

Joint strategic needs assessment: vulnerable adults, housing and support

A collection of case studies

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Foreword

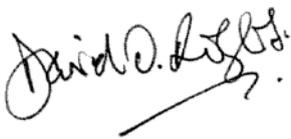
This report, researched and written by Jean Rollinson and funded by the Department of Health, is one in a series of publications taking a thematic look at the Joint Strategic Needs Assessment (JSNA).

The NHS White Paper, *Equity and Excellence: Liberating the NHS*, identifies an ongoing and central role for the JSNA. Local authorities will convene the health and wellbeing boards and lead the JSNA process.

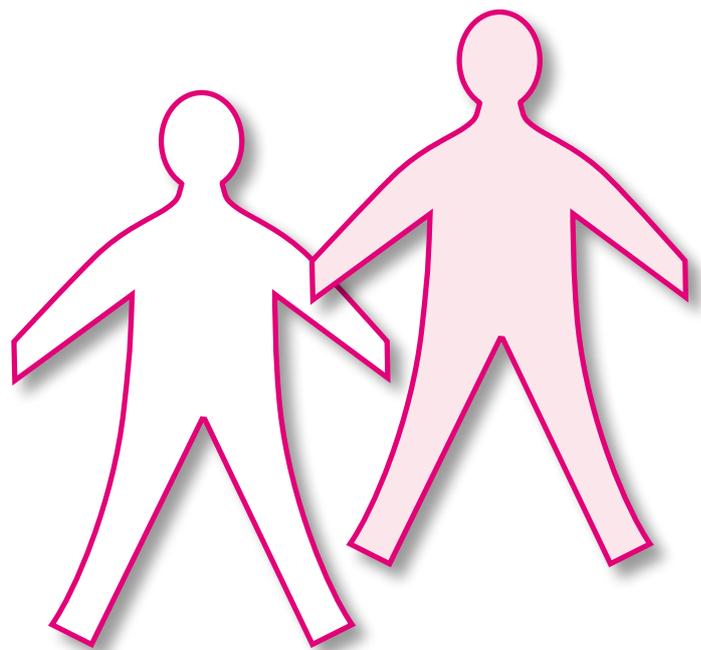
The publication provides examples of how local councils and their health partners are addressing some of the outstanding and enduring challenges in undertaking the JSNA process, in an increasingly complex landscape.

It aims to support councils as they make the transition to new public health arrangements, and as they work with health and wellbeing boards to ensure that the JSNA speaks to new audiences such as GP Consortia.

We hope you find much to learn from in the report, and that it will assist you in developing your work locally.



Councillor David Rogers OBE



Introduction

How far have joint strategic needs assessment's (JSNA) incorporated the housing and support needs of vulnerable adults as a basis for better commissioning and services, which will improve their health and wellbeing? That, as they say is the question!

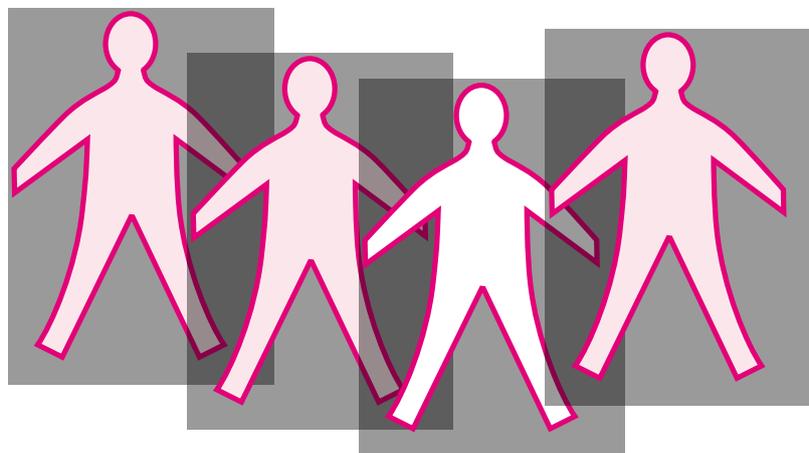
The case studies which follow have been assembled to try and answer this. The pervading learning is of disparate agencies striving to meet their respective responsibilities and realise their joint ambitions to support very vulnerable people, and of a wide range of professionals who are acutely alert to the scale of this challenge.

As different agencies in the public and voluntary sectors continue to reach out to health services to help safeguard and improve the health, wellbeing and life chances of people who are at the edge of society, the JSNA has been used by some as an opportunity to move things forward.

While the case studies offer very positive examples of where and how this has been done, these achievements are still pushing against a backdrop of large, multi-focussed and complex organisations, whose remit and cultures don't readily lend themselves to consistent integrated working.

Amongst the challenges described in the case studies is the need to recognise and agree which groups of the local population *most* need assistance so that a consensus can be reached on how to address these needs in an evidence based way. There have been comments that JSNAs have been seen in some areas as a repository for data, rather than a source of intelligence and have concentrated on what was already known rather than what is missing. The process of developing a local JSNA, to serve local decision making, is a useful tool to develop this sort of dialogue and where the contributions of other agencies, particularly housing, and their activities, in improving the health of vulnerable people can be more widely acknowledged and built upon.

The case studies which follow are preceded by some of the recurring messages, remaining challenges, and an explanation as to why these areas were selected. A short summary of the case studies and who they may appeal to is also provided.



The common themes

From the case studies and the discussions which surrounded this work, a number of lessons have been learned from those who have tried and succeeded in connecting the housing and support needs of vulnerable adults to their JSNA process.

Where things are working or progressing well this is because of the genuine efforts of people to work in partnership, with a willingness to look for common ground and integration with others who may have a different agenda. The following sections illustrate some of their learning.

Be interested in others

It emerged that there was a need to invest time and energy to really connect with people beyond one's own traditional, professional and organisational boundaries. By spending time listening to others, professionals across the health, social care and housing worlds had an opportunity to recognise the common issues and client groups and their respective responsibilities and how these might be shared. It was based on a readiness of health and social care professionals to learn and understand the world of housing, homelessness and social exclusion – and of course, vice versa.

'World' in this context includes language, as people from the different backgrounds often use different words – or just as frequently use the same or similar words to mean very different things. For example, there is often an assumption that people will share the same definition of 'vulnerable' or know, without explanation, what supported housing services actually are, who they are for and why they are important.

As the 'worlds' of housing and health are both very large and complex, partners can help make life (and working together) much easier by putting energies into collecting together and simplifying their main messages which have relevance for each other.

Understanding the priorities, targets, regulators, funding, governance, reporting and decision making structures which can drive or constrain each of the partners, helps create a shared basis on which to agree what can be done together and done differently.

Share what you know

Nothing seems to frustrate people more than other people launching into new projects or ways of working without really checking what's already there.

Local authorities have a significant range of data sources, intelligence, strategies, plans - as well inclusive structures, many of which embrace the role of services users and providers in all sectors, as well as linking into neighbourhoods and communities of interest. Good partnership working builds on what is already in place, rather than one partner, unilaterally declaring a new approach without reference to how it will fit or affect current arrangements.

Sharing what is already known or in place is a good basis to discuss and agree what's not available but should be. The process of deciding what is missing and how to tackle this provides an opportunity for joint learning and also strengthens the collaborative and partnership approach for actually using the intelligence for the work ahead.

Leadership

It can sometimes be difficult to reconcile partnership working with strong leadership. However, all the case study areas report having the strong support of senior officers or personalities who provided leadership for the approach they were taking. In this case that was to use the JSNA as a means of trying to further join up intelligence and actions which crossed over the health, social care and housing divides.

While most housing representatives reported being disappointed at the lack of emphasis on housing in the original JSNA Guidance¹, they were encouraged by the leadership shown by the Department of Health, with support from Communities and Local Government (CLG), in undertaking this review as part of the JSNA Development Programme and saw this as recognition that housing and related support services do contribute to health and wellbeing.

Looking beyond JSNA

Success in extending the content and process of JSNAs to the wider determinants of health, including housing and support services, seems to have worked well when the JSNA has been seen as an opportunity to manage other priority agendas. In health and social care, this could be personalisation and prevention. Elsewhere it helps where there has been ambition to link the JSNA to housing stock conditions and environmental targets or where there is motivation to use the JSNA as the starting point for sharing understanding and responsibility for the very vulnerable people who fall outside the scope of any one agency's remit.

¹ Guidance on Joint Strategic Needs Assessment 2007 and CLG Creating Strong, Safe and Prosperous Communities Statutory Guidance

Some remaining challenges – the key messages

There was universal support for the view that, if JSNAs were intended to be truly 'joint' which in the context of this report, means examining the housing and support needs of vulnerable adults, then this should be made more explicit in national documents which are endorsed by HM Government rather than from the Department of Health alone.

Clearer visibility and roles around JSNA are required. Many people struggled to understand where they should 'fit' into the local JSNA process and others did not know who was really leading on JSNA for their area or region. This was about some ambiguous structures below the thematic LSP health partnerships, uncertainty about where JSNA was 'owned' (data analysts, commissioners or somewhere else) or the very different titles, roles and responsibilities of the regional JSNA leads.

The purpose of JSNAs and the influence they can have, in practice, to changing commissioning activity, (which continues to take place in many different settings and governance structures) remains unclear and most areas would like to see this better described locally.

Following on from the previous point, information about the 'tools', the LSPs and the thematic local partnerships could be used to extract priorities for action from JSNAs and how these can be tracked to commissioning decisions across all the relevant, identified public bodies would be welcomed. So too would confirmation from central government and the different regulatory bodies that genuinely shared 'targets' and 'accountability' for prioritising resources based on the JSNA is paramount.

All of the examples also have linkages with other workstreams being coordinated as part of the JSNA Development Programme. This is particularly true in terms of trying to extend the JSNA to voluntary and community sector organisations, many of whom provide support to homeless and vulnerable adults, and in considering how planning policy and the built environment and its relationship to housing supply, impacts on health.

For readers who are particularly interested in how these and other issues could better inform and be reflected in JSNAs, a list of topics currently being examined, can be found at www.idea.gov.uk/health

The case studies in detail

Why these?

There was general acknowledgement that the wider use of JSNA beyond the named partners and mandatory core data² set was at a relatively early stage. However a number of areas showed promising indications that the JSNA had been instrumental in, a catalyst for or a means to look again at housing and support needs, as these were recognised as being key determinants of health.

This study was not an academic exercise and the case study areas were selected to provide a range of examples that would strike a chord with different partners in the world of housing and across the many different agencies which represent vulnerable people. This included those working to improve the housing situation of specific cohorts of vulnerable people for whom access to settled accommodation is particularly important, such as young people leaving care and those receiving treatment from mental health services, with learning difficulties and offenders under probation services supervision.

While not all vulnerable groups, agencies and stakeholders can be specifically mentioned, there are examples and references to some of the groups of people who often need help to access the right housing and who also need support to sustain this because of long or short term health and care needs, or because they are at risk of social exclusion.

While the examples may appear to focus on one group, the messages about the importance of good housing as prerequisite of good health apply to all.

The learning from the studies is much broader than about any one group of people, looking instead at what is generally known, by whom, about vulnerable people and their housing and support needs and how this can be 'counted' and used as part of the JSNA to improve their health and wellbeing. Implicit in this is the importance of capturing what matters most to patients and service users and recognising that this means looking for opportunities to build up good qualitative data based on their real life worries and experiences of services.

The case studies will hopefully help readers to recognise where their local housing and support needs could connect with JSNAs and how this could be used to achieve local improvements and priorities which empower individuals and put them first.

The next page provides a short summary introduction to the case studies and who they may appeal to.

2 The Joint Strategic Needs Assessment (JSNA) core dataset

Summary of the case studies

East of England region looks at the overlapping requirements to undertake 'needs assessments' and provides an outline model to help recognise the relationship between JSNAs and strategic housing market assessments and where the needs of vulnerable adults and the supply of appropriate housing should fit.

Who will this most interest?

Housing, local authority, health and JSNA data providers, compilers and commissioners, Supporting People teams.

Cambridgeshire conducted a JSNA process that enabled a more in depth look at the housing needs of vulnerable groups leading to new and jointly designed services. This case study focuses on people who experience homelessness and also has messages for people whose interest groups are often difficult to capture and measure.

Who will this most interest?

Homelessness, local authority and health and JSNA data providers, compilers and commissioners, voluntary and community sector organisations and those working for people who are socially excluded, and with multiple needs.

Devon County Council looked at how the Supporting People programme, with its remit to identify the housing and support needs of vulnerable adults 'needs', has evolved to fit with the statutory JSNA process developing a suite of detailed 'Accommodation and Support JSNAs'.

Who will this most interest?

Local authority, housing and health, and JSNA data compilers and commissioners, Supporting People groups and providers and those working with older people, learning difficulties and people with mental health needs.

North West region highlights the benefit of shared investment in a housing and support 'needs methodology' and plans to develop this to provide richer evidence into the region's JSNAs.

Who will this most interest?

Regional groups, local authority, housing and health and JSNA data compilers and commissioners, Supporting People groups and providers.

London Borough of Havering shows the JSNA as a catalyst for organisational change, and commissioning across vulnerable groups to meet pressures in the context of personalisation and the transformation of adult social care.

Who will this most interest?

Local authority, adult social care, housing, health and JSNA data compilers and commissioners, Supporting People groups and providers.

Bristol City Council illustrates the local authority responsibilities in the private housing sector, where increased numbers of vulnerable adults live, being linked to the JSNA to improve health whilst also making progress on reducing CO₂ emissions.

Who will this most interest?

Local authority, adult social care, housing, health and JSNA data compilers, analysts and commissioners, Supporting People groups and providers.

East of England

What they did

Throughout 2009/10 partners in the East of England have been working together to help ensure that future Joint Strategic Needs Assessments (JSNAs) and Strategic Housing Market Assessments³ (SHMAs) provide full and appropriate evidence of housing related support needs which could better influence the commissioning of services.

The Supporting People⁴ Eastern Regional Group (SPERG), the then East of England Regional Assembly (EERA) and the Regional Department of Health Team (DH) have now agreed a final report, Strategic Needs Assessment: health, housing, care and support; a research paper making the case for housing related support in JSNAs and SHMAs in the East of England.⁵

While this case study describes a regional investigation into JSNAs and housing, the findings and messages regarding different needs assessments and the relationship between them, is equally important at a local level.

Why?

They embarked on this because of a growing realisation that the data and intelligence needed, to better understand the impact of growing older population and inward migration, to support the planning function, should, have been readily available, from the JSNAs in the area.

As there were plans to refresh the 09/10 Action Plan of the Regional Housing Strategy, - including an updated assessment of housing need - the partners realised the compelling efficiency argument for aligning needs assessments across partnerships. Not only was this vital to making better use of resources but there was a firm and shared belief that was an essential pre-requisite for more joined up services.

The aim

Overall then the aim was to identify which 'needs' for housing related support services should be included in JSNAs and SHMAs, to what extent this was already being covered, what gaps and examples of good practice existed.

The steering group which governed the work included the leads for JSNA, housing and for Supporting People, and they drew on relevant guidance to set the context for the review. They particularly wanted to follow up on two key recommendations in 'Housing, care, support: a guide to integrating housing' (November 2008, CLG, CSIP, Housing LIN, Housing Corporation).⁶

3 Strategic Housing Market Assessments: Practice Guidance

4 <http://www.communities.gov.uk/housing/supportandadaptions/supportingpeople>

5 <http://www.eelga.gov.uk/documents/Policy%20and%2020Priorities/Housinglaurnas%20document.pdf>

6 Housing, care, support: a guide to integrating housing-related support at a regional level

Recommendation 1: The Joint Strategic Needs Assessment and Strategic Housing Market Assessment should be aligned to provide a local assessment of housing-related support needs, with common metrics in order to enable the aggregation of data at a regional level.

Recommendation 2: The National Indicator Set and Supporting People Outcomes Framework should be used by commissioners to provide a basis for commissioning joined-up services that deliver outcomes relevant to housing, health and social care.

The benefits and learning

Although they had committed to a ‘common agenda’, the significant knowledge, perspective and cultural differences between the partners soon became clear. Discussions with SHMA, housing strategy and investment leads, revealed that they were used to working with hard evidence and wanted the research to help them nail down ‘need’ in terms of required numbers and locations for specific types of properties, whilst the Supporting People leads wanted to know what the housing related support needs would be to properly house **and support**, for example, the 250 offenders who return to Suffolk each year.

During discussions it also became apparent that amongst the partners, no one person had an understanding of all 3 areas of ‘health’, ‘housing’ and ‘vulnerable people’. However as they continued to work together, their mutual learning developed, as did an appreciation of each other’s perspective, roles and the linkages between them.

The final report contains recommendations which clarify what each of the three partners should do to ensure that JSNAs and SHMAs include appropriate assessments of need for housing related support to inform strategic decision-making processes.

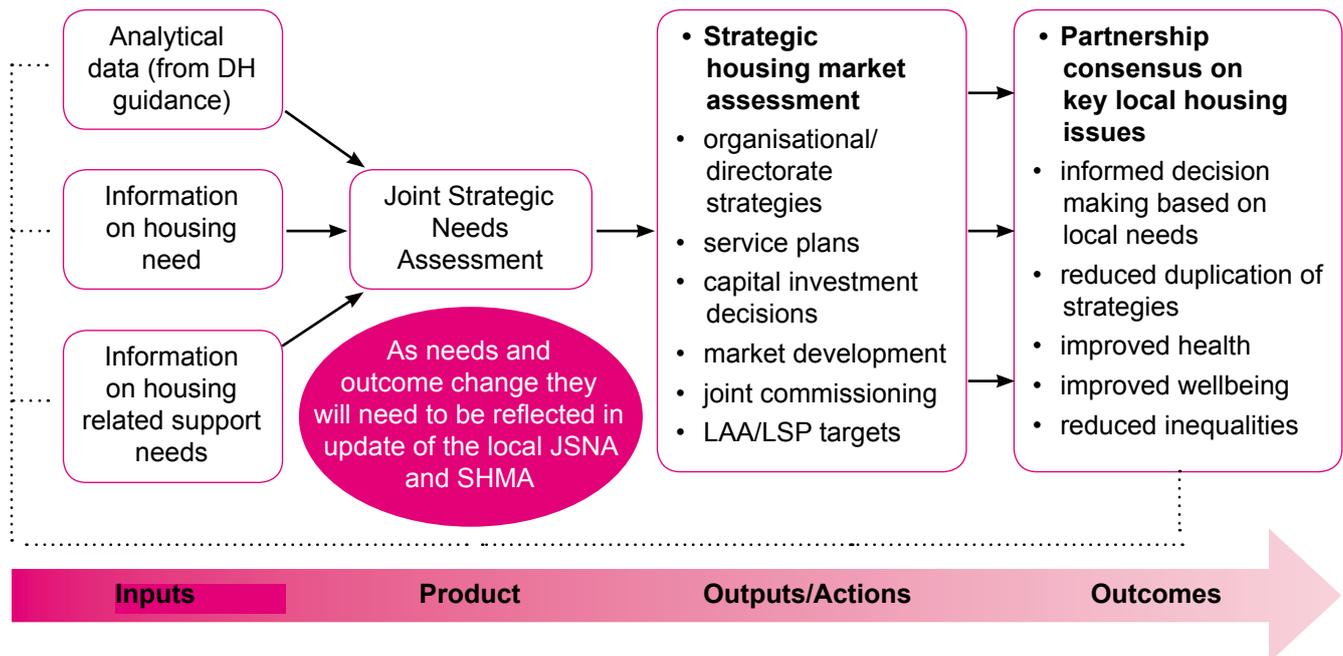
It recommends that the responsibility for **producing** robust assessments of need rests with Supporting People commissioning bodies, or their equivalents who should ensure that the outputs are available for inclusion in JSNAs and SHMAs; that all JSNAs should **include** an assessment of future needs for housing-related support of different types for **vulnerable client groups**, and that when work is undertaken to revise or update the current SHMAs, this should include an assessment of the need for housing for the **appropriate client groups in each area** and to take account of the JSNA outputs.

Key messages

- an integrated JSNA should help to describe and read across the different sets of ‘needs assessments’ and demonstrate links to determining the quantity of affordable, adapted and supported housing
- many local strategic partnerships⁷ and local authorities are still working through how best to get the housing and support needs of vulnerable adults, counted, and included in the JSNA, but going through this process is building greater capacity
- perspectives are different across the worlds of ‘housing’ (mainstream strategy and capital investment) and health, with supported housing proponents still trying to bridge the gap.

⁷ Creating Strong, Safe and Prosperous Communities Statutory Guidance

Integrated JSNA and strategic housing market assessment process in east of England



What next?

A launch event is planned for later this year, to which all key partners and commissioners are to be invited, to discuss the recommendations, and agree an outline action plan and the appropriate governance structure to see that the changes are implemented.

The partners, who have invested their time and funding now jointly 'own' a report which provides a 'common language and reference point' which is understood by the key partners in housing strategy, supported housing, social care, health and JSNA leads. There is a shared view of the necessity to invest to save across the whole system with a widened understanding of JSNA and the policy aims surrounding it and of the potential for JSNA to be an effective tool for them.

Cambridgeshire

What they did

Cambridgeshire adopted a different approach to JSNAs from the outset. While it clearly set out the common purpose of the JSNA as the means of describing the future health, care and wellbeing needs of the local populations and the strategic direction of services to meet those needs, it also began to investigate more fully the many different factors which influence people's health which lie outside the direct influence of health care, including housing and the environment.

Realising the scale of this challenge, Cambridgeshire carried out three phases of JSNA to gather the relevant information. It is important to understand in a little more detail how Cambridgeshire did this as it provides the key to ensuring that the housing and support needs of vulnerable adults are effectively connected to the JSNA.

In phase 1 a public health and health inequalities dataset was produced, which included the data recommended in national JSNA guidance. Cambridgeshire also produced six JSNAs, which focussed on different vulnerable groups within the population: children and young people, adults of working age, adults with mental health problems, adults with learning disabilities, adults with sensory or physical impairment and long term conditions, and older people.

Phase 2 consisted of a review of existing surveys and consultation with service users, carers and the public, to provide qualitative information on local health needs and phase 3 produced two further JSNAs which looked at the needs of people who are homeless or at risk of homelessness; and migrant workers⁸.

The Cambridgeshire JSNA categorises homeless people into three overlapping groups, including those who are statutory homeless and hidden homeless and those at risk of homelessness. However, the JSNA then focuses primarily on the 'single homeless and rough sleepers' (SHRS) group of homeless people for whom there may be no statutory duty or simple solution, as this group has the poorest outcomes in Cambridgeshire.

Why?

Each phase built on the previous one and the latest Cambridgeshire JSNA published in January 2010 now provides a rich and maturing resource which includes an overview of Cambridgeshire's population, the key findings from each of the JSNAs, any overarching themes and ongoing work from all of the previous JSNAs and sets out the work that the combined JSNA will feed into.

⁸ Joint Strategic Needs Assessment for Cambridgeshire, Draft Phase 3

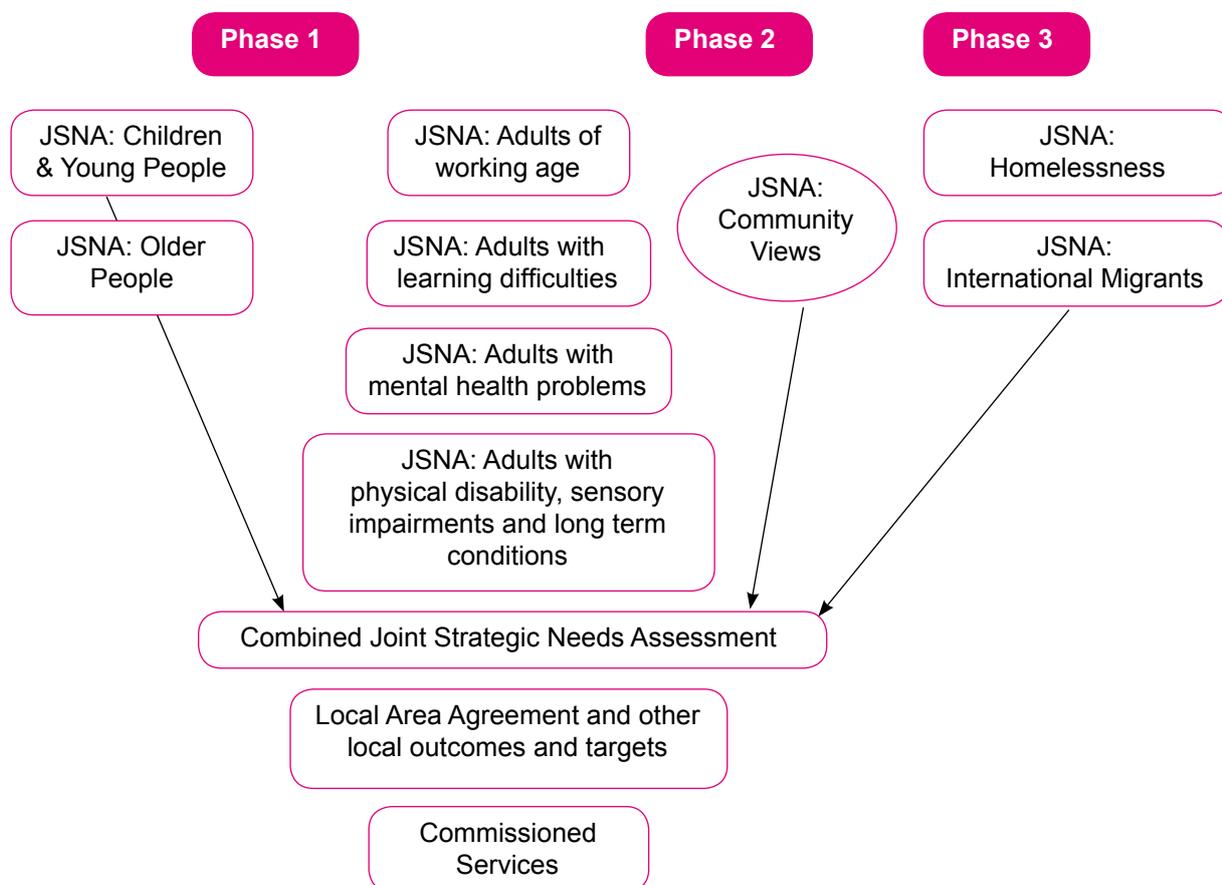
Partnership working has been an essential part of the JSNA process and key to understanding the needs of the local homeless population. This JSNA was developed through joint working between the NHS, the county council, the city and district councils in Cambridgeshire, and voluntary sector agencies.

There was recognition that the causes of homelessness are complex and more than a housing issue. Homeless people experience poorer health outcomes compared to the general population, with physical health, drugs, alcohol, mental health and wellbeing being recognised as priority health issues. Added to this, homeless people generally experience difficulties in accessing health services which further impacts on their health status.

The aim

The compilation of the JSNA document is now seen as part of a wider process which provides evidence to inform decisions on how to improve the health and wellbeing of the Cambridgeshire population. The figure below illustrates this.

Cambridgeshire – JSNA Process



The benefits and learning

This approach enabled each JSNA to be constructed from a wide range of data, and with the direct involvement and expertise of the appropriate agencies. This has helped to increase understanding of the individual and common challenges associated with homelessness and to create the relationships and partnership structures to respond to them. It also develops a much stronger involvement in JSNA from a greater number of people, who understand its importance to meeting their own goals and responsibilities.

For the first time, in a health context, is a user friendly yet detailed examination of the health impacts of homelessness which is drawn from and completely consistent with the data and analysis in District Authorities Homelessness Strategies and the Supporting People Strategy.

The JSNA examined data from the Cambridge Access Surgery (CAS), a dedicated GP practice largely for single homeless and rough sleepers with about 500 registered patients at any one time. Amongst the 40 patients who are known to have died over the last five years, the average age at death was 44 (please note this is not the Life Expectancy of this group, just the average age of death of those who did die). Many of CAS patients are at the very lowest point in their lives with half having an alcohol problem two thirds a drug problem, half have a mental health problem and many people have two or all three of these problems.

These multiple and overlapping needs are also reflected in the way services for the homeless are commissioned, involving different funding streams and a variety of commissioning and provider organisations. There are concerns that the fragmented commissioning of services is creating gaps

and duplication of activity which is not working well for the homeless.

The JSNA also acknowledges that this group are also often difficult to engage with services and although relatively small in numbers they represent significant costs to the public purse with, frequent hospital admissions and A&E visits, and as intensive users of community and housing support services, as well as police, probation and prison. They are also the largest client group accessing Supporting People funded services.

Also noted in the JSNA is that the housing pathway differs for statutory and non-statutory homeless and that for the non-statutory homeless there are a range of entry points which together with the often chaotic lifestyle of this group means that their journey may not follow a clear pathway.

In Cambridgeshire, as elsewhere, data on homelessness is collected by numerous service providers. However, most of these operate stand-alone information systems with no robust way of uniquely identifying service users resulting in likely instances of double-counting. They also note seemingly insurmountable problems in correlating information from different agencies due to the categories used, and the difficulty of identifying individuals across services.

All of this makes it difficult to describe (and plan to respond to) the needs of the homeless population, which is further complicated by their transient nature. With an overwhelming concentration of services in Cambridge City the corollary is, generally speaking, that where there are no services there is no data - hence there is limited information for much of Cambridgeshire.

What next?

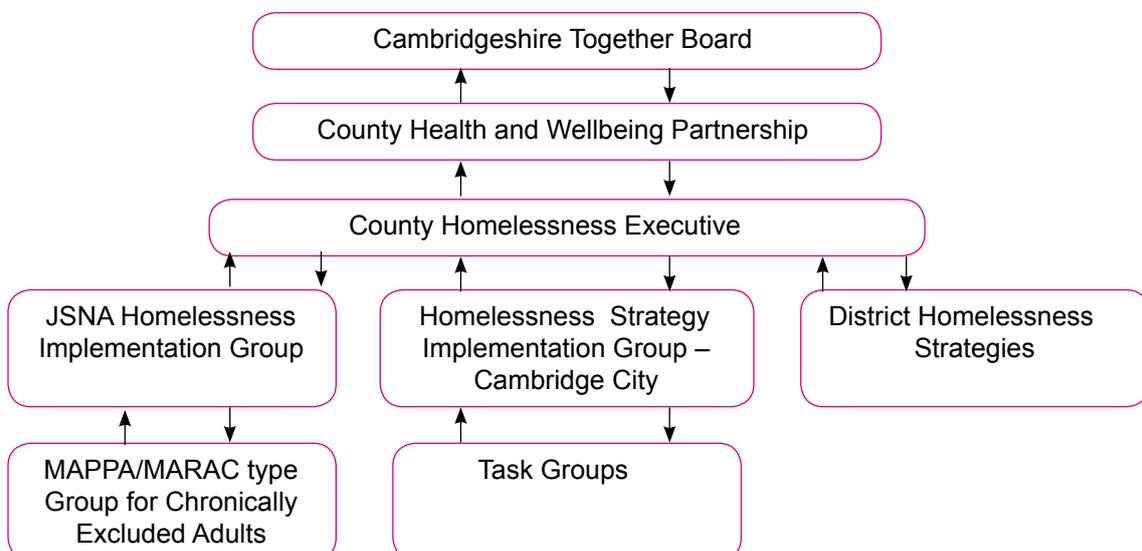
In response to this analysis, the JSNA makes a number of recommendations to begin to overcome the obstacles to engaging this group, improving joint data on their number and pathways leading to joint commissioning to ensure services are integrated, needed, evidence based, person-centred, and focussed on prevention and early intervention.

These recommendations have been developed into a clear JSNA Homelessness Action Plan, the implementation of which is managed by the Homeless JSNA Implementation Group (HJIG), reporting to Cambridgeshire Homelessness Executive (CHE). The membership of this group - which has developed from the City Council's Homelessness Strategy Executive - has been revised to include more commissioners from across all the relevant partners with senior representatives from the PCT, mental health, adult and social care, drug, & alcohol, probation, police, voluntary and community sector and community engagement meeting together with Supporting People and homelessness leads from each of the districts.

In overseeing the implementation of this county wide JSNA, CHE monitors a number of implementation groups set up to deliver 'service specific' recommendations and common strands within the District Authorities Homelessness Strategies which would benefit from a collective approach.

The Homeless JSNA and its recommendations have been signed off by the County Health and Wellbeing partnership and the Cambridgeshire Together Board (Cambridgeshire's Local Strategic Partnership); they are keen to monitor progress and have asked for regular updates.

Cambridgeshire – JSNA for the homeless and those at risk of homelessness – action plan implementation



Using the evidence of the jointly produced JSNA, the action plan, and the decision making structures described, the partners in Cambridgeshire have agreed to employ a jointly funded Chronic Exclusion Development Worker to set up joint commissioning processes and a system for convening MAPPA⁹/ MARAC¹⁰ style multi-agency case conferences. Using the New Directions Team Assessment¹¹ tool the most chronically excluded adults will be identified and pooled budgets will allow for integrated packages of care.

Keen to gather more direct information from the identified group about what would make most difference for them, Cambridgeshire is now also piloting the use of the 'Working Together for Change'¹² approach, which has been hugely successful in engaging other vulnerable people such as those with learning difficulties.

The decision to produce a JSNA for people who are homeless or at risk of homelessness has brought significant benefits and is widely welcomed by those whose main aim is to prevent homelessness and manage its consequences.

Key messages

- a detailed JSNA process, focussing on vulnerable groups, creates a shared understanding of needs and fosters a genuine sharing of expertise and responsibilities, for people with multiple and complex needs
- undertaking a JSNA for the homeless and those at risk of homelessness reveals the complex health and social challenges facing many people who fall into this group, and provides a clear structure and strong basis for homelessness leads, commissioners and providers in the public and voluntary and community sector, to tackle this together
- setting up a multi-agency system to respond collectively and quickly to very vulnerable groups as identified in the local JSNA helps all the agencies meet their individual responsibilities, to safeguard individuals and ensure they are properly served and potentially provide large savings to the public purse.

9 Multi Agency Public Protection Arrangements places a duty on the police and the National Probation Service to assess and manage risks posed by ex-prisoners in every community in England and Wales.

10 Multi Agency Risk Assessment Conference where multiple agencies get together to provide a co-ordinated response for those at the highest risk of domestic abuse

11 The New Directions Team Assessment (Chaos Index). (2008)

12 Working together for change: using person-centred information for commissioning

Devon

What they did

The first JSNA produced in Devon in 2007 was seen as the evidence base from which to build, during 2008, a Strategic Framework and Plan 'The Way Ahead' which summarises Devon Primary Care Trust and Devon County Council's vision and plans for health, wellbeing and social care for the five years to 2013¹³.

This framework, and the integration of Devon's Supporting People function in a joint social care and health team, provided the backdrop and support for developing a number of client focussed JSNAs, to fully explore, with partners, the housing and support needs of particular vulnerable groups.

Detailed 'Accommodation and Support JSNAs' were produced for older people, learning difficulties and for people with mental health needs. Designed to be co-terminus with JSNA boundaries, share a common methodology for assessing need and set what other local authorities might call client focussed housing and support strategies, in the new world and wider context of JSNAs. This enabled those responsible for housing and support services to have a tangible product, which was recognisable and useful to JSNA leads, and upon which the need for further data, analysis and debate could be agreed.

The aim

The Supporting People Team in Devon were keen to see the wealth of data and intelligence about the housing and support needs properly recognised in the Joint Strategic Needs Assessment (JSNA) as a means to ensure that better outcomes and value was achieved for the county and those who were most vulnerable.

Why?

While originally wanting to engage colleagues on how to better understand, join up and manage the needs of people who are 'socially excluded' there was an early realisation that successful and effective partnerships are based on common ground, mutual interest and shared priorities. Across the health, housing and social care agencies in Devon, as elsewhere, this common ground was most developed for older people (most people will have built relationships on closure of long stay hospital wards and around the National Service Frameworks) and where there was potential for shared efficiency savings.

¹³ The Way Ahead A Strategic Framework for health and social care Devon (2008)

The benefits and learning

This has reaped several rewards. The original JSNA in Devon 2007 included limited reference to housing or support needs, while 'The Way Ahead' recognises that 'Health and social services alone cannot improve the population's health. Wider long-term partnership is crucial if we are to address the impact of poverty, deprivation, poor housing, rural isolation and homelessness on Devon's health inequalities' and states clearly that Devon intends to 'extend our planning relationships beyond health and social care and is committed to the 'continued development of integrated health, social care and housing'¹⁴.

The Accommodation and Support JSNA for older people examined in detail the population and service pressures and set these against the health profiles and older people's aspirations. One finding was that in the county, over half of the 13,000 people in need of a service will have no access to face-to-face help. By reviewing options together, across health, social care and housing a Mobile Response and Early Intervention Service (MRS) has been commissioned.

Seen in this practical context, the local use of the Cap Gemini Research into the financial benefits of the Supporting People programme¹⁵ (which illustrates housing, health and social care as key stakeholders in preventative services like the MRS) modelled the whole systems cost benefits which could be achieved.

From the pilot stage of the MRS, and with a £572,000 investment over 53 weeks, there is very strong local evidence that a cost savings to partners of at least £211,000 has already been achieved. On this basis, a 3 year contract worth £1,683,000 has been approved to continue the service until April 2013.

The service design also built on the joint need and shared desire for integrated working. For example, there was unanimous support from adult care and health services to providing floating support services to older people on an agreed cluster basis which would enable the wider services in each cluster to work together to develop interventions that kept people at home, prevented people requiring social care or health services, and helped to discharge older people from hospital.

The 'Accommodation and Support JSNA for Older People', the increased relevance of housing support services in the refreshed JSNA, and in the 'Way Ahead', paved the way for the new integrated service. But it doesn't end there. Under the local Putting People First¹⁶ programme, the Early Intervention and Prevention Board in Devon meets with a membership (including officers) from Supporting People and Housing to oversee the performance of the MRS and monitor its benefits.

In Devon, those championing the importance of housing and housing support services in improving health and wellbeing, not least in the Supporting People team, see JSNAs as a powerful evidence base for the accountability behind any credible commissioning plan and believe that internal and external partners will increasingly demand to scrutinise this piece of evidence in the face of efficiencies needing to be made.

14 The Way Ahead A Strategic Framework for health and social care Devon (2008)

15 Supporting People financial benefits model documentation and user guide

16 Putting people first: a shared vision and commitment to the transformation of adult social care

Max Sillars, the Supporting People Manager in Devon believes that partners “must be willing to let go some of your language and adopt the language of others in order to make it possible to share common terms, aims and goals” and that “you won’t find out what opportunities JSNAs offer unless you’re willing to let go of what you think you know, and get involved”.

What next?

The continued integration of services like the MRS and the joint approach to their creation is also expected to improve the understanding and potential for further joining up and efficiencies around back office systems, management and support functions.

Key messages

- revisiting, or undertaking client based housing and support strategies in the wider health context, to suit and supplement the JSNA, will help attract renewed interest and attention in the importance of housing and support services for vulnerable groups
- get housing and support services for vulnerable groups into the JSNA by starting with groups where there is most common ground, mutual interest and shared priorities
- prepare to compromise on language, terminology and previous ‘conclusions’ on assessments of need, and accept that these may change when more intelligence, in the JSNA process, is available.

North West region

What they did

The case study in the North West is a good example of local authorities sharing expertise and resources to raise awareness of an established methodology for assessing the supported housing needs of vulnerable adults, conscious of its importance to JSNAs.

Why?

What had become clear to partners in the North West was that while the North West Joint Improvement Partnership¹⁷, (largely made up from health and social care representatives), were exploring how to widen the scope of JSNA and improve the link to strategic commissioning, 'next door' the North West Regional Supported Housing Strategy Group (made up of supported housing stakeholders and key bodies including the National Housing Federation, Homes & Communities Agency, Shelter etc) were considering how they could further develop their supported housing needs model¹⁸ for vulnerable adults, by linking this to the JSNA.

This highlighted a common concern that the wealth of data and understanding of the needs of vulnerable adults captured and managed within the housing world are not routinely connected to those responsible for improving health.

While there is a methodology being trialled in the North West for helping to turn the results of the housing needs model into commissioning priorities there are still limitations. There will always be more needs than can be met within available resource; the model alone cannot establish the relative importance of needs eg for a handyman service for an older person as opposed to a need for supported accommodation while a drug user is undergoing treatment, nor can it determine the exact or best type of service and level of intervention that lies behind the number of 'units' required or their optimum cost. This is equally true of the JSNA and in the ever present search for new efficiencies, developing useful needs assessments, as a truly joint venture, is clearly the way forward.

The aim

The current action plan of the North West Strategic Framework for Housing Support now specifies that 'Developing the North West housing related support needs model to link to JSNA' as a key action for 2010/11.¹⁹ In practice, members of the North West JIP, North West JSNA leads and North West commissioners are now better placed to agree how the JSNA, and housing and housing related support should be brought together in the North West local authorities and partnerships.

17 NWJIP Business Plan Summary 2009/10 Supporting improved outcomes in social care, health and wellbeing for people and families in the North West

18 The Need for Support and Supported Housing Services in the North West 2008-2020

19 Regional Strategic Framework for Housing Support 2009-20

The benefits and learning

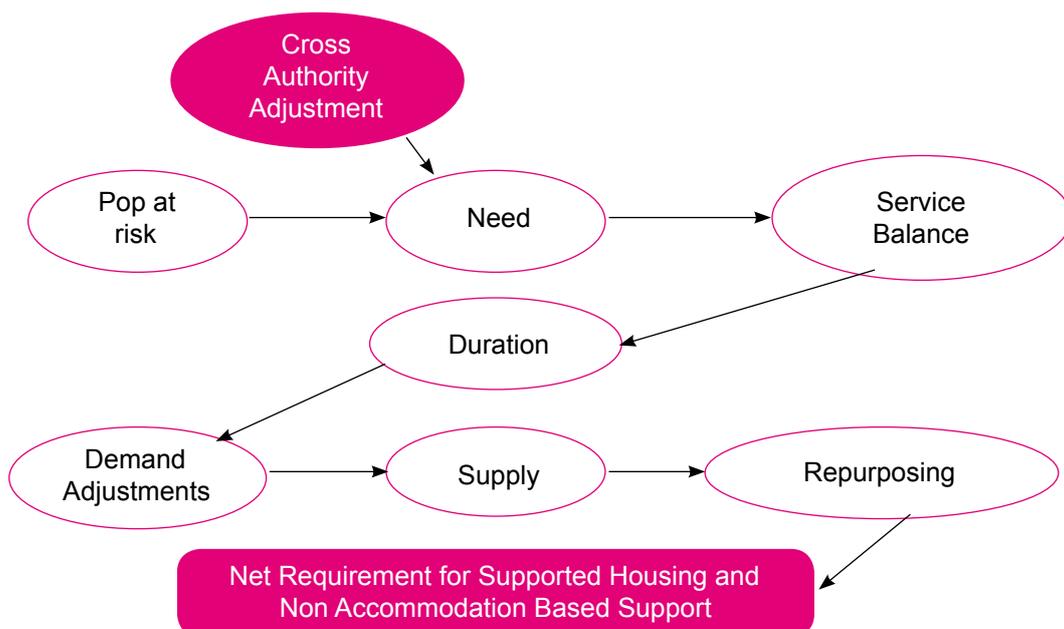
What was clear to Housing and Supporting People professionals in the North West was that their learning from the development of the North West housing needs model had lots in common with the ambitions and initial limitations of the JSNA. This included a recognition that most attempts at predicting needs are inevitably highly technical exercises, determining what might constitute the best possible source data in itself often a matter of dispute and that public service needs projections become relatively impenetrable to the mass of concerned professionals or service users!

The North West supported housing needs model was therefore from the outset designed to be driven by local knowledge and concerns and not simply 'handed down' from central planners, comprehensible by a wide range of interested parties (not just specialist staff with a statistical background) and able to both integrate appropriate technical detail and be susceptible to strategic direction.

At a local level however, there have been different experiences of how to get the housing and support needs of vulnerable adults, particularly as identified in Supporting People strategies and quantified using the North West housing needs model, recognised within the local JSNA processes. What was agreed though was that none of the North West authorities felt that existing housing needs data was being properly recognised or understood at a local level, nor were housing representatives always being effectively engaged.

All local strategic partnerships will have intelligence and assessment of the housing and support needs of vulnerable adults. Supporting People strategies were a requirement of all upper tier and unitary authorities and these were based on a local assessment of the housing and support needs of all vulnerable adults.

The needs model in outline



What next?

The good news however, is that there are now some effective links across health, social care and housing in respect of developing the JSNAs in the North West. This will assist stakeholders to lobby for this to be recognised and mirrored, in their own areas. It also provides an evolving model to help with this.

Equipping the North West housing needs model for the future, representatives had already acknowledged that the model remained generally unattached from the statutory JSNA process in local authorities, which weakens its impact on authorities' overall priorities and that it does not in itself directly help authorities to set commissioning priorities, especially across the wider extent of local strategic partnerships.

The North West Regional Supported Housing Strategy Group are therefore looking instead at developing a clearer definition and set of questions designed to help identify 'who needs to be asked what' in order to inform local entries into the model. This will be less about guidance that people can choose to ignore and more about a clear step by step process.

It is believed that this approach will maximise the chances of entering robust data into the model, which helps to fill gaps and fit local requirements, and there is now a formal sign up to do this.

While this is still a work in progress, and not all areas in the country use the North West supported housing needs 'model', there are already some positive and common messages for **all** local authorities and JSNA co-ordinators.

While these are the main messages from the North West case study, the Bolton story below, is just one example of how a North West local authority has used the model to enhance the JSNA and wider commissioning.

Key messages

- Regional networks can provide an opportunity and platform to connect housing and health, on JSNAs, needs modelling and other topics, and provide direction and support to their member authorities.
- Supporting People teams can provide all LSP areas and JSNAs with data and intelligence on all vulnerable adults and their housing and support needs, as well as considerable experience in how to measure need and use this to assess and drive multi agency commissioning.
- Data collection, identifying and analysing needs – however robust – does not automatically produce a priority list of vulnerable clients or the best services to commission. JSNAs should recognise all available data, draw on the best sources and provide rounded intelligence for partners to base decision making.

The Bolton Story

Bolton Borough Council in the North West, strengthened its leadership and structures to ensure that the new JSNA – to be published in June 2010 – is based on a broader range of intelligence and data than the original dataset, moving on from the earlier health focus. A JSNA Steering Group, now with wider ranging membership, met to consider the newly assembled JSNA data and the picture it painted.

They discussed the main pressures and priorities which emerged, as well as possible responses to them. Feedback from participants showed that they felt, for the first time, that they had a full understanding of the JSNA process and what it meant for Bolton. As one participant said: “I now fully appreciate the limited life chances that vulnerable people have living in some of the most deprived neighbourhoods of Bolton and this gives a commissioning challenge in redirecting and changing the way service delivery meets need for example in improving people’s mental wellbeing”.

Many of the conclusions about vulnerable adults are drawn from the Supporting People data supplied into the JSNA from the Bolton data using the North West supported housing needs model. This source will be identified in the Bolton JSNA and attached as an appendix.

As this approach to JSNA in Bolton developed last year, so too did a review of commissioning structures and practice. A draft report now suggests that borough wide commissioning strategies should be developed to cover, across all client groups, specialist care, personalised services, targeted prevention, and market development – with supported housing services seen as essential to commissioning for successful prevention. The established Supporting People Commissioning Body is seen as the best basis from which to build an effective governance group to implement this.

The approval for this approach will be taken through to the Bolton Vision Partnership as a means of delivering on the health and wellbeing priorities in the Bolton JSNA.

London Borough of Havering

What they did

The first JSNA in Havering confirmed the significant demographic challenges facing the borough which resulted in an additional £5m being identified from the council's budget planning process, and allocated to adult social care services to address this. Plans were put in place to create a permanent, joint funded and co-located team to ensure that the JSNA is continually improved and refreshed. This was seen as essential to enable the partners to have a shared understanding of the most relevant local data and information, to act as a strong strategic platform from which they could commission.

In addition to two additional posts to assemble and analyse data within the JSNA, a cross directorate Strategic Commissioning Team was established with roles focusing on **Prevention** – including the development of Extra Care Housing²⁰ and **Inclusion** - to ensure that the needs of people who are homeless, with drug and alcohol, mental health or related issues, are recognised. Co-location of commissioning across health and social care was also achieved in 2009.

This team is led by a new post of assistant director for strategic commissioning who has wide ranging responsibilities which covers adults, children and corporate commissioning to ensure that representative governance structures work well to support improvements to the health and wellbeing of vulnerable groups.

²⁰ Extra Care Housing is designed with the needs of frailer older people in mind and with varying levels of care and support available on site.

Housing support services are fully included in this, which is unsurprising given that the postholder, began his career in housing and with the Supporting People programme.

Why?

The Havering JSNA, refreshed in 2008/9, brought sharply into focus the scale of the ageing population in the borough. Havering has the highest proportion of older people in London and the gap is widening. The JSNA also noted that the numbers of carers in Havering is very high and set to grow.

According to Andrew Ireland, Havering's Director of Social Care and Learning, "the scale of the demographic challenge means that the borough faces issues more like those in Tokyo (with an ageing population, whose children are less healthy and a weakened economy) than those in Tottenham".

The economic pressures of responding to the needs of a rising population of people aged over 85 was a key concern, as was an identified unmet demand for carers services and for those with physical and sensory impairments.

Taken together, the partners agreed with the directors conclusion that 'industrial scale action' and significant change were needed if the borough was to rise to and meet this challenge. Recognising this, the partners (LA and PCT) accelerated their plans to use the widest extent of their commissioning and strategic powers to positively influence the health and wellbeing of the population and saw the JSNA as the evidence base for this.

Just as importantly, this team and the

developments it has driven, are seen as an integral part of the transformation of adult social care, managing efficiencies in the current economic climate and completely consistent with and essential to meeting the Putting People First agenda.

For example, as the JSNA highlights a faster growing cohort of older people than any other London borough, it also reveals that there are more people who buy their care privately than those who receive care and support via the council (as occurs in many shire counties).

With the traditional system of care management targeted at people with substantial or critical needs (as is the case in 75 per cent of local authorities) this provides limited support and safeguards to people with low or moderate needs or who fund themselves. Practical plans to improve the health and wellbeing of this group and prevent or delay their need for care and health services, is therefore essential to the partnership in Havering.

The aim

This led to a focus on how the provider market could be stimulated to support these people.

As personalisation²¹ becomes the norm, by 2011 Havering will see a rise from the current 556 to around 1800-2000 people who will be self directing their own support and care. It is anticipated that at least 600 people will want personal assistants (PAs), who are currently not available. There are also concerns that there is no national drive to regulate or stimulate the personal assistant market.

21 Personalisation, defined in 'Putting People First' is intended to ensure that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings.

The benefits and learning

In April this year a cross-authority contract, led by Havering, was awarded to Outlook Care for the stimulation and regulation of the personal assistant market to see the safe and sustainable development of services which people will commission themselves. The first 'accredited' PAs will be available to customers in September 2010.

Although current health legislation does not yet align with developments in social care, personal health budgets are being piloted in Havering (and 19 other areas) and this will help people with long-term conditions who often fluctuate between health and social care eligibility and who are not currently able to purchase health care in a self directed way.

As a practical example, the infrastructure for Telecare²², which is already established and effective in Havering, is compatible for Telehealth²³ which will become available to the 900 people who regularly need in-patient hospital services due to long term conditions, and who will be able to be managed at home.

22 Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living

23 Telehealth is the consistent and accurate remote monitoring and management of a patient's health condition

The Health & Wellbeing Board of Havering strategic partnership is attended by one of the new jointly appointed JSNA officers and has already commissioned outside of traditional boundaries with the JSNA used to identify and drive joint investment in new services for a range of user groups including:

- An information service, a single point of contact, emergency contact card for carers and 'daybreak' commissioned to provide support to carers and family members of substance misusers.
- Transitional accommodation in twelve flats at Royal Jubilee Court with a care package of rehabilitative re-ablement, community nursing support, housing related support and a Telecare assessment and implementation.
- A rent deposit scheme commissioned with Supporting People will start in July 2009 through Family Mosaic, a registered social landlord. This will enable clients in treatment to access private sector accommodation with a 12 month package of tenancy support. This is designed to enhance treatment outcomes and gains, often compromised by a lack of independent, less stable or absent accommodation.

What next?

Additional housing data will be considered this year for the first time as will the use of leisure services – since it has been noticed that the take up of free swimming is lower in deprived areas where more marketing is now to be channelled.

Key messages

- Co-locating staff in an integrated team, with responsibility for compiling, refreshing and using the JSNA as the basis for services commissioning provides a clear 'home' for including the housing and support needs of vulnerable adults.
- Ensuring the widest needs of vulnerable adults are reflected in the JSNA will extend the role and understanding of housing and support services to a much wider audience; widen the scope and experience of the commissioning partnership, and make it easier to overcome professional, organisational and funding barriers.
- The evidence in JSNAs can be used to strengthen the case for action and/or to accelerate progress on other key areas for change, such as investment in prevention and personalised services and the stimulation of new markets.

Bristol

What they did

Having been a pioneer in the early use of the Housing Health and Safety Rating System²⁴ (HHSRS) Bristol's Private Rented Sector team had been recording incidents of hazards since 2003.

The HHSRS is a risk based approach to assessing housing conditions focussing on the potential threats to health and/or safety attributable to any deficiencies. The range of 29 HHSRS housing hazards recognises their differing characteristics; for some the outcome can be fatal; for some the occurrence may be almost instantaneous (such as a fall) while for others any health effect will only occur after a period of exposure (such as excess cold or dampness). The HHSRS therefore uses a formula to generate a numerical hazard score.

Why?

Bristol's Private Rented Sector team were disappointed not to see much reference to the importance of housing within the JSNA guidance and core data set. With no direct recognition of their role in improving living conditions in targets in the national indicator set²⁵ either, the team were determined to show what a difference their work made and what more they could do.

The aim

Bristol's HHSRH statistics and the information in their 2007 house condition survey enabled the council to predict that 5 per cent of residential properties have a category 1 hazard. Cross referencing this with primary care trust (PCT) health profiles and local authority statistics the housing team aimed to identify significant forms of ill health across the city. The key problems of relevance to housing were found to be:

- a higher than the national average of hip fractures among older persons
- children under 15 years old 'not in good health'
- early deaths from heart disease and stroke
- fear of crime.

The benefits and learning

To ensure this was fully recognised, this health and housing evidence was fed into Bristol's JSNA which concluded that

"There are close links between poor housing and poor health outcomes. Almost a quarter of Bristol's private sector homes are 'non-decent'. Housing requirements are changing due to an ageing population, with more people with disabilities and limiting long-term illness living at home and demand for smaller household units."

²⁴ Housing Health and Safety Rating System - Guidance for Landlords and Property Related Professional

²⁵ The New Performance Framework for Local Authorities and Local Authority Partnerships: Single Set of National Indicators

Initiatives to deal with these issues are listed in the JSNA as:

- Low cost or free loft and cavity wall insulation for vulnerable persons in all parts of the city and promotion to people with chronic obstructive pulmonary disease referred by the PCT.
- Subsidised loans for homeowners to enable them to improve their properties to meet the Decent Homes Standard.
- More support and advice is being offered to landlords for managing housing for vulnerable people.
- Home adaptations, making use of the Disabled Facilities Grant, are helping to plug the gap in suitable housing provision for Bristol's ageing population.

While many councils have experience of such initiatives and collaborative working across public health and housing, Bristol PRS developed their data and using the JSNA and the evidence collected, set up a programme of Home Action Zones (HAZs) to target the ten most deprived areas of the city where the most significant impact in improving housing conditions and health could be achieved. Two pilots were completed in December 2009 and two new zones will start in early 2010.

Residents of the HAZs can access a range of services linked to HHSRS hazards such as energy efficiency improvements, home fire safety checks, and small adaptations and equipment such as bath boards, grab rails, WC pan risers and grabbers/pickers.

To strengthen the message and the relevance to health of housing data, Bristol City Council has made good use of the Chartered Institutes of Environmental Health's (CIEH) Toolkit HHSRS Cost Calculator²⁶. For example, they found that the total cost of dealing with expected occurrences of excess cold in Bristol would be £2.2m with a resultant annual saving to the NHS of £7.4m – a payback period of around 3 months.

Just as important, the Bristol team wanted to evaluate what difference local residents felt this made to their health and wellbeing. A satisfaction survey found that:

- 36 per cent of respondents who received a low interest loan or grant to make their home decent felt warmer in their home and more comfortable as a result
- 50 per cent felt that the health of the household had improved
- 41 per cent felt 'happier'
- of those households receiving just free home security work 58 per cent feared property crime and burglary less and 6 per cent said their health had improved.

26 Good Housing Leads to Good Health. A Toolkit for Environmental Health Practitioners

What next

The council has also been working with Warwick University and five other councils, using a more developed form of the CIEH cost calculator to more accurately demonstrate the cost of improvement against savings to NHS. The newly published report *Linking Housing Conditions and Health* develops this further.²⁷

This work is kept connected to Bristol's Health and Wellbeing Partnership board through the joint director of public health (DPH) who is the direct link between this board and the JSNA Steering Group. The DPH is supported by a senior health officer who is a member of the Strategic Housing Partnership, 'Homes 4 Bristol', and who is championing a key, housing led project to create balanced communities. Nick Hooper, Strategic Services Manager, Neighbourhood and Housing Services believes that "it will be the next iteration of JSNAs which will get to the fine grained stuff and better able to help us hone in on geographical areas".

Linda Prosser, Interim Service Director – Older People, agrees and said:

"The JSNA really highlighted to us the significant impact of below standard housing on the health and wellbeing of some of our most vulnerable population. Since our objective is to ensure that people are safe and their independence maximised, whilst keeping long term care costs to a minimum, we want to capitalise on opportunities to make homes more suitable.

"Consequently we agreed that one of our top objectives for 2010/11 is to ensure health and social care staff take appropriate action to maximise access to 'Warm Front scheme' grants for vulnerable people particularly disabled and elderly whose homes fall short on warm front triggers. We intend to develop this by linking into the city's green agenda and making the most of opportunities to invest in initiatives to reduce CO₂ emissions, further lowering energy costs in the homes of vulnerable adults."

Key messages

- JSNAs should make use of local authority private sector housing teams data and experience, recognising that they have significant statutory responsibilities and powers which can improve health and wellbeing, extending to targets to improve the quality of the environment.
- JSNAs should ensure that the housing and support needs of all vulnerable adults are included, by connecting with housing partners who can represent the whole sector. There are a wide range of housing responsibilities, organisations and professionals across all sectors, who connect to 'health' and impact on vulnerable people, in different ways.
- Linking health and housing through JSNAs can provide a basis for a joint understanding and agreement on the future use of cost benefit models, such as the enhancements to the CIEH 'cost calculator' and the Cap Gemini model to show the financial benefits to the health sector of supported housing services.

²⁷ *Linking Housing Conditions and Health*

Conclusion and next steps

The case study areas and others which were identified along the way, show that extending the JSNA to include the housing and support needs of vulnerable adults has been a positive experience which has led to something different happening, or at the very least, prepared the ground for change.

Everyone contacted spoke positively about the potential for JSNA to become a shared evidence base to support joint commissioning, build capacity and reduce duplication, which was seen as both necessary and desirable.

It is hoped that the learning and messages collected through this work will be used to stimulate local debates and to inform the national development of JSNA, to ensure that housing and support needs are recognised as significant to sustaining and improving the health and wellbeing of vulnerable people.

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