National Housing Federation | NHS England PHE | Mar-15 |
| 9. Share learning on the key issues, barriers and evidence base for what works to support people with mental health problems to live in homes that support their recovery; review and disseminate best practice; champion improvement. | DH will host national forum on mental health and housing that brings together government departments, system partners and stakeholders | DH | NHF HACT other government departments PHE ADASS LGA NHS England (and other members of the Forum) | 31-Mar-15 |

Key to abbreviations:

| Abbreviation | Organisation |
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| ADASS | Association of Directors of Adult Social Services |
| CIH | Chartered Institute of Housing |
| DCLG | Department of Communities and Local Government |
| DH | Department of Health |
| HACT | Housing Associations' Charitable Trust |
| HCA | Homes and Communities Agency |
| Housing LIN | Housing Learning and Improvement Network |
| LGA | Local Government Association |
| PHE | Public Health England |
