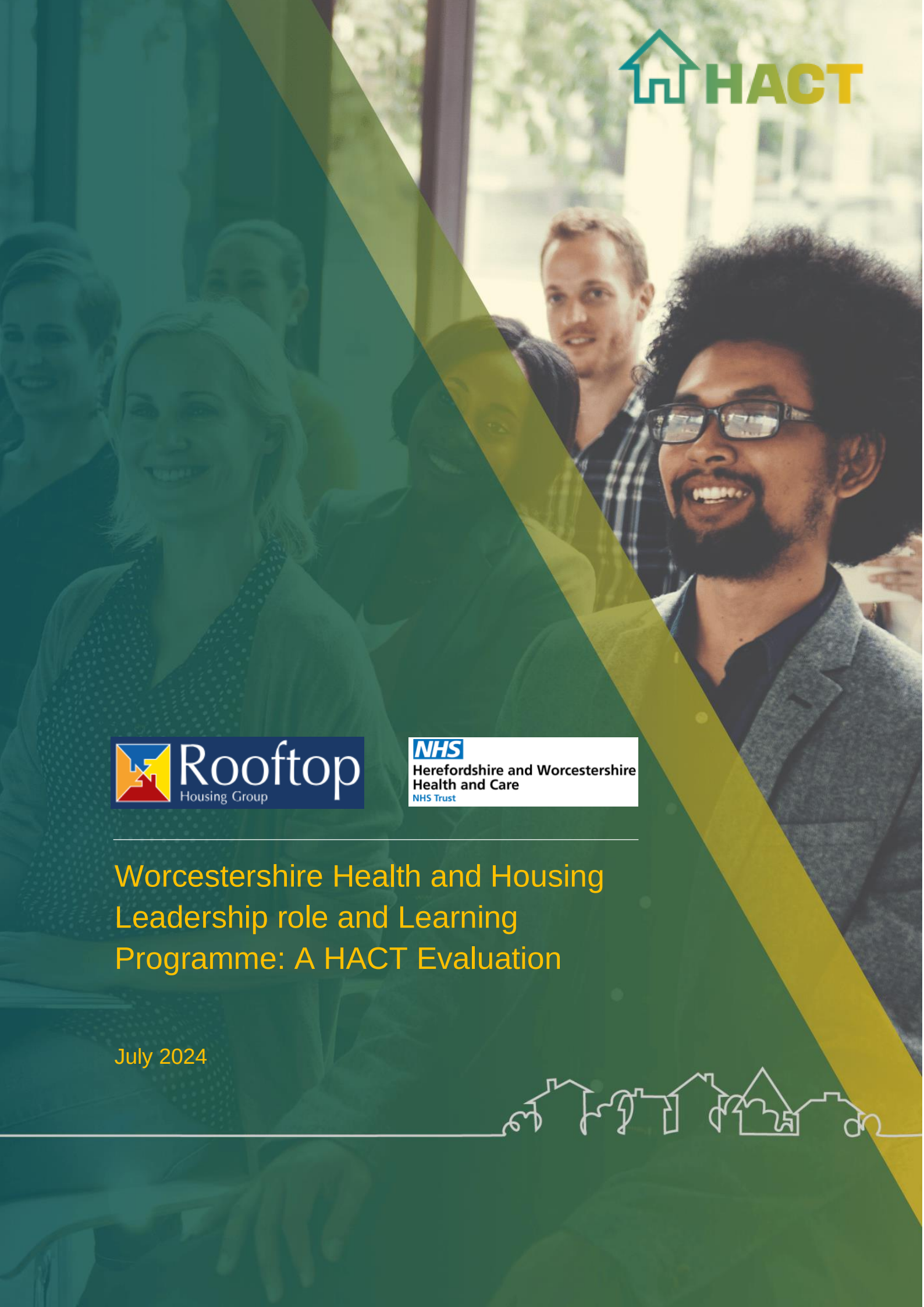


Worcestershire Health and Housing Leadership role and Learning Programme: A HACT Evaluation

July 2024

Worcestershire Health and Housing Leadership role and Learning Programme: A HACT Evaluation

Worcestershire offers a diverse and contrasting choice of urban and rural locations across its six districts, with an older population than the national average. Dealing with issues of homelessness and ill-health is of particular importance, as well as addressing the long-term implications of the ageing population. The Herefordshire and Worcestershire ICS strategy for 2023-2033[1] relays a vision to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money; and support broader social and economic development. Within this vision there is commitment to focus on prevention and health inequalities; to join up work in order to tackle issues affecting health, including housing; to support people in taking responsibility for their own health and promote independence, whilst working to facilitate easy access to the right services.

The Worcestershire Housing Strategy Board played a key role in developing a new Head of Housing and Health Partnerships role (Head of HHP) to enhance partnership working between the health and housing sectors and improve outcomes for people living in the Worcestershire area. The Board is made up of representatives from Bromsgrove District and Redditch Borough Council, Worcester City Council ,Worcestershire County Council, Wyre Forest District Council, Wychavon District Council, Rooftop Housing Group, Community Housing Group, bdht, Platform Housing Group, Herefordshire and Worcestershire ICB and the Herefordshire and Worcestershire Health and Care Trust.

Rooftop Housing Group led a consortium of housing associations and local authority members of the Worcestershire Housing Strategy Board to fund **HACT** to conduct a comprehensive evaluation of the impact of this role on the health outcomes of local communities across Worcestershire, service performance and other key performance indicators. The programme of work with HACT also included collaborating with the new post holder to develop a Learning Programme that would support them to build strategic and operational relationships with housing and health organisations.

[1] https://www.hwics.org.uk/application/files/7516/8303/1109/HW_Integrated_Care_Strategy_02.05.2023.pdf

The evaluation and learning programme consisted of:

- **Development of an impact framework development:** to include impact measures drawn from qualitative and quantitative data.
- **Desk-top review**: of relevant health and housing documents and any additional relevant literature, to support understanding of the local context around the programme of work as well as wider influences and drivers.
- **Delivery of workshops:** with a range of different stakeholders focusing on key themes that aligned with priorities for the new post.
- **Regular monthly meetings**: to discuss progress/planning/delivery of the programme of work.
- **Analysis of qualitative and quantitative data:** provided by the Head of HHP and captured through engagement with key stakeholders.

Findings, as summarised below, were presented in a final report and presented to the project steering group.

Contact Us

To learn more about the work taking place across Worcestershire, contact Harriet Brown, Head of Housing and Health Partnerships **harriet.brown15@nhs.net**

To learn more about how **HACT** can help you and your organisation with similar projects across the housing and health space, please contact Sarah Parsons, Health and Research Lead at HACT **sarah.parsons@hact.org.uk**

Assessment Summary

- **The Head of HHP has:**
  - Grown a strong network of cross-sector multidisciplinary colleagues both within and outside of the Worcestershire region
  - Been instrumental in the improvements reported in hospital discharge, mental health and rough sleeping services; the implementation and early success of the CMHLWs being of particular note
  - Delivered a learning programme to operational and strategic colleagues from health, housing and local government which has improved cross-sector awareness of respective structure and function and supported greater collaboration and sharing of best practice
  - Started to gather data relating to hospital discharge, homelessness and rough sleeping that will inform future development and work programmes across the county, to help meet key targets as laid out in local health and housing strategies

- **Review of the Homeless in Hospital Pathway 2023-2024 (from May 2023-March 2024) shows:**
  - A total of 1014 days were spent in a hospital bed with no health need, with Q4 seeing the highest number of patients occupying a hospital bed without a clinical need
  - Worcester had the most delayed discharges (57%), 580 days spent in hospital beds with no health need.
  - Wyre Forest accounted for 23% of delays with 236 bed days.
  - Malvern & Wychavon has the third largest proportion (8%) of bed days, with 82.

- **Whilst data is very limited due to the recent development of the CMHL role, the service has been able to demonstrate:**
  - Clients from Wyre Forest being referred for Community Mental Health support and into secondary mental health services
  - At risk clients avoiding eviction crisis in Wyre Forest
  - At-risk clients avoiding mental health crisis across Wyre Forest and Bromsgrove
  - Recognition from council staff that the role is helping to support residents who are struggling with their mental health and in precarious housing situations or at risk of losing their tenancy

- **Homelessness and Rough Sleeping Pilot data (April 2023 - September 2023) shows:**
  - 148 (0.1%) ED attendances recorded as ‘homeless and/or rough sleeping people’
  - 1129 hours were spent in ED across April- September 2023, mostly during May and August
  - 6 people attended ED more than 3 times a month across April-September
  - August had the highest number of bed days for this cohort, recorded at 75% (n=92) of the full bed days across this period
  - Average length of stay recorded at 30.7 days
  - Data therefore shows that improving co-ordination between partners in supporting people who are rough sleeping or homeless can not only improve individual outcomes but also impact time and financial resources across the NHS

- **Support people to live more independent and healthy lives in their home setting**
  - The most common reason for hospital admission between May 2023 and April 2024 was ‘Falls’, at 23%
  - The most common housing barrier to discharge was the requirement for level-access temporary accommodation (34%)
  - There were less admissions during Q3 (winter months) and most admissions across all areas during Q4, with Wyre Forest having the most patient referrals for housing advice in one quarter (Q4)
  - Worcester had the most referrals for housing advice in total across the year (29%)
  - Bromsgrove had the lowest number of referrals for housing advice across the year (9%)
  - 29% of patients were homeless on admission, showing that there is still a demand for those that require housing security at point of admission
  - The CMHLW role supports the patient to achieve independence by understanding the root cause of their mental health and social problems within the health system