

HEALTH INEQUALITIES PROGRAMME 2003-06

Health Action Zone funded initiative

1. Which area of the health inequalities programme is your initiative contributing to? (tick ✓ the appropriate box)			
Pregnancy & early childhood	<input type="checkbox"/>	Tackling the major killers	<input type="checkbox"/>
Opportunity for Children & young people	<input type="checkbox"/>	Strengthening disadvantaged and vulnerable communities	/
Improving primary care and other public services	/	Tackling the wider determinants	/
2. Please state the purpose of the initiative.			
<p>The Healthy Housing programme, if funded for 3 years will seek to build upon work of the previous three years, and embed many of the pilots and smaller initiatives more strongly into mainstream Housing policy. Much of the work undertaken needs evaluating and monitoring. This did not occur last year as we chose to take full advantage of opportunity for further development of new services to be mainstreamed by Supporting People. These services now need to be fully monitored and evaluated.</p> <p>Work around single assessment and referral routes into Housing, including involvement in the Care Pathways is still ongoing and the Healthy Housing service will continue to work within these structures and ensure Housing Services participate in these</p> <p>Work in localities with health professionals to ensure a health link into the assessment of the impact of policy changes to private sector grants provision.</p> <p>The whole role of Health and Housing will be reviewed with the aim of considering the need for a Health and Housing team in Public and Private sector Housing, encompassing all Health functions and developing a single strategy for Health and Housing. This is not an easy task as many mainstream functions already overlap with other strategies. Therefore a review of current structures is required and the HH workers will be instrumental in this review.</p> <p>In addition the role would ensure that all national and local Health agendas are able to be picked up by the team and work identified as and where applicable.</p> <p>For the first six months of the funding some specific areas of work have been identified for continuation or initial exploration.</p>			
3. Please indicate (a) the target population and (b) the geographical areas the project will target and (c) estimate population coverage			
<p>(a) Vulnerable tenants and residents where bad or inappropriate housing impact on their health. (b) City wide, though areas of high deprivation will benefit greater from such initiatives. (c) Not definable at this point in time</p>			
4. What will be the key impact of your initiative over the next three years directly or indirectly* on (a) health and (b) core mainstream services, that will achieve your projects purpose?			
		<i>Measure of success (see section 4b)</i>	
(a) health impact <ul style="list-style-type: none"> • Prevention of accidents • Prevention of increase deterioration of chronic health problems as a result of bad or inappropriate housing • Improved access to range of housing services for health professionals and individuals • Improved multi-agency assessment of needs 	<ul style="list-style-type: none"> • Number of people accessing repairs on prescription and other mainstream services • Enable consultation exercise with disabled tenants • Action on results of consultation • Improved means of access to housing 		

<p>including housing</p> <ul style="list-style-type: none"> • Improving hospital discharge time for patients requiring home adaptations, and no longer needing hospital beds. <p>(b) service impact</p> <ul style="list-style-type: none"> • Improved structure within Housing Services to better service needs of tenants and other service users • Improved partnership work around housing and health 	<p>services for people with disabilities</p> <ul style="list-style-type: none"> • Patients discharged to housing 'step down' units. <ul style="list-style-type: none"> • Better understanding of needs of tenants influencing strategy • Improved departmental structure • Development of a Health and Housing strategy • Housing represented on fora working on multi agency local and national agendas eg SAP, Pathways of Care, NSFs, Modernising agenda,
<p>4 (b) Please indicate above in the measure of success column how you will show this impact</p>	

* This acknowledges that initiatives will not necessarily have a direct impact but will make an indirect contribution to wider programmes. Each initiative is encouraged to think through its own contribution and how they will demonstrate this.

5. What processes have you put in place to gather this information and to review progress in your initiative?

- Monitoring structures in place
- Reporting structures internally and through HAZ
- Milestones reached

6. What will be the key actions that the initiative will undertake to achieve the desired impact and purpose?

- Examine the feasibility of a SMART TECHNOLOGY PILOT with Social Services and Health.
- Monitor the impact of and Evaluate Repairs on Prescription and re-establish the policy in Health Services
- Make links with ILS Ltd and Sheffield Disability Housing Forum and Housing Choice Based Lettings Service to consult tenants and improve access to adapted properties and other Housing services.
- Review current structures and roles within Housing Services to ensure they are best placed to deliver health related services and work and consider the most effective management structure of health related housing services.
- Develop a Housing Pathway as part of the SAP process
- Oversee the current pilot of hospital discharge work within Sheltered Housing and consider expansion to wider client group, in particular renal patients and amputees
- Drive the strategic direction of the HAZ established tenancy support services ensuring their key role in health and housing is maintained now they are mainstream funded via Supporting People.
- Contract out the newly developed support service for tenants evicted for anti social behaviour, to ensure Best Value and continuation of the service.
- A specific piece of Work within area- based renewal areas to work directly with frontline health staff to ensure health gains are achieved in the renewal area.

7. Please identify milestones over the page to show progress of the project for 2003-04 to enable six monthly reporting.

8. What assumptions and/or risks have you identified relating to your approach?

- Assumed continuation of HAZ funding for 3 years
- Assumed involvement and interest from Health Services in driving a Health and Housing agenda
- Risks that lack of wider project group will result in stagnation of change to structures
- Risks that Health staff will continue not to participate in using newly formed referral routes into services
- Assumed recruitment of temporary staff with 6 months funding, there is a high risk in not being able to recruit to this post due to its temporary nature, delaying outcomes and reducing work programme.

9. Please indicate briefly how you will ensure the work of the project will continue once funding

expires.

- Restructuring mainstream services to consolidate all health related work
- Statutory agencies to mainstream fund newly agreed activities following successful pilots, as we have done with work developed through the first three years work.

10. Please indicate the management steering arrangements for your project including the chairperson's name and where your initiative links into Sheffield First For Health or another part of the family of Sheffield First.

This is still under review as the Partnership is under review, and the Health manager from SE PCT is leaving. New contact being sought. New Core group to be established to ensure that support is provided for the Health and Housing staff from within Housing Services and Health Services – to drive the project progress forward and ensure integration in the respective Services.

11. Please complete the attached spreadsheet indicating the budget profile for the project.

Please sign on behalf of the project

Signed on behalf of Sheffield First For Health

Name

Please email by **Thursday April 17th 2003** to haz@sheffield.nhs.uk

	Milestones en route to delivering key project actions	Progress to date	Learning points to share
April – September 2003	<ul style="list-style-type: none"> • Due to the large amount of work undertaken in Healthy Housing over the last two years there still remains a number of loose ends to be tied up, in particular embedding all the tenancy support services into their Supporting People contracts and finalising payments from the Housing contracts • Continuation of Supported tenancies forum to ensure strategic drive of the tenancy support contracts remain in a Health and Housing agenda. • Housing Pathway for SAP drafted • ILS Ltd and SDHF met with and an agreed role for Housing Services established • Evaluation of the hospital discharge pilot for older people into Sheltered accommodation let by the Hospital trust • Repairs on Prescription evaluated • Monitoring report completed for the tenancy support services developed over the last two years • Housing's role in the falls stakeholder group to be re-established • Potential for SMART TECHNOLOGY pilot discussed with Social Services and a decision made – whether this will go ahead. • Work with health staff in Firvale to encourage engagement in area renewal work and health impacts. 		
September - March 2004	<ul style="list-style-type: none"> • If further funding agreed then work from above will be taken forward • And exploration of a Health and 		

	<p>Housing Section in Housing will be undertaken</p> <ul style="list-style-type: none">• Development of a Disability strategy for Housing Services• Team in post to focus on any newly emerging national and local health agendas		
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Please return to previous pages to complete the remainder of the project plan.