



**Submission to Department of Health consultation
Health Lives, Healthy People: Transparency in Outcomes
A consultation on proposals for a Public Health
Outcomes Framework**

31 March 2011

From: Sitra
3rd Floor
55 Bondway
London
SW8 1SJ
Email: sueb@sitra.org

To: Public Health Development Unit
Department of Health
Room G14
Wellington House
133-135 Waterloo Road
London
SE1 8UG
Email: publichealthengland@dh.gsi.gov.uk

About Sitra

Sitra is the umbrella organisation committed to raising standards in the housing, care and support sector. We are a membership organisation and a registered charity with over 25 years' experience of offering practitioners a range of affordable policy, training, consultancy, information, conference and capacity building services.

Our membership comprises 650 practitioner organisations in the field of housing with care and support. The membership elects the committee. Members are drawn from both providers and commissioners, and from the statutory, voluntary and private sectors. We operate throughout England, and have offices in London, Bristol and Birmingham. Our work covers all aspects of supported housing, together with associated activities such as human resources and staffing issues, financial management, and community care.

We are recognised, funded and consulted by government departments and other bodies as representatives of providers of supported housing. We work with them on issues of national strategic significance for the sector. For example we have been working with DCLG on developing the transition programme which supports organisations through the changes resulting from the removal of the ring fence, and with the Department of Health on taking forward the personalisation of housing related support services.

The monthly Sitra *bulletin* is widely recognised as a key source of technical information and policy development news throughout the supported housing sector. With a circulation of around 3000, it is the most widely distributed specialist publication within the supported housing sector. We supplement the *bulletin* with regular briefings on matters relating to supported housing and its related fields.

Sitra is also known as a leading training provider. Each year we train over 4,000 individuals across the country, either on our general programme or on tailored made inhouse courses for members and clients. We also provide a range of seminars and conferences on supported housing related themes. We estimate that over 2000 people attend such a Sitra event each year.

We are therefore in a unique position of combining a detailed knowledge of the housing with support or care sector on the ground with an understanding of and engagement with the developing national strategic agenda.

We welcome the opportunity to respond to the Department of Health's consultation regarding public health outcomes.

Introduction

Our response can be found below; we have responded to the questions in the consultation that we can provide a meaningful response to based on our knowledge and experience of providing services that improve public health outcomes. We have drawn on our experience supporting services that providing care and support to people who are vulnerable or experience multiple disadvantage.

If you have any queries on our response, please contact Sue Baxter at sueb@sitra.org

Response

1. How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

We welcome the Governments move from measuring inputs and outputs to measuring outcomes. Sitra believe that in this time of limited resources and increase in demand for public services, organisations needs the freedom and flexibility to allow them to be innovative in responding to public health needs. We believe that a number of partners need to work together in order to improve public health outcomes including housing providers and organisations providing housing related support, alongside their statutory colleagues in health adult and adult social care. Housing related support providers traditionally have brokered relationships between a number of statutory agencies in order to provide services that tackle the wider determinants of ill health, support health improvement and prevent ill health.

One of the problems providers report experiencing is the silo working of statutory bodies and even between different departments of the same body. There is also a tendency for statutory agencies to focus on those individual performance indicators they are responsible for. We believe that the overarching outcomes proposed offer a real opportunity to encourage joint working. The establishment of statutory Health and Wellbeing Boards should support local partnership working, making these Boards responsible for Outcomes that require collaboration between agencies will support joint working. Sitra however is disappointed that these Boards are not required to have housing, housing related support and voluntary sector organisations as members and we endorse the National Housing Federation tabled amendment to the Health and Social Care Bill addressing this. This is a missed opportunity as research has clearly demonstrated that peoples housing circumstances have a direct impact on their health and wellbeing¹.

In winter 2010/11 Sitra and the National Housing Federation ran a series of events around the country on health and housing² these events highlighted the contribution that housing and housing related support makes in tackling the determinants of ill health, supporting people stay healthy for longer and preventing ill health. The key learning from these events highlighted the most powerful driver for improving outcomes is personalising the services that people receive ensuring that individual have choice and control over the services they receive. An outcomes framework that places individuals in the driving seat of service delivery will ensure that the local partnership responsible for commissioning and providing those services work together jointly.

¹ Marmot review www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLivesExecSummary.pdf

² www.sitra.org/1392/

Our experience from the health and housing events is that individual place less priority on which agency provides a service and more on that services are of good quality and seamless. We believe this outcomes framework provides an opportunity to ensure people in receipt of services have at the centre of the development of local public health services. If the Government are expecting people to be responsible for their own health and wellbeing, they should be determining what public health services they believe will meet their own and their communities needs. We would be interested in how individual and communities are being consulted both in the development of this framework and when local priorities are being adopted.

2. Do you feel these are the right criteria to use in determining indicators for public health?

Sitra agree with the majority of criteria used in determining the indicators for public health. We do however think in concentrating only on the evidence that is currently being collected there is a danger of replicating systems and arrangements already in place. The outcomes provide an opportunity to establish the actions that make a difference for individuals to avoid ill health and we are concerned that data on successful interventions will be missed as it is not currently represented in statutory agencies data collection. We are also concerned that there is going to be a hiatus if there is a lack of requirement to collect data before the outcomes and indicator's proposed are implemented.

In the housing, care and support sector, services have been providing a wealth of data since 2007 giving an excellent indication of what Supporting People services are achieving and changes over time. The Supporting People Outcomes are collected for all clients who leave short term services (less than two years), a sample of 50 percent of clients in long term services (excluding older people) and 10% of older people's services. Sitra has published reports analysing the data from the Supporting People Outcomes to support the sector improving their effectiveness in service delivery³. Appendix 1 clearly illustrate the contribution these outcomes make to individuals health and wellbeing, and a number of the proposed indicators for public health mirror the outcomes the Supporting People programme aims to achieve for individuals, for example, supporting those with a mental health or other disability into work or settled accommodation. The data is based on each individual client, assessing their identified needs, and whether the outcome was met or on-going support is needed. If a need is not met the service will record why, which provides further support for service development and commissioning. This information provides a tool for service commissioners to look at needs locally and tailor and develop services to meet them.

Finally, recording the data helps providers take an outcomes based approach to all services that they deliver. As of April 2011 this data will not be collected nationally and Sitra believe that this represents a loss of valuable pertinent data that can demonstrate interventions that lead to improvements in tackling the determinants of ill health.⁴ In addition we are also concerned that the original guidance for the Joint Strategic Needs Assessments which will provide the evidence for Health and Wellbeing Strategies did not include any reference to data on housing and housing related support. We believe this was an important omission see below which was backed up the House of Commons Communities and Local Government (CLG) Select Committee enquiry who recommended that the development of JSNA be accelerated as a priority in planning for the provision of Supporting People services and a reference included in the guidance.⁵

³ <http://www.sitra.org/outcomespolicy/>

⁴ See appendix 1 for the Outcomes framework for Supporting People

⁵ <http://www.communities.gov.uk/documents/housing/pdf/1436847.pdf>

Sitra sits on the JSNA vulnerable adults, housing related support and housing need reference group as an expert in improving outcomes for vulnerable people. This group is overseen by the DH and CLG. Sitra welcomes that the DH has a number of work streams to develop and embed more constructive engagement of commissioners in the JSNA process. The DH work stream incorporating the housing and support needs of vulnerable adults in JSNA used Devon as a case study. Devon County Council used their local Supporting People programme to identify the housing and support needs for vulnerable adults in developing accommodation and support JSNAs. It has been demonstrated that this work contributes to better public health outcomes at a local level but is also delivering cost savings to partners⁶.

3. How can we ensure that the Outcomes Framework, along with the Local Authority Public Health allocation and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

Sitra believe that Outcomes Framework should ensure that there is a shared responsibility to achieving outcomes between different statutory bodies, different departments of local statutory bodies and just as importantly the local community and voluntary sector bodies. Voluntary sector organisations are especially best placed to work with the community and individuals to achieving better health and wellbeing outcomes. We believe that the Joint Strategic Needs Assessment is an opportunity to make decisions on public health allocations, but would want to add our note of caution that the original guidance did not include housing or housing related support. We feel this was an important oversight on the part of local authorities and Primary Care Trusts that hopefully will be rectified when the statutory health and wellbeing boards take responsibility for the assessment. We believe that performance against the indicators offers an opportunity for central Government to assess and reward progress towards tackling health inequality, however it feels that there should be guidance on how any health premium awarded is then used.

In order to encourage real partnership working all those working towards health and wellbeing outcomes should be able realise the benefit of any health premium including voluntary sector providers but especially the community. Health and wellbeing boards should consult with the local community on how additional monies could be used to improve health inequalities, for example, health promotion, improved access to leisure facilities etc.

4. Is this the right approach to alignment across the NHS, Adult Social Care and Public Health framework?

Sitra were pleased to note the document identifies that housing is a local service crucial to achieving outcomes. In addition to the physical aspect of housing we believe the provision of the support required to maintain or achieve independent living is critical to improving public health. We welcome the alignment of the health, adult social care and public health outcomes, but are disappointed that the diagram of alignment does not yet include all relevant areas of overlap.

We feel that the inclusion of housing and housing related support is fundamental to localities making real progress on improving public health. The inclusion of housing needs to be explicit in any alignment of outcomes and we recommend that the frameworks are also allied to the outcomes framework for housing related support. This Supporting People outcomes framework detailed in appendix 1 reflects *Every Child Matters* outcomes used by Children's

⁶ http://www.sitra.org/fileadmin/sitra_user/2009/LSEP/JSNA/JSNA_Case_Studies.pdf

Services and represents an opportunity to cement partnership working at a local level that includes all those players necessary to effect lasting and sustainable improvements in health and wellbeing.

5. Do you agree with the overall framework and domains?

Sitra agree with the overall framework and domains. We feel however that the role of housing and housing related support could be more explicit in the framework. We acknowledge that public health requires a national local balance for delivery but that the players at a local level need to be clearly identified especially the role of the voluntary sector providing housing and housing related support. We believe that the current proposed changes in health, the transfer for power from the central government to localities, combined with the move towards an increase in public services being delivered by the voluntary sector represents an opportunity to provide services and effect change not only differently but more effectively.

Our housing and housing related support members have a long tradition of improving health and wellbeing outcomes for individuals and communities and hope to continue to do so, however their contribution and the role they play needs to be recognised strategically in the framework. Sitra has produced a major piece of work on behalf of the Yorkshire and Humber Housing Related Support Group. The aim was to highlight the contribution of Housing Related Support to the achievement of positive outcomes for vulnerable people across the area including the reduced reliance on more expensive and intrusive statutory services.⁷ The case study in appendix 2 from the Yorkshire and Humber work clearly demonstrates what housing related support can achieve for individuals and the public purse. As highlighted in our responses above we believe that the framework should include how public health services are delivered in a way that promotes personalisation in line with the Governments direction on public services. We need to get individual 'buy in' in order to improve and protect the national health and improve the health of the poorest fastest. In order to achieve this services need to be driven by those who use them and this needs to be reflected in this framework.

6. Have we missed out any indicators that you think we should include?

Central Government has demonstrated the importance of the Supporting People programme to improve outcomes for vulnerable people allocating over £6 billion during the comprehensive spending review period. Supporting People services contribute to tackling health inequalities for vast numbers of disadvantaged people, enabling individuals to live independently reduces not only their use of more costly public services⁸ but also achieves positive outcomes for them at a personal level. In order to measure the valuable contribution housing and housing related support can play in improving health and wellbeing outcomes Sitra recommend that domain 2 includes the following indicators.

- Proportion of disadvantaged people achieving independent living
- Proportion of disadvantaged people maintaining independent living⁹

We believe that the inclusion of these indicators will support Health and Wellbeing Boards to take a broad approach to health improvements and involve those who provide housing and

⁷ http://www.sitra.org/fileadmin/sitra_user/2009/Policy/Y_H/Full_report_Prevention_and_personalisation_160910.pdf

⁸ See DCLG commissioned Cap Gemini cost benefit analysis of the Supporting People programme <http://www.communities.gov.uk/publications/housing/supportingpeoplefinance>

⁹ This information has been previously been collected at Local Authority level

housing related support in tackling the factors that lead to ill health. The support given to people to remain in their own home or move to more appropriate accommodation involves focussing on the one of the most important factor that drives health problems, inadequate housing and the associated problems this brings. The links between housing circumstances and mental and physical ill health are widely documented most recently in the Marmot Review 2010¹⁰ and the indicators proposed will enable Health and Wellbeing Boards to bring together a range of partners who can combine efforts to tackle poor health.

7. We have stated in this document that we need to arrive at a smaller set of indicators that we have had previously. Which would you rank as the most important?

We believe that the most useful and important indicators are the ones that rely on partnership working in order to be deliverable. Indicators that just require one statutory agency often result in disincentives and act as a barrier for partnership working. In order to make significant progress in tackling health inequalities priority should be placed on those individuals or groups who are known to experience poorer health outcomes. We would like to give precedence to indicators that measure the experiences of those groups who are already known to be vulnerable, for example, those with a disability, mental illness, experiencing domestic abuse, substance misuse, young mothers, older people or those in poor housing conditions for example overcrowding or homeless.

8. Are there any indicators here you think we should not include?

It is very difficult to identify indicators that should not appear under each domain, however Sitra believes subjective indicators such as older people's perception of community safety, percentage of population affected by environmental, neighbour and neighbourhood noise, social connectedness, self reported wellbeing and health related quality of life for older people are difficult and costly to measure. These indicators often do not lead to data that is robust and can be accurately measured and thus compared.

9. How can we improve the indicators we have proposed here?

Please see above.

10. Which indicators do you think we should incentivise?

Sitra believe that the indicators it has suggested in question 6 should be included in the cohort that are incentivised as they represent a cost benefit for the public purse.

11. What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Framework?

Sitra do not feel they have adequate knowledge of health structures to be able to comment on this question.

12. How well do the indicators promote a life course approach to public health?

Sitra believe whilst the indicators have identified that it will measure people who are at different stages of their lives, it would be helpful if the proposal included the rationale for the collection of the data and how it contributes to public health. It would be helpful to

¹⁰ <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLivesExecSummary.pdf>

communities and other partners to appreciate how increasing chlamydia diagnosis in young people improves public health. The indicators that Sitra has suggested in question 6 have the advantage of being able to measure the achieving or maintaining of accommodation across a wide range of young people, adults older adults who experience disadvantage.

Appendix 1

Outcome Domain	Outcomes Recorded Against
Economic Wellbeing	<ol style="list-style-type: none"> 1. Maximise income, including receipt of the correct benefits 2. Reduce overall debt 3. Obtain paid work/ Participate in paid work
Enjoy and achieve	<ol style="list-style-type: none"> 1. Participate in chosen training and/ or education, and where applicable, achieving desired qualifications 2. Participate in chosen leisure/ cultural / faith/ informal learning activities 3. Participate in chosen work like/ voluntary/ unpaid work activities 4. Establish contact with external service/ family/friends
Be Healthy	<ol style="list-style-type: none"> 1. Better manage physical health 2. Better manage mental health 3. Better manage substance misuse 4. Better manage independent living as a result of assistive technology/ aids and adaptations
Stay Safe	<ol style="list-style-type: none"> 1. Maintain accommodation and avoid eviction 2. Secure / Obtain settled accommodation 3. Comply with statutory orders and processes (in relation to offending behaviour) 4. Better manage self harm, avoid causing harm to others, minimise harm/risk of harm from others
Make a Positive Contribution	<ol style="list-style-type: none"> 1. Greater choice and/or involvement and/or control at service level and within the wider community

Appendix 2

Teenage parents

Case study: Rebecca and Terry

This case study is taken from *Prevention and personalisation: The case for Housing Related Support*. See www.sitra.org/prevention_and_personalisation for the full report and a summary.

Personal details	Rebecca is 17 years old. Her partner Terry is 21. They have a daughter who is six months old.
Personal history	<p>Rebecca was pregnant at 16 years old. Both Rebecca and Terry were living separately with their parents but overcrowding issues meant they were unable to stay and were forced to leave their family homes.</p> <p>They were assessed as unintentionally homeless and in priority need by their local housing options service. They were allocated accommodation. However, the second floor flat was over seven miles outside of town and nine miles from their families. The flat was not in a good condition and there were a number of outstanding repairs. Rebecca was also finding it difficult to attend her medical appointments.</p>
Support received	<p>A referral was made by the homeless service to help support Rebecca and Terry. The young couple required Housing Related Support to effectively manage their first independent tenancy. An assessment of need was carried out by the couple and their support worker, and a support plan was developed. Rebecca and Terry received approximately 3.5 hours of support per week.</p> <p>Rebecca and Terry did not feel equipped to manage a tenancy and had not done so before. They were both young with limited life skills and felt isolated where they were living. Terry was suffering with depression.</p> <p>They were supported to find suitable alternative accommodation in the private sector and assisted with a rent bond so they could move on from the unsuitable flat.</p> <p>Rebecca and Terry were also supported to manage their finances and household budget, to pay utilities, to obtain furniture, and helped to develop cooking and other life skills. Assistance with parenting skills was provided by their support worker and they were signposted to other support which helped them become good parents.</p>

	<p>Rebecca was supported to see the midwife and attend ante-natal classes. To help keep healthy during the pregnancy, Rebecca also attended aqua-natal exercise classes.</p> <p>The young couple have developed very good communication with their landlord who offered them a property that better suited their needs following the birth of their daughter.</p> <p>Rebecca and Terry have been supported to access educational and paid work opportunities</p> <p>Rebecca and Terry now live with their daughter in a suitable, safe, affordable family home.</p>
<p>Outcomes</p>	<p>Achieve Economic Well Being</p> <p>Rebecca and Terry are both managing finances with the assistance of household budgets drawn up as part of their support plan. They have set up their home with a combination of grants and donated furniture.</p> <p>Enjoy and Achieve</p> <p>Both Rebecca and Terry completed a City & Guilds module on Caring for Dependants in preparation for their baby.</p> <p>Through the support of Connexions, Rebecca is now in full-time training to become a care worker and has just started a placement in a residential care home for older people.</p> <p>Terry is the full time carer of their daughter. He has made links with his local Sure Start centre where he takes his daughter to the drop-in and are about to start the 'Little Shakers' group.</p> <p>They have maintained strong support links with their families and see them on a regular basis. This has been especially valuable for Rebecca throughout her pregnancy and birth of her daughter.</p> <p>Be Healthy</p> <p>Vital ante-natal appointments were attended. Both Rebecca and Terry see their GP and Terry does not suffer with depression any longer. They both enjoy walking to help them to keep fit.</p> <p>Stay Safe</p> <p>The right housing has played an important role in establishing stability and safety for this young family. Housing Related Support has enabled them to develop life skills to maintain</p>

	<p>their tenancy and avoid returning to homelessness. The Housing Related Support provider's strong professional links with local landlords in the private sector enabled this young family to move quickly to a more suitable property.</p> <p>Make a Positive Contribution.</p> <p>Both have become members of the student union and part of the college community.</p>
<p>Prevention</p>	<p>The following undesirable outcomes have been prevented:</p> <ul style="list-style-type: none"> • Homelessness; • Family breakdown/separation from partner due to stress; • Loss of links with a trusted GP; • Loss of learning opportunities; • Deterioration of mental health; • Increased contact with emergency and acute health services due to poor health during pregnancy, poor living conditions etc; • Young persons being "not in education, employment or training" (NEET).
<p>Future plans</p>	<p>Both Rebecca and Terry like where they live and intend to live in their home for many years. As they say: <i>"It is a nice area and there's a good school close by."</i></p> <p>When Rebecca is in paid employment Terry intends to take a course in mechanics, joinery or construction.</p> <p>The level of support they receive has gradually reduced, as they have become independent and confident young parents. They will continue to have support to access employment and training and will soon move to an outreach service, which will give them support on an ad hoc basis when they need it.</p>

COST OF SERVICES WHERE SUPPORTING PEOPLE IS PROVIDED

Supporting People costs: £66.96 per week x 10 months	£2,902
Experience of homelessness	£884
Re-housing costs/rent bond	£2,700
Housing costs	£8,886
Benefits and related services housing costs	£6,428
Likely total cost of services, including Supporting People	£21,799

LIKELY COSTS OF SERVICES IF SUPPORTING PEOPLE WAS NOT PROVIDED

Repeat homelessness	£884
Breakdown of tenancy costs	£2,909
Temporary accommodation in B&B for 24 weeks	£5,455
3 visits to NHS paediatrics specialist consequent on losing touch with GP service due to unplanned move	£747
Further teen pregnancy cost	£576
Risk of need for local authority care (above the level of risk in the general population)	£ 8,200
Additional costs associated with being admitted to hospital with pregnancy related health issue	£ 308
Housing costs	£8,886
Benefits and related services housing costs	£6,428
Likely total cost of services, if no Supporting People service provided	£ 34,392

COSTS SAVED

Likely total annual cost of services, including Supporting People	£21799
Likely total annual cost of services , without Supporting People	£34,392
Potential saving to local authority and statutory partners	£12,593
% saving	37%