
Improving Health and Care through the home: A National Memorandum of Understanding

February 2018



Signatories to this MoU

Alzheimer's Society

Association of Directors of Adult Social Services (ADASS)

Association of Directors of Public Health (ADPH)

Building Research Establishment (BRE)

Care & Repair England

Chartered Institute of Environmental Health (CIEH)

Chartered Institute of Housing (CIH)

Ministry of Housing, Communities and Local Government (MHCLG)

Department of Health and Social Care

NHS Providers (formerly Foundation Trust Network)

Foundations

Homeless Link

Homes England (formerly Homes and Communities Agency)

Housing Associations' Charitable Trust (HACT)

Housing Learning and Improvement Network (Housing LIN)

Local Government Association (LGA)

National Housing Federation (NHF)

(New) NHS Alliance

NHS England

NHS Property Services (PropCo)

Public Health England (PHE)

Royal College of Occupational Therapists (RCOT)

Royal Society for Public Health (RSPH)

Royal Town Planning Institute (RTPI)

Skills for Care

St Mungo's

Health, Social Care & Housing: A practical partnership

Why a Memorandum of Understanding (MoU)?

The right home environment is essential to health and wellbeing, throughout life. Our homes are the cornerstones of our lives. Housing affects our wellbeing, risk of disease and demands on health and care services. We need warm, safe and secure homes to help us to lead healthy, independent lives and to recover from illness. We work together, across government, housing, health and social care sectors to enable this. This MoU brings together key organisations, decision-makers and implementers from across the public and voluntary sector, to maximise opportunities to embed the role of housing in joined up action on improving health and better health and social care services.

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, more effective healthcare and social care 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 the needs of individuals, their carer's/carers and their families;
- △ Shared success criteria to deliver and measure impact.

Working together, we aim to:

- △ Support national and local dialogue and information exchange to inform better strategic decision-making across government, health, social care and housing sectors.
- △ Coordinate health, social care, and housing policy to offer a more integrated approach to national policy development and advise on local implementation.
- △ Enable local partnerships to collaborate more effectively across health, care and housing when planning, commissioning and delivering homes and services.
- △ Ensure the public and service users are heard and involved in collaborative work across health, care and housing.
- △ Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improving people's experience and outcomes; preventing ill health and safeguarding.
- △ Promote the adaptation of existing homes and the building of new accessible housing with support which is environmentally sustainable and resilient to future climate change and changing needs and aspirations.
- △ 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.

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.

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. The act gave Local Government responsibility for improving public health and public health teams were transferred from the NHS to upper tier councils to support this work.

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.

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 harm. 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.

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 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.

Further recognition and opportunities which acknowledge the fact that current pressures across health and social care cannot be solved in isolation, come with the Sustainability and Transformation Plans (STPs) which were announced in December 2015. Place-based plans provide an opportunity for the formation of sustainability and transformation partnerships comprising NHS services, commissioners, local authorities and other key stakeholders which come together to develop plans that achieve better outcomes and prevent future health, care and housing inequalities.

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. 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.

Key features of the right home environment (both permanent and temporary) are:

- △ It is warm and affordable to heat and has adequate ventilation to support good air quality and thermal comfort in extreme conditions.
- △ 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.
- △ Tenure that is stable and secure

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 authorities 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 handyperson 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. 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

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 success indicators.

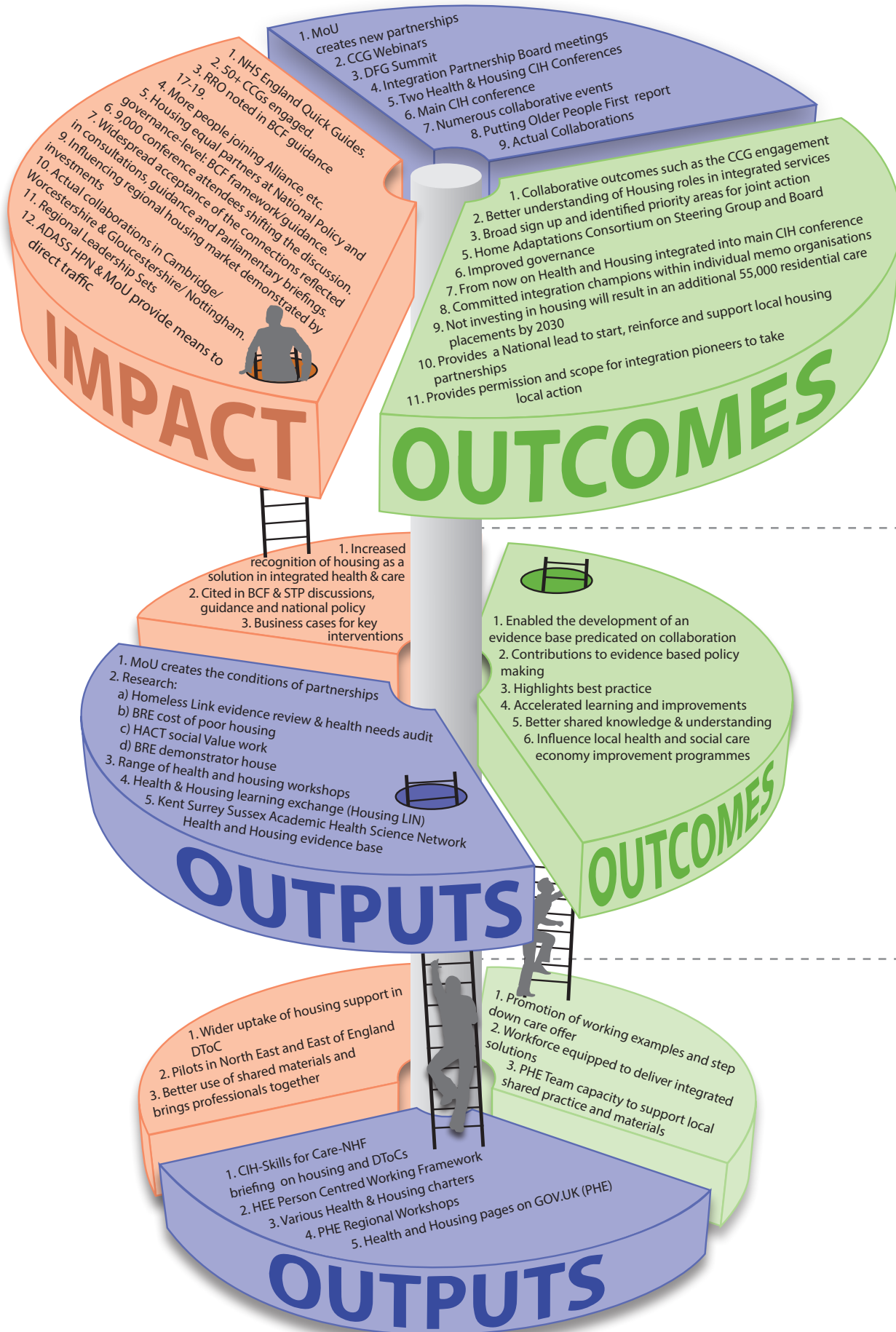
Impact to date

Since the original National Memorandum of Understanding was agreed in December 2014 significant progress has been made to ensure that health, care and housing needs are considered together in addressing people's health and wellbeing. The emerging consensus in the language used by national policy makers which considers the places and homes where people live as a determinant of health to be as important as the quality and access to health and social care services, cannot all be a result of a policy agreement at national level. Nevertheless concerted collaboration between national policy makers has resulted in significant activities in terms of collaborative events, research and projects. National leadership of this kind has contributed to changing the parameters of arguments which traditionally expressed themselves in terms of the interplay between health and care needs and services. This joint commitment to improve health and care services through the home sets the tone and provides the background which has already generated significant outcomes and impact.

The following image illustrates examples of the connections between outputs generated by the partnership and the wider outcomes and impact of the MoU in the past 30 months.

Impact to date

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Memorandum of Understanding: Indicators of Success

The Memorandum of Understanding sets out a commitment to joint action across the housing, health and social care sectors and begins to demonstrate how this cross-sector collaboration might work in practice. No single initiative can drive better partnerships between these sectors but the Memorandum of Understanding has a significant role to play. This is demonstrated by its inclusion in a number of key national policy documents and its adoption in some local areas.

We aim to act together to ensure this positive momentum continues in the coming years. When commitments to joint action in the Memorandum of Understanding are adopted more widely, we expect:

1. *Better strategic planning*: The inclusion of housing and homelessness in key strategy and planning processes for health, social care and local government at both a national and local level. These planning processes should be responsive to the needs and input of local communities and experts by experience. They should deliver good quality, housing options for all that both meet current health needs across the lifespan and are responsive to future changes, such as demographic shifts and climate change.
2. *Better understanding of the preventative role of housing*: Greater recognition of the role a stable and secure housing situation plays in keeping people healthy and independent and preventing ill health or injury. As a result, there is a strong economic case for investment in improving poor housing and providing new and specialised housing.
3. *Greater collaborative care*: Greater joint action on housing's contribution to different care pathways, including prevention and transfer of care or discharge planning.
4. *Better use of resources*: Use resources more effectively to improve health through the home, prevent illness, manage demand and deliver service improvements across local housing, health and social care sectors
5. *Improved signposting*: Frontline housing, homelessness, health and social care professionals know which services and interventions are available across the other sectors locally and how to refer people into these. There is also greater awareness among the general public about the services they can access to improve their home environment where this is affecting their health and wellbeing outcomes
6. *More shared learning*: Housing, homelessness health and social care professionals to have the appropriate, multi-disciplinary training to better prevent ill health and promote good health and wellbeing through the home, and deliver integrated care and support across the sectors.
7. *Wider sector engagement*: An increase in the number of Signatories to the MoU, including organisations representing frontline professionals and experts by experience.

The Signatories will continue to monitor our contribution to these indicators of success and will work towards developing a process for reporting on this. We will also track progress across the wider housing, health and care systems. We will work to support the aims of the Memorandum of Understanding by:

- △ Regularly attending the meetings of the Memorandum of Understanding Signatories
- △ Disseminating best practice and keeping other Signatories updated on planned work, latest policy developments and emerging learning relevant to housing, health and social care
- △ Championing co-production with experts by experience and wider communities in developing local and national strategies and services around housing, homelessness, health and social care.