



Sheffield Housing, Health and Wellbeing Summit

Final Report

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1. Background

The last two years have been an extraordinary time for the people and communities of Sheffield, their City Council, and the NHS. The Covid pandemic has thrown into sharp focus the health and wider inequalities that exist throughout our communities and tested the design, effectiveness, and resilience of our community response. Whilst the City Council and the NHS have been at the centre of the planned response, the role and contribution of housing has also come to the fore.

New relationships and partnerships have been built at speed and existing community-based collaboration, such as Age Better Sheffield, have mobilised much needed support to keep people safe and well in the community. Our homes have never felt so important. Overnight they became the places where we live, school, work and stay safe. But for some, they were also places that heightened their isolation, where they felt trapped, and worsened their health and wellbeing.

Moving out of a period of significant restrictions due to Covid has come as a relief to many. However, this relief feels short-lived as we now find ourselves in a cost-of-living crisis and the NHS and social care are facing unprecedented pressures. The resilience of our communities and organisations is once again being severely tested

Housing associations and housing support providers across the city have and continue to play a major role in the City's response. They have the potential to play an even more important role in the years ahead as the people of Sheffield respond to the cost-of-living crisis by building on the new relationships and partnerships that they have developed.

Leaders within the Health and Wellbeing Board, and their partners in the Sheffield Health and Care Partnership, recognised that further action is needed to integrate housing within the health and wellbeing agendas across the City Council. They wanted to explore with their local stakeholders how a more central role for housing could be built and delivered in their future plans.

A Sheffield Housing, Health and Wellbeing Summit was established to bring these senior stakeholders together to begin exploring areas for shared opportunity and action. This report details the outcomes of the Summit and suggests potential areas for future action.

2. Sheffield Housing, Health, and Wellbeing Summit

The Housing, Health and Wellbeing Summit provided a platform to explore and take forward collaboration between key stakeholders in the City. It was hosted by the Joint Health and Wellbeing Board and the Sheffield Health and Care Partnership (SHCP).

The aims of the Summit were to:

- Build an enhanced understanding of the importance of housing for achieving the health and wellbeing outcomes for the people of Sheffield.
- Explore the opportunities for greater collaboration and integration of housing in the delivery of health and wellbeing programmes and services.

- Explore the potential of housing associations and SHCP working together as anchor institutions.
- Identify key actions and priorities for taking the outcomes of the Summit forward.

The Summit involved around 40 key stakeholders and leaders from across the city (see Appendix 1 for invitees). Attendees brought their professional and lived experiences to the Summit and where appropriate, were asked to commit their organisations to delivering the Summit's outcomes.

The Summit was facilitated by Andrew van Doorn, Chief Executive, HACT, with support from a small steering group involving the City Council, SHCP and South Yorkshire Housing Association (SYHA).

3. Strategic environment

The Summit was designed to build up and enhance the strategic environment for housing, health and wellbeing in the City. The Sheffield Joint Health and Wellbeing Strategy lays the critical foundation for a strong connection with housing, with an ambition that:

'Everyone has access to a home that supports their health'.

It recognises the need for more affordable homes to be built for local people, the value of the investment in home improvements to release the associated savings to the NHS in Sheffield of around £5.4m, and action to address homelessness¹.

The Sheffield Housing Strategy² and Homelessness Prevention Strategy³ are both due to be renewed. They recognise the importance of health and wellbeing in their plans, as well as the relationships needed between the City Council and their local health partners to deliver them. In 2015 to demonstrate its commitment to tackling the health conditions of people who experience homelessness, Sheffield signed up to the Homeless Health Charter⁴.

Significant changes have been taking place in the strategic health and social care landscape, with the creation of the South Yorkshire Integrated Care System. New legislation put this onto a statutory footing from July 2022, with the powers of the Integrated Care Board being confirmed in law.

The Sheffield Health and Care Partnership is the place-based partnership that drives forward collaboration and integration in the city. It's vision for 2030 is moving from collaboration to integration, tackling inequalities, and putting people at the heart of their vision⁵.

It recognises a closer connection with a range of community and local government services and resources, including social care, housing, and the voluntary and community sector. It

¹<https://democracy.sheffield.gov.uk/documents/s34751/Joint%20Health%20Wellbeing%20Strategy%202019-24.pdf>

²<https://www.sheffield.gov.uk/content/dam/sheffield/docs/housing/housing-strategy/housing-strategy-2013-2023.pdf>

³<https://democracy.sheffield.gov.uk/documents/s29089/Homelessness%20Prevention%20Strategy%203.pdf>

⁴<https://www.sheffieldccg.nhs.uk/news/Health-and-Wellbeing-Board-Signs-up-to-Homeless-Health-Charter.htm>

⁵<https://www.sheffieldhcp.org.uk/content/uploads/2021/11/3.2.pdf>

sees the VCS as a key partner and as a disrupter, with a key role in expanded primary care, providing health and care services with a wider perspective, and playing a role in developing the economic and social capital of the city. With their partners, the SHCP wants to unlock the role of their partners as anchor institutions.

Finally, the housing associations working across the South Yorkshire Mayoral Combined Authority outlined in their February 2002 Housing Prospectus, the importance of housing and health.⁶ As one of five offers outlining their long-term commitment to the communities in South Yorkshire, they recognised how housing is a cornerstone to the wellbeing and prosperity of individuals and families. Their considerable role in supported housing, accessible housing, community investment, homelessness support and social and affordable housing, will see them working with the NHS and local authorities to close the gaps in health and mental health.

4. What participants wanted to achieve

The Summit started by exploring what participants wanted to achieve. Conversations about expectations often reveal a range of motivations, as well as ambitions, challenges, successes, key enablers and where to focus. There were a huge number of contributions, demonstrating the clear intent to work more creatively together. The key themes have been captured below.

Increasing understanding – for many people, increasing understanding of each other and how they can work together was a key ambition for the Summit. There were many areas where greater collective understanding is needed between housing, health and social care, and people were keen to identify the issues, what does and doesn't work, how funding could work, and learn more about the system. There was interest in where power and influence lies, what are the blocks to the goals that are shared, and how different stakeholders need to listen, learn, and deepen understanding.

Explore and emphasise the importance of co-production as part of the solution - understanding how we can work with citizens and their ideas and assets was a key issue for many. It was noted that there were important perspectives missing from the Summit and that any solutions need to be co-produced with the people of Sheffield.

Participants wanted the Summit and to be **creative, collaborative, and connected**, so they could **share ideas and solutions, be inspired, be challenged, and be different**.

People wanted to **develop new partnerships**, however they also asked how welcoming Sheffield is of new partners? They recognised that organisations need to work on how they can be better at being good partners. This included exploring what skills, expertise, structures and culture/behaviours leaders needed to drive this forward. A key issue was to work on how partnerships and their ideas become sustainable.

It was important for participants to **explore their leadership and what contributions they can make**. They wanted to do this as an NHS provider, a housing provider, and from existing collaborations such as the South Yorkshire Housing Partnership. Looking at the culture of leadership with a willingness to be collaborative and 'let go, and being honest about what is and isn't working, were important.

⁶ <https://www.yorkshirehousing.co.uk/media/SYHP-Prospectus-Feb-2022.pdf>

How can we work more closely at the Neighbourhood level - the '20-minute city' is a key concept that participants were keen to explore, having all services close by to support the community. The importance of green spaces was raised.

There was a recognition that particular groups needed attention and focus. These included people living with mental illness and learning disabilities and autism, the frail elderly, people living in the PRS, and people with complex needs.

How do we deliver integration between health, housing and social care more strategically? Participants wanted to focus on aligning the Sheffield City Strategy, with the Sheffield Health and Care Partnership Strategy, the new housing strategy and the homelessness prevention strategy. They also wanted to explore how health and housing fits into the broader system of 'economic wellbeing' and how to 'bake in' housing to the new health governance partnership structures, at the Sheffield Health and Care Partnership and South Yorkshire ICS.

Improving integration to deliver impact - participants identified that they needed to address silo budgets, agree where resources can make the most impact, agree a small number of specific actions now and in the long term, and identify the measurable goals and objectives. A key outcome of the discussions and summit should be to identify the tangible opportunities and create simple ways for housing and health services to interact more successfully.

Finally, people want there to **be services in Sheffield that everyone can be proud of** and to do this there **needs to be action**. They were keen to hear something about how we are going to move forward after the Summit.

5. Setting the scene

The Summit heard from a number of strategic leaders in the City, identifying the issues that need to be addressed.

We opened with newly elected **Mayor of the South Yorkshire Mayoral Combined Authority (MCA) Oliver Coppard**. He spoke about the need to keep this personal as our homes and our health matter to all of us. There are many issues facing the communities of South Yorkshire and no one organisation or sector can address the multi-faceted issues that we face. Whilst the Mayor can work at the South Yorkshire level, and make the case to Government for investment, policy innovations start local.

The economy is in service to the people, the planet and the wellbeing of our communities. South Yorkshire has been an important economic engine, built on major industries. There have been major changes over generations and his role is to deliver on the economic development needed for South Yorkshire. 2030 is not so far away, if we put ourselves there what do we need to be doing now to deliver on our ambitions?

Cllr Angela Argenzio, Co-Chair of the Adult Health and Social Care Committee at Sheffield City Council, spoke about the importance of partnerships and the role that the Council plays in co-ordinating different partners. She spoke passionately about the importance of the home and what makes us feel secure. She also emphasised the relationship between the home environment and good health. The Health and Wellbeing

Strategy is clear that “Everyone in Sheffield should have access to a home that supports their health”.

As a Ward Councillor, her casework inbox is full of people who are ill because they live in a house that is unsuitable. This has significant implications for both physical and mental health. She recognised that cost-of-living issues, such as fuel poverty, is driving people to make difficult choices that will have an impact on cold related illnesses, and more cold weather deaths. Providing secure and affordable housing has a huge cost savings, including for the NHS, but it is more than just providing a house, it’s also about the wraparound services and support that makes a house a home.

Kathryn Robertshaw, Director, Sheffield Health and Care Partnership outlined the history of the Health and Care Partnership, originating from the Accountable Care Partnership formed at the end of 2017. This brought together the health and care providers and commissioners in the city and developed the *Shaping Sheffield* ([Our plan for 'Shaping Sheffield'](#))

This plan has three key strands: 1) tackling health inequalities, 2) integrating services, 3) putting people at the heart of what we do. The South Yorkshire Integrated Care Board (ICS) will be established from 1st July 2022, replacing the four Clinical Commissioning Groups across South Yorkshire. In addition to this, there has been a big change in how Sheffield City Council works through the move to a committee-based structure. The consequence is that how decisions are made about how health and care is commissioned across Sheffield is changing.

The development of new partnerships means changes, with the shift to focusing on early intervention and prevention as a key part of the plan. There is also critical work needed to integrate care in and out of hospitals. All of this means that there is a good opportunity to build new relationships and finally bring housing into those conversations.

Janet Sharpe, Director of Housing, Sheffield City Council outlined the important role that the City Council plays as the largest landlord in the city (c40,000 homes). Previously Sheffield had some of the lowest levels of homelessness, but this has increased in recent years. Housing in the city is not meeting needs, and there is overcrowding, domestic abuse, and uncertainty over the private rented sector (PRS) in the city. The distribution of tenures in Sheffield are: 59% owner occupied, 25% social housing (18% council and 7% housing association), 16% private rented.

The PRS is due to double in the next 10 years and as there is significant demand for housing there is an opportunity to work more with housing association partners. There are clearly not enough affordable homes with 2,000 bids per week on 70 homes for re-letting. Prolonged stays in emergency accommodation have major impact on health (approx. 500 currently). People with disabilities are struggling to find homes to meet their needs.

The new housing strategy will have to look at how to increase supply and the variety of homes. It will also need to look at how to improve warmth in housing, and to reduce hospital admissions. Currently 30% of private rented housing in the city has a hazard.

Tony Stacey, CEO SYHA, emphasised that social housing resulted from a public health crisis in Victorian England, so the connection between housing and health has always been important. There were many similar experiences during the pandemic, and we recognised more clearly that homes are where people reach the end of their lives, and where their health deteriorates. Providers of housing therefore have had to rethink how they operate.

Unfortunately, his experience is that housing is not getting a seat at the table. There is a need to remove artificial barriers. Integration is mainly talked about in terms of health and social care, whereas housing is the third leg of the stool. There is a need to work on integration across health, housing, and social care.

The priorities for organisations like South Yorkshire Housing Association moving forward are on decarbonisation – how to retrofit homes in the absence of sufficient Govt funding (funding £3.4bn, cost £104bn); poverty and the impact this has on people and communities; and homelessness with increasing challenges of its growth in Sheffield, and elsewhere.

He urged the Summit to utilise the 'burning platforms' of the cost-of-living crisis, retrofitting, and housing inequalities, to be courageous in collaboration and creating the solutions needed. Housing Associations are key stakeholders and can work together to co-design solutions with adult social care and health.

The resulting discussion following the scene-setting identified several issues and opportunities:

- Decarbonisation is an issue for housing, NHS, social care and local government (as is the workforce challenge) – collaboration between partners can look beyond just service delivery
- Need to uncomplicate systems, to get back to what matters to people in communities
- Need action-driven conversations
- Urgent emergency care domain – board disbanded during Covid. Why not get housing round the table to bring new perspectives and new solutions?
- Private sector conditions – owner occupied and private rented, fuel poverty at 46% across the sector
- Don't just think of housing as a discharge place for hospital patients.
- Child poverty is a big issue: if a child is in poverty so is the family
- Need to ensure the diversity of Sheffield and bring broad perspectives to the table
- Citizens have ideas as well as problems. Need to see them as assets not problems.
- Limited understanding between sectors, what do we know about each other?
- Individual orgs have problems, what can we do to help each other solve them, i.e. surge wards

6. Workshops

The Summit explored a range of different opportunities through facilitated workshops. Key highlights from these workshops are outlined below.

6.1 Health Improvement and access for families and people experiencing homelessness

Homelessness is a significant issue for every local authority in the country. In the past Sheffield has led the way in addressing the health needs of people who experience homelessness. This workshop looked at what more needs to be done to ensure that those people who experience the worst housing distress get access to the health care and support that they need. What can housing, health and social care partners do to ensure that the duty to refer is effective, and people with No Fixed Abode are not stranded in NHS services.

There is some good collaborative working in the city around homelessness where we are trying to look at the individual as a whole and not be too service based. However, there are not enough resources to meet need. Good partnership working can leverage in national resources, such as specialist employment advice.

Safeguarding partnerships have been established around substance abuse and mental health. But to prevent crisis we need to commission differently, and look at how we work with those when in crisis? Inequalities are growing and this is exacerbated in access to services, for those with complex needs, and increasing the costs of being unwell. Services are often difficult to access, unless there is a crisis which raises the question of how we can take interventions and support more upstream.

Sheffield has a Changing Futures programme where individuals with lived experience are being heard and are having an input. This is shaping multi-agency and local responses and is a good model that could be replicated.

Housing associations are changing the way that housing and health works, mapping the gaps in health and how their service fit. They have found that residents will talk to them so these relationships can be utilised to get access to customers who other professionals find difficult to reach.

West Yorkshire Health and Care Partnership is a year ahead in housing and health partnerships and this is an opportunity to be grabbed. There are conversations taking place through existing partnerships in Sheffield, but more conversations are needed with all partners.

What do we need to be working on?

- October energy price cap rise will be the health and homelessness crisis of the future – those who have not engaged before will start presenting. Families are already presenting with significant challenges. Can we focus now on preparing for this and doing more on prevention? How can our staff be prepared to support families?
- Covid was a long-term event we hadn't planned for, but we responded quickly. Cost-of-living is a long-term crisis that we know will be getting worse, so we can use the learning from Covid. We have 3 months before next stage of cost of living worsens so use that time to prepare.
- This is the first time we have got everyone in the room, we should build on this.
- Can we invest in mental health professionals within services – huge delay to get to them and we need to make access easier.
- Need to look at workplaces and how frontline staff are supported, they will hear and see the worst of the impacts.
- Opportunity for change – more insight now, not just Sheffield but the South Yorkshire Mayoral Combined Authority level

6.2 Mental Health and Wellbeing

Sheffield has been at the forefront of pioneering housing-based solutions for people with severe mental illness. They are seen as a national exemplar in addressing the high cost of out of area placements. This workshop explored what more can Sheffield do to deliver recovery and housing outcomes for people living with long-term mental health issues. As a result of the pandemic, we have also seen an explosion in common mental health issues (e.g., depression and anxiety) and mental wellbeing is a key issue. How can housing providers work with local health and social care partners to identify and support people in the community?

Sheffield is often held up as a national exemplar for putting mental health placements within the city. People often talk about the 'Sheffield Model' in delivering an integrated health, housing and care approach for people living with long-term mental health problems. But we are struggling now.

Our biggest challenges are how we come together for complex cases to stop the cycle of poor mental health and housing breakdown; and how we expand services and work in a trauma informed way to meet the massively growing demand. With limited resources it is even more important to work in partnership, but all partners are struggling with resource and lack capacity to engage and transform.

There is a need to get the right services to people who are presenting in crisis. This must include housing as there is not the right accommodation available. There are also those who don't present and are staying quiet that we need to be worried about. We need to ensure that we are reaching people that live alone, don't have any support, that are ageing, and maybe very isolated.

Practical and pragmatic things we can do:

- Sign posting - reiterate the contacts we have and services we offer, what they do and where they can be accessed.
- Changing Futures programme which is targeting complex individual cases - need to look at sustainability of this. All our organisations sit on the board so we should carve something out between us to collaborate better and share information.
- Build on existing assets, supporting staff, supporting our community assets, learning from food banks where people are open to having a conversation in a safe space where they don't feel judged.
- Think about how we provide wrap around support.
- Influence priorities in the system, e.g. prioritise mental health and physical health parity. The ICS priorities show this is not the case even at a high level.
- Develop good practise in service delivery that looks at mental health inequality impact assessments.
- Hold conversations around substance misuse and explore how to engage with people.
- Really need to consider staff wellbeing at the moment. We need to have honest expectations of them and look after them as the media spotlight is on our services and people are suffering from stress and burnout - and it will get worse.

6.3 Living Well, Ageing Well

This workshop focused on specialist and supported housing, for people of working age and older people. It looked at how can partners can work together to deliver a vibrant and integrated supported housing and health environment. How can the transformation of health and social care pathways locally deliver more integrated supported housing?

Together, members of the workshop were interested in looking at how older people are treated as citizens, not just service users. It is important to work with older people in a more holistic way, using asset- based approaches to engage and deliver outcomes. We need to ask what people want for themselves and ensure that all older people have a voice.

Integration is an interesting term and it is important that together we explore what this means. A more integrated future needs to actively address inequalities and be clear about how we meet the needs of different communities and deliver more equitable access to

services and support. We also need to articulate what the future holds for Sheffield residents.

We want to build on what works and share knowledge across all partners and all sectors. We need to be clear about where different people, their expertise and organisations can add value.

If we had a Magic Wand, we would:

- Work together to deliver services and support to enable pride and dignity.
- Get the right parts of the system to speak to each other and be equipped to have honest conversations and explore in more depth how we achieve aspirations with people and with partners.
- Get people the right help at the right stage/right place, shifting our focus and resources from crisis to prevention.
- Have an agreed position on how we meet the shortfall in funding together? And also secure longer-term funding and the future of integrated services.
- Create a shared vision to harness energy from the city to respond collectively to housing and health - articulate to government.
- Have a greater contribution from private sector to their city, e.g. collaboration on older people's housing strategy.

6.4 Housing and Primary Care Networks

PCNs are an important building block for integrated care in the community. This workshop looked at how PCNs can work with local housing providers to improve primary care outcomes. There are some excellent Social Prescribing services delivered by housing providers locally, as well multi-agency programmes focusing on supporting older people. How can the emerging PCNs and the investment going in around social prescribing, community pharmacy, community paramedics, and mental health support, interface and be enhanced by a relationship with housing.

GPs experience a range of issues in relation to housing in their everyday practice. They are concerned about mental health and stress related illnesses that are caused by the condition of housing, homelessness and rehousing, sofa surfing, and poor lifestyle. Whilst concerned they also lack the ability to help. Physical health conditions are also a concern, particularly the prevalence of COPD, caused or made worse due to damp and moldy housing (although patients don't necessarily make the connection to housing).

Infections and infestations are also a feature and GPs are seeing conditions they thought were a thing of the past. This is often linked to overcrowding. Modern slavery and trafficking are also in the City and is linked to overcrowding (although a lot more hidden).

The City Council Housing employs a Housing+ Model. Patch officers have holistic conversation with tenants annually, including things like whether people are registered with GPs, living conditions, health conditions. From this, they have found that 70% of tenants have no need, 30% have "some need" and a small percentage, circa 5%, have "constant" need.

The main concern of those working in housing are around how to get the right support in place and with the right housing. The City Council has a duty of care to individuals and the community and Housing+ makes 6,000 referrals a year. However, thresholds for care and support have increased which is perhaps the biggest challenge.

What are the issues we need to be working on?

- People are being moved into general needs housing who are unable to live independently due to a lack of supported housing. Addictions and mental health are currently especially difficult.
- Support doesn't always follow through in the community. NHS Trusts are focused on the patient and not community. Treatment and supported housing are needed but people need to present with significant risk issues to access secondary care.
- Mental health transformation work aims to get to a better place – cultural change is needed. Treatment is the focus, but housing is not seen as part of the solution.
- How are personal safety issues of patients risk assessed? People get passed around and issues sometimes present as a housing problem but are more complex with multiple services involved with no-one owning the problem (or solution). Fragmented services mean that often housing or the police are left holding the ring. Where there is support, such as from social landlords, this doesn't extend to other forms of housing.
- How do we remove the obstacles from the system?
- Keyworking approach has the potential to reopen and reinvigorate and to create a preventative city. This could be linked to PCN teams, but need to address practical stuff around making connections and issues of data sharing
- We need, but don't have, one system to join things up across services and professionals. What can we get behind?

6.5 Impact through Anchor Networks

The fourth objective of an ICS is to contribute to social and economic development. The NHS and their partners in local government are exploring what it means to be an anchor institution. Housing associations are also anchor institutions and are rarely engaged in anchor networks. This workshop looked at what the ambition is for Sheffield, with the City Council, NHS, universities and housing, to unlock the potential of anchor institutions to invest in Sheffield and deliver sustainable community wealth-building outcomes.

It was recognised that Sheffield doesn't always build on what works well and capitalise on what is happening in communities. There is a feeling that the City Council often goes to the same people, groups, and networks for solutions. It is important that in taking forward work around Anchors that we include community anchors, and not just large public sector bodies.

There is a key question on how to manage the challenge of co-ordinating large complex organisations in the city? This requires leadership at all levels. It will be important to understand the scale of the potential impact if we invest locally and what can be achieved if a community wealth building approach is developed.

An Anchor Mission for Sheffield needs focus and specificity and a clear part of this is identifying where community anchors can add value. Financial stability (or lack of it) can be a real barrier to engagement for some organisations.

It is worth exploring what anchors can commit to doing together. Such as working on issues of local employment, using commissioning and procurement policies to drive social value, understanding and working on the environmental impacts and allowing access to local services that encourage the 20-minute neighbourhood.

Our top priorities for moving forward are:

- Re-ignite the anchor work with mid-level manager specificity and leadership.
- We need sustained, high quality leadership, communication, openness, honesty, and transparency to take this agenda forward. Cost-of-living crisis gives us urgency to act.

6.6 Housing and health and Community Investment

Community Investment is a significant aspect of the work of local housing associations. Health inequalities have come to the fore over the pandemic and many housing associations have delivered enhanced community-based services in support of their tenants and communities. We wanted to explore what more can be done to sustain new relationships and unlock community-based resources and reach that housing associations have. What new ideas and partnerships are needed to bring housing into a more central role to address health inequalities and population health?

Housing Associations across England invest around £750m per year in their communities, this is known as Community Investment⁷. It involves community-based programmes such as: employment, education and training support (e.g. IKEA recruitment); community development and regeneration; advice and guidance to help get people closer to services; anti-poverty and financial inclusion services; support for younger people and older people; and health and wellbeing programmes. This is targeted at tenants as well as the wider community.

This is work primarily delivered by housing associations, whereas SCC has a Housing+ approach, which is focused on annual visits where an holistic conversation takes place and referrals are made to local services. This is aimed at tenants and households. SCC also supports Tenants and Residents Associations (TARAs), but they acknowledge not everyone wants to be part of TARAs. They also work with existing social networks.

Adult Social Care will have staff working in housing patches so connections made at a senior level should be made at the ground level too. How can we make this happen and enable people to access all local resources? We know that joined up solutions can add value and there are opportunities to explore how we value social capital and community organisations, and link this and the community investment work to health inequalities

Next steps and suggestions:

- Sharing data and local intelligence – better sharing to understand unmet need and could identify those people who are not reactive to contact, but could be at risk
- There are trust issues that need to be recognised, so trusted intermediaries could help.
- There is a huge breadth of linkages that need to be made at the neighbourhood level, we need a system to support and create these linkages.
- There could be an offer from Adult Social Care, who are developing a new operating model in social care – they can bring this into conversation about how to work at neighbourhood level.
- There could also be an offer to run a joint pilot for health initiatives through existing networks and pilot it on silent customers. This would involve sharing intelligence and making connections.
- Could also look at mapping all local services as part of social prescribing.

⁷ For more information visit the Centre for Excellence in Community Investment – www.ceci.org.uk

7. Where can we have most impact together

Discussion held throughout the Summit identified several opportunities where, by working more creatively together, housing, health and social care partners could have considerable impact.

7.1 Building housing into the Sheffield Health and Care Partnership

The Sheffield Health and Care Partnership provides an opportunity for new relationships to form and be established. It was recognised that housing providers, both the City and local housing associations, could be more involved in the partnership and 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.

Urgent and Emergency Care is under significant pressure and housing providers' resources and expertise can be better integrated and deployed within the plans going into winter and beyond. In the future there is potential for a health and housing plan to be developed and owned by the SHCP with some key actions and accountability for its delivery. Housing workstreams have been developed in other ICS areas, such as West Yorkshire, and this could be replicated in Sheffield and its wider ICS.

7.2 Integrating health and housing within the City Council

The development of 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 City Council has already followed up to invite engagement and participation from health and wellbeing partners in the development of the Homelessness Prevention Strategy. Similarly, the new Older People's Independent Living Strategy is 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 and support model. This needs to go beyond the local authority housing support offer (Housing+) and embrace the tenancy support and community investment work of local HAs. This initiative could spearhead work to share greater community-based intelligence, better co-ordinating neighbourhood level support that is integrating housing with the PCNs.

Quality of the PRS continues to be a key concern and there are negative health outcomes when the home environment is poor and dangerous. Falls and trips, damp and mould, and cold homes needs to be addressed. Partners who are taking forward the NHS ambition for developing Virtual Wards, and those who are discharging people home, should look specifically at the home environment with the City Council and local housing associations.

7.3 Working together on the Cost-of-Living Crisis

There is urgency to work collaboratively on the cost-of-living crisis, and how it will begin to worsen from October. This is a key opportunity to prevent further crisis, tenancy failure and breakdown and provide enhanced social protection to the citizens of Sheffield. The assets of citizens and their engagement needs to be part of the solution.

The City council and its partners are already working on a citywide response.⁸ This is built on the collaborations and partnerships created throughout the pandemic. A Cost-of-Living Strategy Group has been established and had its first meeting the same week as the Summit. The Group has agreed a strategy and action plan which will be continuously updated.⁹

Sheffield partners have can work collaboratively to build resilience of its frontline workforce across all services (council, housing, health), this could include joint work on mental wellbeing and mental health first aid. This will be even more critical as we move forward and people experience working with those experiencing greater distress.

7.4 Working with local housing associations

Whilst Sheffield City Council is the main social landlord there are also local housing associations who are keen to take a greater leadership role in local collaborations. Housing Associations have easier access to capital and can more readily develop new provision. They also have more evolved community investment responses that deliver support and open opportunities for local people.

Whilst the public sector, particularly the NHS, is often constrained when it comes to capital, this is less so for housing associations. 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 such as the Fulwood HQ for Sheffield Health and Social Care Trust. Being creative with the estate can bring forward affordable housing for local people and health and social care staff, as well as unlock social value for the local community. Housing associations need to be part of the conversations early on and the City Council needs to use its planning obligations to drive this forward.

Issues of revenue are key when stimulating the supported and specialist housing market locally. We have already seen what is possible when creative partnerships are developed between the NHS and housing associations in the city, that create new independent living solutions for people who would otherwise be stuck in costly out of area NHS placements.

The South Yorkshire Housing Partnership is keen to work directly with health partners, at system and place levels and this should be taken forward at pace as new strategies are developed and agreed.

⁸ <https://democracy.sheffield.gov.uk/documents/s53206/5%20-%20Cost%20of%20Living%20Crisis%20SR%20Committee%20paper%2005.07.22.pdf>

⁹ <https://democracy.sheffield.gov.uk/documents/s53206/5%20-%20Cost%20of%20Living%20Crisis%20SR%20Committee%20paper%2005.07.22.pdf>

7.5 Reinvalidate Sheffield Anchor mission and network

Anchor missions and networks need to be reinvigorated and should include all anchors in the city. 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. Together they can align their strategies and work with citizens locally to have long-term and sustainable impact.

To do this, partners in Sheffield need to invest in building ongoing relationships where people learn more about each other and their organisations, and everyone feels they are valued and have a role to play.

There are also issues outside of the direct delivery of services that all organisations are facing – workforce challenges, decarbonisation, economic and social development – where, by working together as Anchors, partners could have greater impact. A more vibrant Anchor Network could create space for these connections and conversations to happen.

Across all public bodies, including housing associations, Social Value is a key opportunity for driving collaborative and impact change. There could be considerable value in aligning social value asks within procurement now that the NHS is scoring social value with a 10% weighting across procurement since April this year.

7.6 Learning from others and transferring the best opportunities to Sheffield.

Sheffield has the opportunity to learn from other areas about how they are moving forward with integrating housing, health and social care at both a Place and a System level. West Yorkshire Health and Care Partnership provides an exciting example of how a focus on housing can be influential in building partnerships and delivering improved health and housing outcomes. This work started in Wakefield, sponsored by the Health and Wellbeing Board, before being transferred to the whole ICS. Central to the approach was the secondment of a director from the local housing association to the then CCG, to lead the development of collaborative working.

From this a work programme was established for Wakefield, that then transformed into a work programme for the ICS. Having dedicated leadership that can represent the opportunity of housing in the wider workstreams of the place-based partnership, and a clear work plan have been really impactful.

The London Borough of Southwark also provides another example. Southwark has a similar set-up to Sheffield, in as much as they are the main social landlord locally and work through tenants and residents associations. There is also a vibrant housing association sector locally who run major community investment programmes in the borough and across London. Strategic Housing colleagues in Southwark asked their Public Health Team to support them in developing a specific part of the Housing Strategy around health. To do this, HACT supported them to develop a local partnership with housing associations to explore and align their public health priorities with the community investment activity taking place.

This work was mainly done pre-pandemic and proved impactful in co-ordinating the community response when they went into lockdown. The key to this was the opportunity for social landlords to share their existing community health and wellbeing programmes, share opportunities to collaborate, identify gaps and align this with wider council and health priorities.

Finally, partnerships in East London, Liverpool, Birmingham, and Walsall have been working together around the shared workforce challenge. Housing associations deliver significant education, training, and employment programmes for their residents. Directing these at NHS and social care jobs can be impactful and contribute to addressing the health inequalities faced in social housing communities.

7.7 Creating space for creative conversations and partnership development

The final area of impact is more about the how, rather than the what. 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. These spaces already exist and are often curated around specific issues, client groups, services, or programmes. They are valuable spaces, and perhaps more can be done to use them to drive forward new ideas and a greater shared purpose.

There was a clear call from some that no more strategies are needed (well at least no more than are already in the plan). What is needed are the mechanisms for people to start working together. The development of a housing and health work plan within the HSCP could be beneficial, but perhaps more so would be a particular member of staff who is tasked with taking forward the ambitions and energy of the people and organisations who attended the summit.

This approach has already been adopted in some places, and is being extended in others as leaders recognise they need dedicated focus and resource to progress collaboration and partnerships. Investing in people and a programme that champions connection and integration, and breaks down the barriers in the way, could be really impactful.

Appendix 1: Summit Invitees

Cllr Angela Argenzio	Chair, Adult Health & Social Care Committee	Sheffield City Council
Nick Atkin	CEO	Yorkshire Housing Group
Clive Betts MP	MP	
Dr David Black	Medical Director	Sheffield Teaching Hospitals NHS FT
Andy Buck	Chair	Voluntary Action Sheffield
Alexis Chappell	Director of Adult Health & Social Care	Sheffield City Council
Oliver Coppard	Mayor	South Yorkshire Mayoral Combined Authority
Dean Fearon	Head of Neighbourhood Services	Sheffield City Council
Greg Fell*	Director of Public Health	Sheffield City Council
Victoria Gibbs	Head of Children's Commissioning	Sheffield City Council
Juliann Hall*	Care Health & Wellbeing Director	South Yorkshire Housing Association
Joe Horobin	Director of Integrated Commissioning	Sheffield City Council
Terry Hudson	Chair	Sheffield NHS CCG
John Hudson	Director of Operations	Arches Housing
Douglas Johnson		Sheffield City Council
Becky Joyce	Development Director	Sheffield Children's NHS FT
Pat Keeling	Director of Strategy	Sheffield Health and Social Care NHS FT
Raymond Kinsella	Head of Neighbourhoods	Great Places
Jenny Llewellyn	Research and Knowledge Transfer Practitioner	University of Sheffield
Kate Martin	Executive Director of City Futures	Sheffield City Council
Tracey Nathan	Sheffield Hub Manager	Shelter
Kathryn Robertshaw*	Director	Sheffield Health and Care Partnership
Judy Robinson	Chair	Healthwatch Sheffield
Mick Rooney		Sheffield City Council
Janet Sharpe	Director of Housing	Sheffield City Council
Helen Sims	CEO	Voluntary Action Sheffield
Dan Spicer*	Policy & Improvement Officer	Sheffield City Council
Tony Stacey	Chief Executive	South Yorkshire Housing Association
Mark Tuckett*		Sheffield Teaching Hospitals NHS FT
Laura White	Director of Strategy and Planning	Sheffield City Council
Catherine Pritchard	Strategy & Partnerships Manager	Sheffield City Council
Andrew van Doorn*	Policy & Improvement Officer	Sheffield City Council
	Chief Executive	HACT

* denotes a member of the Steering Group

Appendix 2: Agenda

The Summit was held in person on 21st June 2022, at The Circle in Sheffield.

12.30	Arrival and lunch
13.00	Welcome and outline of the afternoon Andrew van Doorn, CEO HACT
13.15	Keynote from Oliver Coppard, Mayor of South Yorkshire
13.45	Aims and what you want to achieve
14.00	Setting the scene for Sheffield <ul style="list-style-type: none"> • Cllr Angela Argenzio, Co-Chair, Adult Health and Social Care Committee, Sheffield City Council • Kathryn Robertshaw, Director, Sheffield Health and Care Partnership • Janet Sharpe, Director of Housing, Sheffield City Council • Tony Stacey, CEO SYHA
14.40 ¹⁰	What's working elsewhere – experience from West Yorkshire Sarah Roxby, Service Director Housing and Health, WDH and Programme Lead for Housing and Health, West Yorkshire Health and Care Partnership
14.55	Break
15.15	Exploring key opportunities (1): <ul style="list-style-type: none"> • <i>Housing's role within Primary Care Networks</i> (Greg Fell facilitating) • <i>Health improvement and access for families and people experiencing homelessness</i> (Andrew van Doorn facilitating) • <i>Living well, Ageing well – integrating housing, health and social care</i> (Juliann Hall facilitating)
16.00	Exploring key opportunities (2): <ul style="list-style-type: none"> • <i>Tackling health inequalities through housing and community investment</i> (Andrew van Doorn facilitating) • <i>Mental health and wellbeing</i> (Juliann Hall facilitating) • <i>Impact through anchor networks with housing</i> (Greg Fell facilitating)
16.45	Key actions and commitments
17.15	Final thoughts and thanks Greg Fell, Director of Public Health, Sheffield City Council
17.30	Close

¹⁰ This session was not held, although a pre-recorded presentation was distributed to all participants.

About HACT

HACT partners with organisations across the housing sector and beyond to drive value for residents and communities through insight-led products and services which encourage innovation and foster collaboration. Our work around social value, community investment, health and the use of data, drive better understanding of the communities they serve and the social impact they have.

Our products, services, consultancy, and research help organisations:

- Develop new collaborations with the NHS that drives forward integration through our health consultancy and brokerage support.
- Identify cost benefits, evaluate performance, and deliver strategic insights through our programme of research and evaluation.
- Calculate their social value with rigour and objectivity by using our UK Social Value Bank.
- Measure impact, understand communities and demonstrate the value of community investment work through our insight tools.
- Provide a forum to network with partners to complement and strengthen success of delivery through our Centre for Excellence in Community Investment.
- Connect, share ideas and innovation and develop sector specific tools such as the UK Housing Data Standards.

HACT is a leading authority on the connection between NHS Providers and Housing Associations and is a key partner in the delivery of the Government's MoU between Housing and Health. HACT has published a range of resources on integrating housing within care pathways and the role of housing associations in major NHS estates programmes.

Contact Us

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