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## **Page 2: Logos and Signatories to the MOU – HEALTH AND WELLBEING BOARD**

## **Page 3: Nottinghamshire Memorandum of Understanding (MOU) to support joint action on improving health through the home**

### **Introduction**

This Memorandum of Understanding sets out to mirror the national Memorandum of Understanding<sup>1</sup> between health, housing and care organisations to deliver a shared commitment of a range of partners at a local level. The priority is to ensure that effective joint working is in place to deliver better health and wellbeing outcomes and to reduce health inequalities across Nottinghamshire.

We firmly believe that by working together we can improve the outcomes for individuals and provide value for money for services.

### **This Memorandum sets out:**

- Our shared commitment to joint action across health, care and housing organisations across Nottinghamshire;
- Principles for joint working to deliver better health and wellbeing outcomes and to reduce health inequalities across Nottinghamshire;
- Our commitment to work with regional and national partners across health, social care and housing to improve outcomes for our residents and provide value for money and effective services;
- To implement the shared commitment established in the national “Memorandum of Understanding to support joint action on improving health through the home” at a local level
- The context and framework for cross-sector partnerships to deliver
  - healthy homes, communities and neighbourhoods;
  - integrated and effective services that meet the needs of individuals, their carers and their family’s needs;
  - a shared action plan which reflects priorities and evidence within the Joint Strategic Needs Assessment; Health and Wellbeing Strategy and the Sustainable Transformation Plans covering Nottingham and Nottinghamshire.

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<sup>1</sup> <https://www.gov.uk/government/publications/joint-action-on-improving-health-through-the-home-memorandum-of-understanding>

## **Working together, we aim to:**

- Develop effective dialogue, information exchange and decision making between health, care and housing partners in Nottinghamshire;
- Co-ordinate health, social care and housing policy and decision making at a local level in order to ensure that services offer value for money and meet the needs of individuals, their carers and their families;
- Seek to influence national and regional decision makers across health, care and housing to ensure that decisions enable more effective collaborative working at a local level;
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of new homes and services;
- Work collaboratively to inform and drive forward key priorities such as the Sustainable Transformation Plans and the Nottinghamshire Health and Wellbeing Strategy;
- Promote and maximise the housing sector contribution to addressing the wider determinants of health; health equity; improvements to patient experience and outcomes; 'making every contact count' and safeguarding;
- Develop the workforce across sectors so that our local workforce is confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify and link with appropriate solutions to improve outcomes and to ensure that we make every contact count.

## **Overall, we will work together to seek to ensure Nottinghamshire residents benefit from:**

- A healthy home: warm, safe, free from hazards;
- A suitable home: suitable to household size, specific needs of household members such as people with disabilities, and to changing needs, for example as they grow up, or age;
- A stable, secure, home to call your own: without risk of, or actual, homelessness or other threat such as domestic abuse;
- Healthy communities and neighbourhoods

## **Context**

The Memorandum of Understanding reflects and seeks to deliver at a local level, a range of priorities and policy drivers, including:

- **The Health and Social Care Act 2012<sup>2</sup>** requires co-operation between the NHS and local government at all levels to improve the quality of care received by patients and to improve efficiency. The Act also changed the way that health and social care in England was organised and allowed Health and Wellbeing Boards to be established to bring together Politicians; health representatives; Councils and other organisations with a shared aim of working together to improve health and wellbeing. A key responsibility of the

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<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents>

Health and Wellbeing Board is to identify current and future health and wellbeing needs, and to develop a **Health and Wellbeing Strategy** which sets out how to deal with those issues.

- **The Nottinghamshire Health and Wellbeing Strategy<sup>3</sup>** established the vision that “We want to work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in the communities with the poorest health”. Specifically, the Strategy recognises that in developing actions to improve health and wellbeing, it is necessary to look beyond health and social care to “bring together other issues like housing and workplace health”.
- **The Care Act 2014<sup>4</sup>** aims to improve people’s quality of life and delay and reduce the need for care. Local Authorities must ensure the provision of preventative services and carry out their care and support function with the aim of integrating services with those provided by the NHS or other health-related services. Specifically, the Act calls for a shared vision and culture of co-operation and coordination across public health, social care and local authority roles, such as housing and to ensure that services address the wider determinants of health such as housing and employment.
- **Sustainability and Transformation Plans (STPs)<sup>5</sup>** were announced in NHS planning guidance published in December 2015. NHS organisations and local authorities in different parts of England have come together to develop ‘place-based plans’ for the future of health and care services in their area. There are two STP planning areas covering Nottinghamshire, namely, Nottingham City and Nottinghamshire (with Bassetlaw as an associate area) and South Yorkshire and Bassetlaw. The STPs provide a five year plan to establish how we can best improve the quality of care, the health and wellbeing of local people, and the finances of local services.

The STPs recognise that due to increasing demands on NHS and Social Care services, there is a growing gap between the money available and the money needed. For example, the Nottingham City and Nottinghamshire STP states that if we do not change the way we currently deliver services or make cost savings in our organisations, that the shortfall of funds could be as much as £628 million by 2021. The Plans identify that very significant savings can be made through strengthening preventive services to reduce this gap.

The role of housing and housing support services is strongly recognised within the STPs as having a significant role in helping to reduce this gap and help to improve outcomes for our residents. Within the Nottingham City and Nottinghamshire STP, there is a specific chapter relating to Housing and the Environment.

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<sup>3</sup> <http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/health-and-wellbeing-strategy>

<sup>4</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>5</sup> <http://www.smybndccgs.nhs.uk/what-we-do/stp>; <http://www.stpnotts.org.uk/>

- **NHS Next Steps on the NHS Five Year Forward View**<sup>6</sup> summarises progress on the NHS Five Year Forward View and outlines ambitions for the future. The plan includes a commitment to free-up between 2,000 and 3,000 hospital beds through closer working between hospitals and community services through, for example, enabling patients to be discharged from hospitals in a timely manner. The plan sets out the ambition 'to make the biggest national move to integrated care of any major western country' and that this ambition will be delivered through the further development of sustainability and transformation plans and by extending the work of the most advanced new care models established under the forward view. As part of this ambition, the Plan recognises that services that are planned and provided by local government, including housing, leisure and transport as well as public health and social care, impact on the health and wellbeing of local people.
- **The Nottinghamshire Housing Delivery Plan**, published in January 2015, establishes priority actions for housing and housing related support interventions and reflects the findings of the Nottinghamshire JSNA housing chapter around the JSNA themes of:
  - Poor housing conditions
  - Insufficient suitable housing
  - Homelessness and housing support
  - Children and young people

The Action Plan (appendix 1) has been developed through the **Nottinghamshire Health and Housing Commissioning Group**, which comprises of health, care and housing officers from across the County. Progress against the action plan is monitored through this group and reported to the Nottinghamshire Health and Wellbeing Board. The action plan is a 'living' document and will be developed to reflect changing resources and priorities as approved through the Nottinghamshire Health and Housing Commissioning Group and Nottinghamshire Health and Wellbeing Board.

The overall aim of the Nottinghamshire Health and Housing Commissioning Group is to drive forward an integrated health, housing and social care agenda in line with the Health & Wellbeing Strategy and Housing Delivery Plan.

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<sup>6</sup> <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>

## **The case for housing intervention**

There is overwhelming evidence that housing and housing support interventions have a significant impact on improving outcomes for the individual and also on reducing demand on health and care services.

The following examples, provided by Gill Leng (Public Health England National Advisor, Homes and Health) provide examples of where poor quality or unsuitable accommodation links with health:

### **Start and develop well**



#### **Unhealthy homes increase the risk of**

- respiratory illness
- poor infant weight gain
- poor diet
- emotional and mental health problems
- physical injury and poisoning
- domestic fires



#### **Overcrowded homes increase the risk of**

- behavioural and mental health problems
- meningitis
- respiratory illness
- tuberculosis
- physical injury
- tobacco harm



#### **Precarious housing increases the risk of**

- emotional, behavioural and mental health problems
- low birth weight
- missing immunisations

Start and develop well

### **Live and work well**



#### **Unhealthy homes increase the risk of**

- respiratory illness
- cardiovascular problems
- mental health problems



#### **Overcrowded homes increase the risk of**

- mental health problems
- respiratory illness
- tuberculosis
- tobacco harm



#### **Precarious housing & homelessness increases the risk of**

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

Live and work well

## Ageing well



### **Unhealthy homes increase the risk of**

- respiratory illness
- cardiovascular problems
- excess winter deaths
- physical injuries, particularly from falls
- domestic fires



### **Unsuitable homes increase the risk of**

- physical injuries, particularly from falls
- general health deterioration following a fall
- social isolation



### **Precarious housing and homelessness increases the risk of**

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

#### Age well

Evidence from the Building Research Establishment (BRE) (2015)<sup>7</sup> suggests that the overall cost to the NHS of poor housing is £1.4 billion. This represents the first year treatment costs to the NHS of leaving people in the poorest 15% of the housing stock in England. Additional evidence provided by the National Housing Federation (2010), suggests that the cost of treating illnesses due to poor housing may be closer to £2.5 billion. The wider costs to society of this poor housing are estimated at some 2.5 times the NHS costs. These additional costs include: lack of educational attainment, lost income, higher insurance premiums, higher policing and emergency services costs. Additionally, costs relating to provision of residential care where alternative housing support based interventions may be available suggest that the costs of inadequate housing and housing support are very significant and will increase as we see an increasingly ageing population.

The role of effective housing and housing support services is essential in reducing the impacts on Care and Health services.

### **Oversight and delivery of the memorandum of Understanding**

The signatories to the Nottinghamshire MOU will nominate a representative to attend and contribute to the Nottinghamshire health and housing integrated commissioning group which will meet quarterly. The group will review progress at least twice yearly and report to the Nottinghamshire Health and Wellbeing Board at least annually.

<sup>7</sup> <http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

## **Appendix 1: Action Plan – currently being reviewed**

### **PRIORITY 1 – POOR HOUSING CONDITIONS**

#### **Outcome 1: Homes in the private sector are warm and safe**

##### **Milestones:**

- **Milestone 1:** We will consider the expansion of the Nottinghamshire 'Warm Homes on Prescription' model and explore additional resources to support the pilot including the Better Care Fund Disabled Facility Grant allocation.
- **Milestone 2:** We will review means of gathering local intelligence on private sector housing condition including the Public Health England/CIEH Housing and Health Profiling Toolkit to inform targeted integrated working.
- **Milestone 3:** We will explore means of focussing integrated working on removing hazards from private sector homes (privately rented and owner occupied) in the most deprived areas to improve property condition, health outcomes, independence and quality of life. Experience can be drawn from 'Healthy Home' pilots elsewhere including the Derby 'Healthy Homes' hub and Liverpool's Housing Action Zones.
- **Milestone 4:** We will explore the feasibility of a single point of access for housing related referrals from health and social care and other partners alongside 'awareness raising' initiatives with health colleagues regarding poor private sector housing conditions and the housing offer.
- **Milestone 5:** Identify key priorities within NICE Guidance for implementation to address the needs of at risk groups, and develop a corresponding action plan.

**Lead:** Housing & Health Commissioning Group

##### **Links to other plans:**

Nottinghamshire Affordable Warmth Strategy

Local Affordable Warmth Strategies and Private Sector Housing Renewal Strategies

### **PRIORITY 2 – INSUFFICIENT SUITABLE HOUSING**

#### **Outcome 2: People are aware of their housing options and are able to live independently in a home suitable for their needs**

##### **Milestones:**

- **Milestone 1:** We will deliver, through the Better Care Fund DFG allocation, assistance and services that promote early intervention and prevention and independence at home. This will include mandatory and discretionary disabled adaptations and a feasibility study of the Nottinghamshire Handyperson and Adaptation Service (HPAS).
- **Milestone 2:** We will remodel existing and develop new supported/specialist housing schemes to increase the range of housing on offer to people with health and care needs by March 2018.

**Lead:** Housing Commissioning Group

**Links to other plans:** Older Persons Delivery Plan, Care Act 2014 implementation

### **PRIORITY 3 – HOMELESSNESS AND HOUSING SUPPORT**

**Outcome 3: People live in stable accommodation and homelessness is prevented as far as possible**

**Milestones:**

- **Milestone 1:** We will explore options to deliver housing training with GP surgeries and other front line health staff across the County with a view to increasing awareness of housing, targeting homelessness prevention and housing support at hard to reach groups.
- **Milestone 2:** Working in partnership with health and social care, further develop hospital discharge schemes and protocols to reduce unnecessary hospital admissions and ensure timely discharge.
- **Milestone 3:** Undertake a mapping exercise to establish current approaches and relationships between mental health services and housing providers in order to identify gaps in provision and knowledge.
- **Milestone 4:** Working in partnership with the County Council, we will review homelessness prevention pathway service provision in the County following the closure of Homelessness Prevention Services delivered by Framework HA.

**Lead:** Housing & Health Commissioning Group (homeless families)

**Links to other plans:** ‘Assessment of the health needs of single homeless people’, Nottinghamshire County Council July 2013’

### **PRIORITY 4 – CHILDREN AND YOUNG PEOPLE**

**Outcome 4: Children and young people have the best home in which to start and develop well**

- **Milestone 1:** We will carry out County-wide review of baseline research to identify the scale of impact of the home and housing circumstances (including overcrowding) on the health and wellbeing of children and young people, and child poverty.
- **Milestone 2:** We will ensure consistent approaches on the safeguarding and improvement of children and young people’s health and wellbeing through the Nottinghamshire District/Borough Safeguarding Group.

**Lead:** Housing Commissioning Group

**Links to other plans:** The Children, Young People and Families Plan 2014-2016



**Appendix 2: Health and Housing Integrated Commissioning Group Terms of Reference and Contacts – [currently being reviewed](#)**