

Health and housing: the extent of inter-agency working

The promotion of partnership alliances and joint working between health authorities, local government and housing organisations has become central to policy making. Nevertheless, the necessary interlinking of activities by agencies would appear to be lagging. Building on existing work, and through new research, the Office for Public Management (OPM) set out to review the extent to which links have been established, specifically between health authorities and housing departments. The research identified a number of key issues:

- f** Although inter-agency working between health and housing is recognised as important, it is in practice very limited.
- f** The different planning and bidding cycles of health and housing organisations inhibit, and in some cases prohibit, joint working arrangements.
- f** Tensions were reported in the areas of funding arrangements and issues of public accountability.
- f** There is a lack of common understanding of the constraints and issues facing people working in health and people working in housing, although front line staff showed greater awareness.
- f** An increase in the number of organisations involved in social housing and care has made it difficult to achieve a consistent approach to policy or strategy and to involve all of the many agencies which have a legitimate interest in community care planning. In some instances there has been a duplication of services.
- f** At the same time, clients could still fall through the gap between health and housing provision, for example single people with mental health problems, or people needing high levels of domiciliary care to be able to stay at home.
- f** Many people interviewed recognised the importance of establishing links between health and housing, but felt that lack of time and resources constrain inter-agency working.
- f** Although health and housing organisations reported that they have closer working relationships with social services, social services did not appear to act as a consistent link between health and housing.
- f** In some instances, there is a lack of political or managerial will to make inter-agency working effective.

Introduction

The interrelationship between health, social well-being and the environment – and housing in particular – has been clearly established. Considerable change has taken place in relation to policy and the organisation of health and social care which, in theory, should facilitate an interrelated policy between health and local authorities.

Encouraging inter-agency working

A number of factors likely to promote inter-agency working have been identified.

Health

The new focus within the National Health Service on achieving demonstrable improvements in people's health rather than simply measuring the amount of treatment given has led health purchasers to explore the link between housing solutions and health improvements.

Recently developed purchasing and client roles in health, social services and housing create opportunities for organisations to develop a new approach to community needs which involves all agencies. The development of primary health care-led purchasing of health services may make it easier for primary care teams to link with housing officers at a local level.

The care in the community reforms require social services and health authorities to work together, and the most recent guidance should encourage working with a wider range of agencies.

Housing

The introduction of unitary authorities in Wales, Scotland and some parts of England will bring together some housing and social services agencies, and this should make it easier to establish links between health and housing.

Housing authorities have new strategic responsibility for planning housing across tenures to meet future needs. There is increasing scope for linking this planning to the joint planning of health and social care.

The introduction of contracting into local authority housing management involves making the needs of tenants who are in need of care and support explicit, and specifying the role of managers in supporting more dependent tenants. Attempts to identify successful housing management outcomes have led to a new focus on the role of housing staff in supporting people with health and social care needs, and creates the possibility of closer working between housing, social and health care purchasers.

Barriers to inter-agency working

Inter-agency working was made more difficult by rapid changes in central government focus, one-off initiatives and mixed messages about priorities. For example, the priority given to reducing waiting lists for acute health treatment could override longer term commitments to improving community care.

Pressure to achieve efficiency savings can limit the scope for innovation, experimentation or joint projects. Near-constant organisational restructuring within health authorities and housing departments, and consequent changes in personnel, can lead to short-term rather than long-term planning, and militates against establishing relationships with other organisations.

Problems also arose because of different professional assumptions about what counts as excellence in care, different systems of needs assessment and problems translating joint discussions into action. The multiplicity of agencies involved in the provision of housing, social care and health care makes policy fragmentation a real danger.

The new focus on primary-led health care could endanger existing joint planning arrangements. Hitherto, the most effective links have been between housing agencies and health authorities, but the shift to primary care may limit the extent to which health authorities speak on behalf of the rest of the health service. GPs will play a larger role in health purchasing and planning, and therefore in inter-agency working. However, the links between primary care and housing are the weakest of all, and the level of understanding of GPs about housing and of housing managers about GP roles is very limited.

Problems may also be encountered as the increase in contracting for housing services affects inter-agency working. While a purchaser-provider split may offer benefits in greater clarity about services, the increase in competition for housing management services may create problems. Housing management contractors within local authorities and housing associations are facing increasing pressure to reduce costs – and this may lead them to abandon roles that do not directly provide services to all tenants – including work linking housing with health and social care.

Despite these problems, inter-agency work has been given a considerable spur by the community care reforms. While the main work has been between social services and health authorities, housing and other agencies are also being brought in.

Effective inter-agency working

Progress has been slow, but a number of examples of effective inter-agency working were identified. Specific examples include the following.

Camden and Islington Health Commission have set up schemes to provide extra support for people in sheltered accommodation so that they can remain in their own homes. This is a three-way initiative involving health, housing and social services. Camden participated in the World Health Organisation 'Healthy City' initiative linking housing with health.

The Isle of Wight Health Commission has established Joint Care Planning Teams for people with a mental health problem, older people, children, and people with learning difficulties. There is also a team for housing, which includes representatives from housing, social services and housing associations. The Isle of Wight Health Commission has also established a Housing Forum which brings together a wider range of organisations and has set up a housing advice centre.

Bedfordshire local authority reported close working with a housing authority in relation to homes for older people. Very sheltered housing schemes are being set up to offer a combination of good quality housing and care. Accommodation will include flats, houses and bedsits rather than the 'room' specified under the traditional social services *Part Three* accommodation.

A disabled persons agency in a northern urban area, where the housing department provides technical advice and services to people with disabilities, also showed evidence of successful inter-agency working. The agency, linked to social services, has been able to provide an effective service adapting the homes of people with disabilities to meet their needs for independent living in council, privately rented or owner-occupied sectors.

Conclusion

Health, housing and social care agencies are slowly developing the expertise necessary to make inter-agency working effective. However, there is still much to learn. The study stresses the importance of:

- clear goals
- understanding each organisation's culture, values and constraints
- good communication
- sharing data and information
- strong leadership
- ensuring each agency is properly represented
- agreeing ways of working

- clear agreement about what needs to be done on an inter-agency basis and what can be done by 'collaborating individuals'
- honesty and openness in all dealings

The conclusion drawn from this and previous research is that while the importance of inter-agency working is recognised, it is still not high enough on the agenda. The focus of both health and housing organisations is more inward than outward, for some of the reasons outlined above. Working across the boundaries between housing and health is taking place for certain client groups, such as those with mental health problems, but it is at best patchy and seldom takes place at all levels (strategic, policy development and operational).

About the study

The project involved three main pieces of work. These were:

- drawing together a number of strands and identifying key issues from work already undertaken by OPM in relation to health, housing and inter-agency working;
- testing out these findings and identifying further issues through discussions with a range of people involved in health and housing; and
- holding structured interviews with a random selection of health authorities across the country and their corresponding housing authority (a total of eight pairings).

Further information

For further information contact Sue Goss or Christine Kent at the Office for Public Management (Tel: 0171 837 9600).

A full report, *Health and housing: working together? A review of the extent of inter-agency working* by Sue Goss and Chris Kent, is published by The Policy Press in association with the Joseph Rowntree Foundation (price £11.50).

Related *Findings*

The following *Findings* look at related issues:

Housing

- 93 Higher rents and work disincentives (Jun 93)
- 123 Adaptations for disability (Sep 94)
- 135 Housing management, community care and CCT (Jan 95)
- 136 Housing needs of people with physical disability (Feb 95)
- 148 The relationship between housing benefit and community care (Jun 95)
- 155 Community care and housing for disabled people (Sep 95)

Social care

- 55 User perceptions of a 'mixed economy' of care (Sep 94)
- 66 Housing and support for people with learning difficulties (Apr 95)

The following *Summaries* are also relevant:

Housing

- 6 Financing user choice in housing and community care (Oct 94)

Social care

- 3 Developing user- and care-centred community care (Mar 95)

For further information on these and other Findings, contact Sally Corrie on 01904 654328 (direct line for publication queries only; an answerphone may be operating).



Published by the
Joseph Rowntree Foundation
The Homestead, 40 Water End
York YO3 6LP
Tel: 01904 629241 Fax: 01904 620072
ISSN 0958-3815

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