HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Greg Fell, Director of Public Health, SCC
Date:	29th September 2022
Subject:	Sheffield Housing, Health and Wellbeing Summit – Final Report
Author of Report:	Greg Fell

Summary:

This report summarises the main points from the recent Housing, Health and Wellbeing summit sponsored by the board and proposes next steps for consideration.

Questions for the Health and Wellbeing Board:

The Health and Wellbeing Board are asked to reflect on the discussion described in the Summit report and on the proposed next steps.

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board are recommended to:

- Note the report of the Housing, Health and Wellbeing Summit and endorse its recommendations for next steps
- Provide feedback on the approach and operation of the Summit to feed into future work
- Agree to establish a time-limited task and finish group to identify appropriate resource to drive progress in this area

- Agree to receive a report from this group setting out how a programme of work based on (not limited to) the recommendations in the summary report will be established

Background Papers:

Appendix: Sheffield Housing, Health and Wellbeing Summit – Final Report

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Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This issue relates to the ambition that **everyone has access to a home that supports their health**.

Who has contributed to this paper?

Janet Sharpe – Director of Housing, SCC

Juliann Hall – Care Health and Wellbeing Director, SYHA

Kathryn Robertshaw – Interim Director, Sheffield Health and Care Partnership

SHEFFIELD HOUSING, HEALTH AND WELLBEING SUMMIT – FINAL REPORT

1.0 CONTEXT FOR THE WORKSHOP

1.1 The Health and Wellbeing Board has had a number of conversations on the interaction between housing and health over recent years, but haven't to date done more than scratched the surface.

1.2 As part of a review of its ways of working, the Board agreed to shift its style of working and incorporate a number of mini conferences covering some of the wicked or tricky issues facing Sheffield, with the role of the Board being to sponsor and convene the conversation. The first of these focused on Housing and Health.

1.3 The context for the event is covered by three key points:

- **Quality of housing is linked to both length and quality of life:** it is established that housing (or lack of it, poor quality, other) is a determinant of the health of populations and individuals. There is a specific ambition in Sheffield's Health and Wellbeing Strategy to address this.
- **We know our strategy is "strategic" and there is a great deal of good delivery.** The workshop was held on the premise that one sector can't address complex multi-faceted problems on its own. As a city we already have lots of shared agenda, good partnerships and good joint delivery: our challenge is maintaining this, coordinating it better and building on it.
- **It is known that different sectors have different ways into the shared space of "health" and "housing"**, and see it differently. This means we need to actively bring people into that shared space to support better outcomes by building mutual understanding and partnership.

The aim of the workshop was to share understanding and experience of housing and health related issues, to set out a shared agenda across the NHS, social care and housing, and to capitalise on opportunities for better partnerships and joint delivery.

2.0 THE FORMAT OF THE WORKSHOP

2.1 The format of the meeting was a deliberate attempt to shift the style of conversation and to allow an in-depth discussion about a sprawling issue. What was obvious was that no one person or organisation actually "sees" the whole of a problem, and different sectors had a lot to learn about each other's style and ways of working. There was some acknowledged organisational self-interest within the discussion also.

2.2 Feedback to date from many stakeholders is that the format of the workshop worked well, enabled a wide-ranging discussion in a safe space and allowed people time and space to get into some detailed discussions. However there are concerns about a lack of diversity in the conversation, as well as a lack of lived experience and a tenant

perspective. There was also a desire to see the development of an action plan after the event.

2.3 Further feedback is welcome.

3.0 SUMMARY OF MAIN AREAS OF DISCUSSION AND RECOMMENDATIONS

3.1 The summary report of the workshop is appended and speaks for itself. The discussion centred on a number of themes:

- Health Improvement and access for families and people experiencing homelessness;
- Mental Health and Wellbeing;
- Living Well, Ageing Well;
- Housing and Primary Care Networks;
- Impact through Anchor Networks; and
- Housing and health and Community Investment.

3.2 Other themes that are no less important such as fall hazards in homes, cold homes and fuel poverty, or decarbonisation were not discussed.

3.3 **Thresholds for mental health support, and key working, was a topic of hot discussion.** Many articulated scenarios where residents might not meet a threshold for acute NHS support but where there is a definitive need for some support. Many described situations where professionals are carrying significant risks with insufficient expertise to manage those, also scenarios where there are residents with multiple problems (dual diagnosis within mental health), mental health and housing and no robust system to enable those needs to be met safely. The net effect of this is risk of people falling through gaps.

3.4 Many described a high level of reliance of Community organisations and the Voluntary, Community and Faith (VCF) sector more broadly. Whilst there is some good work already underway between Sheffield Health and Social Care NHS Foundation Trust and VCF organisations around supporting those on waiting list, the VCF sector is fragile at the moment and many articulated the need for investment.

3.5 Many participants articulated a desire to develop a mental health navigator or key worker role across health and housing (and beyond). This is in place in other places (for example Wakefield District Housing (WDH), where it is 50% funded by NHS and 50% by WDH to better support tenants with poor mental health, including within hospital support, addressing their housing context at the point of clinical assessment, identification of barriers at earlier stage, and unlocking help to get quicker discharge). Should the Board want to pursue this, there is good background work already done in Sheffield from some years ago. It was acknowledged that any key worker role should be someone with sufficient seniority to actually effect change.

3.6 The recommendations are within the main report but set out here:

- **Building housing into the Sheffield Health and Care Partnership (SHCP):** This should be at a strategic as well as at an operational level, working together to plan and deliver integrated services. The SHCP can also support the development of direct relationships between NHS providers and housing providers, identifying those areas that can be most impactful. As providers, they can collaborate to solve challenging issues and deliver improved pathway flow.
- **Integrating health and housing within the City Council:** the new Housing Strategy and Homelessness Prevention Strategy are opportunities to be more explicit about health and wellbeing and to define key actions that deliver on integration. The new Older People's Independent Living Strategy is also an opportunity for greater co-production and integration. Adult Social Care is developing a new operating model and have offered to integrate housing-based expertise at the neighbourhood level into their workforce. Those who are discharging people home, should look specifically at the home environment with the City Council and local housing associations. The quality of the Private Rented Sector (PRS) is a key issue.
- **Working together on the Cost-of-Living Crisis:** prevent further crisis, tenancy failure and breakdown and provide enhanced social protection. Develop joint work on mental wellbeing and mental health first aid
- **Working with local housing associations:** local housing associations are keen to take a greater leadership role in local collaborations, have access to capital and can more readily develop new provision. NHS estates planning across Sheffield should engage with housing associations to explore possible capital-based opportunities, with the GP Hubs, as well as when major estate programmes
- **Reinvigorate Sheffield Anchor mission and network:** Housing Associations are key anchors and like the NHS, the City Council, and the universities in Sheffield, have assets invested in the city for the long term. Aim to invest in building ongoing relationships where people learn more about each other and their organisations and the work they do. This needs to take into account issues outside of the direct delivery of services that all organisations are facing – workforce challenges, decarbonisation, economic and social development.
- **Learning from others and transferring the best opportunities to Sheffield:** West Yorkshire Health and Care Partnership provides an exciting example. This work started in Wakefield, sponsored by the Health and Wellbeing Board, before being transferred to the whole West Yorkshire Integrated Care System (ICS). A work programme was established for Wakefield, that then transformed into a work programme for the ICS. The London Borough of Southwark also provides another example. Southwark has a similar set-up to Sheffield.
- **Creating space for creative conversations and partnership development:** All participants at the Summit spoke about how important it is to have the space and opportunity to meet, learn about each other, explore current challenges, and identify opportunities for future joint working. What is needed are the mechanisms

for people to start working together, and the development of a housing and health work plan.

4.0 NEXT STEPS

4.1 The report, recommendations and discussions can readily form the basis of a programme of shared work across sectors with some specific tactical and strategic projects across the sectors. That would readily link to the 5th ambition within the Health and Well Being Strategy. Such a programme needs to build on networks and partnerships we already have.

4.2 There is much that can be learned from other areas – Wakefield, West Yorkshire and Southwark are name checked in the report. The programme in West Yorkshire started in Wakefield and has since been expanded. There is effort to ensure housing professionals are part of relevant NHS mechanisms and groupings, and vice versa. There is also an explicit plan to ensure operational and strategic links are the norm, with some programmes reliant on specific bids for funding and some programmes based on existing mainstream resource.

4.3 Success does rely on a person to be the focal point for the housing and health plan. The work in Wakefield and then West Yorkshire work started with the secondment of a lead officer into the then Clinical Commissioning Group to integrate the housing system into NHS infrastructures.

5.0 QUESTIONS FOR THE BOARD

5.1 The Health and Wellbeing Board are asked to reflect on the discussion described in the Summit report and on the proposed next steps.

6.0 RECOMMENDATIONS

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- Note the report of the Housing, Health and Wellbeing Summit and endorse its recommendations for next steps
- Provide feedback on the approach and operation of the Summit to feed into future work
- Agree to establish a time-limited task and finish group to identify appropriate resource to drive progress in this area
- Agree to receive a report from this group setting out how a programme of work based on (not limited to) the recommendations in the summary report will be established